



Reinventing Australian Schools

for the better wellbeing, health and learning of every child

A discussion paper for the public on five key principles to improve the wellbeing, health and learning outcomes of every child in every community.



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Our vision

**A flourishing¹ Australian society
where every child² builds strong
foundations in school for lifelong
learning, wellbeing, and health.**

¹For more information about the concept of flourishing in education: <https://mgiep.unesco.org/iseea>.

²The word child here and child(ren) throughout refers to the UNICEF definition meaning: any person/people under the age of 18.

Summary

All children deserve a healthy foundation for their development and growth. Schools can support all children to secure such a footing. We imagine a future where all children leave school as healthy, happy and engaged learners; well-positioned to thrive throughout their lives.

We can only imagine such a future, however, because this is not the current situation everywhere in Australia. Even before COVID-19, key indicators showed inadequate and declining health, wellbeing and learning outcomes for many Australian children, particularly for those most socioeconomically disadvantaged.^(1,2) These trends have detrimental social and economic consequences for individuals, communities and society now and in the future.

COVID-19 highlighted the established links between health, wellbeing and learning, and the existing associated inequities. Research indicates a common-sense wisdom – children who are healthier are better learners. And in turn, better learners are often healthier, with greater overall wellbeing into their adult years.⁽³⁻⁵⁾ Yet, in most schools and in many families, intellectual or academic achievement is often valued and rewarded before anything else; this fuels an artificial disconnect between health, wellbeing and learning.

This paper outlines our case and vision for elevating health and wellbeing in Australian schools. We suggest shifting the core purpose of school from primarily focusing on academic intelligence to **equally focusing on learning, wellbeing, and health for optimised whole child development**. This change would enable schools to be multi-opportunity communities designed to build a healthy foundation for lifelong success.

We advocate a **whole child and whole school approach** as a leading principle for our proposed change to the fundamental purpose of schools in Australia.

A whole child approach requires schools to fully focus on the complete scope of a child's needs and being (including social, emotional, cognitive, physical, ethical and psychological, and academic) rather than concentrating on solely or mostly on only part of a child (e.g. academic intelligence).⁽⁶⁾

A whole school approach means the responsibility for developing and meeting the needs of the whole child are shared in a united way, equally by all at the school. A whole child and whole school approach optimises the chance for all children to develop their full potential.





Five key principles support our vision and are outlined in greater detail in this paper:

- 1. A whole child and whole school approach (organising principle)**
- 2. Co-designed, evidence-based and flexible learning and wellbeing approaches**
- 3. Health and wellbeing as essential 21st century skills**
- 4. Building an engaging culture of health, wellbeing and learning in school**
- 5. Relationships and partnerships between services, families and schools in every community**

Our suggestion is not that these principles should be added on top of everything schools are already doing. Or, that additional money would be necessarily required. Rather, we think these ideas should form a new starting place for schools and our systems to re-build around. This will require bold and brave thinking, and actions to support that new thinking.

Rather than striving to provide all singular and definitive answers, we hope this paper inspires you to reflect, maybe try something different and talk further about this ambition with us.

We need an uplifted approach to health, wellbeing and learning for Australian children.

Leaders and professionals in the Australian health and education sectors have been striving to provide quality care and learning for all over the past decades. While there has undoubtedly been progress made for some, intentions are not matching realities as well as they could be despite increased expenditure on both health and education.

All states and territories have agreed to the Melbourne (2008) and Alice Springs (Mparntwe) Declarations (2019) declaring that equity is a top aim for Australian education.

Australian school education is unequal and inequitable, unjustly denying too many families the right of a high quality education for their children.^(7,8) When ranked by the level of educational equality from early childhood to high school education, Australia is in the bottom third of wealthy countries.⁽⁷⁾

Many in Australia aspire for the education system(s) to be among the top in the world. Initiatives to help achieve this aim, including curriculum reforms and standardised student assessments, have been introduced to improve education performance and accountability.

Australian 15-year-old students' aggregate performance in reading, mathematical and scientific literacies has dropped on average 23 points from 2000-2018³. This drop included a decrease in top performers. Additionally, there are still large learning gaps between urban and rural students, Indigenous and non-Indigenous students, and among other student groups according to NAPLAN results.⁽⁹⁾ Globally, leading education systems have less of a gap in performance between different student groups and higher average education outcomes for all.

There has been increased acknowledgement of the importance of health and wellbeing in relation to children's academic achievement and more inclusion of health and wellbeing related initiatives in Australian schools.

Concurrently, poor mental health among children and youth is a growing concern in our communities. When compared to the richest countries in the world, Australia's children and young people have some of the lowest levels of mental health and wellbeing.⁽¹⁰⁾

Australian governments already spend over \$115 billion on education. Parents contribute around 20% of total education spending.

Not all children are getting the financial, physical, social, emotional, human and material resources they need for healthy childhood development and learning.

The health sector is striving to change 'from an illness system to a wellbeing system' and focus on early prevention and intervention.⁽¹¹⁾

One in five Australian children still start school developmentally vulnerable in terms of physical health and wellbeing, communication skills and social competence, as evidenced by the Australian Early Development Census.⁽¹²⁾ This proportion is higher for children in poorer communities.

Recent modelling suggests that at the rate Australia is going, soon and for the first time, future generations might live shorter lives than their parents due largely to poorer health.⁽¹³⁾

³Source: OECD database, <https://data.oecd.org/>

The inconvenient truth is that after numerous reports and countless efforts to improve school education and health for all children in Australia, many critical challenges remain.

These challenges highlight the need and opportunities for a different approach to move forward.

Mental health and wellbeing issues

Teachers claim one of the biggest challenges that schools are facing is the poor mental health of children.^(14,15) Pre-pandemic, one in seven 4-17 year-olds was found to have a mental disorder.⁽¹⁴⁾ Anxiety, depression and conduct disorders are leading mental health concerns.⁽¹⁶⁾ Children with mental ill-health fall progressively more behind their peers,⁽¹⁷⁾ with likely ongoing difficulties later in life.⁽¹⁸⁾ Bullying is often both cause and effect of ill-being in Australian schools and is a widespread issue.^(19,20) By the end of Year 8, only half of girls and less than half of boys report feeling 'very safe at school'.⁽²¹⁾ Additionally, one in six 12-17 year-olds report problematic levels of loneliness.⁽²²⁾ Ill-being negatively affects engagement with school and academic achievement.⁽²³⁾ Significantly, a child's level of wellbeing at school also affects later health, relationships and potential earning capacity.⁽²⁴⁾ COVID-19 has had a large negative impact on the mental health of children, particularly those from states which experienced long lockdowns.⁽²⁵⁾

Lack of healthy food and nutrition

Two thirds of Australian teachers report having children come to school hungry or not having eaten breakfast, with negative consequences for their ability to positively engage with learning.⁽²⁶⁾ Additionally, one in four teachers report that the problem is getting worse and only 4% have noticed an improvement.⁽²⁶⁾ A recent survey found over 1.2 million children in Australia went hungry in 2020.⁽²⁷⁾ But it's not just about lack of food. Nutrition is another key concern. For example, over one quarter of children aged 10-11 are not eating any fruit or vegetables in a day.⁽²⁸⁾ In fact, almost 95% of children do not meet the daily recommended intake of vegetables and the percentage of children obese or overweight is increasing, with disproportionate impacts on children whose parents have lower levels of educational attainment.^(29,30)

Declining physical activity

Children are spending more time on digital media and technologies with less opportunities for outdoor and indoor play, at home and at school. Together with various other factors of modern life, this has created an increasingly sedentary childhood for many in Australia children. Recently, Australia scored a D- in overall physical activity according to the 2022 Physical Activity Report Card, which showed less than 25% of Australian children are physically active enough for 'optimal health and wellbeing.'⁽³¹⁾ In addition, this most recent report card signalled minimal improvement since reporting began in 2014. Results from Growing Up Digital Australia found that about 84% of parents and teachers think their child and students are negatively distracted by digital technologies at home and in school.⁽³²⁾

Early intervention needed for optimised and equitable childhood health and learning outcomes

Research suggests the earlier children's developmental and learning needs are addressed, the better their chances are for healthier development and successful learning outcomes, with accruing positive lifelong affects for both the individual and society.⁽³³⁻³⁶⁾ However, one in five Australian children start school developmentally vulnerable on the Australian Early

Development Census across five developmental domains including physical health, emotional wellbeing, language and cognitive skills, communication skills and social competence.⁽³⁷⁾

Children that do not have their basic learning, health and wellbeing needs met early on will have significant trouble catching up with peers.⁽³⁸⁾ For example, children with health and developmental related issues at school entry are more likely to have poorer literacy and numeracy skills at Grade 3, an effect amplified further by socioeconomic disadvantage.⁽³⁹⁾

Prevention is more effective than repair. Early intervention for health, wellbeing and learning must therefore be a cornerstone of schools if we are to have more positive health, development and learning outcomes for all Australian children.^(40,41)

The peculiar way the Australian education system is funded provides more funding for students as they grow older and for students from disadvantaged backgrounds. Instead, education funding should guarantee adequate actions to support children's developmental and holistic learning needs as early as possible to give everyone a fair go.

Systemic inequities in health and education

Children from more disadvantaged socioeconomic backgrounds generally have lower academic learning outcomes and poorer health outcomes than their more affluent peers.^(42,43) This has remained an unchanged global phenomenon during the past half a century. It demonstrates systemic inequities in health and education that are too often viewed as separate issues, despite their well-established connections in both health and education literature.

When ranked by the level of educational equality from early childhood to high school education, Australia is in the bottom third of wealthy countries.⁽⁴⁴⁾ In particular, systemic inequities continue to contribute to disproportionately lower school education and health outcomes for many Australian children in regional, remote and rural areas and for Aboriginal and Torres Strait Islander children.⁽⁴⁵⁾ Universal delivery of culturally safe and responsive school education and care remains a key challenge.

Researchers and practitioners across disciplines have been connecting the dots between children's wellbeing, health, and learning outcomes long before the COVID-19 pandemic. Future-oriented and child-focused experts in education and health understand that schools hold great potential to optimise these connections, providing better and more equitable futures for all Australians. But how to do so has been missing the mark in Australian schools.

Generally, in Australia, efforts to improve traditional school education outcomes for all have overlooked the important connection between health, wellbeing and learning. Although well intended, health and wellbeing provision when present in Australian schools often come as a one-off program, project, or course, or as a reaction to an already existing health and wellbeing issue.⁽⁴⁶⁾ Traditional academic learning is still the commonly viewed as the primary purpose of Australian schools.

We now have the chance to re-envision what schools could be; focusing on the whole child's health, wellbeing and learning; and giving every child the whole school experience they deserve for healthy childhood development and lifelong flourishing.



Organising principle to support uplifted wellbeing and learning in Australian schools

A whole child and whole school approach

A whole child approach in school and education prioritises the full scope of a child's needs, capacities, and being – social, emotional, cognitive, physical, ethical and psychological, as well as academic – to ensure that all children are able to develop their full potential. ⁽⁴⁷⁾ Our vision is that all schools in Australia re-build their approach to education with a whole school focus on the whole child. A more holistic approach to child development also provides better means to address inequities in health and education.

This does not mean just addressing student's physical needs when they are sick, or simply introducing an art class or morning meditations. This means equally prioritising and focusing on students' health, wellbeing, and learning in a holistic, interconnected, embedded and enmeshed way throughout the school community from the first to the last day of school (and potentially earlier). This is a different approach to the dominant one currently in Australian schools.

This approach requires fostering high levels of trust, positive relationships, and collaboration between students and teachers, all teachers and administrators, and parents, communities and schools. For maximum effect, it would also require systems change, including more interconnected collaboration between sectors at the system level as well. There should be corresponding holistic ways of assessing student progress.

A whole school approach requires all members of the school to equally share responsibility for the development of the whole child.

Although broadening the focus for Australian schools to the whole child at first might appear to detract from academic student performance, this is not the case. Research and case studies show that focusing on all areas can improve children's performance and capabilities across domains. This is why a whole child focus is the most just and logical approach forward, that surprisingly has not been adopted at large yet in Australia.



Bright spot: What might this look like in practice

→ Nordic countries, Canadian provinces, Wales, Scotland, and New Zealand are examples of places where student health and wellbeing are given priorities through a whole child approach in education at the system level – moving beyond words into real action. Australia could learn from those examples.

Principle to support uplifted wellbeing and learning in Australian schools

Co-designed, evidence-based and flexible learning and wellbeing approaches

All children should be supported to achieve health, wellbeing and learning goals in school that matter to them in ways that work for them; keeping them engaged and motivated to live, learn and be well.

Though all children should acquire a certain adequate level of learning, health, and wellbeing capabilities and skills at school, the support they need to achieve this will differ, since children are different. Children also vary regarding their specific interests related to health, wellbeing and learning. Schools should be flexible and able to adapt to meet children's different needs in evidence-based ways for their learning and wellbeing.

As such, children and teachers would co-design their schools for flexibility and agility and better learning and wellbeing. This means the child is respected by the teacher to take more responsibility for their own learning and to follow their own passions at times as appropriate, and at other times the teacher might be the majority leader. This,

in turn, fosters positive relationships between children and teachers, and therefore, children and school. For younger children especially, co-design might include parents and carers.

This is related to a whole child approach because the flexibility and co-design would take into account the whole child.

Schools might want to also consider how co-design could also include relevant and appropriate stakeholders or community members outside the school grounds.

Bright spot: What might this look like in practice

→ [Templestowe College](#), a school with more than 1,200 students, enables all students to flexibly co-create their school and learning experiences. 'Yes' is the default policy and every student follows an individualised plan. This approach has shown to improve student engagement, wellbeing and achievement.⁽⁴⁸⁾



Principle to support uplifted wellbeing and learning in Australian schools

Health and wellbeing as essential 21st century skills

Health and wellbeing should be seen as outcomes of school education of equal importance to skills such as literacy and numeracy. This includes learning skills in digital, mental, socio-emotional, nutritional, and physical health and wellbeing for all children as early as possible, in developmentally appropriate ways.

Health and wellbeing are increasingly and widely recognised as essential skills for the 21st century. This means children should learn skills and knowledge at school to help them be healthy and well for a lifetime.

Health and wellbeing are essential competencies for children to learn well and be well. Children with skills and competencies in wellbeing and health have been shown to have greater overall mental health and wellbeing even for children struggling with mental health and wellbeing.

Focusing on health and wellbeing as skills is a mechanism for preventative health and wellbeing to support healthy whole child development.

In line with a whole school approach, the whole school would be responsible for supporting the cultivation of these skills; it would not solely be the charge of a health or physical education teacher, for example.

Promisingly, the Commonwealth Government's recent review of the National School Reform Agreement (2023) recommended that student wellbeing should be one measured outcome of a successful school education.⁽⁴⁹⁾

Bright spots: What might this look like in practice

- The new curriculum in Wales has four main aims, one of which is to produce healthy and confident individuals. This means that students 'have healthy minds and bodies. They feel good about themselves and what they believe in'.^(50 p6) As such, health and wellbeing are interlaced through the other curriculum areas.⁽⁵¹⁾
- [Malpa's Young Doctors for Life](#) program trains Aboriginal and non-Aboriginal 9-12 year-olds to be Young Doctors, taking control of their health. The program is run in primary schools around Australia by respected community members who teach traditional and contemporary ways of creating healthy communities.



Principle to support uplifted wellbeing and learning in Australian schools

Building an engaging culture of health, wellbeing and learning in school

Culture matters. A safe, inclusive, positive, engaging and healthy school culture throughout the whole school matters to support the development of the whole child.

If a child or anyone does not feel safe, included and engaged, it is hard to open up and bring your whole self to the table. A healthy school culture is one in which children feel cared for individually and in which they are inspired to care for others' learning, health, and wellbeing; as well as for the physical environment of the school.

As an essential 21st skill, health should be embedded into the core curriculum for all children. It should be integrated in engaging and culturally relevant ways as part of the regular culture and routine of school. Each school has its own unique school culture. How an engaging culture of learning and health in school will look will differ depending on the local context, and should be shaped by students and parents/carers.

One example of how this culture could be fostered is by serving healthy school meals to all children every day. Another simple way to enrich the culture of wellbeing, learning and happiness is to make more time to play available for all children every day. It is also essential to ensure that school as a workplace supports teachers' wellbeing because their health is a condition for children's happiness and learning.



Bright spots: What might this look like in practice

- [Mooroopna Park Primary School](#) has been providing a nutritious breakfast, lunch, morning and afternoon tea every day to all students since 2019. The program was introduced after concerns students were either not bringing food to school or what they were bringing was unhealthy. 'The immediate rewards of the food program have been improved behaviour, increased attendance, and happier, more attentive students.'⁽⁵²⁾ The whole community comes together to support this initiative, with nearby businesses and charities generously providing support and donating food.
- Foundation House assists schools to build a whole-school approach to supporting the engagement, learning and wellbeing of students from refugee backgrounds. Their [School's In for Refugees](#) website houses an array of practical information and resources for schools.
- Mental Health in Primary Schools ([MHiPS](#)) is a new initiative in Victoria to support mental health in schools. The model will focus on training experienced teachers to become [Mental Health and Wellbeing Leaders](#) in primary schools.
- A prominent global whole school health building idea is that of the [health-promoting school](#). A health promoting school 'is one that constantly strengthens its capacity as a healthy setting for living, learning and working.'⁽⁵³⁾

Principle to support uplifted wellbeing and learning in Australian schools

Partnerships between services, families and schools

Schools should not be isolated silos. They are important community assets. In our vision, they are community centres, or hubs, effectively and collaboratively meeting local children's needs through relationships and partnerships between community members, one of which is the school.

This collaboration and partnering means more than just providing health and allied health services at school, though this may be one form of collaboration. This is because co-location does not guarantee effective integration of health and education. What this looks like will differ for each unique community.

Continuous professional collaboration between schools, children's families, health and social services together with the local community optimises the whole child approach. This collaboration can also add support for the whole school approach.

There is a trend in Australia of some children not attending their local school for their school education. This limits important community connection.

In UNESCO's *Reimagining our futures together - A new social contract for education report* (54 p81-82) it is suggested that for 'our collective sustainable futures':

teachers must work collaboratively with fellow teachers and other specialists (we are suggesting a wide range of health and community services specialists, amongst others, depending on context) in their schools to provide each student with the support they need to learn. The notion that education is the solo work of a teacher places demands that cannot be met by a single individual and can lead many to leave the profession. At the same time, students' physical, social, and emotional needs are integral to their ability to learn.

Improved student wellbeing is likely to positively affect teacher wellbeing and effectiveness as well. This is a vision for the future of schools as key parts of their communities to equally prioritise children's health, wellbeing and learning to optimise whole child foundations for lifelong flourishing.



Bright spots: What might this look like in practice

- In Victoria, Australia, [Disability Inclusion Profiles](#) are being introduced to help schools and families identify the strengths, needs and adjustments schools can make for individual students. The strength-based model considers the whole child and their learning in context to ensure students receive the support they need to be successful at school.
- [Our Place](#) facilitates partnerships and collaboration between early learning, school, health services and community services utilising a place-based approach for children and their families.

Mission possible

Yoko Ono once said:

‘A dream you dream alone is only a dream. A dream you dream together is reality.’

We think this sentiment applies here. If we can all dream this dream for Australian education together, it can become not just a future vision, but also a present reality.

But we do not just have dreams to know what we are suggesting is possible. A whole child and whole school approach to optimise children’s health, wellbeing and learning is increasingly supported by research and practice around the world. The principles we have outlined would not require discarding everything we currently do. But it would require getting rid of anything that does not support a whole child and whole school approach in schools and re-building with what’s remaining around the whole child in a way that is tailored to particular child, school and community needs. Most of all, it requires bold new ways of thinking about children, their schooling and what it takes to secure healthier and happier futures for all of them.



What this change would require is for everyone to engage to actualise this vision.

This is a bold alternative to the current Australian school education status quo. But, it would not require a bigger budget. Research and evidence suggest that when a whole child and whole school approach is optimised to equitably meet the health, developmental and learning needs of all children, total system costs are actually cheaper in the long run.



Bright spots: What might this look like in practice

- The [Whole School, Whole Community, Whole Child](#) model is a whole child and whole school based approach gaining traction in the United States.
- At [Wentworth Public School](#), a strong focus on the whole child is a critical part of the commitment to inclusive education. There is a whole school focus on developing students' social and emotional skills, and a learning and support wellbeing teacher provides coaching on how to support all students. The school's Aboriginal Education Officer works with teachers and families to build engagement. The large vegetable and fruit garden is enjoyed by students who have regular kitchen/ garden lessons.

Call to action

Big change is never easy. It can take time, but it is possible. It becomes more likely if we all work together to build the momentum for change. Though system change is needed, we can all work together now rather than waiting for a new law or reform for permission.

We invite key stakeholders to take the following actions to make this whole child vision in Australia come true.

Actions for

Parents: Think about what and how school could be in the future if it provided all children with what it takes to live a good life. Share your thoughts with your neighbours, friends and colleagues. Choose one concrete thing you can do to make that change happen.

Education Authorities: Start conversations with one another and other stakeholders about what changes might better support a whole child approach in Australian schools.

Policymakers and Authorities: Consider how you would start to evolve systems using school innovation design approaches that enable new models to be co-designed and tested outside the current policy restrictions.

Journalists: Write and tell positive and encouraging stories highlighting the benefits of a whole child and whole school approach.

Schools: Think about what you're doing that already supports a whole child approach and what could be done differently to support that approach as a whole school.

Community Leaders: Connect and collaborate with your local school/s.

Students: Think about how you would change your school to better benefit the health, wellbeing and learning of all and what action you can take to make that change.



How much money does this take?

Many good ideas for improving our societies and community life remain stagnant due to lack of resources. It is true that both health and education are the most expensive elements in governments' responsibilities and it is good that is so.

It would be difficult to suggest a fundamental change to improve health and school education if it comes with a significant price tag. In fact, when we advance this approach, our assumption is that no additional financial resources will be needed. That is a bold statement! How we explain this is that there is so much that schools can do differently - and often better - by utilising current budgets differently. We do emphasise, however, that to make our suggestions a reality requires fully funded public schools as recommended in Australia since the well-known Gonski Review in 2011.

Without adequate funding, many public schools will fall short of doing what they need to do to make equitable learning, wellbeing, and health a guaranteed right for each and every child.

Making progress

The way forward requires a multi-professional co-designed process.

What are we doing?

1. Co-writing an academic paper that outlines the research case for the ideas in this paper.
2. Bringing together experts and stakeholders in the health, education, and social service sectors in 2023 to discuss next steps, considerations and ideas to support action towards a whole child approach in Australian schools.



**We can make changes
for the better, together.**

If you have any related thoughts
or ideas to share, please contact:
ras@mcri.edu.au.

**The Health, Wellbeing and
Learning in Schools Project.**

The Health, Wellbeing and Learning in Schools Project is a partnership of the Melbourne Graduate School of Education at University of Melbourne, the Centre for Community Child Health at the Murdoch Children's Research Institute, and the Faculty of Education at Southern Cross University. This work is supported by SALT Catalyst.

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