

DATE: March 4, 2014

TO: Board of Trustees

FROM: Trustee Michelle Draper, Chair Policy Review Committee
Trustee Sarah Hoffman, Policy Review Committee
Trustee Nathan Ip, Policy Review Committee

SUBJECT: Draft Board Policy AEBB.BP – Wellness of Students and Staff

RESOURCE STAFF: David Fraser, Debbie Jackson, Lynn Norris, Kent Pharis, Anne Sherwood

REFERENCE: [Mental Health Professional Development \(January 15, 2013 Board Report\)](#)

ISSUE

Revisions to the Board's policy direction for the health and wellness of students and staff are needed to reflect the context of the District's work related to the health and wellness of students and staff, current research and provincial direction.

RECOMMENDATION

That a new Board Policy AEBB.BP - Wellness of Students and Staff (Attachment I) be considered for the first time and approved for posting on the District website for stakeholder input.

BACKGROUND

At the January 15, 2013 Board Meeting, in response to request for information #229, the Board received an information report (Attachment II) outlining how existing Board Policy FBE.BP – Health and Wellness of Staff and Students (Appendix IIa) aligns with current research and the future direction of K-12 wellness education as outlined in the *Framework for Kindergarten to Grade 12 Wellness Education (2009)*. The report recommended revisions be considered in the following three areas when reviewing related board policy and administrative regulations: daily physical activity; integration of wellness outcomes across the curricula; and assessment and accountability.

RELATED FACTS

- The comprehensive review of all board policy is organized around board responsibilities outlined in the new Education Act. As shown in Appendix I, three (3) major policy themes (respectful environment; health and wellness; and safety and security) were identified for section 33(1)(d) of the Education Act -- “each student enrolled in a school operated by the board and each staff member employed by the board is provided with a welcoming, caring, respectful and safe learning environment that respects diversity and fosters a sense of belonging”. Draft new policy AEBB.BP – Wellness of Students and Staff (Attachment I) is addressing the policy theme for “health and wellness”.
- Current policy FBE.BP – Health and Wellness of Staff and Students (Appendix IIa) and other board policies that address Board expectations for district health and wellness supports for both students and staff were reviewed and consolidated into a new draft policy as shown in Appendices II a-e.

- The resulting new policy was moved from the Human Resources section of the Policy Manual to section A – Foundation and Philosophic Commitments to better address both student and staff wellness.
- The Framework for Kindergarten to Grade 12 Wellness Education was developed by Alberta Education based on current research and broad stakeholder input. This document identifies the fundamental concepts and inherent values of K-12 wellness education for future development of the programs of study in Alberta which is anticipated to be completed in 2016.

OPTIONS

The following options are selected for consideration as they are deemed the most admissible:

1. The Board considers and approves draft policy AEBB.BP - Wellness of Students and Staff (Attachment I) for posting on the District website for stakeholder input.
2. The Board does not approve draft policy AEBB.BP - Wellness of Students and Staff (Attachment I) and provides direction to the Policy Review Committee to revise the policy before bringing back to Board.

CONSIDERATIONS & ANALYSIS

The holistic concept of “wellness” used in the draft policy is taken from the *Framework for Kindergarten to Grade 12 Wellness Education* and is in alignment with new Ministerial Order (#001/2013) and the work of Inspiring Education (2010). For example, the Ministerial Order states “Whereas an ethical citizen...cares for themselves physically, emotionally, intellectually, socially, and spiritually; is able to ask for help, when needed, from others and also for others...”

A comprehensive wellness policy provides direction for creating a district culture of wellness and supports the Board of Trustees in meeting its responsibility for providing each student and staff with a welcoming, caring, respectful and safe learning and working environment. Creating a culture of wellness in a planned, integrated and holistic manner addresses and respects the diversity within our student and staff populations.

Care has been taken in the language and tone of the policy to acknowledge the different relationship and responsibilities between the Board of Trustees and students, who are children, and staff, who are adults. Separate administrative regulations will be developed for implementation of the policy: a) for students, by focusing on their educational needs as outlined in the Alberta programs of study; and b) for staff, by focusing on responsibilities within the employer and employee relationship under current legislation.

NEXT STEPS

1. Draft Policy AEBB.BP and this Board Report, as a backgrounder, posted on the District website for stakeholder feedback for 4 weeks.
2. Policy Review Committee considers stakeholder feedback for any further development of the policy and brings recommendation to Board for second and third consideration for approval of the policy.
3. Should the Board approve new board policy AEBB.BP – Wellness of Students and Staff (Attachment I), the following policies, having been addressed in the new policy, will be rescinded: FBE.BP – Health and Wellness of Staff and Students; FBEA.BP – Occupational Health and Safety; FIC.BP – Employee Assistance; GIAA.BP – Health

Instruction Materials; and GJ.BP – Comprehensive Guidance and Counselling Programs and Services (Appendix II a – e).

4. Implementation of the new policy will require review, revision and development of administrative regulation related to supports for wellness of students and supports for wellness of staff.

ATTACHMENTS & APPENDICES

ATTACHMENT I Draft New AEBC.BP– Wellness of Students and Staff

ATTACHMENT II Information Report dated January 15, 2013

APPENDIX I Outline of relationship of current board policy to *Education Act* s 33(1) (d)

APPENDIX II Draft New AEBC.BP– Wellness of Students and Staff showing consolidation

a) FBE.BP – Health and Wellness of Staff and Students

b) FBEA.BP – Occupational Health and Safety

c) FIC.BP – Employee Assistance

d) GIAA.BP – Health Instruction Materials

e) GJ.BP – Comprehensive Guidance and Counselling Programs and Services

DJ:cs

CODE: AEBC.BP

EFFECTIVE DATE: (dd-mm-yyyy)

ISSUE DATE: (dd-mm-yyyy)

TOPIC: Wellness of Students and Staff

REVIEW YEAR: (yyyy)

PURPOSE

To assist students and staff in reaching their full potential by providing policy direction to create learning and working environments that support a district culture of wellness.

A positive and supportive social and physical milieu in our learning and working environments is a key contributor to health for individuals. A wellness policy supports the Board of Trustees in meeting its responsibility for providing each student and staff member with welcoming, caring, respectful and safe learning and working environments.

DEFINITIONS

Wellness is a balanced state of emotional, intellectual, physical, social and spiritual well-being that enables individuals to reach their full potential. Personal wellness occurs with commitment to lifestyle choices based on healthy attitudes and actions. The five dimensions of wellness as defined in the *Framework for Kindergarten to Grade 12 Wellness Education, 2009*, are described below:

- **Emotional wellness** is acknowledging, understanding, managing and expressing thoughts and feelings in a constructive manner.
- **Intellectual wellness** is the development and the critical and creative use of the mind to its fullest potential.
- **Physical wellness** is the ability, motivation and confidence to move effectively and efficiently in a variety of situations, and the healthy growth, development, nutrition and care of the body.
- **Social wellness** is relating positively to others and is influenced by many factors including how individuals communicate, establish and maintain relationships, are treated by others and interpret that treatment.
- **Spiritual wellness** is an understanding of one's own values and beliefs leading to a sense of meaning or purpose and a relationship to the community.

POLICY

The Board of Trustees (the Board) recognizes that wellness is both an individual and collective responsibility. The Board believes that a state of personal wellness enables students and staff to reach their full potential and to contribute in an increasingly interdependent world. The Board acknowledges that only by working in partnership with students, staff, parents, community members, organizations and government can we promote and foster lifelong habits that support wellness.

The Board recognizes that it is subject to different legislative requirements when supporting student and staff wellness. As such, the Board is committed to ensuring that students and staff are provided with the supports they need to learn about, create and maintain a district culture of wellness. The Board is further committed to providing safe, healthy learning and working environments through prevention of personal and occupational injuries and illnesses, and a proactive approach to creating positive and supportive environments that contribute to the well-being of self and others.

EXPECTATIONS

1. Each school and central decision unit shall work towards creating and maintaining learning and working environments that support a district culture of wellness.
2. The District shall:
 - give consideration to student and staff health and safety in the planning, implementation and evaluation of district services;
 - base supports for student and staff wellness on research, informed best practice and a balanced approach to delivery; and
 - meet or exceed all legislated occupational health and safety (OHS) requirements through a district OHS program.
3. School staff shall work collaboratively with parents and community partners to provide awareness of and access to available professional guidance and counselling services for students.
4. The development, implementation and monitoring of strategies to create and maintain a culture of wellness for students shall be guided by the School Act, regulations and the Guide to Education.
5. Staff, and their dependents, shall be provided access to professional employee and family assistance services which offer assessment, referral, consultation, and counselling services. These services shall be confidential except where limited by law.
6. Assessment tools shall be identified to measure and monitor the effectiveness of the wellness strategies implemented by schools and central decision units for the purpose of local and district-wide planning and delivery of supports.
7. The Superintendent of Schools shall implement this policy through the establishment of administrative regulations and the assignment of responsibilities as needed.

ACCOUNTABILITY

The Administration reports on progress in relation to the supports provided to create a culture of wellness for students and staff through the Annual Report – Health and Wellness of Students and Staff.

REFERENCES

[FBCA.BP - Respectful Working Environment](#)
[EA.BP - Infrastructure Planning Principles](#)
[GA.BP - Student Programs of Study](#)
[GAA.BP - Delivery of Student Programs of Study](#)
[HF.BP - Safe, Caring and Respectful Learning Environments](#)
[Guide to Education](#)
[Framework for Kindergarten to Grade 12 Wellness Education](#)
[Ministerial Order on Student Learning \(#001/2013\)](#)
[Inspiring Education](#)
[Steps to a Healthy School Environment: School Nutrition Handbook](#)

[Daily Physical Activity Initiative](#)
[Physical Education Program of Studies](#)
[Health and Life Skills, Kindergarten to Grade 9 \(2002\)](#)
[Career and Life Management \(2002\)](#)

DATE: January 15, 2013
TO: Board of Trustees
FROM: Edgar Schmidt, Superintendent of Schools
SUBJECT: Student Health (Response to Request for Information #229)
ORIGINATOR: Tanni Parker, Assistant Superintendent
RESOURCE
STAFF: Kim Hordal-Hlewka, Debbie Jackson, Sherry Melney, Corrie Ziegler
REFERENCE: October 23, 2012 Board Meeting (Trustee Cleary)
[April 10, 2012 Health and Wellness of Staff and Students Annual Report](#)

ISSUE

The following information was requested: Following up from the recent ASBA *Time for Student Health* Revolution conference and using the *Framework for Kindergarten to Grade 12 Wellness Education*, provide information as to how current Board Policy can be updated to incorporate a focus on the four key areas of wellness defined as: Healthy Eating, Physical Activity, Positive Social Environment, and Mental Health Promotion. Include an update of the ongoing work of the District's Comprehensive School Health team and an overview of the existing district nutritional policies and healthy eating in schools, as well as health and wellness resources including Alberta Health Services healthy eating rubric, Ever Active Schools Assessment tool, Alberta Coalition for Healthy School Communities, Alberta Milk, Active Healthy Kids Canada, etc.

BACKGROUND

The *Framework for Kindergarten to Grade 12 Wellness Education* (Attachment I) provides guidance for the future development and implementation of K-12 education wellness programs of study in Alberta. The District has been proactive in the initiatives outlined in the *Framework for Kindergarten to Grade 12 Wellness Education* and has created an increased awareness of, and support for, wellness education. The following board policies and administrative regulations provide direction for district work in relation to the four key areas of wellness (healthy eating, physical activity, positive social environment and mental health promotion):

- [GBE.BP](#) and [GBE.AR](#) - Health and Wellness of Staff and Students; and
- [IF.BP](#) and [IF.AR](#) - Safe, Caring and Respectful Learning Environments.

GBE.BP and GBE.AR – Health and Wellness of Staff and Students, provide direction in relation to physical activity, nutrition, healthy eating and emotional well-being. The review date for the board policy is June 2014; the review date for the administrative regulation is March, 2013. Alignment of this board policy and administrative regulation with the *Framework for Kindergarten to Grade 12 Wellness Education* is strong. However, when this board policy and administrative regulation come up for review, the review committee may wish to consider revisions in the following areas: daily physical activity; integration of wellness outcomes across all curricula; and assessment and accountability (Attachment II). The context of the District's work related to health and wellness, as well as current research will also need to be considered. IF.BP and IF.AR – Safe, Caring and Respectful Learning Environments provide direction around the proactive creation and maintenance of welcoming, caring, respectful, safe and inclusive learning environments that respect diversity, equity and human rights and foster a sense of belonging among all members of the school community. The review date for IF.BP is

November 2017. IF.AR became effective September 27, 2012, and the review date is September 2017. IF.BP and IF.AR align with the *Framework for Kindergarten to Grade 12 Wellness Education*. When review dates occur in 2017, the *Framework for Kindergarten to Grade 12 Wellness Education*, along with other recommended resources and current research, will guide decisions related to revisions.

CURRENT SITUATION

The Comprehensive School Health (CSH) team was created in September 2011 and works collaboratively with internal and external partners to support and promote health and wellness. The Health and Wellness of Staff and Students annual report, presented to Board on April 10, 2012, summarized district work related to health and wellness. The next annual report is scheduled for April 23, 2013, and will provide updated information in relation to health and wellness work accomplished over the year. Some examples of new work initiated and/or completed since the April 2012 annual report was presented to Board, are provided in Attachment III.

A list of selected recommended health and wellness resources and programs available to schools, at little or no cost, is listed in Attachment IV.

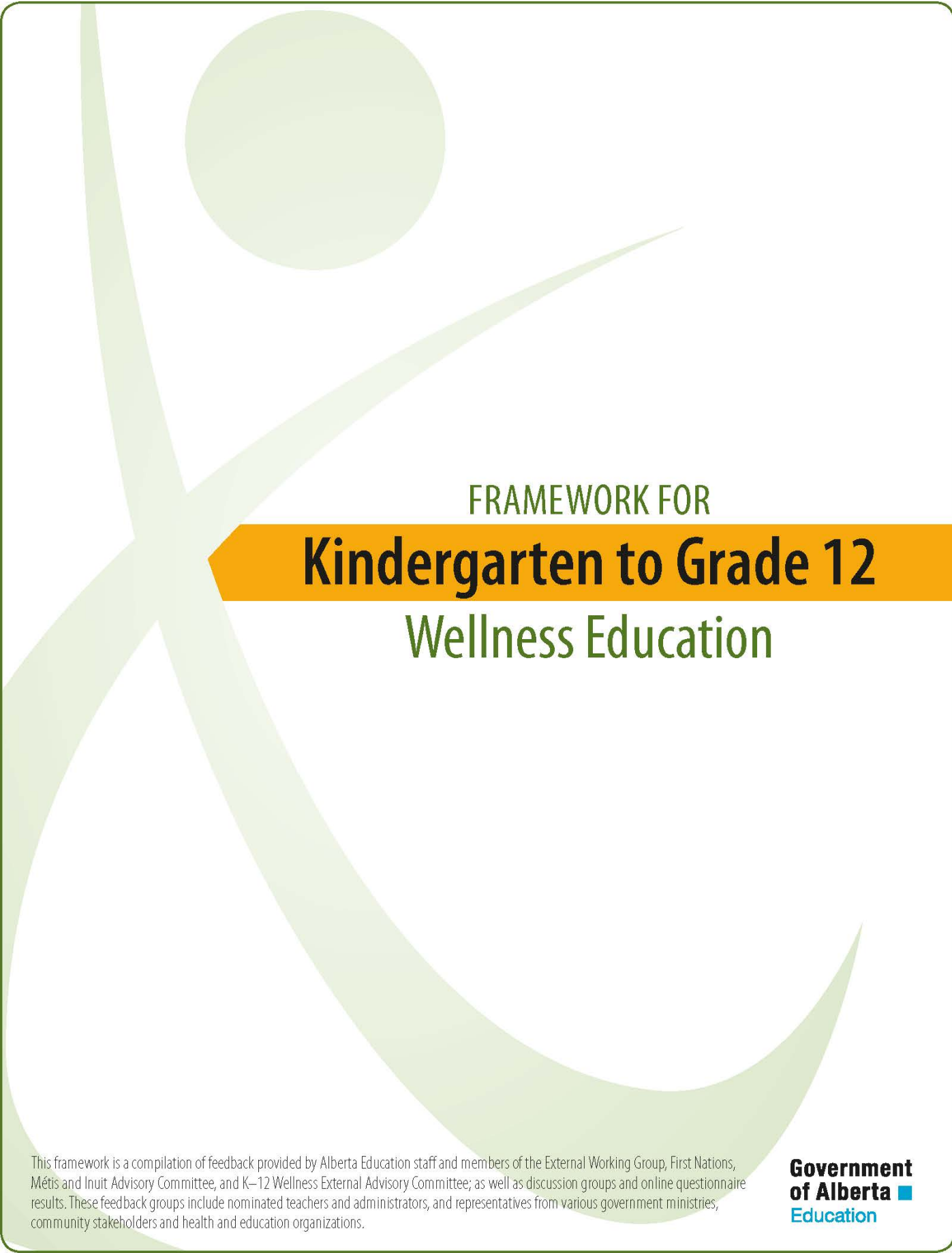
KEY POINTS

- Current board policies and administrative regulations provide direction for work in the four key areas of wellness (healthy eating, physical activity, positive social environment, and mental health promotion) and align with The *Framework for Kindergarten to Grade 12 Wellness Education*.
- When GBE.BP and GBE.AR are up for review, the committee may wish to consider revisions in the following areas: daily physical activity; integration of wellness outcomes; and assessment and accountability. The context of the District's work related to health and wellness, as well as current research will also need to be considered.
- When review dates occur for IF.BP and IF.AR in 2017, the *Framework for Kindergarten to Grade 12 Wellness Education*, along with other recommended resources and current research, will guide decisions related to revisions.
- The CSH team will continue to support health and wellness in the District, by sharing resources, providing professional learning opportunities and collaborating with external agencies.

ATTACHMENTS & APPENDICES

ATTACHMENT I	Framework for Kindergarten to Grade 12 Wellness Education
ATTACHMENT II	GBE.BP and GBE.AR - Health and Wellness of Staff and Students Revision Considerations
ATTACHMENT III	Examples of Work Initiated and/or Completed Since April, 2012
ATTACHMENT IV	Health and Wellness Resources

DJ:ac



FRAMEWORK FOR **Kindergarten to Grade 12** Wellness Education

This framework is a compilation of feedback provided by Alberta Education staff and members of the External Working Group, First Nations, Métis and Inuit Advisory Committee, and K–12 Wellness External Advisory Committee; as well as discussion groups and online questionnaire results. These feedback groups include nominated teachers and administrators, and representatives from various government ministries, community stakeholders and health and education organizations.

**Government
of Alberta** ■
Education



ALBERTA EDUCATION CATALOGUING IN PUBLICATION DATA

Alberta. Alberta Education. Curriculum Branch.
Framework for kindergarten to grade 12 wellness education.

Also available online: <http://education.alberta.ca/teachers/program/pe.aspx>

ISBN 978-0-7785-8173-4

1. Health education – Alberta. 2. Physical education for children – Alberta.
3. Physical fitness for children – Alberta. 4. Life skills – Study and teaching – Alberta.
I. Title.

LB1587.A3 A333 2009 372.37

Question or concerns regarding this document can be addressed to the Executive Director, Curriculum Sector,
Alberta Education. Telephone 780-427-2984. To be connected toll free inside Alberta, dial 310-0000.

Copyright ©2009, the Crown in Right of Alberta, as represented by the Minister of Education. Alberta Education, 44 Capital Boulevard,
10044 – 108 Street NW, Edmonton, Alberta, Canada, T5J 5E6.



Framework for Kindergarten to Grade 12 Wellness Education

Introduction



This may be the first generation of children and youth to lead shorter and less healthy lives than their parents (Olshansky et al. 2005).



Twenty-nine per cent of Alberta children and youth are overweight or obese (Alberta Health and Wellness 2009).



In order to enhance the health and wellness of students, schools need to move away from kits and one-time programs and move toward using the school as an ongoing setting where health is created, supportive environments are built, partnerships are made and many skills are learned (St. Leger 2004).

The growing concern for the health of children and youth in today's society has implications for the significant role that curriculum can play in improving student learning and health outcomes. Acquiring the knowledge, skills and attitudes necessary to develop healthy habits for life is a critical component of student wellness. Studies have shown that quality wellness-related curricula and programming promote health in children and youth, contributing to obesity risk reduction, cardiovascular disease reduction, improvements in psychosocial well-being and enhanced academic performance (Veugelers & Fitzgerald 2005; O'Dea 2005; Tremblay 2000).

To help achieve **improved learning and wellness outcomes** for Alberta students, Alberta Education is examining its current programs of study, which include Kindergarten to Grade 9 Health and Life Skills, Kindergarten to Grade 12 Physical Education (PE), Career and Life Management (CALM) and wellness-associated supports.

The **vision of wellness education** in Alberta is for students to be educated, informed and contributing members of society and to develop the knowledge, skills and attitudes needed to be well in every sense of the word—emotionally, intellectually, physically, socially and spiritually.

Wellness education incorporates the needs and priorities of Alberta students living and **learning in the 21st century**. The wellness education program nurtures the whole child, creates transdisciplinary learning experiences and enables transitions through wellness-related courses.

Evidence indicates that the best way to impact student health behaviours is through a **comprehensive school health (CSH)** approach (Stewart-Brown 2006). CSH is an internationally recognized approach for supporting student learning while addressing school health in a planned, integrated and holistic manner. Government ministries, schools, families and communities work collaboratively to create and maintain a culture of wellness in school communities. Quality teaching and learning opportunities related to wellness are essential for an effective CSH approach.

The **purpose** of this framework is to describe the fundamental concepts and inherent values of K–12 wellness education and to provide guidance for the future development and implementation of K–12 education wellness programs of study in Alberta.



Background



Schools play an essential role in improving the health of young people and in preparing future generations of healthy Albertans (Alberta's Commission on Learning 2003).



Effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals and for the country (Public Health Agency of Canada 2001).



Copies of Wellness Curricula to Improve the Health of Children and Youth: A Review and Synthesis of Related Literature and Kindergarten to Grade 12 Wellness Programs: Summary of Stakeholder Input are available online in English at www.education.alberta.ca/teachers/program/health.aspx. Executive Summaries are available in French at www.education.alberta.ca/francais/teachers/progres/core/edphys/proget/rev_bienetre.aspx.

Considerable research has focused on the need to improve the health and wellness of children and youth in Alberta. As a result, recent government initiatives such as the *Alberta's Commission on Learning*, *Healthy Kids Alberta!* and *Healthy Alberta School Communities* reinforce government's commitment to student wellness.

Alberta's Commission on Learning recommended introducing a new wellness program for all K–12 students. The report indicates that children should learn about the importance of healthy and active lifestyles through a new wellness program combining aspects of the current health and PE programs. It also suggests that at the high school level, a new wellness program should combine the current aspects of PE and CALM. The new wellness program should be designed to encourage physical activity and healthy choices, while addressing issues of concern to young people (Alberta's Commission on Learning 2003).

Healthy Kids Alberta! (HKA) Strategy is a provincial strategy to improve the wellness of all Alberta children and youth, ages zero to 18. Recognizing the influence of a broad range of physical, social, environmental and economic factors on child and youth wellness, and given that most of these factors fall outside the health sector, HKA was developed as a cross-ministry initiative. The HKA strategy calls for a determinants-of-health perspective to support the efforts of parents, families and communities to be well, make healthy choices and create environments that support those choices (Government of Alberta 2007).

Healthy Alberta School Communities (HASC) is a partnership strategy between Alberta Education and Alberta Health and Wellness (2007). The HASC strategy is a comprehensive, multifaceted approach that supports the development and implementation of health promotion strategies to enhance the wellness of school-aged children and youth.

To support the Commission's findings and align with provincial strategies to improve the health and wellness of children and youth, a review of current Alberta programs of study began with a comprehensive review of related literature and stakeholder consultations, completed between November 2007 and March 2008. Results from the **literature review and stakeholder consultations** indicate a need for a moderate-to-significant revision of the current programs of study.

As a part of the revision process, the **Draft Framework for Kindergarten to Grade 12 Wellness Education** was posted on the Alberta Education website in March 2009 to facilitate further discussion regarding the direction for wellness education in Alberta. Stakeholders provided feedback on the draft framework through direct contact, formal discussion groups and an online questionnaire. The input from stakeholders, as well as current evidence-based research, was carefully considered in the development of this document.



Definition of Wellness



Stakeholders indicated that wellness is multidimensional in nature and includes elements such as physical, mental, emotional and spiritual health. These elements do not exist in isolation; it is the balance and interplay of these elements that constitutes wellness (Alberta Education 2008a).

To clearly outline the goals and parameters of wellness education, an important first step in developing a new wellness education program for Alberta students was to define the term *wellness*. A variety of international, national and provincial definitions of wellness were reviewed during stakeholder consultations between 2007 and 2009. The following definition was developed, in collaboration with education stakeholders:

Wellness is a balanced state of emotional, intellectual, physical, social, and spiritual well-being that enables students to reach their full potential in the school community. Personal wellness occurs with commitment to lifestyle choices based on healthy attitudes and actions.

The five dimensions of wellness are described below.

Emotional wellness is acknowledging, understanding, managing and expressing thoughts and feelings in a constructive manner.

Intellectual wellness is the development and the critical and creative use of the mind to its fullest potential.

Physical wellness is the ability, motivation and confidence to move effectively and efficiently in a variety of situations, and the healthy growth, development, nutrition and care of the body.

Social wellness is relating positively to others and is influenced by many factors including how individuals communicate, establish and maintain relationships, are treated by others and interpret that treatment.

Spiritual wellness is an understanding of one's own values and beliefs leading to a sense of meaning or purpose and a relationship to the community.



Quality curricula and programming related to wellness have been shown to improve academic performance and mental well-being, as well as reduce the risk of obesity and cardiovascular disease (Veugelers & Fitzgerald 2005; O'Dea 2005; Tremblay 2000).



Content and Structure



Focussing on healthy eating, physical activity and psychosocial well-being has been identified in current research as the most effective way to positively impact student health behaviours. Alberta stakeholders agree and further emphasize the need to ensure a greater understanding of the priority wellness outcomes as foundational skills needed for wellness (Alberta Education 2009).

Current research and education stakeholders in Alberta and across Canada indicate that enhancing student wellness involves a **coordinated effort** among students, teachers, administrators, parents and community members. Wellness education goes beyond the walls of one classroom; it links the dimensions of wellness across all subject areas and the school community.

The key elements of K–12 wellness education in Alberta incorporate the themes from stakeholder consultations and recommendations from evidence in current literature. Stakeholders emphasized that although much of the content from the current programs of study is appropriate for wellness education, the following key concepts need to be addressed to better meet the needs of students:

- Focus on three **priority wellness outcomes** (physical activity, healthy eating, psychosocial well-being).
- Reduce the **number and overlap** of learning outcomes.
- Ensure **age-appropriateness** of learning outcomes.
- Recognize and address the **dimensions of wellness**.

Further input from stakeholders provided key suggestions for content and structure to support successful programming in wellness education:

- link a **holistic approach** with the dimensions of wellness to all programs of study
- **simplify course sequencing** to focus on priority wellness outcomes that will provide the foundational skills needed to support wellness education
- **mandatory** wellness courses through grade 12
- allow **flexibility for scheduling** at the 10–20–30 level (e.g., modular approach, utilizing extra-curricular activities)
- **combine the specific outcomes** from the CALM Personal Choices general outcome and the four general outcomes of Physical Education into a Health and Physical Education 10–20–30 sequence
- maintain or increase the amount of **physical activity** through enhanced physical education programs
- include **wellness-related courses** from other areas [e.g., Career and Technology Studies (CTS), arts education] as a means for students to extend their knowledge, skills and attitudes—moving beyond personal wellness to being leaders in the community to promote wellness.



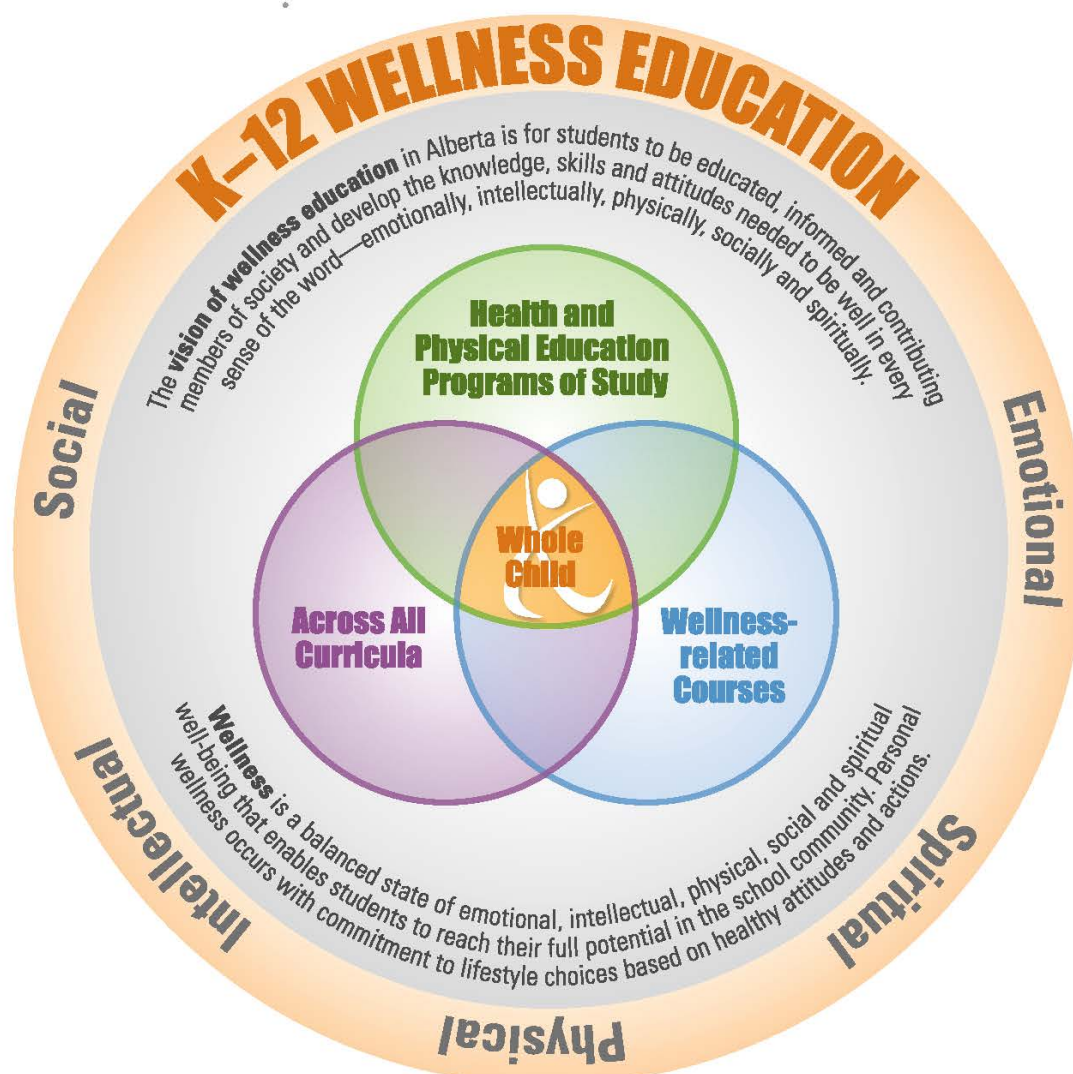
Content and Structure...continued



The five dimension of wellness underlie most/ all school curricula within a comprehensive school health approach. This promotes a systemic culture of wellness in school curricula beyond wellness curricula (Alberta Education 2009).

The K-12 Wellness Education diagram below illustrates the key elements of K-12 wellness education in Alberta. Based on current research and stakeholder input, the structure will include:

1. **health and physical education programs of study**; K-9 Physical Education, K-9 Health and Life Skills, and Health and Physical Education (HPE) 10-20-30
2. wellness dimensions integrated **across all K-12 subject areas**
3. **wellness-related courses** from other areas that provide students with opportunities to gain in-depth knowledge and apply their **skills in specific wellness-related topic areas**.





Content and Structure...continued



Alberta youth aged 15–19 are significantly less active than younger children and do not meet the guidelines set forth by the Public Health Agency of Canada to maintain health (Canadian Fitness and Lifestyle Research Institute 2007).



More physical education at school is associated with a 39 percent decrease in overweight and a 46 percent reduction in obesity in school aged children (Veugelers & Fitzgerald 2005).



Offering more physical education/activity at school does not negatively impact academic performance and achievement testing and is associated with significant decreases in overweight and obesity in school-aged children (Veugelers & Fitzgerald 2005).

1. Health and Physical Education Programs of Study

Revisions to the current K–12 programs of study will begin at the high school level, as research indicates that adolescents are more likely than younger children to demonstrate health-risk behaviours, particularly related to healthy eating and active living. Appendix 1 illustrates the revisions to the content and structure of high school programs of study.

The recommended structure includes students completing a minimum of **six high school credits**, as is currently the requirement. HPE 10–20–30 incorporates many of the current physical education outcomes and personal choice outcomes from CALM. The general outcomes of HPE would reflect research and stakeholder recommendations to focus on healthy eating, physical activity and psychosocial well-being. Students would meet the 6-credit requirement through HPE 10 (3 credits) and HPE 20 (3 credits). Schools would also have the option of offering 5 credit HPE 10–20–30, in which increased physical activity time could account for the additional credits.

HPE programs of study also reflect the feedback from students, who stated that topics and content that are ‘real life’ and relevant to the needs of students are essential, as well as opportunities for community connections. Thus, curricular outcomes and implementation support resources will be written to allow for an **inquiry-based approach** and include sample projects that transition students from personal to social responsibility. Projects will enable students to apply the skills and concepts they have learned to benefit their own schools, partner schools and the community and contribute to building a culture of wellness in society as a whole.

Developing HPE programs of study provides many **benefits** to schools and students. For example, HPE programs of study:

- contribute to a continuum of wellness through Grade 12
- focus on the three priority wellness outcomes: physical activity, healthy eating and psychosocial well-being
- increase physical activity time contributing to meeting the federal/provincial/territorial physical activity targets for children and youth set by ministers responsible for sport, physical activity and recreation
- enhance students’ understanding of the balance of the dimensions of wellness and how they can be woven throughout other areas in school and their lives
- allow flexibility and choice for students
- simplify timetabling for schools



Content and Structure...continued



Career development is a lifelong process of managing learning, work, leisure and transitions in order to move toward a personally determined and evolving preferred future (National Steering Committee for Career Development Guidelines and Standards 2004).



Wellness must be holistic—mental, physical, spiritual and emotional, and all integrated. It impacts all aspects of our being within the context of culture (Alberta Education 2008a).



A more holistic approach to wellness education allows learning to extend beyond the walls of the classroom by linking learning outcomes with initiatives throughout the school and community (Joint Consortium for School Health 2008).

- provide better connections to post-secondary requirements
- provide opportunities to use community programs and services to meet course requirements.

Career and resource choice outcomes from the current CALM program of studies that focus on identifying personal assets, talents and strengths in relation to future plans will be included in the HPE programs of study. This is an important part of preparing for transitions, planning for the future and making important life decisions. In addition, many career and resource choices have been identified in the K–9 Health and Life Skills Program of Studies and therefore would be re-aligned when the K–9 programs are revised.

Other specific career and resource outcomes will be **infused into classrooms, curriculum, school programs and events** to make connections within the community and increase successful transitions from high school. Delivery of career and resource outcomes by all stakeholders will create opportunities for successful transitions from school to work or post-secondary studies. This is an element of the next component of wellness education, *Wellness Integrated Across All Curricula*.

2. Wellness Integrated Across All Curricula

Schools and teachers will be provided with resources and tools to encourage a balanced state of emotional, intellectual, physical, social and spiritual well-being. **Learning outcomes from all subject areas** that address the dimensions of wellness will be highlighted and connections across all curricula will be presented in a common document for teachers in the province.

A **support resource** will outline healthy, active instructional strategies, methodology for how to incorporate healthy practices in all classrooms, and activities that support student learning of subject specific outcomes and, at the same time, encourage wellness. An example of this integration is demonstrated when connecting the dimensions of wellness to stewardship and sustainability outcomes in science. Science projects that encourage walking in the community, interacting with the outdoors or walking to school also address student wellness through the emotional, physical, intellectual and spiritual dimensions.

This component supports the **daily physical activity (DPA)** initiative, as DPA can be incorporated throughout the day and integrated into all subject areas. In addition, this approach complements the work of the **Healthy Alberta School Communities** cross-ministry strategy and comprehensive



Content and Structure...continued



Sixty-three per cent of Canadians who are still inactive cost the health system \$5.7B more than if they were active (Public Health Agency of Canada 2004).



In the classroom, CSH facilitates improved academic achievement and can lead to fewer behavioural problems (Murray et al. 2007).

school health principles. By emphasizing the components of the curriculum that contribute to enhancing student wellness, it raises awareness among all stakeholders and allows for greater collaboration. It sets the stage for improving health and learning outcomes in all areas of a student's education and for better partnerships among home, school and community.

3. Wellness-Related Courses

After acquiring the knowledge, skills and attitudes to demonstrate healthy, active behaviours and to value the balance of all dimensions of wellness, it is important to provide students with opportunities to **promote, practise and apply** the competencies related to wellness. Courses in other subject areas provide in-depth knowledge and application in specific wellness-related topic areas. Identifying these courses and connecting them to wellness provides students with options for extending their knowledge and skills in wellness.

Wellness-related CTS and arts education courses are a good example of how students can **further their wellness education** at the senior high school level. The Health, Recreation and Human Services (HRH) cluster in CTS includes such pathways as sports medicine, fitness and leadership, coaching, recreation and wellness for kids and aging populations. Cultural dance courses in arts education also provide an example of how wellness concepts and practices can be expanded, as students can practice and promote dance in the school and community.

By extending their basic knowledge and skills, students move beyond learning about personal wellness and acquire the leadership skills to help build capacity for health promotion in the community. It is important that some of the focus shift from health care to prevention. Preparing students in areas of health promotion equips communities with future leaders who will provide prevention programs and recreation services, and build healthy, active communities.



Support for Implementation



A CSH approach encompasses the whole school environment with actions addressing four distinct but interrelated pillars that support students in achieving their full potential—social and physical environment, teaching and learning, healthy school policy and partnerships and services (Joint Consortium for School Health 2008).



Sixty-seven per cent of school authorities in Alberta do not have authority wide healthy eating guidelines or policies (Alberta Coalition for Healthy School Communities 2007).



A teacher's ability to engage students in meaningful ways in wellness education is an important prerequisite to making health education and promotion successful (Barnekow et al. 2006).

Stakeholders emphasized the importance of government ministries, schools, families and communities working collaboratively to create and maintain a culture of wellness in every school community. Positive and safe learning environments that are respectful of the diverse cultures, backgrounds and experiences of Alberta students have the potential to positively impact health outcomes.

Stakeholders consistently identified support for implementation as a significant element of improving student health and learning outcomes. Results from the stakeholder questionnaire and focus groups indicate that the key components of successful program implementation include:

- utilizing a comprehensive school health approach
- meeting the diverse needs of learners and engaging students in a meaningful way
- having adequate teacher expertise, preparation and implementation time
- providing and utilizing appropriate resources—facilities, funding, teaching and learning resources.

Through a sustained, long-term and strategically planned **comprehensive school health** approach, families and communities can significantly affect student health behaviours, especially those related to active living, healthy eating and psychosocial well-being (Stewart-Brown 2006).

The role of curriculum in a CSH approach is to provide students with the knowledge, skills and attitudes to make healthy choices in an environment that supports healthy behaviours. Therefore, curricular outcomes must align with school policies and practices. For example, a CSH approach to healthy eating would include creative and up-to-date nutrition instruction and healthy food choices in the cafeteria, canteen and vending machines.

Wellness education and support resources will take into account the **diverse needs of learners in the 21st century** and include differentiated instructional strategies. In addition, an approach that is sensitive to developmental and culturally appropriate practice will be an important consideration in the development and implementation of wellness programs and resources.

Wellness education should be accessible and meaningful to all **students**, regardless of age, gender, race, ability, socioeconomic status or religion. It is important that schools provide students with a supportive, interesting and engaging environment within which they can feel accepted (Barnekow et al. 2006). Youth benefit from opportunities to actively participate in identifying health issues that are important to them, in establishing priorities and in developing strategies that effectively meet their health needs (Public Health Agency of Canada 2000).



Support for Implementation...continued



The implementation of quality wellness education programs and health promotion activities can be hindered by a lack of teachers' pre-service and in-service training and professional development (Smith, Potts-Datema & Nolte 2005).



Jurisdictions around the world are establishing multidimensional online learning environments in the form of knowledge portals. These portal-plus web communities provide educational material for teachers, school managers and the wider community (Alberta Education 2008b).

It is also important that wellness education be coordinated and delivered by **teachers** who have the knowledge and desire to implement high-quality programs (Barnekow et al. 2006; Smith, Potts-Datema & Nolte 2005; Centres for Disease Control and Prevention 1997). Current physical education teachers are excellent potential champions to deliver the K–12 health and physical education programs of study and provide support for promoting wellness education in the school community.

To ensure teachers are prepared to deliver the health outcomes, **adequate in-servicing and mentoring** opportunities will be essential. These opportunities should include consistent and authentic information, enhance the knowledge and skills of teachers and administrators to implement quality wellness education, and be offered prior to and throughout the implementation process. Stakeholders agreed that alternative approaches to professional development (e.g., videoconferencing, Webinars, mentorship programs), in conjunction with orientation sessions, would be appropriate strategies for in-servicing. Collaboration with post-secondary teacher preparation programs to ensure adequate training for pre-service teachers is also an essential implementation consideration.

Adequate time for implementing revised programs of study is a key factor in the successful delivery of wellness education programs. Teachers indicated that previous implementation of the K–9 Health and Life Skills and K–12 PE programs of study, as well as the DPA initiative took place too quickly, and that they would benefit from more preparation time (Alberta Education 2008a).

Stakeholders identified a need for **learning and teaching resources** in the form of online and print materials to support implementation of wellness education, as well as related assessment tools (Alberta Education 2008a, 2009). In addition, resources appropriate for a variety of learning environments and available in a variety of formats will help to ensure accessibility for all students, including students with disabilities. Resources that consider current and effective approaches to student learning will be most effective at improving wellness outcomes for students; e.g., differentiated instruction and inquiry-based practices.



Assessment and Accountability



Wellness education needs to have a greater priority in school communities. Strategies to assess student learning and gather evidence as to the effectiveness of programs need to be long term to reflect the long-term nature of health outcomes (Alberta Education 2008a).



Healthy school assessment tools have the potential to identify programs and practices, assess needs and provide direction for schools to positively influence health behaviours related to physical activity, healthy eating and mental well-being (Ever Active Schools 2009).

While it is important that K–12 wellness education is well-designed and delivered through a CSH approach, it is equally important to gather evidence to demonstrate its success. Overall, stakeholders supported the development of **improved assessment practices** for and of student learning; however, concerns about standardized performance measures and assessing the affective domain were raised. It will be important to develop authentic tools to support teachers in assessing learning outcomes in health and physical education. These assessment tools could include achievement indicators for health and physical education outcomes and physical literacy measurement tools. In addition, it will be essential to provide appropriate in-servicing to update teaching practice in the area of student assessment.

Current research and Alberta stakeholders explain how **accountability** and leadership are key components to the successful implementation of wellness education and any healthy school initiatives. Stakeholders indicated that unless student wellness is placed as a priority in school authorities, it is difficult to get full support for wellness education from teachers, parents, students and administrators (Alberta Education 2009). There are many competing interests in schools and without accountability measures, stakeholders fear that the priority wellness outcomes will not receive the attention that is needed to positively impact student health behaviours.

Wellness education needs to be supported at all levels and developing an **assessment and accountability model** for wellness education and healthy schools will provide the necessary first steps to enhancing reporting measures related to school and student health. This model will include input from a variety of stakeholders, partner organizations and ministries and will consider the following elements:

- indicators of success to give educators, public and government a clear understanding of how well student learning and health goals are being achieved, identify program areas that need improvement and set program priorities for the future.
- reporting processes utilizing elements from established school health assessment tools (e.g., Ever Active Schools and Joint Consortium for School Health)
- student assessment strategies that include essential elements for effective formative and summative assessment of learning outcomes, as well as achievement indicators with digital performance-based applications.



Conclusion



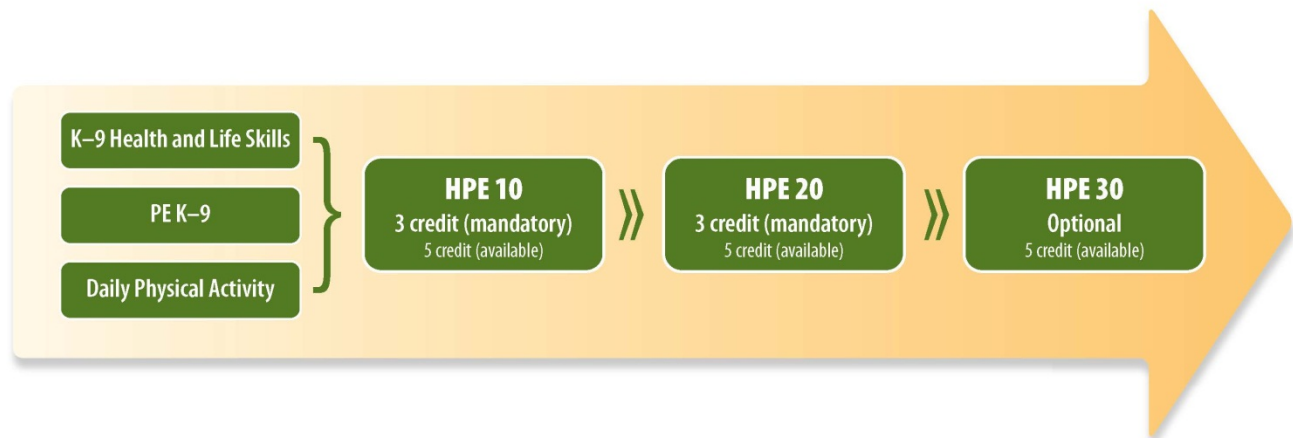
By educating children and youth about health and wellness, we are providing them with the building blocks to live healthy, active lives (Government of Ontario 2008).

Drawing upon innovative strategies for curriculum design, implementation, assessment and accountability will provide schools with the opportunity to impact the health of students in profound and lasting ways. The *Framework for Kindergarten to Grade 12 Wellness Education* provides a foundation for future development of wellness programs of study that will allow Alberta students to be educated, informed and contributing members of society with the knowledge, skills and attitudes needed to be well in every sense of the word—emotionally, intellectually physically, socially and spiritually. The new wellness education program will introduce a holistic approach to student wellness that incorporates the needs and priorities of students living and learning in the 21st century, and provide a continuum of wellness education from Kindergarten to Grade 12. This new direction will help achieve the goal of enhancing the health and learning outcomes of Alberta children and youth.



Framework for Kindergarten to Grade 12 Wellness Education

APPENDIX 1: K–12 Wellness Education Programs of Study



Description

- Develop Health and Physical Education (HPE) 10, HPE 20 and HPE 30 programs of study.
- Graduation requirement is 6 credits—HPE 10–20 (3 credits each).
- HPE 10–20–30 programs of study include:
 - contributing to a continuum of wellness through Grade 12
 - focusing on the priority wellness outcomes (physical activity, healthy eating, psychosocial well-being) identified to be most effective in impacting student health behaviours
 - increasing physical activity opportunities to promote a healthy, active lifestyle
 - exploring opportunities to use community programs and services to meet course requirements
 - ensuring flexibility for student programming through an inquiry-based approach and the use of projects that transition students from personal to social responsibility
 - enhancing students' understanding of the balance of the dimensions of wellness and how they can be woven throughout other areas in school and their lives.



Framework for Kindergarten to Grade 12 Wellness Education

References

- Active Healthy Kids Canada. "It's Time to Unplug Our Kids. Canada's 2008 Report Card on Physical Activity for Children and Youth." 2008. http://www.activehealthykids.ca/Ophea/ActiveHealthyKids_v2/upload/AHKC-Long-Form-EN.pdf (Accessed November 28, 2008).
- Alberta Coalition for Healthy School Communities. "Environmental Scan: Alberta School & Health Authorities School Health Promotion Policies, Programs & Partnerships" 2007. <http://www.achsc.org/download/2007/ES%20Report%20Final%20May%209%202007.pdf> (Accessed December 12, 2008).
- Alberta Education. "Kindergarten to Grade 12 Wellness Programs: Summary of Stakeholder Input." 2008a. http://education.alberta.ca/media/848295/wellness_stake.pdf (Accessed November 20, 2008).
- Alberta Education. "Wellness Curricula to Improve the Health of Children and Youth: A Review and Synthesis of Related Literature." 2008b. http://education.alberta.ca/media/848299/wellness_lit.pdf (Accessed November 20, 2008).
- Alberta Education. "Draft Framework for Kindergarten to Grade 12 Wellness Education: Summary of Stakeholder Feedback." Unpublished report. Edmonton, AB: Alberta Education, 2009.
- Alberta Education & Alberta Health and Wellness. "Strategic Plan to Create Healthy Alberta School Communities." Edmonton, AB: Government of Alberta, 2007.
- Alberta Health & Wellness. "REAL Kids Alberta Survey." 2009. <http://www.realkidsalberta.ca> (Accessed February 27, 2009).
- Alberta's Commission on Learning. "Every Child Learns. Every Child Succeeds: Report and Recommendations." October 2003. <http://education.alberta.ca/media/413413/commissionreport.pdf> (Accessed December 9, 2008).
- Barnekow, V. et al. "Health Promoting Schools: A Resource for Developing Indicators." European Network of Health Promoting Schools, 2006. http://www.nepes.eu/files/Report%20Health%20Promoting%20Schools_0.pdf (Accessed December 8, 2008).
- British Columbia Office of the Provincial Health Officer. "An Ounce of Prevention Revisited: A Review of Health Promotion and Selected Outcomes for Children and Youth in BC Schools. Provincial Health Officer's Annual Report 2006." 2006. <http://www.health.gov.bc.ca/pho/pdf/phoannual2006.pdf> (Accessed January 23, 2009).
- Canadian Fitness and Lifestyle Research Institute. "Objective Measures of Physical Activity Levels of Alberta Children and Youth." 2007. <http://education.alberta.ca/media/318708/cflri.pdf> (Accessed December 8, 2008).
- Canadian Sport Centres. "Canadian Sport for Life through Long-Term Athlete Development." 2005. http://www.ltad.ca/Groups/LTAD%20Downloads/English/LTAD_Resource_Paper.pdf (Accessed December 8, 2008).
- Centres for Disease Control and Prevention. "Guidelines for School and Community Programs to Promote Lifelong Physical Activity among Young People." *Morbidity & Mortality Weekly Reports: Recommendations and Reports* 46, RR-6 (1997), pp. 1–36.
- Ever Active Schools. Health Assessment Tool for Schools. 2009. <http://www.everactive.org/content.php?id=672> (Accessed May 18, 2009).
- Government of Alberta. "Healthy Kids Alberta! A Wellness Framework for Alberta's Children and Youth (2007–2017) and Action Plan (2007–2010)." Edmonton, AB: Government of Alberta, 2007.
- Government of Ontario. "Challenging Students to be Healthier." Ontario Ministry of Education and Ontario Ministry of Health Promotion. October 29, 2008. <http://www.mhp.gov.on.ca/english/news/2008/102908.asp> (Accessed January 23, 2009).
- Joint Consortium for School Health. "What is Comprehensive School Health?" 2008. <http://www.jcsh-cces.ca> (Accessed December 4, 2008).
- Murray, N. G. et al. "Coordinated School Health Programs and Academic Achievement: A Systematic Review of the Literature." *Journal of School Health* 77, 9 (2007), pp. 589–600.
- National Steering Committee for Career Development Guidelines and Standards. *Canadian Standards and Guidelines for Career Development Practitioners* (2004), p. 139. http://www.career-dev-guidelines.org/career_dev/CD/English/PDFs/9.pdf (Accessed June 8, 2009).



References...continued

- O'Dea, J. A. "School-based Health Education Strategies for the Improvement of Body Image and Prevention of Eating Problems: An Overview of Safe and Effective Interventions." *Health Education* 105, 1 (2005), pp. 11–33.
- Olshansky, S. et al. "A Potential Decline in Life Expectancy in the United States in the 21st Century." *New England Journal of Medicine* 352 (2005), pp. 1138–1145.
- Public Health Agency of Canada. "The Opportunity of Adolescence: The Health Sector Contribution." 2000. http://www.phac-aspc.gc.ca/dca-dea/publications/acph_adolescents-eng.php (Accessed December 12, 2008).
- Public Health Agency of Canada. "Determinants of Health, What Makes Canadians Healthy or Unhealthy?" December 8, 2001. <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php> (Accessed December 7, 2008).
- Public Health Agency of Canada. "Physical inactivity increases health care costs in Canada." 2004. http://www.phac-aspc.gc.ca/pau-uap/fitness/work/why3_e.html (Accessed May 21, 2009).
- St. Leger, L. "What's the Place of Schools in Promoting Health? Are we too Optimistic?" *Health Promotion International* 19, 4 (2004), pp. 405–408.
- Smith, B. J., W. Potts-Datema & A. E. Nolte. "Challenges in Teacher Preparation for School Health Education and Promotion." *Promotion & Education* 12, 3–4 (2005), pp. 162–164.
- Stewart-Brown, S. "What Is the Evidence on School Health Promotion in Improving Health or Preventing Disease and, Specifically, What Is the Effectiveness of the Health Promoting Schools Approach?" World Health Organization Regional Office for Europe's Health Evidence Network (HEN). March 2006. <http://www.euro.who.int/Document/E88185.pdf> (Accessed November 26, 2008).
- Tremblay, M. S., J. W. Inman & J. D. Willms. "The Relationship between Physical Activity, Self-esteem, and Academic Achievement in 12-year-old Children." *Pediatric Exercise Science* 12 (2000), pp. 312–324.
- Veugelaers, P. J. & A. L. Fitzgerald. "Effectiveness of School Programs in Preventing Childhood Obesity: A Multilevel Comparison." *American Journal of Public Health* 95, 3 (2005), pp. 432–435.

FRAMEWORK FOR
Kindergarten to Grade 12
Wellness Education

**GBE.BP and GBE.AR - Health and Wellness of Staff and Students
Revision Considerations**

- **Daily Physical Activity (DPA):** The *Framework for Kindergarten to Grade 12 Wellness Education*, supports the daily physical activity initiative and recommends that DPA be incorporated throughout the day and integrated into all subject areas. GBE.AR – Health and Wellness of Staff and Students, states that plans and schedules are to be in place to enable DPA to be accessed by all students on all days when physical education is not scheduled. Revisions may need to reflect a more intentional integration of DPA across the curriculum; as mentioned below, this would promote a more holistic approach to wellness.
- **Integration of Wellness Outcomes Across all Curricula:** The *Framework for Kindergarten to Grade 12 Wellness Education* recommends a holistic approach with the dimensions of wellness integrated across the curricula. GBE.AR states that schools and community will promote the value of physical fitness, active lifestyle and emotional well-being through various activities (team sports, athletic events, etc.) and utilize community resources (Ever Active School, Canadian Sport for Life, etc.), however, more emphasis and support will need to be placed on integrating wellness outcomes into all areas of the curricula in a more intentional manner.
- **Assessment and Accountability:** The *Framework for Kindergarten to Grade 12 Wellness Education* identifies assessment as a key component of the successful implementation of wellness education and healthy school initiatives. It states that “Healthy school assessment tools have the potential to identify programs and practices, assess needs and provide direction for schools to positively influence health behaviours...”. GBE.AR indicates that the principal will ensure that strategies are in place to foster and promote physical activity, nutrition, healthy eating and emotional wellbeing but does not specifically address the assessment of the effectiveness of these strategies.

Examples of Work Related to Student Health Initiated and/or Completed Since April, 2012

- [IE.AR](#) - Safe, Caring Respectful Learning Environments was approved September 27, 2012. A supporting document: [Safe, Caring and Respectful Learning Environments Policy and Regulation – Frequently Asked Questions](#) was provided to district staff in August 2012.
- **Alberta Project Promoting active Living and healthy Eating (APPLE) Schools and Leader In Me Collaborative Project:** Ten schools are simultaneously implementing these two successful programs during the 2012-13 year, with the goal of integrating nutrition and fitness with leadership education. APPLE Schools promotes active living and healthy eating to create healthy school communities. The program motivates change and transforms school environments for improved learning and health. The Leader In Me, a student empowerment program, based on Dr. Stephen Covey's *7 Habits of Highly Effective People*®, focusses on the development of healthy habits such as "Sharpen the Saw" (taking care of one's body by eating right, exercising, getting sleep, etc.) and "Be Proactive" (taking responsibility and being proactive by making good choices). Funding for this project is provided by Dr. Allan Markin, an Alberta philanthropist, through the APPLE Schools project, University of Alberta's School of Public Health.
- **Bullying Prevention Initiative:** Several information sessions have been provided to schools to share an overview of the [Bullying Prevention Toolkit](#) which was launched in August 2012. The Toolkit is intended to provide staff with information and tools to support creating and sustaining a positive learning environment for all students, and addresses the mental health implications. Professional learning sessions will continue to be offered as required. Development of a bullying prevention [external site](#) was launched during National Bullying Awareness week in November 2012. This site features student art around the theme "Everyone's In", highlights recommended resources and a video that recognizes work being done in schools to promote safe, caring and respectful learning environments; and shares a list of literature to support safe, caring and respectful learning environments.
- **CSH Team Action Research Project:** Four members of the CSH team are currently collaborating with six teaching staff from district schools to conduct action research that explores how the District might enhance and integrate services related to physical education, athletics and health. Based on the findings of the action research, the team will propose recommendations to the Executive Team in June 2013.
- **Changing the Conversation Workshops:** A professional learning opportunity entitled "Changing the Conversation" has been developed and is offered to all district staff. This professional learning session examines the changing landscape of our schools. Equity related to race, sexual orientation and gender and diversity are explored.
- **Community Helpers Program:** Assists youth to identify to other youth support and resources available for mental health in the community. Currently four high schools have joined the program and over 50 students have received the training. The program is supported by a grant through Alberta Health Services.
- **Fourth R:** This resource is available at no cost to junior high health teachers. The Fourth R provides recommended strategies for supporting youth to develop healthy communication, conflict resolution and risk reduction skills. The target topic areas include peer and dating violence, substance use and abuse, and unhealthy sexual behaviours. The CSH team provided half day training for interested teachers in the fall of 2012. This opportunity will be provided

again in the spring of 2013, still focusing on Grade 7, and will continue until 2014 for Grade 8 and Grade 9 staff.

- **Mental Health First Aid (MHFA) Training for Staff:** A certified instructor/consultant with the CSH team, is available to district staff, through school groupings, to facilitate a two day MHFA training session.
- **Mental Health Junior High Kit:** This kit was provided to junior high teachers who attended a two hour workshop in September 2012. This locally developed resource was collaboratively created by Alberta Health Services, Edmonton Public Schools and Edmonton Catholic School consultants and provides lesson plans and materials that support the junior high health curriculum around topics such as relationships, body image and bullying. The remainder of the kits were forwarded to all junior high schools that were not in attendance.
- **Olweus** - www.violencepreventionworks.org: This evidence-based program has been proven to enhance student relationships, by addressing situations in school cultures such as bullying, anti-social behaviours and aggression. The program provides a whole school approach and is built on the premise that bullying behaviours can be positively redirected through a systemic restructuring of the school's social environment. The four program components consist of: school level, classroom level, individual level (working with individual students and their parents), and community level support. Four schools are participating in this training during the 2012-13 school year; two schools have received financial support for the program resources through the Evan Grykuliak Memorial Society.
- **Pan-Canadian Joint Consortium for Health, Positive Mental Health Toolkit** <http://www.jcshpositivementalhealthtoolkit.com/>: This toolkit was distributed to all schools via school counsellors in November 2012. It is designed to promote positive mental health perspectives and practices in the school context, and provides a school self-assessment tool, key strategic actions and practical strategies for positive health promotion. The recommended practices can be embedded into a school's everyday routine, will build on current best practices that already exist in the school, and can be implemented over time.
- **Sexual Orientation and Gender Identity (SOGI):** IFA.BP - Sexual Orientation and Gender Identity, was passed on November 29, 2011, and IFA.AR - Sexual Orientation and Gender Identity was passed on November 13, 2012. The board policy and administrative regulation identify the parameters for providing a safe, welcoming environment for sexual minority students and their families. On November 22, 2012 the administrative regulation was released outlining the expectations for principals related to supporting sexual minority students. All schools will be asked to identify a key safe contact for students. A complete website identifying resources available to schools has also been launched.
- **Shannon Butler Foundation/Ever Active Schools:** Four elementary schools (Belvedere, McArthur, Norwood, Thorncliffe) were given resources (approximately \$1,000 per school and CSH consultant support) to promote physical activity.
- **Student Health Professional Learning Sessions:** Teachers meet in collaborative groups after school, two to three times per year, to learn and share information related to physical literacy, daily physical activity, digital citizenship, cyber-bullying and social media issues.
- **Success in Schools for Children and Youth in Care - Provincial Protocol Framework:** This cross ministry partnership between Education and Children and Youth Services focuses on enhancing school outcomes for children and youth in care, using a strength-based approach. This initiative began during the 2010-11 school year at the high school level;

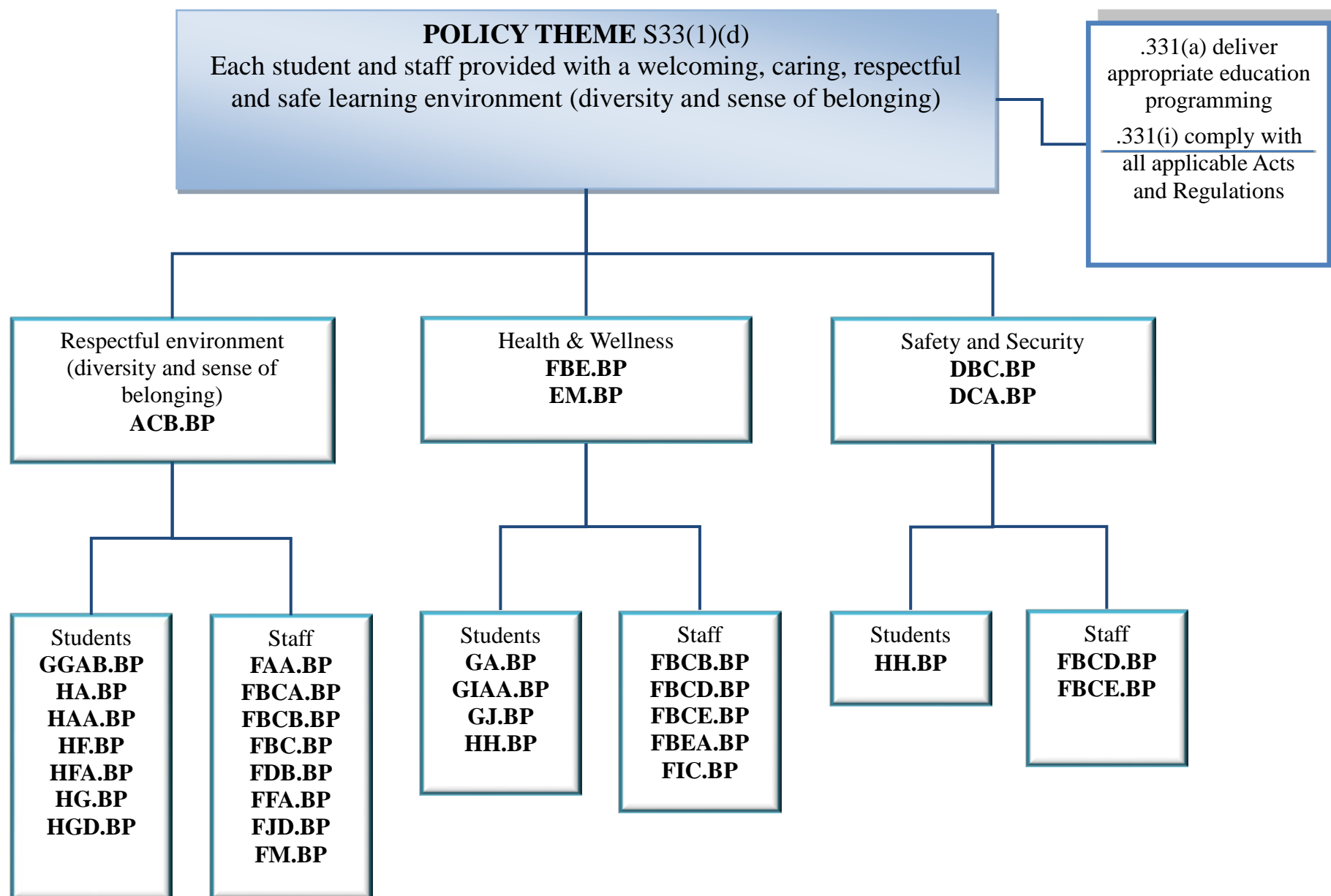
expanding to the junior high schools during the 2011-12 year; support for implementation at the elementary level is currently underway.

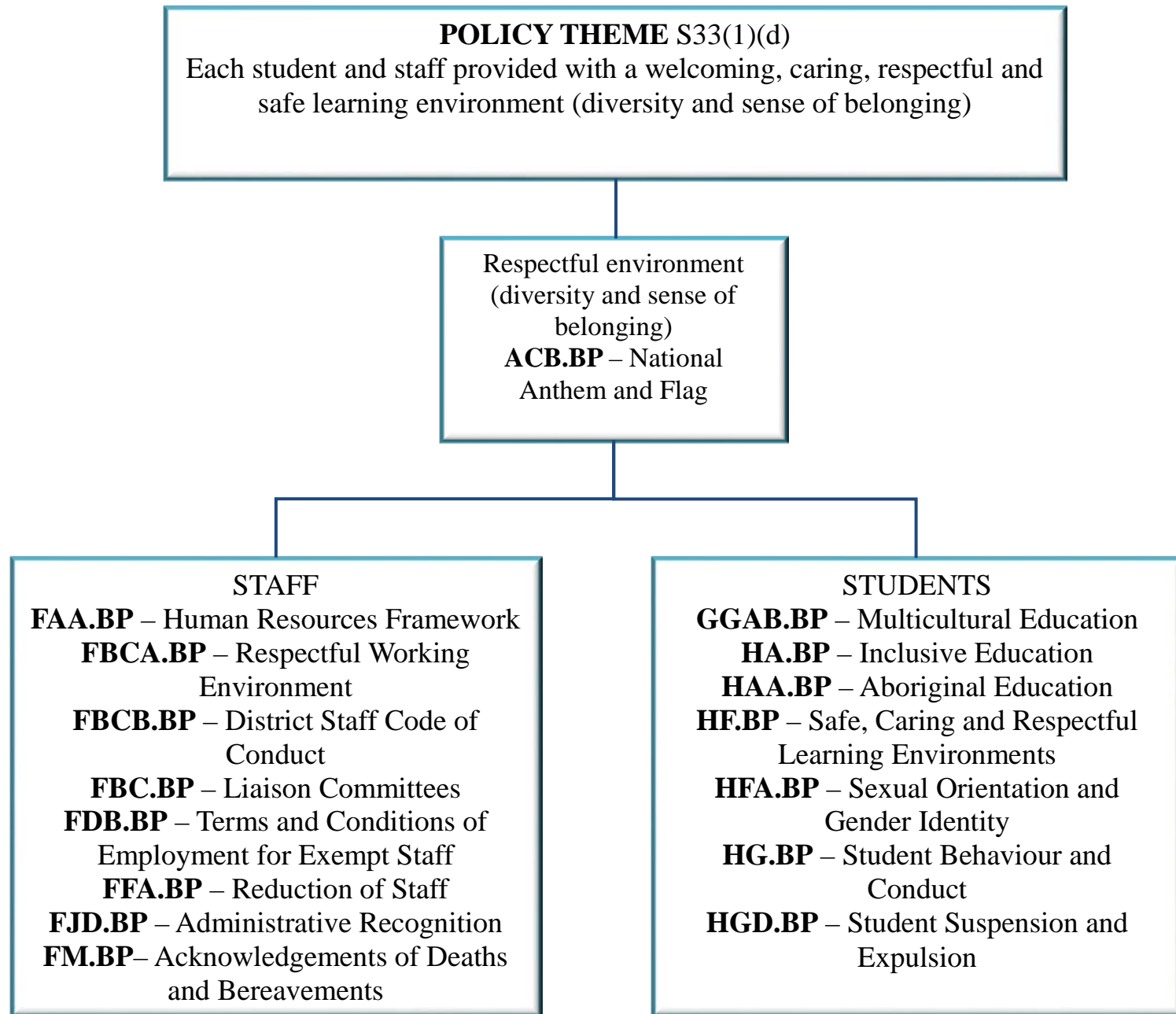
- **The Leader in Me** - www.theleaderinme.org: This school-wide model emphasizes a culture of student empowerment and helps unleash each child's full potential. Based on Dr. Stephen Covey's, *The 7 Habits of Highly Effective People*®, teachers and students internalize timeless leadership principles such as "Sharpen the Saw" (taking care of one's body by eating right, exercising, getting sleep, etc.) and "Be Proactive" (taking responsibility and being proactive by making good choices) to nurture the skills and attitudes students need for success in the 21st century. Fifty-eight schools have trained or are currently participating in the implementation of this program, which can involve up to three years of training.
- **We Day**: Twenty five district schools (approximately 600 students) traveled to Calgary on October 24, 2012, to attend a youth empowerment event that promoted active citizenship and awareness of local and global issues. We Day is an initiative of *Free The Children*, an international charity and educational partner that works with schools to implement the We Act program, which offers curricular resources, campaigns and materials that help turn the day's inspiration into sustained activation.
- **Wellness Grant**: An Alberta Healthy School Wellness Fund Readiness Grant was awarded to the District for 2012-13. This grant work will focus on developing an action plan to further the goal of implementing a comprehensive school health approach to wellness district-wide. The CSH team will coordinate the self-assessment of health and wellness, using a recommended assessment tool, from a sampling of district schools (with varying profiles) to determine common strengths and challenges, and identify priority issues that will guide the work of the CSH team.

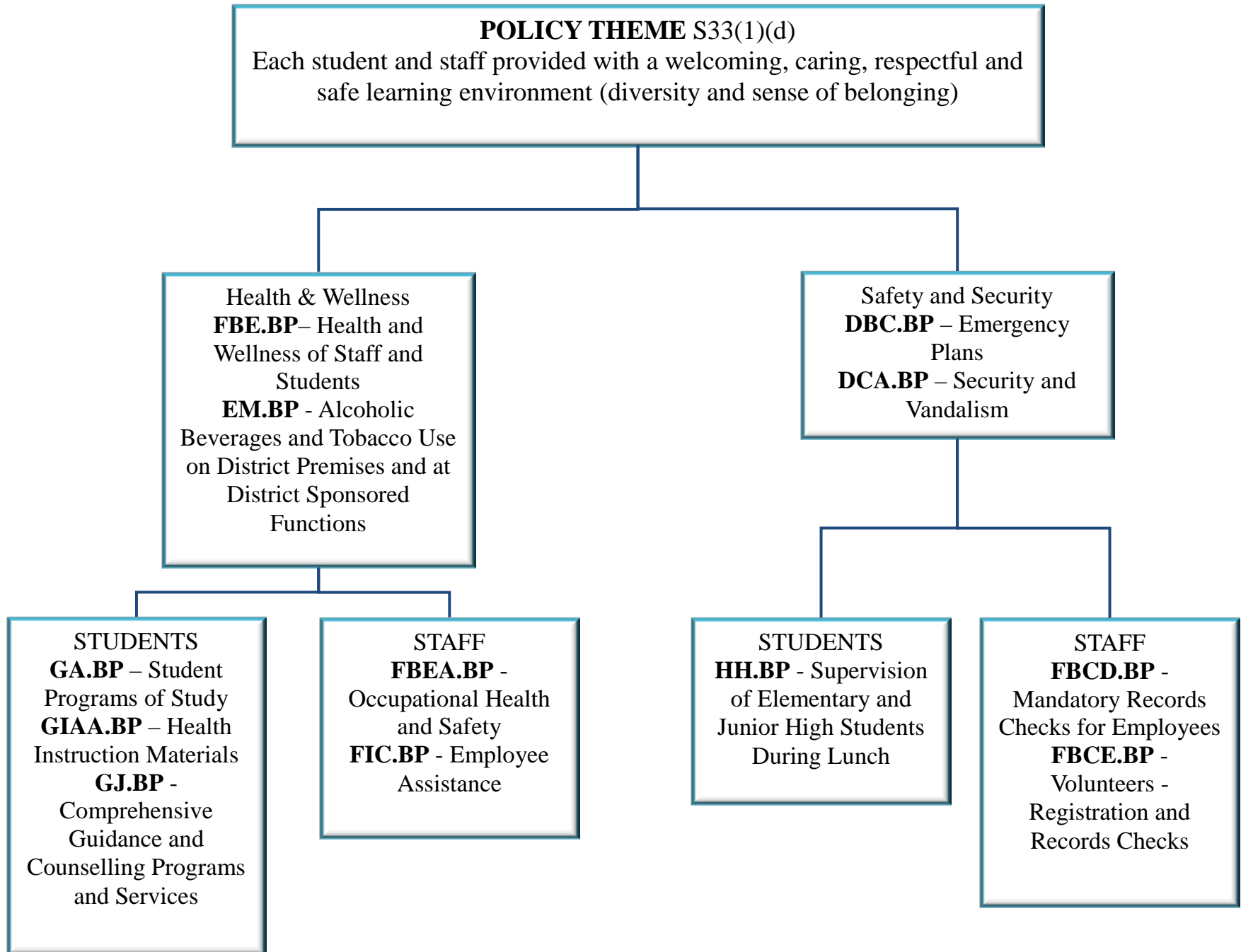
Health and Wellness Resources

Recommended resources and programs such as those listed below are available to schools at little or no cost. The District in partnership with agencies such as Alberta Health Services, makes schools aware of and supports the distribution of resources, and provides professional learning support as required.

- **Alberta Coalition for Healthy School Communities:** is a website that includes resources for teachers that include the Single Serving Packaged Food List, healthy school fundraising, curriculum based lesson plans, and many more. Teachers can also find wellness grant information on this site: <http://achsc.org/index.html>.
- **Alberta Education - Mental Health in Schools** <http://education.alberta.ca/teachers/safeschools/mental-health-in-schools.aspx>: provides helpful information and resources to support positive mental health in schools.
- **Alberta Health Services Healthy Eating Rubric:** is a self-assessment tool schools can use to identify areas of strength and of challenge in relation to promoting a healthy eating environment.
- **Active Healthy Kids Canada:** is a website that includes the Active Healthy Kids Canada report card that measures physical activity among children across Canada. The report card measures the schools, policy, community programming which all increase play and physical activity between all children. <http://www.activehealthykids.ca/AboutUs.aspx>.
- **Alberta Milk:** Power 4 Bones (Grade 5), Power to Play (Division 1 program), Fuel Up! (junior high program), School Milk (K to 12 programs), Club Moo (elementary) and Scratch for Moo'n More (junior high and high school program) <http://www.moreaboutmilk.com/programs.aspx> all programs make the connections to the Health and Life Skills curriculum. Approximately 60 district schools access supports provided through Alberta Milk.
- **Ever Active Schools Assessment Tool:** The Health Assessment Tool for Schools (HATS) measures how well schools are doing in all the dimensions around CSH <http://www.everactive.org/health-assessment-tool-for-schools>. Twenty-eight Edmonton Public Schools have used the HATS tool.
- **The Joint Consortium for School Health (JCSH) Healthy School Planner:** is an assessment tool that helps schools identify areas that they are doing well in around CSH and areas where they may need supports. Ten schools from Edmonton Public Schools have used the JCSH Healthy School Planner: <http://www.healthyschoolplanner.uwaterloo.ca>







CODE: AEBB.BP

EFFECTIVE DATE: (dd-mm-yyyy)

ISSUE DATE: (dd-mm-yyyy)

TOPIC: Wellness of Students and Staff

REVIEW YEAR: (yyyy)

PURPOSE

To assist students and staff in reaching their full potential by providing policy direction to create learning and working environments that support a district culture of wellness.

A positive and supportive social and physical milieu in our learning and working environments is a key contributor to health for individuals. A wellness policy supports the Board of Trustees in meeting its responsibility for providing each student and staff member with welcoming, caring, respectful and safe learning and working environments.

DEFINITIONS

Wellness is a balanced state of emotional, intellectual, physical, social and spiritual well-being that enables individuals to reach their full potential. Personal wellness occurs with commitment to lifestyle choices based on healthy attitudes and actions. The five dimensions of wellness as defined in the *Framework for Kindergarten to Grade 12 Wellness Education, 2009*, are described below:

- Emotional wellness is acknowledging, understanding, managing and expressing thoughts and feelings in a constructive manner.
- Intellectual wellness is the development and the critical and creative use of the mind to its fullest potential.
- Physical wellness is the ability, motivation and confidence to move effectively and efficiently in a variety of situations, and the healthy growth, development, nutrition and care of the body.
- Social wellness is relating positively to others and is influenced by many factors including how individuals communicate, establish and maintain relationships, are treated by others and interpret that treatment.
- Spiritual wellness is an understanding of one's own values and beliefs leading to a sense of meaning or purpose and a relationship to the community.

POLICY

The Board of Trustees (the Board) recognizes that wellness is both an individual and collective responsibility. The Board believes that a state of personal wellness enables students and staff to reach their full potential to contribute in an increasingly interdependent world. **The Board acknowledges that only by working in partnership with students, staff, parents, community members, organizations and government can we promote and foster lifelong habits that support wellness. (FBE.BP – Health and Wellness of Staff and Students)**

The Board recognizes that it is subject to different legislative requirements when supporting student and staff wellness. As such, the Board is committed to ensuring that students and staff are provided with the supports they need to learn about, create and maintain a district culture of wellness. **The Board is further committed to providing safe, healthy learning and working environments through prevention of personal and occupational injuries and illnesses, and a proactive approach to creating positive and supportive environments that contribute to the well-being of self and others. (replaces FBEA.BP – Occupational Health and Safety)**

EXPECTATIONS

1. Each school and central decision unit shall work towards creating and maintaining learning and working environments that support a district culture of wellness. (FBE.BP – Health and Wellness of Staff and Students)
2. The District shall:
 - give consideration to student and staff health and safety in the planning, implementation and evaluation of district services;
 - base supports for student and staff wellness on research, informed best practice and a balanced approach to delivery; and
 - meet or exceed all legislated occupational health and safety (OHS) requirements through a district OHS program. (replaces FBEA.BP – Occupational Health and Safety)
3. School staff shall work collaboratively with parents and community partners to provide awareness of and access to available professional guidance and counselling services for students. (replaces GJ.BP – Comprehensive Guidance and Counselling Programs and Services)
4. The development, implementation and monitoring of strategies to create and maintain a culture of wellness for students shall be guided by the School Act, regulations and the Guide to Education. (replaces GIAA.BP – Health Instructional Materials)
5. Staff, and their dependents, shall be provided access to professional employee and family assistance services which offer assessment, referral, consultation, and counselling services. These services shall be confidential except where limited by law. (FIC.BP – Employee Assistance)
6. Assessment tools shall be identified to measure and monitor the effectiveness of the wellness strategies implemented by schools and central decision units for the purpose of local and district-wide planning and delivery of supports.
7. The Superintendent of Schools shall implement this policy through the establishment of administrative regulations and the assignment of responsibilities as needed.

ACCOUNTABILITY

The Administration reports on progress in relation to the supports provided to create a culture of wellness for students and staff through the Annual Report – Health and Wellness of Staff and Students.

REFERENCES

[FBCA.BP – Respectful Working Environment](#)
[EA.BP – Infrastructure Planning Principles](#)
[GA.BP – Student Programs of Study](#)
[GAA.BP - Delivery of Student Programs of Study](#)
[HF.BP – Safe, Caring and Respectful Learning Environments](#)
[Guide to Education](#)
[Framework for Kindergarten to Grade 12 Wellness Education](#)
[Ministerial Order on Student Learning](#)
[Inspiring Education](#)
[Steps to a Healthy School Environment: School Nutrition Handbook](#)

[Daily Physical Activity Initiative](#)
[Physical Education Program of Studies](#)
[Health and Life Skills, Kindergarten to Grade 9 \(2002\)](#)
[Career and Life Management \(2002\)](#)

CODE: FBE.BP**EFFECTIVE DATE:** (12-06-2007)**TOPIC:** Health and Wellness of Staff and Students**ISSUE DATE:** (14-06-2007)**REVIEW YEAR:** (2014)**POLICY**

The Board of Trustees believes that employees and students who are emotionally healthy, well-nourished and physically active are better able to achieve the goals of education.

The Board of Trustees is committed to working with parents, community members, organizations and government to foster lifelong habits that improve the health and well-being of employees and students.

The Board of Trustees encourages each school and central decision unit to maintain a supportive environment that develops the knowledge, skills and attitudes necessary to enable individuals to make choices that foster emotional health, healthy eating and active living.

REFERENCES

FBE.AR - Health and Wellness of Staff and Students

CODE: FBEA.BP**EFFECTIVE DATE:** (12-06-2007)**TOPIC:** Occupational Health and Safety**ISSUE DATE:** (14-06-2007)**REVIEW YEAR:** (2014)**POLICY**

Edmonton Public Schools values its employees and is committed to:

- providing a safe and healthy working and learning environment, and
- preventing occupational injuries and illnesses.

The District will:

- meet or exceed all occupational health and safety legislated requirements;
- give priority to occupational health and safety in the planning, implementation and evaluation of district services; and
- work to continuously improve its occupational health and safety management system.

A safe and healthy work environment is a shared responsibility among the Board of Trustees, Superintendent of Schools, staff, staff group representatives, as well as government, parents, students, volunteers, visitors, tenants, contractors and subcontractors.

REFERENCES

FAA.BP - Human Resources Framework

FBEA.AR - Health and Safety Roles and Responsibilities

HHCA.AR - Hygienic Practices

HHCC.AR - Communicable Disease

HHCF.AR - Student or Staff Suicide

Occupational Health and Safety Act

Occupational Health and Safety Regulation

Environmental Protection and Enhancement Act

Environmental Protection and Enhancement (Miscellaneous) Regulation (AR 118/93)

Public Health Act

CODE: FIC.BP**EFFECTIVE DATE:** (13-06-2006)**TOPIC:** Employee Assistance**ISSUE DATE:** (23-06-2006)**REVIEW YEAR:** (2013)

POLICY

The Board shall provide employee and family assistance which offers assessment and referral, consultation, and counselling services through which staff and their family members living in their household can have direct access to professional assistance. These services shall be confidential except where limited by law.

CODE: GIAA.BP**EFFECTIVE DATE:** (13-06-2006)**TOPIC:** Health Instruction Materials**ISSUE DATE:** (23-06-2006)**REVIEW YEAR:** (2013)**POLICY****HEALTH INSTRUCTIONAL RESOURCES**

Teaching and Learning resources for health, where applicable, shall:

- promote respect for one's physical, mental, spiritual, social and emotional well-being and that of others;
- recognize the role of the family regarding the health and welfare of society;
- strive to ensure parent and community satisfaction with health programs;
- promote healthy attitudes towards human sexuality, and the view that abstinence from sexual relationships is the most effective method of preventing sexually transmitted diseases and unwanted pregnancies;
- promote a balanced view of the issues;
- view health issues sensitively, avoiding unduly violent or frightening depictions of the issues; and
- promote healthy decision making that will reduce the likelihood of substance abuse.

REFERENCES

GA.BP – Student Programs of Study

CODE: GJ.BP**EFFECTIVE DATE:** (27-09-2011)**TOPIC:** Comprehensive Guidance and Counselling
Programs and Services**ISSUE DATE:** (29-09-2011)**REVIEW YEAR:** (2018)**POLICY**

The Board believes that guidance and counselling is an integral part of school programming delivered to meet the needs of all students in the areas of career planning and development, personal/social issues and educational planning.

The Board supports the development of a comprehensive school guidance and counseling program. Schools are responsible to ensure that equitable, proactive, professional and collaborative guidance and counselling services are available to all students.

REFERENCES

Alberta Education's Guide to Education ECS to Grade 12 - page 69

Alberta Education's Comprehensive School Guidance and Counselling Programs and Services:
Guidelines for Practice