

TEACHER SUPPORT TEAMS

**A school-based strategy for the provision of education
support services and health promotion**

BY

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for the M. Psych Degree in the Department of Psychology,
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DECLARATION

I, Bridget Ann Johnson, hereby declare that "TEACHER SUPPORT TEAMS - A SCHOOL-BASED STRATEGY FOR THE PROVISION OF EDUCATION SUPPORT SERVICES AND HEALTH PROMOTION" is my own work and that all sources I have used or quoted have been indicated and acknowledged by means of complete references.



Signature

Date: November 1997

DEDICATION

To my husband, a Gencor medallist for research excellence, whom I admire with all my heart. He is my hope, my joy, my strength. His fine example serves as an inspiration to me. Through him I learned that success involves more than talent. It involves incredible sacrifice, hard work and the will to succeed.

To my father, a factory worker, who since early childhood instilled in me the belief that I could become anything I wanted to become if I just believed it and worked hard at it.

To my mother, a housewife, who in the absence of education or wealth, gave the greatest gift that any individual could possibly give. She gave of herself, assisting wherever she could to make life a little easier for me.

To God Almighty for giving me the ability to rise above my circumstances and make my dreams come true.

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CONTENTS

Declaration	i
Dedication	ii
Acknowledgements	iii
Contents	iv
Abstract	x
CHAPTER ONE: INTRODUCTION	1
1.1 Background to the study	2
1.1.1 Schools as sites for intervention	2
1.1.2 The role of education support services	5
1.1.3 The establishment of teacher support teams	8
1.1.4 The relationship between education and health	10
1.1.5 The need for schools to become health promoting institutions	11
1.2 Theoretical framework	13
1.3 Research aims and purpose	14
1.4 Research methodology	15
CHAPTER TWO: A REVIEW OF LITERATURE RELATED TO THE MANAGEMENT AND PREVENTION OF STUDENT DIFFICULTIES	17
2.1 Introduction	17
2.2 School-based assistance for learners	17

2.2.1	Redefining the roles of education support personnel in terms of school-based assistance	17
2.2.2	South African models of school-based assistance	21
2.2.3	International models of school-based assistance	23
2.2.4	Limitations of the various models of school-based assistance	26
2.3	Health promotion through schools	27
2.3.1	From prevention to health promotion	27
2.3.2	The Ottawa Charter	30
2.3.3	Health promotion and health education	30
2.3.4	The health promoting school	31
2.3.5	The role of school health services	33
2.3.6	The child-to-child approach and the health promoting school	35
2.3.7	Involving parents and communities in the health promoting school	37
2.3.8	The curriculum of health promoting schools	40
2.3.9	Developing the school as a whole	43
2.3.10	Difficulties in developing health promoting schools	44
2.4	Teacher support teams as a vehicle for school-based assistance and health promotion through schools	47

CHAPTER THREE: RESEARCH METHODOLOGY	50
3.1 Introduction	50
3.2 Motivation	50
3.3 Research aims and purpose	52
3.3.1 Significance of the research	52
3.3.2 Ethical considerations	53
3.4 Research methodology	53
3.4.1 The case study method	54
3.4.2 Meeting the challenges of the qualitative approach	55
3.4.3 Data collection techniques used	56
3.4.4 Participants	58
3.4.5 Instruments	60
3.4.6 Procedure	60
3.5 Analysis of data	65
CHAPTER FOUR: ANALYSIS AND INTERPRETATION OF DATA	66
4.1 Introduction	66
4.2 Research findings	66
4.2.1 Towards developing a health promoting school	66
4.2.2 Curriculum development	69
4.2.3 Organisation and management	71
4.2.4 Staff development	72
4.2.5 Parent involvement	75
4.2.6 Student involvement	77

4.2.7	Resources	79
4.2.8	Service provision	80
4.2.9	A comprehensive approach	82
4.2.10	Evaluation	82
4.3	Summary of findings in terms of research aims	89
4.3.1	The initiation, development and operation of the teacher support team	89
4.3.2	The teacher support team as a strategy for providing education support services	91
4.3.3	The teacher support team as the nucleus of the health promoting school	92
4.3.4	The further development of the team	93
 CHAPTER FIVE: REVIEWING THE RESEARCH FINDINGS IN TERMS OF LITERATURE RELATED TO THE TEACHER SUPPORT TEAM AND THE HEALTH PROMOTING SCHOOLS CONCEPT		95
5.1	Introduction	95
5.2	Teacher support teams revisited	95
5.3	Meeting the criteria for a health promoting school	98
5.3.1	The role of the school nurse	101
5.3.2	The role of education support services	101
5.3.3	The child-to-child approach	102
5.3.4	Parents and the community	103
5.3.5	Curriculum development	105

5.3.6	The role of the principal	107
5.3.7	Empowering the staff	108
5.3.8	Developing the school as a whole	110
5.3.9	Overcoming the problem of resources	111
5.4	Summary	111
CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS		113
6.1	Introduction	113
6.2	Revisiting the purpose of the study	113
6.3	An overview of the research findings	115
6.4	Recommendations based on the research findings	116
6.4.1	Review of traditional approaches	116
6.4.2	A teacher support team based on health promoting principles	117
6.4.3	Avondale primary as a model for health promoting schools	118
6.4.4	A model for teacher support teams	119
6.4.5	The role of the team co-ordinator	121
6.4.6	The role of the principal	121
6.4.7	The role of school health services	122
6.4.8	The role of education support services	122
6.4.9	The child-to-child approach	124
6.4.10	Involving the parents	125
6.4.11	Curriculum issues	125

6.4.12 The question of ownership	125
6.5 Limitations of the study	126
6.6 Implications for future research	127
6.7 Concluding remarks	128
REFERENCES	132
APPENDIXES	142
Appendix A: Interviewing schedules	
Appendix B: The various groups at Avondale and their projects	
Appendix C: Curriculum infusion of projects	
Appendix D: Organisation and management of the health promotion project	

ABSTRACT

The primary motivation for this study was to explore ways of attending to the increasing needs of students, including physical, emotional, social needs and learning difficulties. Attention was focused on school-based assistance. A teacher support team, based on the health promoting schools concept, was investigated in this regard.

This investigation was conducted at a semi - rural primary school. Qualitative methodology was employed to illicit information regarding the provision of education support services, the initiation, development and operation of the teacher support team and the further development of the team. The case study method was utilised. Information was obtained via interviews, documents and focus group discussions.

Research findings indicate a co-ordinating body akin to a teacher support team. The multidisciplinary team comprises of group leaders engaged in a collaborative approach in attending to student needs. The team attempts to address the academic, social, psychological and physical health problems of the students at their school, by working intersectorally with various departments and organisations linked to the school and the community. The entire staff is involved in the groups and members are united in terms of a common goal namely, the development of a health promoting school. The focus is on preventive and promotive actions while curative assistance is offered as well.

The study shows how a teacher support team can offer an economical human resource in the provision of physical, social, emotional and academic support to the school community. It is recommended that traditional forms of school-based assistance be reviewed in terms of how teacher support teams can facilitate the development of a health promoting school.

Chapter one highlights the need for a school-based approach to addressing the challenges faced by teachers in lieu of the failure on the part of education support services to meet student needs.

Chapter two examines the concepts of teacher support teams and health promotion through schools in more detail. It is the aim of chapter two to outline the relationship between the two areas and to show how it can inform a new approach to dealing with challenges in our schools.

Chapter three will outline and discuss in detail the methodology used in this investigation. An argument for the use of qualitative methodology for this particular study will be presented. The processes and techniques involved in gathering and analysing the data will be discussed.

Chapter four deals with analysis and interpretation of the data. The research findings are outlined. These findings are linked to the research aims. The research findings are also interpreted and tentative conclusions are drawn.

Chapter five attempts to link the research findings to theory. It highlights the main issues that emerged from the research. The literature review of chapter two serves as a framework for this chapter.

Chapter six deals with conclusions and recommendations. It serves to reflect on the extent to which research aims were met. It notes the limitations of the study and presents proposals for future research.

CHAPTER ONE

INTRODUCTION

The motivation for pursuing a study of this nature is to meet the challenges facing educational psychologists today, both nationally and internationally. Broadly defined, the task of the educational psychologist is to ensure the emotional well-being of students, teachers, parents and education support service personnel. Traditionally, this task has involved providing direct, curative services to the students in need. However, the demand for services and the inability of educational psychologists to meet this demand have given rise to the following criticisms:

- * The educational psychologist does not have the time to see all the pupils experiencing difficulties
- * By the time an educational psychologist is involved, the problem has become so serious that the educational psychologist's involvement is crisis intervention
- * Children with less severe difficulties never get to the top of the educational psychologist's list.
- * Pupils in the lowest socio-economic groups have the greatest number of problems but have the least chance of educational psychology involvement.
- * The educational psychologist does not help the school become more effective in dealing with its own problems
(Labram, 1992, p 83)

While applying in this instance to educational psychologists, these criticisms could also apply to other education support personnel. These include school health nurses, remedial/learning support teachers, social workers, speech and hearing therapists, dieticians, medical officers, physiotherapists and occupational therapists.

Inherent within these criticisms is a call for a more effective approach to addressing student difficulties; for a review of traditional approaches and for the role of the educational psychologist and other education support service personnel to be redefined. The criticisms cause us to look at forms of school-based assistance that could facilitate the provision of services to schools.

Teacher support teams are examples of structures that can operate at school level to facilitate the provision of education support services and health promotion through schools. This study aims therefore to examine an innovation in this regard. It is hoped that this study could help inform other school-based assistance structures.

1.1 BACKGROUND TO THE STUDY

1.1.1 Schools as sites for intervention

Whilst educators regard their task to be the business of educating - imparting skills and knowledge to enable young people to develop their potential and make a positive contribution to society -it is becoming apparent that the needs and problems of students have a direct influence on their ability to learn. Schools are therefore compelled to help find solutions to the problems that students encounter.

Many would agree that schools cannot be expected to attend to all their students needs. At the same time, the educational mission of schools can only be accomplished if they attend to their students problems (Green & Kreuter, 1991).

" ... unless the school is involved in the physical, social and emotional development of the child, students will not learn, will not achieve and will not become productive citizens in our democratic society. " (Lavin, Shapiro & Weill, 1992, p 221).

The amount of time spent by a child at school during his/her lifetime allows for active intervention in terms of academic and health related problems (Lazarus, 1994; NECC, 1993; Vergnani, Flisher, Lazarus, Reddy & James, 1995). South African children spend on average seven hours a day for at least twelve years of their lives at school. Programmes which assist them to cope with difficulties which they may encounter could be implemented from the time they enter school. This would serve to prevent many difficulties which children currently face. This could also reduce the need for intervention strategies later in their lives.

Schools also provide the opportunity for all members of the school community to work together to provide students with integrated and positive experiences and structures that promote and protect their health (Reddy & Williams, 1996). Schools are accessible to students, parents and the communities in which they are located. Schools have therefore been identified by many (Lazarus, 1994; NECC, 1993; Vergnani et al, 1995) as a key setting for interventions aimed at alleviating students problems.

It has been found, however, that the more obvious educational priorities of schools become more compelling when budgets are tight. Dwindling staff numbers lead to a wariness to enter into something new. Issues that are health related are then easily dismissed (Green & Kreuter, 1991).

According to Lavin et al (1992), in a time of limited resources schools must then work with the entire school community to restructure and organise existing resources to maximise the learning potential of children.

Currently the financial constraints in education, health and welfare in South Africa force us to look at ways of maximising the use of existing resources to attend to the physical, emotional and social needs of students (ANC, 1994; Johns, 1995; Lazarus & Donald, 1994). This entails looking to our school communities for support.

Resources, financial and other, are often regarded as problematic by most people involved in the education sector. However, according to Stainback and Stainback (1990), while many schools do not have all the resources they need, there is an array of human resources available. These human resources include teachers, parents, students, and other professional service and community resources, for example, NGO's, traditional healers and civic leaders.

Schools need to find ways of accessing these human resources. This entails closer links between schools and the communities they serve. It entails first and foremost closer relationships between school staff and childminders (parents, grandparents, relatives, guardians). The childminders often have greater access to members of the broader community and can provide the necessary links for the school.

The most important human resource within schools is often the most unrecognised and underutilised namely, the teachers. According to Hanks (1990), since teachers are in the unique professional position of daily contact with students, they have the opportunity to provide learning experiences which could enable them to cope better with difficulties. Hanks (1990) feels that teachers are generally deeply concerned with their students as people. He expresses the concern that while teachers may feel committed to develop the interests and to respond to the needs of all their students, at the same time they may feel unable to do so in many cases. Teachers need support and training to deal with cases which they find baffling and stressful. These could be students experiencing physical problems, emotional difficulties or learning difficulties or a combination of these.

1.1.2 The role of education support services

The role of education support services therefore becomes vital in assisting teachers to attend to the needs of their students. Unfortunately, most teachers still perceive education support service personnel as inaccessible. Often the only relationship that exists between teachers and education support service personnel is the occasional communication on cases that have been referred.

Very often the teacher is responsible for the referral and there is no feedback to the school concerning the progress of the case or management of the student in class. This situation is influenced to a large extent by the way that support services have operated in the past (NECC, 1992). The student was regarded as the one with the problem and the specialist would take care of it.

According to Hanks (1990), traditional referral arrangements have shed the beliefs and myths of maladjustment as a distinct condition requiring salvation by experts. Ordinary teaching skills and resources were regarded as insufficient or unrelated to cases of special need.

Education support services is currently having to address the challenges provided by inadequate resources (Solity & Bickler, 1994). Education support services include school health, social work, psychological, general and vocational guidance and counselling and specialised educational services (White Paper on Education and Training, 1995).

According to Andrews (1989), service providers should not see themselves in an exclusive expert role. They should be prepared to learn from the teachers whom they aim to support and whose knowledge and expertise they do not come to supplant but to supplement and enhance. Many teachers have expertise in a variety of areas. This is also true of students, volunteers, parents, counsellors and administrators. All of these different resources should be organised and coordinated into a comprehensive support network for teachers, students and parents.

Likewise the expertise of education support service personnel could be combined in multidisciplinary teams for support to these networks comprising of teachers, students and parents.

According to Stainback and Stainback (1990), collaborative teamwork can yield many benefits by providing a rich forum of varied perspectives and expertise, by fulfilling the needs for belonging and power and by employing group problem-solving strategies. It is an empowering, supportive and affirming experience where individuals' contributions are valued and skills appreciated.

However, while it is admirable to encourage and legislate for collaborative working between different services, it is notoriously difficult to achieve in reality (Lazarus, Moolla & Reddy, 1996; Solity & Bickler, 1994). For example, there appears to be a concern amongst certain sectors around preserving the status of their disciplines. Problems with boundaries are also encountered where individuals intervene in areas in which they have little training or knowledge.

Substantial adaptations on the part of existing education support service personnel is therefore required for collaborative efforts to be successful (Donald & Lazarus, 1994). Most changes involve redefining existing roles: a move away from being the expert with all the knowledge to a more consultative role where knowledge is shared to empower others.

It is important for schools to identify their needs and for support services to address these needs (Andrews, 1989). The aim should then be to negotiate the nature of the problems with the individual making the referral, explore the ways they can be overcome and ultimately help individuals to help themselves, rather than expect the problems to be resolved by an expert (Solity & Bickler, 1994).

Specialist services to individuals on a one-to-one basis is a luxury that we cannot afford to focus on at this time in our country's development. For effective redress of past imbalances, we need to focus on equipping present service deliverers with the skills to develop the capacity of our schools and communities.

Specialists therefore need to impart the necessary skills to teachers, students, childminders and others in the community to attend to the wide range of problems manifested there. This will serve to address the problem of inadequate resources as well as contribute to the upliftment and development of communities.

In November, 1994, the Western Cape Province's Strategic Management Team's (SMT) "Specialist Support Services" Task Team recommended that education support services should be an indispensable part of all education and training. It was also recommended that services such as remedial teaching, guidance and counselling, psycho-educational assessment, school social work, speech and hearing teaching, adaptation and special classes and school health services should form part of the functional whole of the education support service, focusing on promotive, preventative and curative actions (SMT Report, 1994).

1.1.3 The establishment of teacher support teams

The SMT Report (1994) highlighted the need for the establishment of teacher support teams as essential at all schools. They saw the teacher support team as the first level of identification and assistance before referral to other specialist services.

The aim of the teacher support team would be to support teachers, learners and parents with special needs but also to be involved in health promotive and preventative programmes for all. The teacher support team would play an important role considering and addressing the needs of the community and would include the following roleplayers: teachers, psychologists, social/health workers, speech and hearing teachers, and other relevant community roleplayers.

The teacher support team therefore has an important role to play in the reconstruction of support services. It is an economical resource within schools that should be well utilised. Its potential needs to be maximised with regard to the provision of education support services.

The term 'teacher support team' has different meanings in the education sector. This situation is compounded by the fact that while assistance teams in some schools have evolved along with the changes in education, others have retained their original form. Some school-based assistance teams have expanded their services to address physical, social and emotional needs as well as learning difficulties; shifting from an individualistic approach to a contextualised approach, from curative services only to preventative services as well, while others have remained as a curative service to students with learning difficulties.

The teacher support team is currently defining itself in practice in various schools in South Africa, adapting according to the needs of schools and students within schools.

In an education system striving towards unification and unitary structures, it would be useful to have a common understanding of a teacher support team in terms of definition, structure, goals and objectives; for schools to be working in a similar way to assist students with a wide range of difficulties.

1.1.4 The relationship between education and health

The Western Cape SMT Report (1994) recommended that school health remain an integral function of education support services. This recommendation recognises that school health has an important role to play in improving life outcomes - educational as well as health outcomes for students (De Graw, 1994). Inherent in the recommendation is the realisation that health and education are interrelated. Efforts to improve school performance that ignore health are as ill-conceived as health improvement efforts that ignore education (Lavin et al, 1992).

According to De Graw (1994), the complexity of problems influencing the education and health of young people at all ages give rise to the need for multiple, broad-based approaches to addressing these problems. De Graw (1994) highlights the integration of needed services at the school site. The need for co-ordinated efforts to address the problems of students is therefore gaining ground in all sectors related to education and in school health in particular. Much work is being done to support schools to become health promoting institutions. In the Western Cape, the reference group for health promoting schools promotes the development of schools into health promoting institutions:

"The proposed approach is to develop policies, practices and structures which embed the fundamentals of a health promoting school into a school's operation. The health promotion concept must become a way of life for the school" (Adams, 1996).

At the Health Promoting Schools conference at the University of the Western Cape (January, 1996), the concept of developing health promoting schools was highlighted. It was emphasised that the ethos of schools must be changed from unfriendly, dangerous contexts, to positive, health promoting institutions.

1.1.5 The need for schools to become health promoting institutions

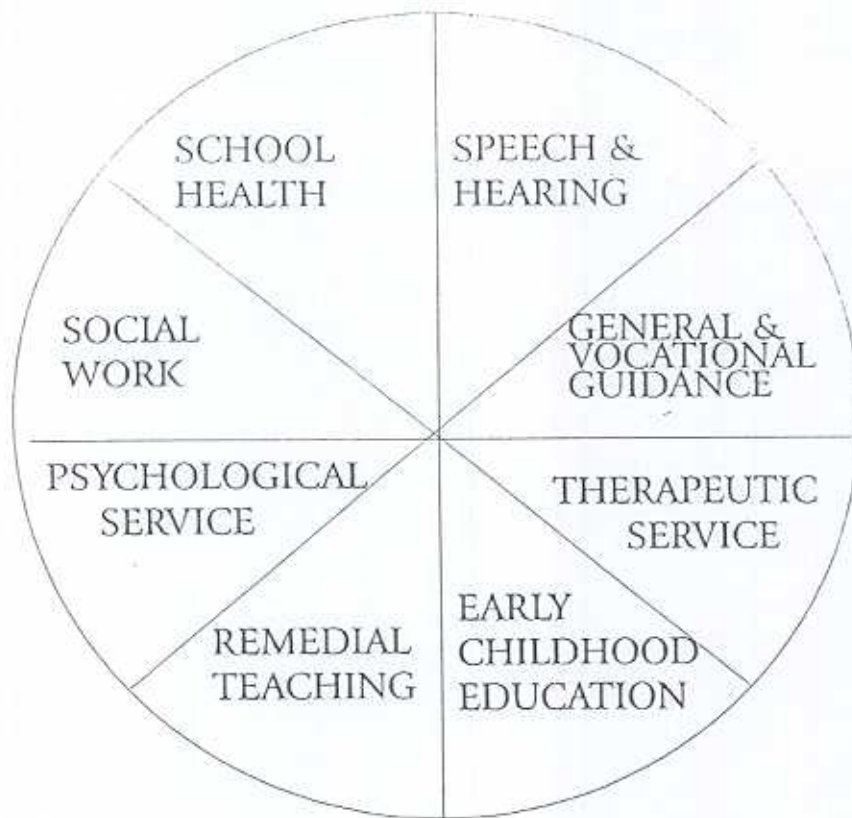
A health promoting school engages in social, educational and political action that enhances public awareness of health, fosters healthy lifestyles and community action in support of health. Its aim is to empower people to exercise their rights and responsibilities in shaping environments, systems and policies that are conducive to health and well being (World Health Organisation in Camara, 1996).

This health promoting schools concept has been accepted as a central one within the context of education support services within the Western Cape Department of Education. It forms one major focus for the work of education support services with teacher support teams playing an important role in all of this.

(Fig 1: Francis, 1996).

(Fig 1: Francis, 1996).

PARA-EDUCATIONAL SERVICE



PHYSICAL, MENTAL & SOCIAL HEALTH ARE INTERRELATED
AND NEED TO BE ADDRESSED IN AN HOLISTIC MANNER

The challenge lies in the implementation of the approach. According to Nutbeam (1987), most schools remain essentially ill-equipped and unmotivated to conduct the type of programmes indicated by the guidelines presented by the World Health Organisation. Beattie (1995) laments the large gap between the theory and the practise of the health promoting school. The evidence on implementation at school level is found to be discouraging.

A particular school in the Western Cape has been identified as operating as a health promoting school and meeting the aforementioned goals. Psychological services, social work, remedial and specialised education, occupational therapy, school health and guidance and counselling services are attended to by the school via a form of teacher support team. The entire staff is involved. The approach is holistic: teachers are committed to health prevention and promotion while also offering curative assistance. The problems of the student are seen and treated contextually, reflecting a systemic approach. Parents and the wider community are actively involved in the school. There is input from various governmental, non governmental and business organisations. The approach is part of a school health project aimed at developing the school into a health promoting school.

This initiative constitutes a case study to be examined in terms of the provision of education support services via a form of teacher support team. It is hoped that this could be useful in informing practice at all schools.

1.2 THEORETICAL FRAMEWORK

According to the European Network of Health Promoting Schools, the growth of interest in the past few years in the health promoting school is an example of the re-establishment of an ecological view of health that is one of the hallmarks of the new public health and the settings-based approach. It reflects a new concern to address at the same time both the individual lifestyles of pupils and the corporate life of the school as an organisation.

Ecological thinking stresses the importance of environmental determinants of behaviour in interaction with person characteristics. In the ecological perspective human behaviour is viewed in terms of the person's adaptation to resources and circumstances. It encourages us to view others as having strengths that may be put to good use in the service of their own development (Levine & Perkins, 1987).

Lazarus (1995) proposes an overall organising framework for education support services that encompasses a holistic (contextual, eco-systemic) approach to learning and development. This framework provides a perspective that could help education support services and general education personnel to view problems, developmental needs and solutions in a comprehensive way and to ensure that problems and development are addressed at all levels. The framework emphasises the links between education and health in terms of development (preventive and health promotive) and problem oriented (curative) interventions aimed at teachers, students and the school as a whole.

This holistic (contextual, eco-systemic) approach is applicable to health promoting schools as it embodies the principles of general systems theory, eco-systemic and holistic thinking. The aim is to provide a comprehensive approach to dealing with problems in education that are academic, social, physical and emotional in nature. It involves collaboration between education, health and welfare personnel as well as outside organisations. The goal is to ensure the overall wellbeing of individuals within the school context namely, teachers, parents, students and the community.

1.3 RESEARCH AIMS AND PURPOSE

The purpose of this research is to conduct an in-depth investigation into a particular school community's development of a teacher support team. This would include an exploration of ideas and feelings associated with teacher support teams, successes and failures of the teacher support team and what teacher support teams should be. The teacher support team is explored in terms of functioning, current effectiveness as well as future developments. It is examined with a particular focus on its location within a 'health promoting schools' approach.

The present research aims therefore to investigate the development of a teacher support team based on the 'health promoting schools' concept by exploring:

- the initiation, development and operation of the teacher support team
- the teacher support team as a strategy for providing education support services
- the teacher support team as the nucleus of the health promoting school
- the further development of the teacher support team

The scope of this investigation is limited to a case study to allow for an indepth investigation of a particular phenomenon. The case study involves a primary school whose staff members are intent upon developing the school into a health promoting school.

1.4 RESEARCH METHODOLOGY

Qualitative research methodology was used in this investigation. Qualitative methodology involves gaining an understanding of a particular phenomenon; enables the researcher to adequately explore the phenomenon in question; emphasises the process rather than results, and allows for insight into innovative initiatives. This was appropriate to the aims of this study.

In order to gather the information required to meet the research aims, interviews were conducted, documents examined, and focus group discussions held. Participants for the study included the principal, school nurse, teacher support team, parents and students. Interviews were conducted with the principal, the school nurse and the teacher support team. Focus group discussions were held with the parents and students. Documents submitted quarterly by each group regarding their progress were examined. Data collection occurred over a period of six months, from June to December 1996.

This first chapter therefore highlights the need for school-based assistance for students with physical, social and emotional needs as well as students with learning difficulties. Teacher support teams are mentioned as a useful mechanism through which the needs of students can be addressed. The role of education support services is also stressed and the importance of health promoting schools is emphasised.

In keeping with the aims of the research namely, to examine a form of teacher support team based on the health promoting schools concept, chapter two will examine the literature relating to school-based assistance and health promotion through schools. It is hoped that an examination of the two areas could result in a more effective and useful approach to addressing student difficulties and promoting well being for all learners and other members of the learning community.

CHAPTER TWO

A REVIEW OF LITERATURE RELATED TO THE MANAGEMENT AND PREVENTION OF STUDENT DIFFICULTIES

2.1 INTRODUCTION

This chapter will look at the concepts of teacher support teams and health promotion through schools in more detail. The aim of examining teacher support teams is to look at mechanisms or structures for addressing the needs of learners be it academic, physical, social or psychological needs. The aim of examining health promotion through schools is to look at more comprehensive, inclusive, holistic approaches to dealing with health related problems which includes physical, social and emotional difficulties. It is also the aim of the chapter to outline the relationship between the two areas and to show how it can inform a new approach to dealing with challenges in our schools.

2.2 SCHOOL - BASED ASSISTANCE FOR LEARNERS WITH SPECIAL NEEDS

2.2.1 Redefining the roles of education support service personnel in terms of school-based assistance

Traditionally, when students encounter difficulties, they are referred by their teachers to education support services. In instances where these services are available the student receives direct assistance from the individual specially qualified to assist.

In the light of fiscal constraints in education support services in South Africa and abroad, it is becoming increasingly clear that there are too few professional personnel to provide direct treatment for all those in need of services.

Indirect service delivery is therefore gaining ground as an alternative approach to direct service delivery. In terms of this approach, the individuals who have direct contact with the students such as teachers and parents, are the ones to deliver the services to them. This approach involves providing proper training and support by professionals (education support personnel) to the individuals who are available to provide assistance and make positive contributions to the well being of children (Conoley & Conoley, 1990).

The concept of indirect service delivery rests upon the assumption that teachers and parents are the "best" people to work with children. However, the knowledge and skills of other professional specialists are often needed to develop effective change strategies. Indirect service delivery through consultation is seen by education support personnel and psychologists in particular as a potential means of meeting the overwhelming needs confronting them (Brownell, de Jager & Madlala (1987) in Donald & Hlongwane, 1989).

School-based assistance is related to indirect service delivery. The basic premise of school-based assistance is that teachers can provide various forms of support at school. Building on this basic competency teachers can be trained further to provide some of the basic services relating to education support services.

In this way many of the frustrations associated with inaccessible and inadequate support services could be alleviated. Students could receive assistance that is readily available and more effective. Referrals could be limited to extreme cases.

Central to the provision of school-based services is consultation. Elliott and Sheridan (1992) define consultation as

"... a method for providing psychological and educational services to children by forming a cooperative, problem-solving relationship whereby consultants share knowledge with consulters who in turn work directly with a client to change his/her functioning..." (Elliott & Sheridan, 1992, p 316).

In this context, consultants refer to education support personnel who interact with teachers, parents and administrators to develop psychological and educational programmes for students. These programmes are carried out by the teachers or parents (consulters) rather than by education support personnel. Consultation provides education support service personnel with access to greater diversity and number of problems than is possible under direct service models. By focusing on significant others such as teachers, peers, parents and community leaders, service deliverers (education support personnel), are able to bring about significant changes within the natural environments of students. The aim is for service deliverers to help the school to become more effective in dealing with its own problems (Conoley & Conoley, 1990).

Labram (1992) outlines three clear aims for educational psychologists wishing to develop as consultants. These aims serve as a useful framework for all education support personnel.

The aims are:

- (a) to help teachers develop general skills for dealing with the problems they face in schools;
- (b) to develop strategies collaboratively with teachers for dealing with individual pupils; and
- (c) to work towards the primary prevention of problems within the school.

Traditionally, school-based consultation has occurred with specialists (e.g. school psychologists) serving as consultants and teachers serving as consultees. However, the consultee role could be broadened to include parents, administrators, paraprofessionals, or other individuals.

"Furthermore, the nature of the consultee role could be expanded to include a 'consultee subsystem', whereby a group of consultees (e.g. parents and teachers) is enjoined to work collaboratively for the benefit of the child. This collaboration may increase generalisation of treatment effects across settings or behaviours and enhance relationships among significant individuals in a child's life" (Elliott & Sheridan, 1992, p 316).

Consultation can be viewed as having a dual set of goals namely, to resolve the problem of the student and to facilitate the development of the consultee's psychological skills, insight and confidence so that they can respond more effectively to future problems (Reynolds et al (1984) in Donald & Hlongwane, 1989).

In a study conducted by Donald and Hlongwane (1989), consultation with the school-based assistance team (PIDA) was found to be most effective in terms of professional and personal benefits to the consultees, improved functioning of the teacher assistance team and student benefits.

A most effective way of addressing student difficulties would then seem to be when education support service personnel operate in consultation with members of school-based assistance teams, providing skills training and support to ordinary teachers.

2.2.2 South African models of school-based assistance

Examining teacher support teams in the South African context becomes quite complicated because of the existence previously of education departments divided according to racial groups.

An investigation by the SMT Task Team (1994) revealed that school-based assistance for special education needs varied according to the different departments of education in the Western Cape. In the Department of Education and Training, school-based assistance took the form of PIDA (Panel for Identification, Diagnosis and Assistance to all Children with Problems) teams in a few schools. In the House of Representatives, school-based assistance took the form of TAT's (Teacher Assistance Teams) in several schools. In the House of Assembly school-based assistance took the form of DAT's (Didactic Aid Teams) at most schools. Information on school-based assistance within the House of Delegates was not available at that time.

There appears to be a need for a model of school-based assistance for South African schools. Bezuidenhout (1995) proposes the development of such a model. In terms of this model, indirect service delivery is advocated.

The aim of the approach is to improve the skills of teaching personnel in order to facilitate the accommodation of 'learners with special needs'. Consultation and collaboration is stressed in this model. Collaborative consultation is seen as being an interactive process whereby individuals with a variety of skills (education support personnel) work together to deliver assistance in an indirect manner. The process is collaborative in that all participants contribute and accept joint responsibility. Participation occurs voluntarily.

The proposed model by Bezuidenhout (1995) utilises an assistance team that is used to assist teachers directly with the management of 'learners with special needs'. This team may comprise of five to ten members. The members are mostly staff from the school. Class teachers, specialist teachers, the principal and other staff members are involved. Parents are recognised as assistance partners and are included in the functioning of a model of school-based assistance. Members of the team have predetermined roles of chairperson, scribe, brainstormer, facilitator and monitor to effectively solve problems during the problem-solving session. The roles are to rotate between team members. The team meets regularly, preferably weekly. Approximately thirty minutes per student are spent on management of the case. The team is able to handle a variety of problems. Every team member's strengths are recognised in a participatory process where the responsibility for decisions is shared. The process depends upon addressing the problem at school rather than referring to outside agencies.

The National Commission on Special Needs in Education and Training (NCSNET) and the National Committee for Education Support Services (NCESS)(1997) found that some schools have developed support structures in the form of school-based support teams. These teams provided support to the centre of learning and included teachers, support teachers, parents, other itinerant education support personnel and community resources. District centres have been used as a supportive structure. However, it was also found that most schools (particularly in disadvantaged areas) have developed minimal formal support structures and also received minimal support from the district centres. The recommendation was therefore made that a structure or committee should be developed at all centres of learning. The centre-based structure should involve teachers, parents, learners, education support personnel and community members. The aim would be to ensure that needs are addressed and the necessary support to learners and the system as a whole is provided. Referrals would be limited to cases that could not be managed by the centre-based team.

2.2.3 International models of school-based assistance

The form of assistance team proposed by Bezuidenhout (1995), is based largely on the model developed by Chalfant, Pysh and Moultrie (1979). Chalfant et al (1979) developed a teacher assistance team (TAT) model to assist teachers to cope with children whose learning and behavioral problems do not warrant removal from the regular classroom. The concept of the teacher assistance team is based on the aforementioned belief that in many instances a regular classroom teacher can help a child with learning and behaviour problems with some assistance.

It is based on the belief that there is considerable knowledge and talent among the teachers themselves; and that teachers can resolve many more problems when working together instead of working alone.

The goal of the teacher assistance team model as proposed by Chalfant et al (1979) is to obtain more efficient and effective delivery of special assistance to students by placing the initiative for action in the hands of classroom teachers. The teacher assistance team model offers a support system for classroom teachers by placing teachers into peer problem-solving groups to help students, parents and teachers. The model provides a forum where classroom teachers can meet and engage in a positive, productive, collaborative, problem-solving process to help students indirectly, that is, through teacher consultation. According to this model, teacher assistance teams are teacher oriented, are composed primarily of classroom teachers, and function as a general education consultation alternative. The empowerment of classroom teachers is an underlying assumption of teacher assistance teams. According to Chalfant et al (1979), the teacher assistance teams are intended to complement both general and special education programmes, not to supplant special education services.

In a study conducted by Chalfant & Pysh (1989), the effectiveness of the teams were found to be dependent upon support, training, team procedures, networking and evaluation. The role of the principal is emphasised in the study where it is of utmost importance that the principal offer support. This is demonstrated by making time available for teachers to meet on a regular basis.

The principal's attitude in the form of continuous encouragement of team use is also important. Reinforcement and incentives for those participating and publicizing of team efforts and successes is essential. The importance of planning is highlighted as the team has to become an integral, accepted and effective part of a school system. The entire staff should be trained in the team concept and related skills. The training of the staff should be followed by a vote of interest in adopting the programme.

According to the results of this study by Chalfant & Pysh (1989), teams need to be trained in understanding the team concept and providing hands-on experience in (a) analysing and conceptualizing problems, (b) establishing intervention goals, (c) generating practical intervention plans, (d) communicating effectively, and (e) managing team meetings. Teams should meet regularly and for short but effective sessions. A support system for teams is essential during the first few years. The specific form of the support system is not as critical as its existence and availability to team members. The evaluation of team effectiveness is crucial to determine whether the process is effective in helping teachers and students.

This study revealed that teachers perceived improvement in most students' performance in their classrooms as a result of assistance from school-based teams. There was a significant drop in the number of referrals making it possible for special education personnel to reallocate their time to other priorities. The majority of teachers said that they were coping effectively as a result of team assistance.

Teachers were mostly satisfied with their teams because teams helped them to analyze and understand student behaviour and generate intervention strategies that improved student behaviour. The presence of teams in a school also improved teacher morale, facilitated faculty communication and expedited the referral process (Chalfant & Pysh, 1989).

2.2.4 Limitations of the various models of school-based assistance

Whilst it is hard to question the apparent benefits of the teacher assistance teams, there appears to be some weaknesses in the approach. For instance, the approach has traditionally been largely problem-oriented. The problems are usually located within the individual rather than the broader system. The main emphasis is therefore on individual change.

The model is developed for schools with the various roles of team members and the operation of the team largely predetermined. In the present South African context, much resistance is shown towards models of intervention which appear to be imposed from outside of the school. A more flexible approach is needed where staff members are allowed to develop an approach that will apply to their particular school and its members. A problem-solving approach that the school can take ownership of, would be preferred.

Whether the issue of prevention has been adequately addressed is seriously questioned. The intervention strategies proposed by these models are beneficial for the recipients and can prevent relapse of these individual cases.

It appears though that the teams do not provide for preventive or promotive programmes that would go a long way to reducing the great need for these services: programmes aimed at reaching the broader school population; programmes that are aimed at producing individuals that are emotionally, physically and socially healthy and less dependent upon intervention strategies.

Teacher assistance teams can therefore be useful in providing a school-based curative service for learners with special needs but it needs to be extended to include systemic interventions and preventive and health promotive interventions.

Traditionally preventive and promotive interventions occur separately as programmes related to health education. This is being increasingly reviewed in the light of the health promotion movement and health promoting schools in particular. The following section will examine these aspects of prevention, promotion and health promoting schools.

2.3 HEALTH PROMOTION THROUGH SCHOOLS

2.3.1 From prevention to health promotion

The concept of health promotion stems largely from the notion of prevention in health care. Health promotion encompasses prevention but is an extension of preventive work. According to Levine and Perkins (1987), prevention is how one might take action before the undesirable behaviour actually appears or alternatively, where one learns to position resources so that an attempt at problem resolution can occur early in the manifestation of a problem.

Prevention includes efforts to improve the quality of life and efforts that result in a better society - efforts that strengthen individuals. The unit of focus in preventive work is a population not an individual. According to Heller, Price, Keinhartz, Riger, Wandersman and De Aunno (1984), there are three levels of prevention:

1. Primary prevention

This involves preventing the disorder from occurring. It includes actions taken before the onset of the problem.

2. Secondary prevention

This involves identifying and addressing the problem at the earliest possible moment so as to reduce its length and severity.

3. Tertiary prevention

This involves reducing to a minimum the degree of handicap or impairment that results from a problem that has already occurred.

One of the basic features of prevention work is understanding the role of the social setting in addition to the qualities of the person in determining behaviour. Emphasis is therefore placed on the application of intervention techniques at multiple levels of the individual, small group, organisation and community. Preventive work is done largely through preventive programmes which are presented at schools. There is, however, increasing recognition of the futility of health programmes that are uncoordinated and that are regarded as 'once-off' activities. Levin (1992), points out that the number of health programmes available suggest disorganisation and wasted resources and some programmes are overlapping, contradictory, and lacking overall direction.

Mc Ginnis (1992) is of the opinion that programmes can be important to focus attention and resources to address particular health problems. However, Mc Ginnis (1992) also argues that school health must be approached in a comprehensive and coordinated manner.

These arguments also apply to South Africa. Because of this country's present financial difficulties, it becomes even more imperative to prevent the waste of valuable resources on programmes that are proving to be largely ineffective in effecting change in behaviour towards healthier lifestyles. This has resulted in an increasing interest in the concept of health promotion.

The health promotion concept stems from the notion of primary prevention. It involves developing healthy people and environments and in this way contributing to the prevention of ill health. According to Reddy and Williams (1996), health promotion means educational, political, economic, environmental and medical strategies designed to reduce disease and promote health. The overall goals of health promotion are to:

- * Develop settings and structures that promote and sustain health (healthy policies)
- * Improve the physical environments within which children live, work and play (healthy environments)
- * Improve children's capacity to become and stay healthy (health education)
- * Reduce the number of children who are affected by learning difficulties (early detection of learning difficulties)
- * Reduce the number of children who are at risk of illness, injury or premature mortality (early detection of disease and risk reduction)
- * Improve the health and quality of life of children who experience learning difficulties, disease, injury or disability (remediation, treatment and on-going care).

(Reddy & Williams, 1996).

2.3.2 The Ottawa Charter

In 1986 the International Conference on Health Promotion which was held in Ottawa produced a charter for action in response to a growing need for a new public health movement around the world (Reddy & Tobias, 1994). Central to the strategies described in the charter is a recognition of the fact that alongside the attention given to individual lifestyles, action also has to be taken to influence the underlying social and economic conditions and physical environment which influence health directly and have an important impact upon health behaviour choices.

The implications for schools is that their role can be seen not only in terms of the public policies which determine the role and functions of schools, but also the physical environment of schools, and the relationship between schools and their wider community (Nutbeam, 1995).

2.3.3 Health Promotion and Health Education

When first hearing about health promotion in schools, it is not uncommon for many to ask about the relationship between health promotion and health education.

According to Reddy and Tobias (1994), health education is a strategy in the service of health promotion, rather than a separate or contradictory approach.

" **Health education** may be defined as being the deliberate structuring of planned learning opportunities about health which are aimed at voluntary changes in health-related behaviours to give individuals the opportunity of achieving a more favourable position on the health continuum. By contrast, **health promotion** is any combination of health education with related organisational, political and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health in individuals, groups or communities " (Reddy & Tobias, 1994, p 20).

While the merits of comprehensive school health education are noted, Downie, Tannahill and Tannahill (1996) argue that even more recent comprehensive approaches to health education in schools are not enough on their own. The school as a whole must become a health promoting environment, in terms of ethos, health protection policies, and provision of appropriate preventive services: health education in the formal curriculum must be matched by opportunities through the informal curriculum, and be a consonant 'hidden curriculum'. "In short, health education in schools must take place within the overarching concept of the health promoting school" (Downie et al, 1996, p 111).

The NCSNET and the NCESS (1997) recommend that all aspects of the 'health promoting school' strategy be adopted at centre of learning level to ensure the development of healthy policy, a supportive learning environment, strong community links, personal skills development, and appropriate support services.

2.3.4. The Health Promoting School

The World Health Organisation describes a health promoting school as follows:

" The health promoting school is a place where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health. This includes both the formal and informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health " (World Health Organisation, 1996, p 2).

According to Moon (1993) a health promoting school is not just a place but an holistic approach which takes account of environment, culture, background, community and society on the health of developing children.

Developing into a health promoting school holds many advantages for schools. The advantages of the health promoting school are outlined as follows:

- It utilises a holistic model of health which includes the interrelationships between the physical, mental, social and environmental aspects of health
 - It involves families by encouraging their participation in the development of health skills and knowledge of their children
 - It addresses the significance of the physical environment in contributing to the health of children
 - It recognises the importance of the social ethos of the school in supporting a positive learning environment and one in which healthy relationships and the emotional well-being of students are strengthened
 - It links regional and local health services with the school to address specific health concerns which affect school children
 - It focuses on active student participation in the formal curriculum to develop a range of life-long health-related skills and knowledge
 - It enhances equity in education and health in raising the health competencies of girls and women in the community
 - It provides a positive and supportive working environment for school staff
 - It enables the school and local community to collaborate in health initiatives which benefit school students, their families and community members
- (WHO, 1996, p 3).

Many South African schools are involved on a daily basis in the activities mentioned as part of a health promoting school. What is required is for these activities to be co-ordinated and recognised as part of the health promoting schools concept. The various activities offered by the school could be categorised according to the five areas of a health promoting school outlined by the world health organisation.

FIVE AREAS WHICH REFLECT THE MAJOR COMPONENTS OF HEALTH PROMOTING SCHOOLS (Fig. 2)

1. School Health Policies	Schools are encouraged to develop policies, practices and measures that encourage self esteem, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievement.
2. The school physical and social environment	The school environment should be healthy, safe and supportive.
3. Community relationships	Schools should foster and develop strong relationships with members of the community.
4. Personal health skills	The health skills of staff, students, as well as families and community members should be developed. Lifeskills education provides the strategy for this.
5. Health services	Health-related services should be re-orientated to adopt a holistic, comprehensive approach to health.

2.3.5 The role of school health services

In health promoting school projects being undertaken in Britain, the role of school health services in developing health promoting schools is being highlighted. According to Moon (1993), a key person in the health promoting school project is the school nurse or health visitor. Closer collaboration between the school health service, teachers and parents is noted as a potential benefit of the health promoting school project. Akin to the South African situation, the relationship between school nurses and teachers and parents vary from school to school,

"However, the knowledge and skills a school nurse can contribute to the development of a health promoting school are invaluable and the health promotion projects will seek to foster closer co-operation between school nurses and teachers"(Moon, 1993, p 417).

In South Africa, health promotion forms a large part of the training that the school nurse receives and as such s/he is equipped to initiate and develop health promoting school projects. The role of the school nurse in health promoting schools could alleviate the concern that many schools have, namely, that their staff is not trained to run these projects and that training involves financial costs at a time when resources are scarce.

The school nurse is also largely exempted from the pressures that teachers have to face which make it difficult for teachers to attend to more than what is required of them. The school nurse is not tainted by historically motivated poor relations between schools and the department of education. This could cause teachers to be more open to initiatives that come from the department of health than the department of education. Finally, the school nurse has greater access than school teachers to various education support services and can therefore serve as a link between the school and these services. School health services could have a major role to play in the development of health promoting school projects.

According to Nutbeam (1995), it is the health sector that has provided substantial resources for the development and implementation of promising health promotion projects in schools even though most of the activity regarding health promoting schools had its origins in the education sector. It is important that both sectors work together to develop schools into health promoting institutions.

"If efforts to prevent the health risks among youth are to be effective and efficient, we must combine the health expertise and health resources of health agencies with the necessary organisational capacity and policies of education agencies. Neither health nor education agencies can do the job alone. Both need each other" (Kolbe, 1992, p 137).

2.3.6 The child-to-child approach and the health promoting school

According to Hanbury (1996), 'child-to-child' is an innovative health education programme which encourages children to actively explore health-related issues which affect their own lives. It is a programme which recognises that children can contribute directly to solving problems they help to identify. They can also promote messages of good health to their families and communities. The child-to-child approach is based on the premise that children are among the most important of the partners required to make schools healthier. The approach holds advantages for all concerned,

"In large numbers of schools where child-to-child is active, parents and community members are interested and involved in the school; children are cooperative at home and at school, teaching is more interesting and fun" (Hanbury, 1996, p 1)

According to Hanbury (1996), health is everyone's concern. In the child-to-child approach this idea is extended to suggest that individuals also have a duty to help others maintain and improve their health. Social responsibility is therefore a focal point of this approach. While the emphasis is placed on the children helping each other, children still need support from adults: from teachers, health workers, youth leaders and community members to start and maintain programmes.

The child-to-child approach involves strengthening relationships between children and their families, communities and environment by linking what is learned in the classroom with life experiences. The relationships amongst the children are also strengthened. The children are taught social responsibility. They are encouraged to help one another wherever they can. This includes peer support in times of social, emotional and academic difficulty. It implies adults and children in partnership with the community where the children and adults together look at ways to improve the health and well-being of themselves and others in the community. It involves close collaboration between the teachers and the health workers to ensure that the right message is being taught especially since children could misunderstand the messages and convey incorrect information. The child-to-child approach argues that many customs and beliefs are useful and can be strengthened through the child-to-child initiatives (Hanbury, 1996).

The child-to-child approach is an innovative approach to assisting children in dealing with their own problems. It holds much promise for those seeking ways to reach communities who have lost faith in the system and refuse to heed the advice of health professionals. It leads to health messages and practices conveyed to the home. It takes into account the realities of many communities such as the parent-child and equips children with the skills necessary to cope in these situations.

While most child-to-child interventions have focused on developing countries, it is a strategy that could be useful for developed countries as well. The principles of child-to-child can be used within health promoting school projects worldwide.

It serves to extend the concept of health promotion from the school to the community. Parents are involved in health promotion through their children, with the messages and practises which they convey from the school to the home.

2.3.7 Involving parents and communities in the health promoting school

A health promoting school cannot be effective if it is not supported by those outside, therefore the home, school, and community links are especially important. Parents and community members need to be informed of the concept and of projects at school aimed at promoting good health. They need to be actively involved as far as possible for example, serving on committees, fundraising and supporting in other ways.

According to Moon (1993) it is important for the broader community (including retailers, service providers and industrial groups) to know about the health promoting school projects and to work with project staff to ensure consistency of the health messages that are being given to children. Projects may prompt changes in their own thinking about health. They may also be able to offer some kind of support financial or in kind. This could alleviate many of the concerns of schools around funds and resources.

For the concept of health promoting communities to be effective, consultation, collaboration and the involvement of everyone is needed. Success in terms of health promoting schools depends largely upon a collaborative approach of the school community.

The concept of collaboration is seen as a driving theme in education at present. Collaboration is discussed in terms of relationships in schools and school systems and among schools, families, and communities. Appley and Winder (1977 in Gareau & Sawatsky, 1995), define collaboration as a relational system. They suggest that competition and hierarchy no longer serve as an adequate base for survival. Instead they believe that we must come to view our environment as one that requires qualitatively new solutions based on an alternative value system. Caring (as opposed to competition or conflict) is central, and the relational system (rather than the individual) is the basic unit of collaborative effort.

Collaboration therefore involves a new approach to relating with others. "In cooperation, parties agree only to work together; in collaboration, parties involved are also seen as sharing responsibility and authority for basic decision making" (Gareau & Sawatsky, 1995, p 463).

Introducing the concept of collaboration to schools is considered a difficult task as schools are traditionally closed systems and are hierarchically organised. It is however, important for schools to consider a more collaborative approach as the traditional approach served to alienate parents and community members. The involvement of parents in their children's education is now widely accepted as desirable and even essential to effective schooling. However, a significant number of educators are ambivalent about parent involvement in schools and parent participation is not significant in many schools even when parents are invited.

Although parent involvement in instruction has been clearly linked to student success, schools often fail to establish strong links between home and school. According to Gareau and Sawatsky (1995), the major barriers to collaboration are the lack of specific planning and the lack of knowledge about how teachers and parents can use each other more effectively.

In a study on parent-school collaboration conducted by Gareau and Sawatsky, the importance of parent-school collaboration was highlighted and the characteristics of successful collaboration identified. What was emphasised was the fact that the students carries his/her experiences from home and school back and forth. There needs to be consistency in terms of the messages the students receives from each setting. Both parties have to work together to ensure that this happens as it would be to the benefit of the students. Furthermore many parents are no longer prepared to accept a peripheral role in terms of decisions taken which influence the education of their children. Parents are demanding a more active role in educational matters and this is being recognised and accepted. In South Africa governing bodies consisting largely of parents are being introduced at schools and communities are largely pleased about this.

The success of parent-school collaboration rests upon the recognition and application of the following characteristics of collaboration: trust, openness, honesty; positive, supportive, caring attitudes; personal connections; being equals; understanding of power, conflict and roles and schoolwide commitment (Gareau and Sawatsky, 1995).

In terms of communication, parents want to be informed, listened to and want to 'have a voice'. In terms of trust, parents felt that there needs to be openness and honesty for trust to develop. Parents feel that people must give each other positive recognition for what each has to offer. Establishing personal connections, knowing that people really care were seen by parents to be the most important characteristic of a collaborative relationship. Parents feel that educationalists have to give up some of their 'professionalism' and acknowledge that parents also have a lot to teach them and to contribute to the child's education. In terms of power, conflict and roles, parents feel powerless when they interact with school personnel. Finally, parents feel that collaboration must start at the school level with collaborative relationships amongst themselves. This would then extend to collaborative relationships with parents.

It seems therefore that for collaborative efforts to be successful, there needs to be a collaborative culture in the school as a whole. There should be collaboration between staff members, staff and parents, staff and students, and students themselves. This collaborative culture facilitates the process of health promotion through schools.

2.3.8 The Curriculum of Health Promoting Schools

For the concept of health promotion through schools to become an integrated part of the school system, curriculum issues have to be addressed.

"The curriculum in its full sense comprises of all the opportunities for learning provided by the school. It includes the formal programme of lessons in the timetable: the so-called "extracurricular" and "out of school" activities deliberately promoted or supported by the school; and the climate of relationships, attitudes and styles of behaviour and the general quality of life established in the school community as a whole" (Tones, Dixey & Green, 1995, p 2).

In terms of health promoting schools, the most effective procedure in practice apparently occurs when a "change agent" - either from inside or outside the school gently raises staff awareness of the need for curriculum reform and then proceeds to help teachers identify their own solutions and provide necessary support during the whole innovation process (Hearn, 1972, in Tones et al, 1995). As top-down approaches are rejected outright in South African schools, the approach presented by Hearn (1972) is far more likely to be accepted. Hearn (1972) proposes that one or more individuals act as change agents in seeking to promote the adoption of those innovations associated with the health promoting school. One of these should be external to the school system. Education support service personnel could fulfil this role.

The extent to which the new curriculum is likely to be adopted will not only depend on the nature of the school system and on the characteristics of the innovation itself, it will also depend on the attributes of the "change agent".

It is more likely that the innovation will be adopted when the person or persons championing it are perceived to have expertise and other leadership characteristics. Furthermore, a "critical mass" of committed staff is needed if successful innovation is to occur.

This core group should include or have the active support of senior staff (Tones et al, 1995). The concept should therefore be well 'marketed' and 'sold' to the staff, particularly senior staff.

Hearn (1972) is of the opinion that there are certain times and occasions when a school is particularly likely to respond to the opportunistic curriculum developer:

- at a time of rapid educational growth
- at a time of scarce resources - provided that the innovation promises to be economical
- at a time when key personnel are changing: e.g appointment of a new headteacher or changes at governmental level
- at times of crisis (According to Hearn crises should be considered as times of opportunity as well as trial).

In terms of the current South African situation it appears to be an opportune time to introduce curriculum innovations. While resources are now becoming more scarce in some schools, it is improving in other schools. Key personnel are changing as a result of redeployment and retrenchments. Schools are in flux and teachers are largely despondent and are looking for hope. New innovations in the form of the health promoting schools concept could possibly be favourably received. At the same time it should be borne in mind that the health promoting schools concept could be too stressful for teachers to contemplate in the light of the many changes at present in the education system.

Curriculum development in terms of health promoting schools could learn from modern approaches to curriculum development generally and in health education.

"Modern approaches to curriculum development in health education have emphasised the principle of the 'spiral curriculum', issues being dealt with in appropriate ways at appropriate ages. They have also taken a lifeskills approach, stressing concepts such as self-esteem, empowerment, and decision-making skills, rather than a purely information-based approach" (Downie et al, 1996, p 111).

Curriculum development in health promoting schools should therefore focus on the development of skills and prepare individuals for the future. Learning should be fun and the emphasis should be on the practical application of skills. Lifeskills education and the child-to-child concept is very useful in this regard.

Tones et al (1995) cautions that the process of curriculum development is complex and usually slow. Evaluation of that progress must be sensitive and above all must involve the collaboration of all participants. Success will be measured by the extent to which the major goals of the health promoting school have been achieved.

2.3.9 Developing the school as a whole

Donald, Lazarus and Lolwana (1997) argue that a comprehensive approach to whole school development must be pursued to develop a health promoting school. In terms of this, schools are viewed as complex social organisations or systems with many people and functions. Schools are also viewed as open systems in continuous interaction with other systems outside. There is thus wider recognition of the relationship between the way in which schools function as institutions or social organisations, and their subsequent impact on a range of socially determined behaviours, and on health issues.

Recognising that strong organisational and environmental influence is essential to a contemporary understanding of the concept of a health promoting school, Nutbeam (1995) states that:

- schools are seen as highly individual, and continually evolving social institutions.
 - health is viewed in a more holistic way, encompassing social and mental well-being, alongside physical health and behavioural characteristics.
 - school health promotion is developed in such a way as to provide an integrated and mutually reinforcing set of experiences for young people at school which are compatible with the educational goals and values of schools.
- (Nutbeam, 1995, pp 5-6).

Health promotion is therefore being placed within the school's wider social and educational goals. However, according to Nutbeam (1995) the definition of organisational capacity and the development of a tangible intervention to change organisational capacity in schools are still relatively new and challenging ideas for many interested in school health issues.

2.3.10 Difficulties in developing health promoting schools

Beattie (1996) is of the opinion that the idea of the health promoting school is now popular among planners at international, national and regional levels.

Despite this the evidence on implementation at school level in England and Wales is rather discouraging. The reasons for this were cited as a concern about the shortage of suitable trained staff and the shortage of time and money to secure appropriate training, especially when faced with a perceived marginalisation of health education.

This situation holds true for other countries as well. Nutbeam (1995), feels that although there has been considerable attention given to schools as a vehicle for health education, most schools in Australia remain essentially ill-equipped and unmotivated to conduct the type of programme indicated by the guidelines in the healthy school. The reasons cited are limited time and resources to support staff training and few qualified, specialist health education teachers. Nutbeam (1995) argues that the approach to school health promotion which evolved in Australia and elsewhere in the 1980's has incorrectly characterised schools as rather static institutions on which change can be imposed relatively easily. Schools are autonomous institutions and should be respected as such. Schools are particularly sensitive to initiatives being imposed on them. "In particular, individual schools and the education sector as a whole has not always reacted positively to this 'exploitation' by the health sector in pursuit of health behavioural goals" (Nutbeam, 1995, pp 5-6). What is seen as exploitation will be met with resistance.

As a result of this, the development of tailor-made solutions from within the school is encouraged rather than schools having projects externally imposed. The health promoting schools concept must be developed further by the schools themselves. Just as individuals cannot be coerced into a state of good physical health, schools cannot be coerced into becoming health promoting schools.

Bunton & Macdonald (1992) are of the opinion that effective education involves adopting active and participatory methods and spiral integrated curricula and starting where people are, cognitively, developmentally, and emotionally.

Education is concerned with the autonomy of the individual and with the creation of a free society, not with persuading people to adopt desirable attitudes and behaviours. The notion of people being free to choose, even if the choice is unhealthy, has to be respected.

"Education is about initiating people into 'ways of knowing' not teaching them facts, and these ways of knowing may challenge certain approaches to health promotion in fundamental ways. Education means working with people's attitudes and beliefs, some of which will be antithetical to some of the aims of health promotion" (Bunton and Macdonald, 1992, p 81).

We can therefore conclude that it is important to understand how education works and how educators view things. The idea is to work with those in education and to facilitate the change to becoming a health promoting school. Becoming a health promoting school should be a free choice of schools. This will result in a sense of ownership and commitment.

Another potential reason for a lack of success in schools' health promotion according to Downie, Tannahill & Tannahill (1996) is that of 'culture clash' between the school and the home and elsewhere. This can occur when values promoted at school conflict with values in families or peer groups. "It follows then that schools' health promotion must be linked to efforts to influence the broader social environment" (Downie, Tannahill & Tannahill, 1996, p 112).

2.4 TEACHER SUPPORT TEAMS AS A VEHICLE FOR SCHOOL-BASED ASSISTANCE AND HEALTH PROMOTION THROUGH SCHOOLS

In traditional forms of school-based assistance such as teacher assistance teams, the approach is largely problem-oriented. Furthermore, problems are located within the individual rather than the system and therefore focus is on individual change. The question of prevention is not adequately addressed. The intervention strategies proposed by these traditional models do not provide for preventive or promotive programs that would go a long way to reducing the great need for these services.

Health promotion through schools proposes a holistic and comprehensive approach to dealing with student difficulties and focus on the prevention of difficulties.

An ecosystemic view is adopted whereby the problems which are manifested are understood not only in terms of the individual but the environment as well. The health promoting school concept entails the transformation of the school environment and all who form part of that environment. The school as a whole is being developed in the process.

Interventions are therefore aimed at multiple levels, the individual, family and society; the classroom, school and community; students, teachers and parents. Physical, social, emotional and learning difficulties are targeted. The curriculum focuses on the acquisition of lifeskills. Children are encouraged to impart health messages to their parents and the community. The aim is the upliftment of the individual, the family, the school and the community.

The principles developed by traditional forms of school-based assistance teams such as indirect service delivery, consultation and the development of classroom teachers should be combined with the principles of health promotion through schools which emphasises the holistic, integrated, comprehensive approaches to health-related matters. An endeavour of this kind could provide us with an approach to address many of our current and future social and educational difficulties. Teacher support teams as defined by the SMT Report (1994) is an example of such an endeavour.

If one considers the concept of the teacher support team as defined by the SMT task team, then the teacher support team provides us with a possible structure for assisting 'learners with special needs' and for the promotion of the development of all students and the school itself.

The role of education support services changes from a focus on direct service delivery to indirect service delivery. In this way many more students are reached in terms of services. Education support personnel could link with the school-based assistance teams and provide teachers with the necessary skills to assist students in need. Furthermore, education support personnel could become involved in the development of health promoting schools, including health promotion projects, lifeskills projects, staff development, organisational development. Education support service personnel could provide skills training to the whole staff and thus contribute to the development of the school as a whole.

Whilst the aforementioned principles may appear theoretically sound, the challenge lies in the practical application of these ideas. This study hopes to demonstrate the how the ideas presented above can be implemented at school level. In the process, it is hoped that the gap between theory and practice that exists in terms of indirect service delivery, consultation, intersectoral collaboration and the development of health promoting school could be greatly reduced.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter three will outline and discuss in detail the methodology used in this investigation. The chapter begins with a restatement of the motivation for the study and the research aims. This is followed by the significance of the research and the ethical considerations. An argument for the use of qualitative methodology for this particular study is presented. The choice of interviewing, focus groups and documents as the various methods used to gather data is justified. The instruments used are carefully outlined. The processes and techniques involved in gathering and analysing the data are discussed.

3.2 MOTIVATION

There is an increasing need for South African schools to deal with physical, emotional and social needs of students. This is due to an increase in the demand for education support services and a lack of resources to meet these demands. The primary motivation for embarking on a study of this nature is to find ways of addressing the diverse needs of students, teachers and parents in a holistic, comprehensive, empowering and cost-effective manner.

Various forms of school-based assistance have been developed in an attempt to address 'special needs'. An examination of these traditional forms of school-based assistance have revealed that the emphasis is on curative services; that the focus is on the individual with intervention occurring at the individual level. There is little evidence of any attempt at prevention of difficulty in the first instance nor an intervention focused on developing the learning environment itself.

This situation leads us to an examination of health promotion through schools. Here the emphasis is on preventive and developmental measures, where intervention occurs at multiple levels of the individual, family and community and the school as a whole. A form of school-based assistance that can serve to address 'special needs' and engage in preventive and promotive actions is the teacher support team as defined by the SMT Report (1994) and NCSNET/NCESS (1997). The aim of the teacher support team is to support students, teachers and parents to develop health promotive and preventive programmes; to promote well-being in the classroom and home; and to work closely with education support service personnel in an attempt to achieve their aims.

This study concerns an in-depth exploration of a collaborative teacher support team approach involving the entire staff in addressing the problems experienced by a particular school community.

3.3 RESEARCH AIMS AND PURPOSE

This case study aims, by means of interviews, focus group discussions and documents, to investigate a form of a teacher support team based on the health promoting schools concept by exploring:

- (a) the initiation, development and operation of the teacher support team
- (b) the teacher support team as a strategy for providing education support services
- (c) the teacher support team as the nucleus of the health promoting school
- (d) the further development of the teacher support team

3.3.1 Significance of the research

It is hoped that this research would

- a) contribute towards an understanding of what constitutes a teacher support team based on the health promoting schools concept
- b) generate hypotheses to inform further research
- c) inform research aimed at developing a teacher support team model for schools
- d) help bridge the gap that currently exists between theory and practice in education
- e) assist the department of education which finds that schools are more open to initiatives that are community-based than theory-based
- f) find "creative ways of making optimal use of existing and especially limited resources" (Lazarus & Donald 1994).

3.3.2 Ethical considerations

Individuals involved in the research were informed of the aims and purposes of the research. Participation was voluntary. Informed consent was gained. Consent regarding the use of the names of participants and the school was obtained. Research activities did not disrupt the normal functioning of the school. The research report will be shared with concerned parties upon request. Acknowledgement was given to those who participated in the research.

3.4 RESEARCH METHODOLOGY

Qualitative methodology was employed for this study as qualitative methods allow the researcher to study issues or events in depth (Ferreira, Mouton, Puth, Schurink & Schurink, 1988). The emphasis in qualitative methodology is on process, on understanding **why** certain things occur in a particular way, not only **what** is going on (Mostyn, 1987). According to Marshall & Rossman (1989), qualitative research entails familiarity with the everyday life of the setting chosen for study; values participant's perspectives on their worlds and seeks to discover those perspectives; views enquiry as an interactive process between the researcher and the participants; is primarily descriptive; and relies on people's words as the primary data. The purpose of this research was to understand the collaborative teacher support team phenomenon at Avondale Primary in its fullest sense. The purpose was to gain an understanding of the processes involved: what makes the teams work, how it works and what the strengths and weaknesses are.

This understanding could only be gained through interaction with the participants of the research, by understanding things from their point of view.

3.4.1 The case study method

In this research the case study method was employed. The teacher support team at Avondale is constantly evolving and defining itself which makes the case study method appropriate. In order to understand the process, a flexible, adaptable approach is needed. According to Anderson (1993), education is a process and there is a need for research methods which themselves are process-oriented, flexible and adaptable to changes in circumstances and an evolving context. Yin (1993) proposes that in such situations where it is necessary to understand a certain process in detail, the case-study method is often appropriate.

According to Merriam (1991), case studies in education are qualitative and hypothesis generating rather than quantitative and hypothesis testing. Researchers are interested in insight, discovery and interpretation. It is the purpose of this research to gain insight into the apparent successes at Avondale and to generate hypotheses as a result. Case studies have proven particularly useful for studying educational innovations, for evaluating programs and for informing policy (Merriam, 1991).

"The great strength of the case-study method is that it allows the researcher to concentrate on a specific instance or situation and to identify, or attempt to identify, the various interactive processes at work. These processes may remain hidden in a large-scale survey but may be crucial to the success or failure of systems or organisations" (Bell, 1989).

According to Bassey (1981 in Bell, 1989), if the case study is aimed at the improvement of education and at extending the boundaries of existing knowledge then it is a valid form of educational research. "The case study is in many ways the most appropriate format and orientation for school-based research" (Hitchcock & Hughes, 1995).

3.4.2 Meeting the challenges of the qualitative approach

Lincoln and Guba (1985 in Marshall & Rossman (1989)) argue that internal validity, external validity, reliability, and objectivity are inappropriate constructs for qualitative inquiry. They propose four alternative constructs namely, credibility, transferability, dependability and confirmability.

In terms of credibility, Lincoln and Guba (1985) argue that within the parameters of that setting, population, and theoretical framework, the research will be valid. In terms of transferability they argue that by stating the theoretical parameters of the research, those who make policy or design research designs within those same parameters can determine whether or not the cases described can be generalised for new research policy and transferred to other settings. Furthermore, they argue that triangulating multiple sources of data can enhance a study's generalizability for example, utilizing data from different sources.

In terms of dependability, Lincoln and Guba (1985) argue that the assumption of an unchanging social world is in direct contrast to the qualitative/interpretive assumption that the social world is always changing.

The concept of replication is itself problematic.

Finally, in terms of confirmability they argue that the qualitative researcher must gain some understanding for the research participants in order to gain entry into their world. However, the researcher must provide controls for bias in interpretation such as involving a person who critically questions the researcher's analyses.

The research design for this study endorses the alternative constructs proposed by Lincoln and Guba (1985). In this manner, the study attempts to come as close to meeting the requirements of validity, reliability and objectivity as is possible for this study. Every attempt was made to ensure that data collection methods were explicit, negative instances of the findings were displayed and accounted for, biases were discussed, strategies for data collection and analysis were made public, field decisions altering strategies or substantive focus were documented, data was preserved, participants' truthfulness was assessed and theoretical significance and generalizability were made explicit (Marshall & Rossman, (1989).

3.4.3 Data collection techniques

Interviews were conducted, documents examined and focus group discussions held. These techniques were chosen as they were most likely to elicit the data needed to gain an understanding of the phenomenon in question; contribute different perspectives on the issue and; make effective use of the time available for data collection (Glesne & Peshkin, 1992).

* Interviews

The concept of a 'teacher support team' is a relatively new experience for the participants of this research. Interviewing as a method allowed for clarification of concepts in this regard. The interviewee could check with the interviewer if anything was not clear. In-depth interviews were conducted in order to obtain detailed information on the topic.

"Qualitative in-depth interviews are much more like conversations than formal, structured interviews. The researcher explores a few general topics to help uncover the participant's meaning perspective, but otherwise respects how the participant frames and structures the responses. This, in fact is an assumption fundamental to qualitative research - the participant's perspective on the social phenomenon of interest should unfold as the participant views it, not as the researcher views it" (Brenner, Brown & Canter, 1987, p 82).

The strengths of the interview method is that it allows for a wide variety of information and a large number of subjects; it involves a relationship between the interviewer and interviewee, the purpose of which is to obtain valid and reliable information. Limitations and weaknesses include the fact that interviewees may not be willing to share all the information that is required with the interviewer; when interviews are used alone, distortions in data are more likely, as interviewers may interject personal biases.

* Focus Groups

The focus group method was appropriate as the aim was to get a sense of issues around the teacher support teams as a strategy for providing education support services. The idea was to elicit from the participants their thoughts and feelings about the topic. A reflective, exploratory technique was employed in order to explore the topic as fully as possible.

The focus group allows for creativity, for a variety of ideas from a variety of respondents. The focus group lends itself to spontaneity, the researcher's role is more muted as the facilitator of the discussion (Strebel, 1996).

* Documents

Documents pertaining to the operation, goals and objectives of each team were examined. According to Merriam (1991), documents can help the researcher uncover meaning, develop understanding and discover insights relevant to the research problem.

3.4.4 Participants

At the national conference of "Health Promoting Schools in South Africa: challenges for the 21st Century" Avondale Primary was suggested by the medical officer of school health services in the Cape Metropole as a possible case study. I was introduced to the school nurse who acts as liaison between the school and various outside agencies. After attending the end of term (first term) feedback session, I felt that Avondale would be an appropriate case study for this research.

At the feedback session, I saw the school as being unique in having a developing and fully functioning team involving the entire staff, school and business community in addressing psychological, physical, social and special educational needs. The team forms part of a school health promotion project.

The advantage of focusing on a primary school is that the links with home and the community are usually well established.

Children are at an age when attitudes, values and behaviour patterns are being formed; parents and carers generally find the primary school more approachable and less threatening than the secondary school. Primary schools are usually health friendly places, aspects of health education such as good hygiene and building relationships form part of the daily routine and wider curriculum (Moon, 1993).

Avondale Primary School is situated in Atlantis. The area has a high unemployment rate. The socio-economic problems are therefore rife. Alcoholism is a fundamental problem resulting in strife in the home. Many students are from broken homes or single parent families. There are very few support services available to the community. It is significant that despite these difficulties, this school is geared towards operating in a holistic manner in meeting the needs of their students.

The school nurse was a central participant in the study as she had been identified by the medical officer as a key roleplayer in the initiation and development of the teacher support team. She had also expressed a willingness to participate in research activities.

The school principal was a key participant in the study because of his role in supporting the team concept and supporting the development of the school into a health promoting school.

The teacher support team comprising eight group leaders were considered crucial to the study as they hold the key to the successful operation of the team.

The recipients (albeit indirectly) of the teacher support team services, namely, students and parents, participated in the study. These participants were selected at random with the assistance of the school. Students and parents were requested to participate voluntarily in the study.

3.4.5 Instruments

Individual, in-depth, open-ended interviews, focus group discussions and documents were used for the study in order to obtain as rich data as possible.

An interview and focus group guide (Appendix A) comprising of main themes was followed but the intention during the interviews was to be as non-directive as possible and to avoid influencing the participant's responses.

In many cases the themes were actually covered in the course of the interview without prompting from the interviewer. Participants were encouraged to expand on their thoughts and probing questions were used to elicit greater depth of responses. The main themes or areas of focus arose from issues that were considered important to the aims and objectives of the study. These issues were derived from the relevant literature on the topic being investigated.

3.4.6 Procedure

There was more than one contact session to establish rapport with participants before focusing on research interests. This took various forms. I first adopted the role of observer of the first evaluation meeting of the team at the end of term one upon invitation by the medical officer and school nurse.

Before commencing with the actual research, I spent time getting to know the schools in Atlantis and the health promotion projects being developed. Upon request by the school nurse, I proceeded to facilitate counselling skills workshops with schools in the area. This formed part of skills development of teachers to aid the development of schools into health promoting institutions. In the process a working relationship was formed with myself, the school nurse and the principal and staff of Avondale Primary School.

Collection of data then occurred over a six month period from June to December 1996. The data for the study consisted of taped in-depth interviews and focus group discussions (the typed transcriptions of these interviews and discussions) and documents pertaining to the goals and operation of the teams. The collection of data occurred in various phases.

*** Phase one:**

This entailed interviews with the school nurse and school principal to gain information regarding the initiation, development and maintenance of the teacher support team. The interviewees were interviewed individually in the privacy of their offices, at a time negotiated.

(i) The school principal

The interview took place in the privacy of the principal's office at Avondale Primary. The focus of the interview with the principal was on the management of the team and the school as a whole in terms of the health promoting schools concept.

The interview was in Afrikaans and lasted approximately one hour.

An interview schedule had been devised for this purpose (ref Appendix A).

(ii) The school health nurse

The interview took place in the nurse's office. The interview was in English and lasted about one and a half hours. The focus of the interview was on the development of the team and the school as a health promoting school. An interview schedule had been devised for this purpose.

*** Phase two:**

This phase involved interviews with the team to review the project and make proposals for the further development of the team to achieve the goal of a fully fledged health promoting school.

(i) Teacher support team (eight leaders)

The interviews were conducted at school. Each leader was interviewed individually. Respondents spoke in the language they felt most comfortable in. This was either English or Afrikaans. Each interviewee spoke for about twenty minutes. The aim of the interview was for leaders to review the year's developments and to make proposals for the further development of the teacher support team in order to achieve the goal of a health promoting school.

*** Phase three:**

This phase involved focus group discussions with students and parents to gain information on the teacher support team as a provider of education support services at present.

(i) Students

Four students representing the standard fours and fives were selected at random by the guidance teacher who is also the co-ordinator of the school health promotion project. The students were Afrikaans speaking. The discussion took place in the staffroom at school and lasted for an hour.

(ii) Parents

Four parents were approached by the co-ordinator and asked whether they would participate in the study. The parents were Afrikaans speaking. The discussion took place in the staffroom at school and lasted for one and a half hours.

* Phase four:

A meeting was held at the end of each term at the school to evaluate the school health promotion project. The progress of the teacher support teams and the strengths and weaknesses of individuals groups, their projects and the project as a whole were examined. All stakeholders and education support service personnel were invited. The evaluation session at the end of the second term lasted for two hours. It was recorded and analysed.

* Phase five

Each group within the teacher support team had documents containing details of the group's goals, objectives and activities. These documents were requested for analysis. The documents were analysed to determine group goals, projects, services and level of teacher, student, parent and broader community involvement.

OVERVIEW OF RESEARCH DESIGN (Fig. 3).

PARTICIPANTS	TECHNIQUES	FOCUS OF INVESTIGATION
Phase One: 1. Principal 2. School nurse	In-depth Interviewing	Initiation and development of the teacher support team.
Phase Two: 3. Teacher support team (eight group leaders)	In-depth interviewing	The further development of the teacher support team (future proposals)
Phase Three: 4. Students 5. Parents	Focus Groups	The provision of education support services
Phase Four: 6. The teacher support team	Evaluation meeting (June)	Strengths and weaknesses of the health promotion project
Phase Five: 7. The eight groups of the TST	Documents	The operation of the eight groups (goals, projects). The TST as the nucleus of the health promoting school.

3.5 ANALYSIS OF DATA

The interviews, focus group discussions and evaluation meeting was taped and transcribed verbatim for analysis. In analysing the data, each of the interview transcripts was first broken down into the predetermined areas of focus. Each area of focus was carefully paraphrased. A coding key was developed to facilitate the process of analysis. This served as the first level abstraction.

An examination of the initial analysis led to a recategorisation of each area of focus according to themes and categories that emerged from the transcripts. A summary of key themes followed. This served as second level abstraction.

The summary of findings for each area of focus was then related to the thesis aims and objectives. This served as third level abstraction.

This method of analysis allowed for the emergence of themes that were specific to certain participants as well as overall themes that applied to all participants. It therefore resulted in an analysis of each interview individually as well as a comparative analysis.

The purpose of the following chapter is to report, analyse and interpret the information in order to draw tentative conclusions.

CHAPTER FOUR

ANALYSIS AND INTERPRETATION OF DATA

4.1 INTRODUCTION

Chapter four deals with analysis and interpretation of the data. The research findings are outlined. These findings are linked to the research aims. The research findings are also interpreted and tentative conclusions are drawn.

4.2 RESEARCH FINDINGS

Twelve major themes or issues emerged from the analysis of the interviews. The first nine themes: towards developing a health promoting school, curriculum development, organisation and management, staff development, parent involvement, student involvement, resources, service provision, a comprehensive approach, are intricately linked and address the issue of the development and operation of the team. The other three themes: strengths, weaknesses and future proposals, address the issue of the further development of the team.

4.2.1 Towards developing a health promoting school

The initiation and development of the teacher support team formed part of a school health promotion project aimed at developing a health promoting school. This theme explores this process.

The teams developed as a result of the school health team promoting the health promoting schools concept to the principal. The principal was immediately interested and very keen especially since it was explained to him that the school was already functioning on health promoting principles and what was needed was a health promotion project to strengthen what was already happening at the school. The principal asked the school health team to explain the project to the teachers.

The school health nurse arranged for role players in the community and service providers to the school to be present at this meeting to introduce the concept to the school. After the concept was explained, the teachers were asked to conduct a needs assessment and at the next meeting, when they were ready, they would be assisted in prioritising those needs.

At the next meeting the staff had made the assessment and had divided themselves into functional groups. The staff was asked whether they wanted to begin with the children, the parents or the broader community in addressing their needs. They wanted the teachers to be empowered, to be provided with the necessary skills to address the various problems which they themselves had identified.

The school health team therefore acted as initiators and facilitators of the process while the principal and staff took the process further:

“...All the projects that you see is actually what came out of the staff themselves. All we have done from the outside is to give advice and guidance and that is about it... The school has grasped the concept and is taking it forward”.

In choosing the projects the school decided, with the assistance of the school health team, to start with those projects which were already in existence at the school. These were the feeding scheme, the remedial teaching and children with learning difficulties. The principal was particularly pleased with this, “So werk dit in die onderwys, jy begin van die bekende”. The teachers developed projects that were already in existence and came up with new ideas for projects and groups. In the end they divided themselves into eight groups and chose their own leaders:

The eight groups of the health promotion project at Avondale Primary School (Fig. 4).

NAME OF GROUP	MAIN ISSUES ADDRESSED
1. Remedial Group	learning difficulties
2. Teenage Club	social, psychological
3. First Aid \ Road Safety	safety, physical health
4. Youth Preparedness	social, environmental
5. Nutrition	general health
6. Teacher Support Group	staff development
7. Drug Abuse Group	drug abuse as an area of concern
8. After Care Group	child care

The groups covered various aspects of educational needs of students and teachers. They decided on group goals and devised projects to meet these goals. The projects adopted a lifeskills approach. Each project was designed to equip individuals with the necessary skills to cope with present and future difficulties. Various skills such as leadership and social skills were developed.

The focus of the projects were largely on health promotion and prevention while curative aspects were considered as well. The child-to-child approach served as an underlying theme of all projects (Appendix B).

4.2.2 Curriculum development

The infusion of the various group projects into the syllabus and the integration of the project as a whole into the curriculum, was crucial to the acceptance of the school health promotion project by staff. This theme explores this development.

As can be expected, the question of whether the project would mean extra work for teachers did arise. The principal found that he had a tough task in convincing teachers that the project would not involve extra work for them,"dit was nie so maklik om die ondewysers te oortuig nie. As jy 'n onderwyser meer werk bring soos hulle dit gesien het aan die begin, dan onmiddellik rys the nekhare".

The principal overcame this by showing the teachers how the project could be incorporated into the school syllabus,

“.....ek het vir hulle gewys dat die meeste van hierdie aktiwiteite wat ons hiermee besig gaan wees kan ingeskakel word by die sillabus”. The principal sat with the teachers and the interim syllabus and they looked at instances where the activities of the groups could be incorporated into the syllabus, “.....that was the big thing, when lots of activities actually were incorporated into the routine of the school itself”. (Appendix C).

There was therefore great awareness of the heavy load that teachers had to bear at that point in time and they they should not be overburdened. The school nurse also felt strongly that the project had to slot into the curriculum: “The whole project has to slot into the curriculum of the school so as not to give them extra responsibilities”.

Every activity in terms of the project that the student engages in has meaning and value:

“...die leerling weet aan die einde van hierdie stuk of projek waarmee hy besig is, word hy ge-evalueer, hy moet 'n taak doen, hy moet 'n skets doen, hy moet 'n monster insamel of versamel en dan kry hy 'n deurlopende evaluering”.

Periods that have become redundant are used to address issues that are relevant to the students for example, child abuse:

....as dinge soos hierdie beslag kan kry vir die kurrikulum, dan maak dit die onderwyser se taak ligter, maar ook die probleem met dwelmmisbruik, kindermishandeling wat aangespreek word maak in elk geval ons onderwystaak soveel makliker”.

By incorporating the project into the curriculum the problems that the students are faced with such as physical, social, emotional and learning difficulties are addressed. At the same time, problems that teachers are faced with such as disruptive children and work overload are being addressed.

4.2.3 Organisation and management

This theme covers the organisation and management of the project and focuses on the role of the principal in particular.

The role of the principal in the organisation and management of the project was particularly highlighted in the data. The principal played an active role in overseeing the project as a whole as well as motivating the staff and assisting wherever he could. This was recognised and appreciated by the staff:

“As ons hoof nie so positief, ywerig, entoesiasties en betrokke was nie, sou hierdie projek nie die suksesse wat tot dusver behaal is nie, bereik het niehy is die persoon wat altyd vir ons gemotiveer het en so te se opgetjek het hoe ver ons is, het ons al dit gedoen en dat gedoen”.

The principal was always available to support and to advise, especially when teachers felt demotivated and wanted to give up. He would encourage the teachers to report back to the staff, to share their unique ideas for their group as it would spur on the other groups to try something different. The principal ensured that the teachers received recognition for what they did as this had the effect of encouraging others to do the same, “Daardie groep voel goed want hulle word erken vir hulle harde werk. Terselfdertyd spoor dit die ander aan om dieselfde te doen”.

The principal facilitated the smooth running of the project by placing the project into the structure of the school (Appendix D). He remained an integral part of each project as his representatives, the senior personnel, served as group members and were the link between the principal and the staff. The vice-principal who is also the guidance teacher, served as co-ordinator of the project with the eight group leaders co-ordinating each group in turn, "Juffrou Louw is aan die spits van alles, sy koordineer al die aktiwiteite was hier aan die gang is...".

The principal ensured that he was always in touch with what was happening in the groups. He planned as they planned. He did not abandon them once the structures were in place. When teachers felt that they had encountered an insurmountable problem, the principal would try to find a solution. They felt that he was always interested in what they were doing as he would always ask how they were doing. In sum, as one teacher remarked, "...dit kos 'n effektiewe prinsipaal en 'n effektiewe span om werklik waar so 'n projek to dryf".

4.2.4 Staff development

The project contributed greatly to the development of various skills of teachers, to a positive attitude towards teaching and to improved relations among staff members. This theme explores these aspects.

While the principal supported the teachers, he did not do things for them. He believed that they had to make their own arrangements as his philosophy was, "Ek moet ook weet dat ek het die talent en vermoë om dit te doen".

This served to develop skills that teachers themselves were not aware that they possessed:

“.....baie onderwysers se vaardighede het ook sterk na vore gekom en ontwikkel want daar was baie onderwysers wat nie bewus was van die talente wat hul besit nie en deur hierdie projek het dit na vore gekom en kon dit ontwikkel ook”.

The philosophy of the school nurse also had a role to play in the development of teachers' skills, “I don't want to do it for them because it is their project, I will do it with them”. The reasoning is that teachers are being empowered to manage their own problems and once the teachers are equipped and empowered, they can empower and equip parents.

Inherent in this reasoning is the need to provide in-service training for the teachers to address the problems which they have identified. At the same time there is an awareness of the limitations of how much teachers can do, “There are certain problems which teachers can't handle, which only a professional can and I think they know their strengths and limitations”.

Teachers themselves feel that the project has contributed much to their professional development and growth, “I've learnt a lot, managing, organising and all that this year”. Teachers who were seen as shy and having little self confidence managed to get projects going, liaise with relevant people and make the necessary arrangements.

The attitudes of the teachers also have a large role to play in determining the success of the project. Teachers have a positive attitude towards the project.

This is reflected in the following philosophy of one group and expressed by the leader of the group, “....Ek kon nie maar ek het probeer”.

The co-ordinator of the project feels strongly that the teachers are very keen to make a success of the project, that the teachers have the drive to see it through and to make a success of it. Their determination and certainty is captured in the following statement, “We are going to make a success of Avondale”.

The commitment of the teachers was highlighted in the data, especially to the extent that they would work after hours on the project to ensure that the academic programme is not neglected: “.....het dit darem gekom dat die leerkragte saans ook moet ontmoet sodat die akademie nie skade lei nie”. According to the nurse, when they do something, they are really committed to what they are doing.

The project also contributed to the development and strengthening of positive interpersonal relationships, “The teachers have a better understanding amongst each other”. Teachers are supportive of one another on a personal level, within groups and in terms of the project as a whole. There was uniformity on the issue of working well together, that teachers work well together, that they have a very good working relationship, that they enjoyed working together, “Ons het baie lekker saamgewerk”.

4.2.5 Parent Involvement

This theme explores the parent - school relationship. Positive relationships with parents and the involvement of the parents in the school is considered a priority. In this way, the community services are drawn into the school. As a result of this, parents pledge their support and are willing to assist where they can.

The positive working relationship between staff members appears to extend to the relationship between the school and the parents. According to one parent, "Eintlik kom die ouers en onderwysers by Avondale goed oor die weg". Parents feel that the teachers know their children very well, that they take an interest in them which is an indication that they care, "So bekend is hulle met die kinders se situasies, hulle gee om".

Teachers will extend dance tickets to parents when they cannot pay and parents see this as the teachers' recognition that it is not only about money but also about getting to know the parents and understanding the students better as a result.

Parents feel free to come to school. There is an open invitation to come and discuss any problem with the staff. Parents can sit in on a lesson:

"Die onderwyser is miskien besig met die klas maar jy kan ingaan en dan kan hy die boeke gaan kyk of later, as die klas stil is, as die onderwyser hul iets gegee het om te doen, dan kan jy praat oor jou kind as daar probleme is".

The parents are supportive of the teachers and are very excited about the project. They want to know how they are going to be involved. They pledge their support to the project, "Ons as ouers, as ons, ons bystand kan gee, sal ons dit gee".

According to the principal, if the school needs something, they first look to their parents, "Hulle word altyd betrek by funksies, fondsinsamelings en vergaderings". The principal believes in trusting the parents as well, "Hulle is nie net daar om die vuilwerk te doen nie maar om deel te vorm". The parents feel that the teachers and the parents work together, its not that the parents do one thing and the teachers do something else, they try to work together.

The parents are indirectly involved in the eight groups as it is difficult to involve them during school hours. There is great recognition that the parents form the community and provide valuable services which could be of benefit to the school, "Die ouers is ook die polisiemanne, brandweermanne, die ambulansmanne en verpleegsters".

The principal believes that his staff must try to socialise with the parents and the broader community as this builds relationships and breaks down barriers which in turn leads to assistance for the school, financial and otherwise:

"Die werkers wat by fabrieke werk, wees met daardie mense vriendelik want ons meeste materiaal kry ons om stalletjies te bou. Van die fabrieke gee vir ons dose vol van die cello tape and gee donasies. Jy ken die mense en se jy is van hierdie skool".

When the school arranges functions, the neighbourhood watch assists, "Dit is die hele gemeenskap wat betrokke is". According to one teacher, there are times when they can call on parents to help and the parents are more than willing as they have a feeling that the school has an interest in their child.

While parents are aware of the health promotion project, the nurse and staff of Avondale feel that this could be improved:

“Avondale is not as far as the other primary schools with parents...” “Ons het met die ouers geskakel, ons het nog nie honderd persent skakel met die ouers nie en ek voel in die toekoms as ons miskien die ouers heeltemal wil betrek, ons regtig 'n punt maak om hulle hier te kry”.

There have been attempts to include parents in some of the projects. The teachers would like to include them in organising things for the children. The unemployed parents do not want to work without financial reward as they are struggling to survive.

4.2.6 Student involvement

The involvement of students in terms of the project is explored in this theme. The activities of students are based on the child-to-child approach. This approach similar to a lifeskills approach where the child is equipped with practical skills to cope with life.

The child-to-child approach is an integral part of the health promotion project at Avondale. According to the nurse, the child is being trained certain basic skills that he not only takes home but he grows up and takes it with him for the rest of his life.

The bigger children are taught to help the smaller children. Bigger and stronger children are equipped to lead the weaker and slower ones. The child is also used to take the message home: “You and I cannot change the adult’s attitude...the child has the power to train their own people...”.

The children are taught to go home with the messages which they have learned at school. One parent recounted how her child had influenced her smoking habits: "Die kleintjie het eendag vir my gese, "Mammie, hoe kan jy hier rook by ons in die kamer, ons slaap saam in een kamer"...Nou moet ek daar binne rook...Ek kom agter ek rook minder".

The principal understands the child-to-child approach as beneficial in the sense that students are trained to go on excursions, make relevant observations, take photographs and report back to the other students. The junior primary students had an interhouse athletic program and the senior students served as officials.

Students see the child-to-child approach as children helping one another, understanding one another better, sharing with one another and when the teachers teach the students about life, about all they can do. The project builds trust, self-confidence and acceptance of one another. The students are there to assist as peer counsellors, "As iemand hom by die huis seergemaak het en voel hy af en hy kom skool toe, dan kan jy gou sien en is jy altyd daar om te help". The students also see the benefits for themselves of the project, "Deur ander te help, help jy ook jouself, jy word sterker".

The teachers saw that the bond between the junior and senior students grew stronger as a result of the project. The school had existing remedial classes which were established before the health promotion project and they changed this to meet the child-to-child situation at school.

They now have the senior children helping the junior children. The teachers assist where they can. The children that were chosen felt excited as they were asked to write reports on the children they were working with. This helped the teachers tremendously. As far as the co-ordinator was concerned, "The kids simply loved it".

Parents feel that the child-to-child approach is a demonstration of the teachers trust in their children as lots of the responsibility for functions are left with the children, "Hulle leer nou baie verantwoordelikheid". According to the parents the students are very proud, they want to be at school, they learn things that they never knew before and look forward to school. Most of the students are happy at the school. The parents are particularly pleased with the fact that they receive food at school.

One parent remarked, "Dit is eintlik eienaardig dat die kinders so gretig is om skool toe te kom". Parents also feel that the majority of the students of Avondale are very sensible for their age. The students also take care of one another by requesting extra lunch from their parents for the students who do not have.

4.2.7 Resources

This theme explores how the school copes with minimal resources.

Like most other schools, Avondale battles with resources, "Finansies is en bly 'n probleem".

There is however the recognition that the parents are a largely untapped resource, "die geld is nie altyd daar nie, nou werk ons ouers maar nou onder mekaar om hulle geld op te maak". According to the principal, when the school never had grass, they told the administration they they would do it themselves with the help of the teachers and parents.

The school is working towards involving more of the parents in order to relieve the financial burden:

"Ons het nie eintlik fondse nie, ons kry nie geld nie, ondersteuning van ander areas nie of van die fabriek af nie....so ek het gevoel as elk ouer net R1 per maand vir ons kan gee, dan sal dit baie baat".

There is also a proposal to plan functions in order to solve the financial problems, "...dat die finansiële las nie so erg druk op die mense wat betrokke is daarby nie". The funds are needed for excursions, in-service-training, school maintenance, a self generating feeding scheme, amongst others.

4.2.8 Service provision

This theme explores the provision of education support services to the school and highlights the role of education support personnel. The role of the school nurse in particular is highlighted in terms of the project.

The school nurse serves as a constant supporter and motivator of the project, "I said to them that I would support them all the way and that is actually what they need". The nurse goes to the school whenever she can to find out if there is anything that they need and if she can link them up with key people.

She tries to attend all the in-service-training workshops, "I try to be present so that they can see that I am really interested and committed to what is happening in the school".

According to the nurse just patting someone on the back and saying that they are on the right road and that they are busy with a good thing, thanking them for what they are doing, acknowledging their input, gives them a lot of inspiration, "It is important that you support each and everyone there and this makes a success of the whole project". The nurse thus provides positive reinforcement.

The teachers invite various roleplayers to do talks on health related matters, drug abuse and gangsterism. There is a good relationship between the school and the police, Wesfleur Day Hospital and the clinic sisters at Saxonsea, "Die skakeling is belangrik en die skakeling gaan deurdat ons 'n gemeenskaplike belang het".

The resources in the community are fully utilised, for example, the dietician, occupational therapist, school psychologist, staff nurses. "The teachers would say that this is what we need and they would say this is what they can offer and it works". The school health team act as liaison between the school and available resources. The teachers acknowledge and appreciate their support and assistance,

"Baie van die suksesse is ook te danke aan die direkte betrokkenheid van die initieerders, Dr. Keith Cloete en Sis. Rose Adams, asook die deskundiges (te veel om te noem) wat so gretig hul dienste en hulp aanbied. Dit kom altyd so op die regte tyd".

4.2.9 A comprehensive approach

By means of the project, physical, social, emotional and learning difficulties are being addressed. This theme explores this comprehensive approach.

The aim of the health promotion project is to address the problems experienced by the community in Atlantis in a comprehensive way. According to the nurse, it involves an understanding that health encompasses all aspects, physical, social, emotional, and it is approached from a multidisciplinary team perspective: "We have to get our crime rate down, our pregnancy rate down. We are not addressing those problems directly but with this School Health Promotion Project, when you address this comprehensively, you do all these things".

The students receive input from various sources on a wide range of topics, "...van die child-to-child, Aids, mishandeling en sulke goed". Parents recognise that the teachers are not only busy with academic matters but they also attend to other areas such as physical aspects, whether the child needs spectacles, has hearing problems, "Hulle kyk na die kind oor die algemeen".

4.2.10 Evaluation

The following section deals with an evaluation of the project in terms of its strengths, weaknesses and future proposals.

* Strengths

The strengths of the project will be discussed in terms of interpersonal relationships, skills development and attitudes.

- Interpersonal relationships

Teachers

There were many gains for teachers in terms of interpersonal relationships. The various projects resulted in staff members working closely together to achieve the goals set out by their groups. Staff members found that they were able to work well together. A better understanding amongst each other developed. Teachers supported one another with regard to personal and project related issues and felt that in the process, trusting relationships were built.

Students

The senior pupils showed more interest in the junior students and were keen to help them. The relationships between students in general improved. Students acquired social responsibility assisting one another not only in terms of work but in terms of finances, food, clothing and emotional difficulties. Students received more individual attention.

Parents

There were virtually no problems with parents in terms of their dissatisfaction with the school or the teachers for the year. The parents express their satisfaction with the fact that Avondale has much to offer the children.

- Skills development

Teachers

Teachers developed many skills as a result of the project.

Teachers felt that dormant skills came to the fore and were developed. As a result self confidence was gained and strengthened. In particular, conflict resolution skills were acquired. Teachers' knowledge of various activities such as gardening was also improved.

Students

The senior students developed leadership skills and self confidence with the responsibilities that they were given. The students' report writing skills were developed with the submission of reports on the students they assisted and reports on the excursions they went on. Basic counselling skills were acquired with the assistance of students.

- Attitudes

The project has contributed to positive attitudes towards schooling. The coordinator of the project felt that the project was not too much for her as it was interesting and new and as such maintained her interest. Teachers who were not too enthusiastic in the beginning found that their attitude changed once they got involved in their group. All teachers were in agreement that there was progress with respect to the various group projects even though it may have been minimal in some groups. One teacher felt that the students could only benefit from what was happening at the school; that he could provide the child with the knowledge and the child could take it further into the community. Many teachers felt that the project was a great learning experience as many areas (for example, first aid, drug abuse, nutrition, environmental issues, staff development) were covered.

A lot of the themes of projects were covered in the periods with the other work. The children loved the child-to-child projects and benefitted greatly from it. They were more interested in their schoolwork. As a result parents from surrounding areas want to send their children to the school.

The following comment by the co-ordinator who was due to retire serves as a summation of the teachers' sentiments regarding the health promotion project: "I'll miss teaching, but I'll miss this health promoting school more...because I found it so interesting.. as it progressed, I saw what could still be done in future..and I saw things happening, how we are reaching out...."

*** Weaknesses**

The weaknesses of the project will be discussed in terms of motivation, workload, planning and broader educational change.

- Motivation

It was difficult to get teachers who were not really interested motivated.

Many teachers were unhappy about the fact that a lot of planning had to occur after school, "...The health project might be integrated into the syllabus but the planning still has to occur after school. Planning, discussions, cannot be done during school hours because the teacher has to be in class ". Some teachers weren't really interested.

There were lots of problems with teachers who travel as they could not stay after school to help with planning and scheduled activities. Teachers were particularly sceptical and reluctant in the beginning. This meant that the leaders who were enthusiastic had to work hard at motivating teachers, "It took a lot out of leaders to motivate teachers". It was also difficult getting parents involved, "Parents wanted to be remunerated for work".

- Workload

It was difficult to get all the teachers together at one time as a result of meetings that ran concurrently and as a result of extra mural activities and sport. There were mishaps during the third quarter because of training for the sports extravaganza. Remedial classes could not run efficiently due to the fact that teachers had to attend other meetings and workshops.

Teachers were involved in too many activities and it was difficult to get the co-operation of teachers. Too many things were planned for the year and it put a strain on the teachers, "Sometimes a teacher has to go to two meetings which are running concurrently and s\he does not know which one to go to and this causes friction". As everyone had too much to do, they could not work as they would have liked. Teachers were not aware that it involved so much. It was suggested that there were too many groups: "It was a heavy year and the teachers felt the pinch".

- Broader educational change

During the fourth quarter there were many meetings because of the crisis of the teachers leaving. There were quite a lot of problems. The new syllabus was happening at the same time. Planning wasn't always done well. A lot of planned talks did not happen. Everything in terms of the health promotion project was new which made it difficult.

* Future proposals

The leaders of the various groups made the following proposals in order to combat the difficulties which were experienced and to ensure the continuation of the project. These proposals will be grouped according to teachers, groups, parents and planning.

- Teachers

The leaders felt that teachers must be spread evenly among groups.

Teachers must feel they want to participate for the benefit of the child.

- Groups

Leaders also felt that groups could be combined so that there are fewer groups. Teachers should serve on groups that cover areas that they are interested in. They should not be part of a group just for the sake of being in a group. Groups should give notice of meetings long before the time. Groups leaders should consult more.

- Parents

Leaders were in agreement that there should be more parent involvement. Teachers must reach out to the community more. Parents could serve on the groups.

- Planning

Leaders felt that planning should be done earlier to avoid clashes. Teachers should plan ahead for next year. Fewer projects should be planned. The focus should be on doing one thing very well rather than doing many things and experiencing failure. The activities of the remedial group should start in the morning or in the middle session. The academic issues should be sorted out and then the project should be incorporated into the syllabus. Group leaders and subject heads should get together to do the planning.

In general, the overall feeling amongst participants was that the project should continue, "Ons sal graag wil voortgaan, "It definitely must go on next year ...The program must continue". Teachers felt that the following year would be better as they had learned from their mistakes, "Ek glo dat die volgende projekte baie meer suksesvol sal wees aangesien ons deur ons mislukkings en probleme leer".

Group leaders were positive with regard to their groups and their projects, " ...As teachers know where they went wrong, they will do better and achieve what they were not able to achieve;... After-care will be attempted again;...Ons sien uit na 'n baie vrugtevolle, aktiewe en suksesvolle program vorentoe".

4.3 SUMMARY OF FINDINGS IN TERMS OF RESEARCH AIMS

4.3.1 The initiation, development and operation of the teacher support team.

The school health team introduced the concept of a health promoting school to the principal and staff of Avondale who took the concept further and adapted it to suit the needs of their school. As the whole staff endorsed the concept, everyone worked towards the common goal of developing a health promoting school. In the process a collaborative team approach was developed whereby staff members served on various groups in an attempt to realising the goal of a health promoting school. These eight groups address various aspects that are all important to the child's development and growth, physical, social, academic, environmental and emotional. The group leaders act as a form of a teacher support team. They meet quarterly to assess the progress of the groups and to report on successes and failures. This meeting occurs with a multi-disciplinary team of service providers from within the area as well as surrounding areas. At this meeting ideas are generated and assistance gained for the teams.

The school health nurse plays a vital role in the maintenance of the project. She is available for assistance and motivation. She liaises with the relevant roleplayers and team co-ordinators for the provision of needed services to the school. The co-ordinator of the project as a whole liaises with the principal directly and keeps him informed of the progress and activities of the groups.

The principal in turn plays an active role in motivating and encouraging teachers and finding solutions to difficulties which they might encounter. He has a strong relationship with his parents and the greater community and in this manner is able to gain assistance for the school, financial or otherwise.

The fact that the principal and staff found a way to incorporate the activities of the project into the curriculum has contributed much to the interest and motivation of teachers. There is also a very good relationship between staff members which facilitated the process, although many argue that the relationships between staff members have greatly improved as a result of the project. Staff members are also committed to making the project work. Parents and students understand the project more in terms of the child-child approach. They see the relationship between students improving as well as the relationship between students and staff. They see that the children are more confident and independent.

The health promotion project at Avondale has resulted in the school operating in a holistic manner in addressing the needs of the school. The project has brought teachers, parents and service providers closer together. There is an air of optimism amongst staff members despite the educational and financial difficulties. The staff has managed to look beyond the difficulties and fully utilise the human resources that are available to achieve their goals.

Apart from students benefitting, teachers have also developed new skills: educational skills, interpersonal skills and leadership skills.

Many teachers were not aware of the abilities they had. Inherent skills that were not being utilised came to the fore. Teachers experienced growth on a large scale.

The approach of the school health team has contributed largely to the success of the project as they did not impose an idea or concept on the school but they presented an idea and allowed the staff to take it further. They did not dictate how the project should be done but gave guidance and the school adapted it according to their situation. The school nurse was constantly available to provide support and encouragement. The entire process was empowering for the staff and they developed the project to a greater extent than what was expected.

4.3.2 The teacher support team as a strategy for providing education support services.

The project at Avondale has overcome a lot of the difficulties facing schools at this point in time. The issue of a lack of resources is being attended to by reaching out to the parents and the greater community. Support services are being accessed via the group projects. Groups decide on the group goals and the projects for the year. Group leaders make contact with the support service personnel who assist them in terms of information and training of teachers, parents and students. Teachers are being trained to deal themselves with a wide range of problems that students present with. Education support service personnel train teachers to manage many of the difficulties which would have resulted in referrals in the past.

Referrals are made only in extreme cases which cannot be managed by staff members.

Teachers are gaining new skills and as a result are more enthusiastic about their work. Every staff member is involved in the project and as a result it is not a heavy burden on a particular member or group of teachers. Each aspect of the project has an entire group attending to it which lessens the burden for that particular aspect, for example, learning difficulties. Because the project has been incorporated into the curriculum, this addresses the fear of teachers of extra work as they are already struggling to cope. The project is carefully managed and is incorporated into school management structures which facilitates organisation and management.

4.3.3 The team as the nucleus of the health promoting school

It appears from the research findings that the team as a co-ordinating body co-ordinates all the activities related to developing the school into a health promoting school. The team is the structure that forms the core of the health promoting school. The co-ordinating team comprises of the leaders of the various groups which address issues related to health and education. These issues cover aspects of physical, social, emotional well-being as well as learning difficulties. From a health promoting perspective, a holistic and comprehensive approach to addressing student difficulties is being taken. A health promoting environment is being attempted with the establishment of the vegetable garden and the animal pen. Students, teachers and parents are involved in taking responsibility for their health. By means of the projects, the students are encouraged to fulfil their physical, psychological, social and educational potential. Their self-esteem is being promoted. Students are being challenged by the wide range of activities related to the projects.

Issues related to health and safety are being addressed. Positive relationships amongst all members of the school community is being promoted. There are attempts underway to strengthen good links between the school, the home and the community. All possible community resources are being utilised to support the projects. Education support service personnel are involved in the projects of the various groups in terms of support and skills development. School health services are seen as a valuable educational resource in assisting the school community to become a health promoting school. The curriculum has been adapted to accommodate the various actions to promote good health. The health and well being of school staff is also being promoted.

Staff are aware of their roles in setting the example with regard to health matters, for example, they are working towards a smoke-free environment. With the entire staff being involved in the groups, there is a clear commitment to realise the goal of the health promoting school. The school as an organisation is being influenced by the actions of the staff. The school as a whole is being developed with the improvement of relationships, skills development, a health promoting culture and ethos and a shared vision by students, teachers and parents of the school as a health promoting school. The actions of the team in terms of developing the school into a health promoting school therefore affects every aspect of the school as an institution and an organisation.

4.3.4 The further development of the team

It was felt that the groups tackled more projects than they could manage.

This led to disputes and project failures in terms of achieving what was aimed for. As a result it was recommended that groups be combined so that there are less groups, that fewer projects be attempted. It was also recommended that staff members belong to the group that they find most interesting and where they can provide the best support. The level of parent involvement was also found to be unsatisfactory and it was recommended that there be more parent involvement and that teachers reach out to the community more. Planning was found to be important for the future in terms of projects, meetings and curriculum infusion.

In terms of the further development of the team, it was interesting to note that teachers focussed more on alleviating the difficulties that they had encountered during the year.

In conclusion, although the school health promotion project is in its early stages, it appears that the project holds many benefits for schools who are struggling to rise above the difficulties facing teachers in the effective execution of their task as educators.

CHAPTER FIVE

REVIEWING THE RESEARCH FINDINGS IN TERMS OF LITERATURE RELATED TO THE TEACHER SUPPORT TEAM AND THE HEALTH PROMOTING SCHOOLS CONCEPT

5.1 INTRODUCTION

The purpose of this chapter is to link the research findings to theory. The literature review of chapter two serves as a framework for this chapter. In the first section of this chapter, the literature on the teacher support team concept will be reviewed in light of the research results. The second section of the chapter will re-examine the health promoting schools concept as it emerged as central to the study in the research findings. Within this concept the role of the principal and the school nurse will be particularly highlighted. Other issues of importance such as the role of education support services, the child to child approach, parents and the community, curriculum development, empowering the staff, developing the school as a whole, overcoming the problem of resources are also considered.

5.2 TEACHER SUPPORT TEAMS REVISITED

The co-ordinating team of the school health promotion project at Atlantis operates in many ways as a form of teacher support team outlined by the Western Cape SMT Report (1994).

The team members address needs and provide support to teachers, learners and parents and are also involved in health promotive and preventive programmes. They work closely with the itinerant staff such as remedial teachers, psychologists, nurses and social workers.

Contrary to Chalfant and Pysh's (1979) model of teacher assistance teams, the focus is not only on the individual. The problems with which students present are not seen as residing solely within the student but within the system, namely, the school, family and community. The approach at Avondale is to recognise all the factors that have an influence on the well-being of the child and to address them via the school health promotion project. Intervention occurs at multiple levels.

The group leaders at Avondale liaise with service providers such as nurses, psychologists, dieticians, occupational therapists, who act as consultants, imparting the necessary skills to teachers. Teachers become equipped and are therefore able to provide various services effecting a school-based model of assistance. The school therefore becomes more effective in dealing with its own problems (Conoley & Conoley, 1990).

In the remedial group, the concept of indirect service delivery is broadened to include teachers and students in assisting other students. The result is the enhancement of relationships amongst students, and students and teachers as espoused by Elliott and Sheridan (1992).

As the entire staff is involved, the responsibility for attending to the needs of students rests with all. At the same time all teachers share in being empowered. Chalfant and Pysh (1979) were especially concerned about the empowerment of classroom teachers and this is being addressed in this instance. The effectiveness of teacher assistance teams were found by Chalfant and Pysh (1989), to rest upon administrative and principal support, staff support, training, team procedures, networking and evaluation. At Avondale the principal always provides his support, making time available for teachers to meet on a regular basis. His attitude has always been encouraging and supportive. The team is also an integral, accepted and effective part of the school system. The staff as a whole has endorsed the concept and as a result provides support for initiatives related to the concept. The support system is facilitated by the school nurse who is available to the team. The team receives ongoing training from education support personnel whom they approach for assistance. Team members meet regularly for short but effective sessions. Team effectiveness is evaluated once per term. The various aspects which determine the success of teacher assistance teams therefore contribute to the success of the co-ordinating team at Avondale as well.

It is interesting to note that the team at Avondale is not based on the traditional concept of a teacher assistance team, namely, to identify individual students with difficulties and to address these difficulties. The team has instead developed out of a need to address the academic, physical, social and emotional needs of students as well as teachers at a time when resources are scarce, education support personnel largely inaccessible, and teachers demoralised and demotivated.

It provides a collaborative, supportive approach which is manageable and beneficial to all involved in the school. As the focus is on preventive and health promotive endeavours, the success will largely be measured in the long term.

Short term successes appear to be in terms of the development of skills of students and teachers, improved relations among staff members themselves, students and staff members, students and their peers, parents and their children, and the school and the community.

5.3 MEETING THE CRITERIA FOR A HEALTH PROMOTING SCHOOL

The co-ordinating team at Avondale form the nucleus of the health promoting school. It is the body that co-ordinates all activities geared towards developing the school as a health promoting school. Mc Ginnis (1992) argues for health to be approached in a comprehensive and co-ordinated manner. This is evidenced in the operation of the team. The relationship between education and health which is stressed by Kolbe (1992) is illustrated in terms of the projects that cover both health and educational matters.

Health education at Avondale is seen as one aspect within the overarching concept of the health promoting school. Downie, Tannahill & Tannahill (1996) argues strongly for this. Health education in the formal curriculum is matched by opportunities through the informal curriculum. The school as a whole is a health promoting environment.

Every activity is geared towards improving the health status of the students, teachers and broader community. The school meets the criteria for a health promoting school as laid down by the World Health Organisation (1996) and the European Network of Health Promoting Schools in terms of:

1. A holistic model of health

Through the projects we can see the recognition of the interrelationships between the physical, mental, social and environmental aspects of health.

2. Family involvement

Families are encouraged to participate in the development of health skills and knowledge of their children. In the process individual, family and community responsibility for health is promoted. There is a desire for greater parent involvement.

3. Physical environment

The vegetable garden, animals and maintenance of school buildings at Avondale are all part of the attempts to change the physical environment and contribute to the health of children.

4. Social ethos

All the activities in which the students are engaged are supportive of a positive learning approach, healthy relationships and the emotional well-being of students are strengthened. Most pupils are enabled to fulfil their physical, psychological and social potential and their self esteem is promoted.

5. Relationships

The relationships between students are positive. Teachers relate more positively to one another.

These positive relationships extend to teachers and parents, teachers and students, and between students and their parents. There is a supportive management approach which facilitates all of the above. Good links between the school, the home and the community is fostered. Good links between the school and the receiving high schools are also established.

6. Working environment

The staff are in agreement that the school health project has resulted in a positive and supportive working environment for school staff.

7. Curriculum

The health promotion project has been incorporated into the curriculum of the school. The curriculum includes educational methods such as co-operative learning that actively engage the pupils. Students actively participate in the formal curriculum by presenting their work to others, assisting younger students who have difficulties. Life skills education thus occurs through this project. In the process a range of lifelong health-related skills and knowledge is developed.

8. Education support services

The support services which are available in the area or even outside of the area are brought into the school. The availability of community resources is exploited to support action for the promotion of health. School Health Services are viewed as an educational resource and services offered are being actively utilised to help pupils become effective health care consumers. School health personnel are regarded as more than screening personnel and give input into the curriculum.

9. Encourage healthy lifestyles

The school health project presents a realistic and attractive range of health choices for students and staff. There are clear aims in each group for the promotion of health and safety for the whole school community.

5.3.1 The role of the school nurse

The role of the school nurse in a health promotion project is emphasised by Moon (1993). She regards the knowledge and skills that a school nurse can contribute to the development of a health promoting school as invaluable. At Avondale, the school nurse plays a vital role. With the school medical officer, she was responsible for the initiation and development of the school as a health promoting school; for introducing the concept to the principal and staff. She plays a crucial role in maintaining enthusiasm for the project. She provides support for the principal and staff. She maintains regular contact with the school. She liaises with outside agencies to provide services to the school. She monitors the progress of the project and the groups by staying in close contact with the project co-ordinator. She co-ordinates the evaluation meeting at the end of each term. She attends the workshops and seminars provided by outside agencies. She constantly demonstrates her interest and concern for the staff, students and the school as a whole by enquiring about their plans and assisting where she can.

5.3.2 The role of education support services

The role of education support service personnel has been revised in practice in that they provide training to teachers.

Teachers in turn provide the services needed by students. The consultation model is thus applied. Education support services are also provided via the various projects. Each team has projects that address various aspects of the child's development and in this manner the education support service personnel are drawn towards and involved in the school. There has been some resistance from the social workers in the area to become involved, supporting the view that intersectoral collaboration is difficult to achieve (Lazarus et al, 1996; Solity & Bickler, 1994). Overall, however, the response from various sectors towards the health promotion project at Avondale has been positive. This could also be due to the fact that the school nurse acts as liaison and mediator between various groups.

Teachers are being helped to help themselves. The need for specialist services as it operated in the past is diminishing while at the same time, a new type of specialist service namely a consultative, training-oriented service being developed.

5.3.3 The child-to-child approach

At Avondale the child-to-child approach is more than the innovative health education programme as described by Hanbury (1996). The child-to-child concept has been extended to form the basis of the school health promotion project and the principles inherent in the approach is applied across the curriculum.

The students of Avondale promote messages of good health at school, at home and in the broader community.

The results of an active child-to-child programme namely, that children are more co-operative at home and school, parents and community members are interested and involved in the school, teaching is more interesting and fun (Hanbury, 1996), is evidenced amongst the students, parents and teachers at Avondale as seen in the research findings. Child-centred or peer learning is evidenced with the remedial project resulting in a strengthening of the relationships between students. Students also engage in peer counselling. Students are granted a chance to identify their problems and they also get involved in solving known problems for example in the Youth Preparedness Group and Teenage Club. Judging by the responses of parents interviewed, students are able to reach their parents concerning issues such as smoking which often are less effective when coming from health professionals.

The approach at Avondale takes to heart the premise that " children are among the most important partners required to make schools healthier" (Hanbury, 1996, p 1). It reinforces the notion that the child-to-child approach holds many benefits for school-going children in terms of their academic, social and emotional development and their influence upon society. Within the framework of health promoting schools, the child-to-child approach holds much relevance in introducing students to health related matters that concern them and in allowing students to take responsibility for their own health.

5.3.4 Parents and the community

Parents and the broader community pledge their full support for the project as they are involved, albeit indirectly.

Parents understand it in terms of its apparent benefits for their children. This leads to a harmonious flow between school, home and the community. Retailers, service providers and industries in Atlantis are aware of the health promoting school projects, for example, the sports extravaganza, and are able to support them.

The principal has introduced a collaborative culture into his school whereby teachers, parents and the community work together to the common good of the school and to realise the goal of a health promoting school. Gareau & Sawatzky (1995) point out the difficulties of achieving this are usually due to the hierarchical nature of the school's organisation. At Avondale however, collaboration has enhanced relations between staff members as well as parents and staff without interfering with organisational structures.

Parents are informed about what happens at school, they effectively have a say in their children's education. There is openness and honesty in that parents are given responsible tasks when participating in school functions. There is positive recognition of what the parents have to offer. Teachers establish personal connections with parents, showing that they really care. Parents are regarded as knowledgeable in terms of their children and their skills. Parents are made to feel important. The collaborative nature of the interaction between staff members themselves is reflected in the interaction between parents and staff. The characteristics of successful parent-school collaboration according to Gareau & Sawatzky (1995) are thus in place at Avondale.

5.3.5 Curriculum development

Tones, Dixey and Green (1995) are of the opinion that the top-down approach to curriculum change in schools is likely to be unproductive. According to Tones et al (1995), the most effective procedure in practise occurs when a "change agent" - either from inside or outside the school - gently raises staff awareness for the need for curriculum reform and then proceeds to help teachers identify their own solutions and provide necessary support during the whole innovation process.

In this instance, the school health team raised awareness of the need to adapt the curriculum to address the needs of the school which teachers themselves identified. They then proceeded to assist them in finding their own solutions to their problems. They then provided constant support throughout the process.

Tones et al (1995) speaks of the certain factors contributing to the adoption of the new curriculum such as the nature of the school system, its staff and its readiness for change; the characteristics of the innovation itself; the attributes of the change agent. The school system at Avondale is clearly highly organised, probably largely as a result of its twenty years of existence with the principal and core staff having been there since the beginning. Its staff comprises of highly motivated individuals. At the time of being introduced to the health promotion project, the school was working on the interrim curriculum with continuous evaluation. Teachers found that the health promotion project could be incorporated into the curriculum and the various activities into the syllabus. The persons championing it (change agents) are highly regarded by staff as having expertise and leadership characteristics.

The school health team had the support of a core group of committed staff members with the active support of senior staff.

Furthermore, the positive response to curriculum development was due to the fact that incorporating the project into the curriculum meant that teachers would not be burdened with extra work. The curriculum and education as a whole was in the process of change and the health promotion project became part of the changes occurring at the time.

The teachers at Avondale could have been receptive to new innovations to detract from the difficulties of the time such as impending teacher retrenchments, "...crises should be considered as times of opportunity as well as trial" (Hearn, 1972, in Tones et al, 1995, pp 7-9). All relevant participants were involved in the process of incorporating the project into the curriculum thereby engendering further support for the process. The principle of the spiral curriculum occurred where issues are dealt with in appropriate ways at appropriate ages (the same subject matter is adapted according to the level of the students receiving the information).

In keeping with modern approaches to curriculum development in health education as described by Downie et al (1996), the staff have taken a lifeskills approach stressing concepts such as self-esteem, empowerment and decision-making skills, rather than a purely information-based approach.

If success in terms of curriculum development is measured by the extent to which the major goals of the health promoting school have been achieved (Tones et al, 1995), then the attempt by the staff of Avondale to incorporate the health promotion project into the curriculum has been successful.

5.3.6 The role of the principal

From the findings it becomes evident that the principal has a major role to play in contributing to the success of the project. His style of leadership and management could be seen as a crucial contributing factor. In terms of leadership, it appears as though the principal is able to inspire and direct his school. At the same time he is able to maintain the well being of the school, ensuring that the structures or systems set in place are working well. As such he holds both positive leadership and management characteristics as described by Davidoff, Kaplan & Lazarus (1995) and Donald, Lazarus & Lolwana (1997).

Furthermore, the principal encourages the development of leadership capacity in all staff members, allowing them to take the initiative whilst providing positive support. He demonstrates creativity and sensitivity to the needs of staff and to tensions around the project. In terms of operation the principal therefore meets the requirements for building an effective school as stated by Davidoff et al (1995) and Donald et al (1997). He ensures that the school fulfils its task as defined by its mission and particular goals set and ensures that human and other resource maintenance and development is occurring.

The principal appears to recognise the need for "directiveness within a culture of negotiation and a commitment towards building autonomy (empowerment) for all participants" (Davidoff et al, 1995, p 181).

The support and involvement of the principal has had a positive influence in terms of the whole process. He appears to have developed the personal and interpersonal skills required for good people management. In keeping with the key challenges of management and leadership described by Davidoff et al (1995) and Donald et al (1997), the principal appears to be able to 'balance the tasks or productivity functions of the school, with the need to maintain healthy relationships and care for the people of the school'. He also appears to act directly when necessary - particularly in situations of chaos and uncertainty and co-operatively or in a spirit of negotiation when this is appropriate and delegate control to others when justified. This "wisdom of knowing how 'to do the right thing at the right time' and 'to do things right'" (Donald et al, 1997, p 92), could be ascribed a personal commitment to be engaged in that which will be of benefit to the school as a whole. This form of leadership and management could then be described as an empowering form of leadership and management as opportunities are provided for the development of all members of the school community and for their full participation in the life of the school.

5.3.7 Empowering the staff

The success at Avondale could largely be contributed to the approach of the school health team.

They did not approach the school with their ideas for a project which they were going to impose upon the school. They first introduced the health promotion concept to the principal and staff and allowed them to develop it further resulting in "the development of tailor-made solutions from within the school" (Nutbeam, 1995, p 5). This deflected any possible fears that the staff might have had that they were being 'exploited by the health sector in pursuit of health behavioural goals' (Nutbeam, 1995, p 6). Staff were therefore free to choose whether they wanted to participate in the project and the extent to which they would be involved. This is in accordance with the WHO's understanding of good health as being something which one chooses freely not something which is imposed. According to Bunton and Macdonald (1992), the notion of people being free to choose even if the choice is unhealthy has to be respected.

The school health team allowed the staff to start with things that were familiar to them, projects that were already in existence instead of imposing new projects. Bunton and Macdonald (1992) argue that effective education involves starting where people are, cognitively, developmentally and emotionally.

The school health team facilitated ownership of the health promotion project and the processes to the school. This has been empowering for the staff, allowing them to take the initiative in many instances and to develop their skills and talents beyond expectation. This appears to have contributed to a large extent to the positive attitude of the staff towards the project. This approach towards ownership appears to serve as a motivation factor in the process.

The school health team at Avondale have done approached the project in a way that facilitates educational ownership thereby strengthening the partnership between education and health.

5.3.8 Developing the school as a whole

As a result of the health promotion project, the school as a whole is being developed. For example, teachers are being empowered to solve certain problems that would have required specialist intervention in the past. Their personal and professional skills such as leadership and organisational skills are being developed. The leadership and social skills of students are also being developed when they assist those experiencing scholastic and social and emotional difficulties, deliver presentations and submit reports. The parent-school relationship is being strengthened as parents are involved in the school and see the benefits for their students. The curriculum has been adapted to accommodate the health promotion project, with certain themes and projects incorporated into the curriculum. The culture of the school is that of stronger individuals helping one another. The approach to dealing with problems is therefore a collaborative one. The overall approach is health-oriented. Systemic thinking underlies the school's approach to solving its problems as the impact of school, family and community on the well being of students is considered and change is implemented at all these levels.

Nutbeam (1995) proposes that health promotion be placed within the school's wider social and educational goals. In the case of Avondale, it appears that the development of the whole school occurs through the health promotion project.

5.3.9 Overcoming the problem of resources

Avondale Primary School is affected as much as other schools by the current lack of resources in education in South Africa. In addition to this the school is historically disadvantaged and is situated in an area experiencing mass unemployment and grave social problems. What the school has done via the health promotion project is to work with the entire school community to restructure and organise existing resources to attend to the academic, physical, emotional and social needs of the students.

In keeping with the views of Stainback and Stainback (1990), they fully utilise the human resources at their disposal namely, teachers, parents, students, other professional service and community resources.

5.4 SUMMARY

A review of the literature in relation to the research findings points towards the practical application of theory. The school community of Avondale have managed to develop a healthy school through their own initiatives with support from school health and other support services. By putting into practice certain key concepts related to the health promoting school, they present a practical model for the development of a health promoting school. The school has managed to overcome the apparent difficulties in establishing a health promoting school presented by Nutbeam (1995) and Beattie (1996) such as resources, staff commitment, time shortage and trained staff.

In terms of education support services, the historically fragmented and inaccessible services are being maximally utilised through the group projects with service providers becoming involved in teacher training and consultation. The basic principles of support services namely, holistic development, service integration, curriculum infusion and cost-effectiveness (Lazarus & Donald, 1994) can be seen in operation at Avondale.

In terms of teacher assistance teams, the strategies adopted in terms of the health promoting schools concept has resulted in a much more holistic, eco-systemic approach to student difficulties. The approach developed by Avondale addresses the problem of a lack of resources especially in terms of specialist services at this point in time. It also looks at the concept of prevention and the need to lay the groundwork for a healthier society in the future which a focus on curative actions would not necessarily achieve. It involves systemic interventions and subsequently, systemic changes.

The staff of Avondale Primary School have managed to do all this within the context of current constraints in education such as retrenchments, increased workload, minimal resources and an air of despondency. Through their own initiatives, with the assistance of the school health team, they have found a way to address the needs of their school in a cost-effective, creative manner. They have effectively managed to do it themselves, lending support to a 'bottom-up', teacher empowered approach to addressing problems encountered within a school.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

Chapter six deals with conclusions and recommendations. It serves to reflect on the extent to which research aims were met. It notes the limitations of the study and presents proposals for future research. Attention will be drawn to the purpose of the study and research aims will be restated, an overview of research findings will then be presented. This will be followed by recommendations based on these findings. The limitations of the study are noted and proposals for future research are presented. This is finally followed by a concluding section.

6.2 REVISITING THE PURPOSE OF THE STUDY

The purpose of the study was to conduct an in depth investigation into a form of teacher support team based on the health promoting schools concept by exploring

- (a) the initiation, development and operation of the teacher support team
- (b) the teacher support team as a strategy for providing education support services
- (c) the teacher support team as the nucleus of the health promoting school
- (d) the further development of the teacher support team

The primary reason for embarking on the study was to find ways to attend to the physical, social, emotional and special learning needs of students. Teacher support teams were considered as a possible strategy for attending to such difficulties.

The teacher support team strategy is based on Chalfant et al's (1979) model of teacher assistance teams. Inherent in traditional strategies of school-based assistance is the concept of indirect service delivery whereby teachers are equipped to deal with problems with which students present. Service deliverers therefore serve as consultants imparting the necessary skills to teachers and engaging in problem solving with them. Service delivery is therefore school-based reducing the need for specialist intervention outside the school. Education support personnel work in multi-disciplinary teams providing collaborative services. The aim is to find solutions to students' problems.

The difficulties with traditional approaches is that the focus of intervention is often on the individual presenting with the difficulty which could enforce the erroneous impression of the problem residing in the student alone with very little consideration of the impact of the family, community and society.

The emphasis in traditional approaches is also on curative services with little attempt to prevent difficulties in the long run. Training in problem-solving is granted to a core group of individuals instead of the staff as a whole. The responsibility for handling students with difficulties therefore rests with a core group of individuals. This will be difficult for teachers who are finding it difficult to manage current workloads.

The case study forming a focus for this study is an example of a school-based team approach that addresses both of the above shortcomings.

6.3 AN OVERVIEW OF THE RESEARCH FINDINGS

In conducting the research an alternative approach to addressing students difficulties was discovered. This alternative approach was found to endorse the basic principles of teacher assistance teams namely, indirect service delivery, consultation, school-based services, intersectoral collaboration and a collaborative team approach to addressing the difficulties experienced by the school as a whole. At the same time the approach offers more in terms of addressing the problems of limited resources and inaccessible and fragmented education support services. It includes support for teachers, curriculum development, lifeskills training and contributes towards the development of the school as a whole. The emphasis is on the prevention of student difficulties and the promotion of good health whilst at the same time providing assistance for students with difficulties. It is an approach that recognises the inter-relationship between education and health. The autonomy of the school is respected in that the staff is allowed to develop their own strategies for dealing with the difficulties specific to their school.

The approach being referred to is part of a school health promotion project at Avondale Primary School. The project was initiated by the school health team with the aim of developing a health promoting school. The school nurse is a key role player constantly supporting and maintaining the process. The project offers a holistic and comprehensive approach to the problems impeding student success at school.

The groups which exist at Avondale are the result of a school health promotion project. The eight leaders of these groups form a co-ordinating team which serves as a form of a teacher support team. This co-ordinating team is involved with preventive and curative actions via projects in the promotion of physical, social and emotional health and addressing learning difficulties. A child-to-child approach is the underlying theme of all the projects of the various groups. Education support services is provided indirectly via the group projects. The guidance teacher who is also a vice-principal, serves as the co-ordinator of the project as a whole, reporting to the principal on the progress and developments within the groups. The entire staff is involved in these groups and they share a common goal, namely, the development of a health promoting school.

6.4 RECOMMENDATIONS BASED ON THE RESEARCH FINDINGS

In light of the findings of this research, the following recommendations are offered:

6.4.1 Review of traditional approaches

Traditional approaches to school-based interventions should be reviewed. The focus should not be solely on the individual presenting with difficulty. Change should occur at multiple levels. Interventions should be directed at the classroom, school, family and community. The focus of intervention should be in terms of prevention and health promotion. Curative services should be offered as well but this should not be the main focus of an intervention team.

6.4.2 A teacher support team based on health promoting principles

A teacher support team based on the health promoting schools concept should be seriously considered for all schools as:

- * It provides us with a means by which the various needs of students, teachers and parents could be addressed in a cost effective way. The skills that are present amongst teachers are utilised to provide a preventive and curative service to learners with 'special needs'.
- * A team of this nature addresses the problem of inadequate support services in terms of attending to the needs of each school community. Each school could have its own multidisciplinary team comprising of teachers attending to its needs. Education support service personnel could serve as consultants providing teachers with the skills necessary to address various problems. Through indirect service delivery, teachers could be empowered to manage difficulties and more students could be reached.
- * The needs of teachers such as skills development (in-service training), staff support and the development of healthy lifestyles could be addressed as a result of being involved in group projects.
- * Preventive, promotive and curative services could be offered. In this way the the physical, social, emotional and special learning needs of students could be addressed.
- * A holistic, eco-systemic intervention approach to addressing student difficulties is proposed. All factors that have influence the well-being of an individual should be considered and addressed.

- * A practical basis for intersectoral collaboration could be provided. Service deliverers work with the multidisciplinary teacher support team in providing services to the school.
- * The school as a whole should be developed in terms of interpersonal relationships, culture, ethos, organisation and management.

6.4.3 Avondale Primary as a model for health promoting schools

The practice at Avondale should serve as a model for the implementation of health promoting schools. Learnings include:

- * In developing the school as a health promoting school, the support of the principal should first be sought.
- * The support of the staff should be gained.
- * The entire staff should be involved in the process of developing the school into a health promoting school
- * The staff could take the process further by consulting with each other as to the manner in which the health promoting schools concept can be applied to their school.
- * Staff members could decide how they are going to divide into groups to address the needs of the school which they have identified and prioritised.
- * Each group could elect a group leader to serve on a co-ordinating team.
- * Each group could meet on their own at a time convenient for group members to decide on their goals and the projects they will implement to meet those goals.

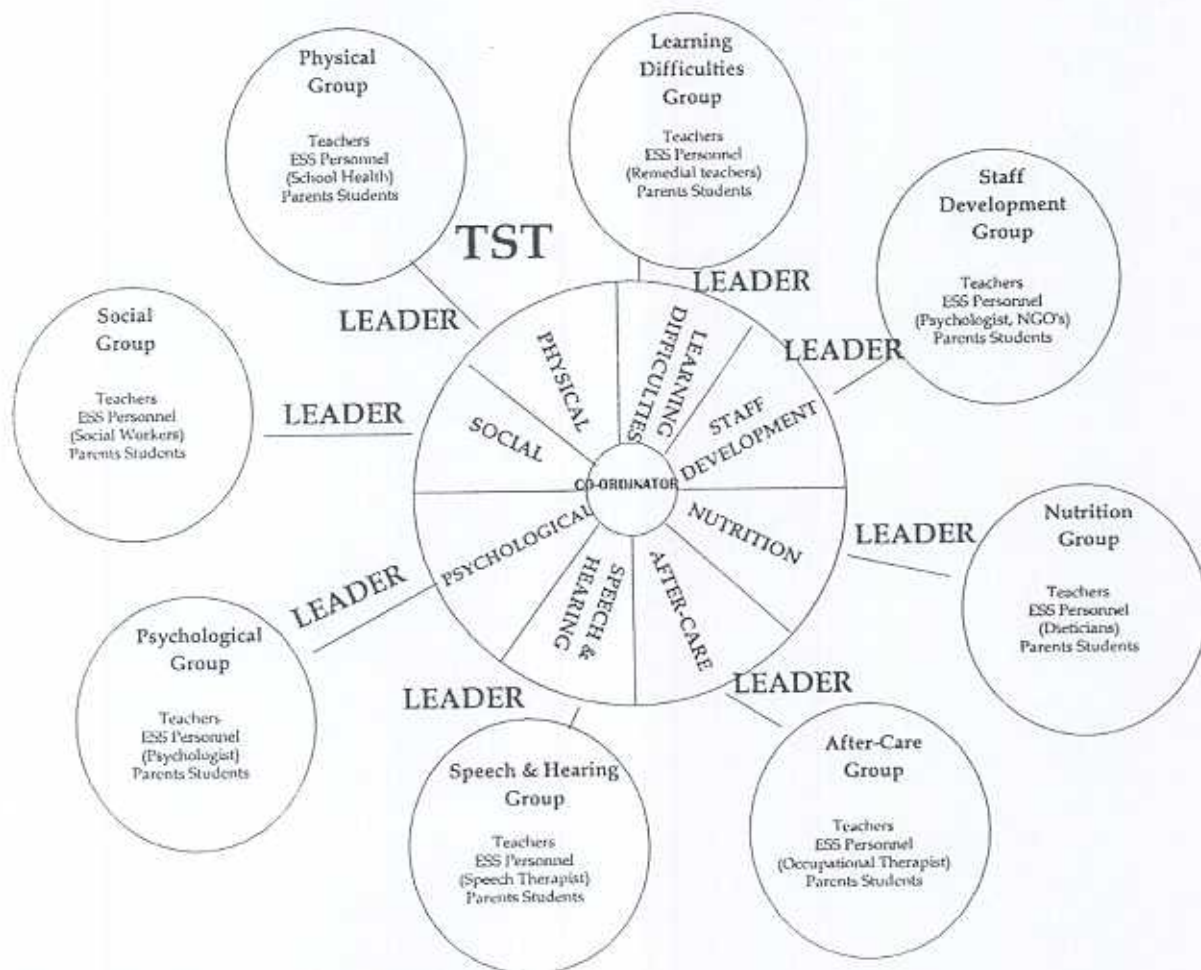
- * Projects should be manageable and teachers must be careful not to overextend themselves. Curriculum infusion is one way of achieving this.
- * Teachers should serve on one group at a time, preferably the one to which they can make the best contribution.
- * The co-ordinating teacher support team should elect a team/project co-ordinator. This could be the guidance teacher. The team co-ordinator could liaise with the multidisciplinary team at district level and be the link between the team and the principal.
- * The co-ordinating team could meet once per term to assess their progress and meet with the multidisciplinary team of education support service personnel.

6.4.4 A model for teacher support teams

In terms of the proposed model, the teacher support team becomes a co-ordinating body, comprising of group leaders. These group leaders co-ordinate various projects. The projects are run by group members. The group members comprise of the staff of the school, education support service personnel and could include parents and students. Staff members have the freedom to decide which group they wish to belong to, preferably the one where they feel they can make the best contribution. Projects are aimed at prevention and health promotion and could include curative interventions. Education support service personnel are involved with the group/s that deal with their area of speciality. They provide skills training, consultation and direct service delivery in instances where the groups are not able to manage specific difficulties.

In terms of the proposed model, the responsibility for the well-being of students and for the development of the school into a health promoting school rests with all staff members.

The following model for teacher support teams is proposed for all schools:
(Fig. 5).



6.4.5 The role of the team co-ordinator

The team co-ordinator has an important role to play in terms of the organisation and management of the team and project as a whole. His/her role could be:

- * To facilitate the evaluation meeting at the end of each term.
- * To attend workshops/seminars held in terms of projects
- * To be available and accessible to team members
- * To set the example in terms of commitment and enthusiasm to the project
- * To attend the workshops, talks and functions arranged by the groups.

6.4.6 The role of the principal

The principal should be recognised as instrumental in determining the success of the development of the school into a health promoting school. His/her role would be:

- * To endorse the concept and support the process.
- * To provide encouragement and motivate the teachers
- * To stay in touch with what is happening in terms of projects and group process.
- * To recognise and acknowledge the work that is being done by the staff.
- * To assist where s/he can in terms of projects and play an active role in the process.
- * To assist in incorporating the project into the curriculum and the structure of the school.
- * To ensure training of staff members by education support service personnel.

- * To promote the involvement of parents and other community members in the activities of the groups.

6.4.7 The role of school health services

The role of School Health Services and the school nurse in particular, should be recognised as an integral part of the initiation and development of health promoting schools. The role of the medical officer and school nurse could be to act as initiators and facilitators of the process while the principal and staff take the process further. The school nurse should be acknowledged as having a vital role to play in maintaining the health promotion project. His/her role could be:

- * To introduce the concept to schools.
- * To provide regular input in terms of the concept.
- * To monitor the process.
- * To be committed to and support the process.
- * To be positive and enthusiastic about the project
- * To provide constant support to the co-ordinating team.
- * To liaise with outside agencies and support service personnel on behalf of the school.

6.4.8 The role of education support services:

Education support services should regard their role as providing support and skills via training workshops and ongoing to schools. Intersectoral collaboration should be promoted amongst service deliverers. The consultation model should be adhered to with indirect service delivery to students.

Service providers should work in multi-disciplinary teams and be available as such to the multi-disciplinary teacher support teams of schools, for e.g.,

THE PROVISION OF EDUCATION SUPPORT SERVICES

MULTIDISCIPLINARY TST

EDUCATION SUPPORT SERVICE PERSONNEL

- | | | |
|-------------------------------|---|---|
| 1. Physical difficulties | > | Medical officers, School Health Nurses, Physiotherapists, other relevant health workers |
| 2. Social difficulties | > | Social Workers, community workers |
| 3. Psychological difficulties | > | Psychologists, social workers, other mental health workers |
| 4. Learning difficulties | > | Remedial consultants, Psychologists, Occupational therapists, other special needs experts |
| 5. Staff development | > | NGO's, education support centre personnel, business agencies, centres of higher learning |
| 6. Speech & Hearing diffs | > | Speech and hearing therapists, teachers |
| 7. Nutrition | > | Dieticians |
| 8. After-care | > | NGO's, community members, parents, education support centre personnel |

The various service personnel should assist in addressing the needs. Education support service personnel should work within a health promotion framework and:

- * Be fully conversant with the health promoting schools' concept
- * Focus on prevention and promotion in addition to curative services
- * Work within a systemic approach taking into account all factors that could have an influence on the well being of the individual.
- * Work collaboratively and intersectorally in multidisciplinary teams
- * Assess the needs of schools and be involved in meeting those needs
- * Facilitate psycho-educational workshops
- * Develop the capacity of teachers and parents to handle difficulties presented by students
- * Provide support to the teacher support team
- * Assist with prevention programmes
- * Where school-based assistance is inadequate, provide individual support to students
- * Be involved with curriculum issues
- * Contribute to whole school development

6.4.9 The child-to-child approach:

The child-to-child approach should be incorporated into all projects related to the health promoting school. Older students should take responsibility for younger ones. Stronger children (academically, emotionally, physically, socially) should assist the weaker ones with academic work and emotional, social and moral support. Peer support should be strongly emphasised.

Students should take responsibility for decisions affecting their health.

6.4.10 Involving the parents

Parents should be regarded as important role players in the process. There ought to be a culture of collaboration between staff members and parents at the school. Parents should be actively involved in the school and the health promotion project. Parents ought to be trusted and respected. Parents should be encouraged to share their skills and resources with the school.

6.4.11 Curriculum issues

The health promotion project should be incorporated into the curriculum. All relevant staff members should have input into this process. Group projects must as far as possible be part of the syllabus. Life skills training should be the underlying goal of all projects. Students should be equipped with the necessary skills to make a meaningful contribution to society. These include leadership skills, social responsibility, communication skills.

6.4.12 The question of ownership

Ownership of the process should be taken by the school. Staff members should decide how they would like to approach the development of their school into a health promoting school. Support personnel should guide and support and not take the initiative away from staff members.

6.5 LIMITATIONS OF THE STUDY

As the research was an in-depth study of a particular phenomenon at a particular school, the limitations in terms of the case study method come into effect. The success of Avondale is particular to its school. The results cannot be generalised to other schools. However, as multiple informants and more than one data gathering technique was used in this study, the usefulness for other settings is greatly strengthened.

In terms of validity, the study is only valid in terms of the setting, population and theoretical framework in which it falls. The project will have to be put into practise at another school and research conducted to test its reliability. However, no two schools are the same which renders the concept of replication as problematic. Finally, controls for bias in interpretation included critical questioning of analyses by supervisors, checking and rechecking of data as well as asking questions of the data.

Avondale is a primary school. As such the curriculum is different than the curriculum for a high school. This could have had a large effect on the success of the project at a different educational level. Avondale is a semi-rural school. This could have an impact on the way that the community views its situation and could contribute to the close relations between the school and its community.

Avondale is also a historically disadvantaged school. As a result the school community has always had to find ways to cope with inadequate resources and difficult teaching conditions. While the particular context of this study presents with particular conditions, problems and possibilities, there is much that other contexts can learn from under-resources areas.

The model which Avondale presents is a formative one, it is still in the process of developing and defining itself. The recommendations offered are tentative ones. At the same time the health promotion project presents valuable lessons to be learned at this early stage of its development.

6.6 IMPLICATIONS FOR FUTURE RESEARCH

The research conducted here is by no means complete. The study has raised many aspects of the health promoting school to be explored. Research in the future could examine:

The application of the model in all socio-economic contexts as well as at other primary and at high schools.

The extension of the model to facilitate the mainstreaming of children with special needs.

6.6 CONCLUDING REMARKS

Originally this research was concerned with examining teacher support teams as a strategy for the provision of education support services. The focus was on school-based assistance to learners with special needs including physical, social, emotional needs and learning difficulties.

An initial investigation of what was happening at schools in this regard led to the discovery of an alternative approach to dealing with student difficulties. The activities at Avondale Primary presented a challenge to traditional approaches to school-based assistance. What was especially challenging was that the activities of Avondale designed to attend to student difficulties, formed part of developing the school into a health promoting school. The principles being adhered to were based on the health promoting schools concept which provides us with a much broader frame of reference. The emphasis in the health promoting schools concept is not only on the individual but on all factors that have impact on the well being of the individual such as the school, the family, the community and society. As a result, effective intervention entails addressing all these factors. The emphasis on curative services is replaced by an emphasis on prevention and health promotion. The practices of the staff in terms of the health promotion project led to improved relationships among all parties at school as well between the school and the broader community. With all the activities happening in this regard, the educational aspects of schooling were enhanced rather than neglected as a result of incorporating the activities into the curriculum.

The group at school concerned with learning difficulties became incorporated into the health promoting project. This served as an extension of the health promoting schools concept to include learning difficulties. At the same time, it served to present a new look at forms of school-based assistance in terms of the development of schools into health promoting institutions.

Instead of having one group of teachers involved in school-based assistance to learners and another involved in developing the school into a health promoting school, it would appear to be more cost-effective, less time-consuming and eliminate a duplication of services to have one team addressing the needs. A co-ordinating team comprising of various group leaders co-ordinating in turn various groups engaging in activities designed to assist learners, teachers and the broader community with difficulties and to develop the school into a health promoting institution would be a more viable alternative.

As far as the educational psychologist is concerned, the proposed approach could alleviate many of the following criticisms levelled at educational psychologists but which applies to all education support service personnel as well. It could contribute not only to maximising the potential of all learners, but the potential of staff members, parents and the communities in which schools function.

In terms of the current South African situation, such a systemic approach is necessary to address current difficulties and to reduce the number of difficulties encountered in future.

The purpose is to enable school communities to manage as many difficulties themselves before referring to outside agencies. The reason for this is that even developed countries are not able to meet the demand for direct service delivery. If it is hard for developed countries, how much harder it is for a country such as ours which has a history of unequal distribution of services and financial resources in education to meet the demands for service delivery. The proposed approach attempts therefore to fully utilise the support services available to benefit all schools.

Many of the ideas or principles in terms of service delivery and health promotion which are presented in this study are in themselves not new. In my opinion, what adds significance to this study is the fact that what is being proposed in terms of the recommendations have been demonstrated as possible, through the efforts of the school and the education support service personnel working with the school. It has been done at a time of societal upheaval and great educational transformation. Resultant financial cutbacks affecting staff numbers and staff-student ratios have not deterred the principal and staff of Avondale. In fact, the pressure put to bear on the school seems to have brought out the best in staff members as they appear to be more innovative and creative than they have ever been.

The principal and staff were practising the principles of outcomes-based education with the life orientation approach before it became known that it would be compulsory for schools to do so.

The principal and staff show a sincere commitment to their task as educators, acting at all times in the best interests of their students. They are clearly united in this task and are prepared to sacrifice their private time to do what needs to be done to achieve their goals. The result is that students and parents feel that the school cares and as a result, are prepared to do their part in ensuring the success of the school. The energy and enthusiasm of the staff is infectious and generates enthusiasm amongst students and parents. This enthusiasm and optimism is very rare and is to be commended at a time when most communities and Atlantis in particular, are battling to survive with high unemployment rates and resultant poverty and crime.

The determination shown by this particular school community to rise above their circumstances and to address the physical, social, emotional needs and learning difficulties of their students is most admirable and should serve as a lesson to others.

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APPENDIX A

INTERVIEWING SCHEDULES

1. THE PRINCIPAL

OPENING QUESTION:

Can you tell me how the team that is witnessed in operation at the school actually came about, how it all started, with whom and why?

AREAS OF FOCUS:

Health Promoting School development
HPS management
HPS organisation

Staff development
Capacity building
Teacher empowerment
Teacher effectiveness
Professional development
Self-efficacy

Teamwork
Participative decision-making
Co-operative planning

Curriculum infusion
Curriculum development
Experimental curriculum
Continuous evaluation,

Parent involvement
School governance
Community involvement

Resources

Educational attitudes
Educational co-operation
Educational change

2. THE NURSE

OPENING QUESTION

Could you tell me how the teacher support team at Avondale started, how they are encouraged and motivated? I would also like to know how the events at Avondale relate to the development of health promoting schools at large.

AREAS OF FOCUS:

Teacher support team
Multi-disciplinary teams
Intersectoral collaboration

Integrated services
Releasing health personnel

Student involvement
Life skills

Motivation/support/encouragement
Sustainability

Goal setting - short term/long term

Holistic approach
Comprehensive approach

Self-efficacy
Staff development

Community involvement
Parent involvement

3. STUDENTS

OPENING STATEMENT

I would like to know about the programmes that are happening at the school. I want to know what you understand by the child-to-child project, how you are involved and how you feel about what is happening at the school.

AREAS OF FOCUS:

Child-to-Child approach

Teacher responsibility
Teacher support
Teacher attitudes

Student welfare

High risk students
Student attitudes
Life skills

4. PARENTS

OPENING STATEMENT

I would like to know how the parents feel about the projects that the school is involved in especially the health promoting schools project and the child-to-child programme.

AREAS OF FOCUS

Parent/teacher co-operation
Teacher attitudes
Parent attitudes

Parent/school relationship
Family/school relationship

Child welfare

Community building

Teacher/student relationships

5. TEACHER SUPPORT TEAM

OPENING STATEMENT

I would like the leaders to look back at the past year and comment on the strengths and weaknesses of the various groups and the project as a whole over the past year and make proposals for the future in terms of developing the school as a health promoting school.

AREAS OF FOCUS

Teamwork
Peer (teacher) collaboration

Program effectiveness

Collegial relationships
Interdependence

Teacher development
School development

APPENDIX B: The various groups at Avondale and their projects.

NAME	GOALS	PHILOSOPHY (some were not available at the time)	PROJECTS
1. Road Safety, First Aid and Personal Hygiene	For teachers to be trained in order that they may train students who in turn, will train other students. To ensure a better community.		Seminars for teachers to be trained in terms of Road Safety and First Aid Teachers to attend to the personal hygiene of students on a daily basis
2. Teenage Club	To prepare students for the adult world which they are busy entering and to ensure that they enter this world with self-confidence and responsibility	"Ek kan my doel in die lewe bereik" "Ek kan my vriende weier"	Speakers are invited to talk about various topics: 'Voel veilig' - H. Burger Child Abuse Drug Abuse Teenage pregnancies Various careers and subject choices
3. Drug Abuse	To make students aware of the dangers of drugs and how to handle peer pressure. For students to identify the differences between sexual molestation, child abuse and other forms of abuse. To make students aware of their rights as children.		Aids and TB drama for standard fours and fives. Teachers attended courses where they were taught to identify problems, especially drug related problems. Presentation by Andre Heinz - Child Protection Unit Videos - peer pressure, drugs

<p>4. After - Care Program</p> <p>This programme could not take place for the following reasons:</p> <p>An overload of programmes that occur after school.</p> <p>Minimal parent-community interest</p> <p>Shortage of accommodation</p> <p>Lack of funds</p>	<p>The programme must be educational and intellectually stimulating</p> <p>It must be interesting and fun</p> <p>It must be recreational</p> <p>It must stimulate cultural interest</p> <p>It must contribute to the well-being of the community and stimulate interest in the child in community events</p>		
<p>5. Remedial Group</p>	<p>To assist students with learning difficulties in Afrikaans, English and Mathematics</p> <p>To assist students with specific problems related to a particular section of work.</p>		<p>Senior students to help junior students.</p> <p>All Junior Primary teachers and some from Senior Primary are involved.</p> <p>Teachers who are not involved supervise students who are not involved.</p>
<p>6. Youth Preparedness</p>	<p>The creation of various educational situations such as camps, tours. As a result of outdoor training unique educational opportunities are created which are maximally integrated into the teaching at school.</p>	<p>“Wat die moeite werd is om te doen is die moeite werd om goed te doen”</p>	<p>Speakers from the Fairest Cape.</p> <p>Excursions to Koeberg Nature Reserve, UWC Nature Reserve, Rondevlei Nature Reserve.</p> <p>A camp at Goldfields Nature Reserve, Cape Point.</p> <p>The formation of a Nature Club.</p>

7. Feeding Project	<ul style="list-style-type: none"> To be self sufficient To improve upon the current feeding project To encourage initiative To facilitate better relations between students To improve communication 	<p>"It's not a watchword of 'I can't' But the noble one 'I'll try'</p>	
8. Teacher Support Group	<ul style="list-style-type: none"> To acquire healthy eating habits. To start an exercise program. To monitor weight and blood pressure. To improve self image. To deal with conflict stress and depression. To incorporate the above into the curriculum. 		<ul style="list-style-type: none"> Walk it Off Program Aerobics classes Training in Weight and Blood Pressure measurement Training in Behaviour Modification Workshop - Counselling Skills

APPENDIX C: Curriculum infusion of projects.

VOEDING

ONDERWERPE WAT GEDEK MOET WORD	INSKAKELING BY VAK	ONDERWYSER WAT VAK AANBIED	MODULES
A. Gereedmaking en be- werking van groente- tuin.	Geskiedenis St.5	F.Fisher	4
	Aardrykskunde St.2-5	M.Scholtz	3
B. Herbenutting papier, blikkies, ens.	Engels	V.Louw	3
C. Die drie voedsel- groepe. Gesonde eetge- woontes.	Gesondheids- opvoeding St.2-5	C.Juries	2
D. Dieet en siektes	"	"	3
E. Monitor van onder- gewig lle.	"	"	3
F. Monitor van leer- kragte se gewig.	"	"	3
G. Monitor van onder- gewig lle.en leerkragte	Wiskunde St.2-4 St.5	F.Arendse G.Fredericks	8 4

APPENDIX D: Organisation and management of the health promotion project.

