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# Building Capacity for System-Level Change in Schools: Lessons From the Gatehouse Project

Lyndal Bond, PhD

Sara Glover, BEd

C. Godfrey, BA (Hons)

Helen Butler, BA (Hons), Dip Ed, G Dip Adol Health

George C. Patton, MD, FRANZCP

The Gatehouse Project is an innovative, comprehensive approach to mental health promotion in secondary schools. It sets out to promote student engagement and school connectedness as the way to improve emotional well-being and learning outcomes. The key elements of the whole-school intervention are the establishment and support of a school-based adolescent health team; the identification of risk and protective factors in each school's social and learning environment from student surveys; and, through the use of these data, the identification and implementation of effective strategies to address these issues. The project evaluation used a cluster-randomized controlled trial design involving 26 schools with initial results demonstrating considerable success in reducing smoking rates among Year 8 children. This article describes and accounts for how system-level changes have been made in schools through a process of capacity building. This encourages teachers, parents, and students to view the core business of education differently.

Traditionally, health promotion has focused on reducing risk-taking behavior or increasing protective behaviors. Schools have been identified as ideal settings for health promotion because they provide easy access to large numbers of young people.<sup>1,2</sup> The structures within schools have also been used to promote and support individual change.<sup>1-4</sup>

School-based health promotion has concentrated on the curriculum as the means by which young people can develop appropriate knowledge, skills, and attitudes.<sup>2,4,5,6</sup> Curriculum packages have addressed adolescent health issues, including tobacco and alcohol use, sexual risk taking, violence, road and water safety, and mental health. More recently,

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All the authors are associated with the Centre for Adolescent Health, Royal Children's Hospital, Parkville, Australia. Lyndal Bond is head of the Research Unit, Sara Glover is head of Education and Training, C. Godfrey is a research officer in the Research Unit, Helen Butler is coordinator of the Gatehouse Project, and George Patton is director of the Centre.

*Address reprint requests to* Dr. Lyndal Bond, Centre for Adolescent Health, 2 Gatehouse St., Parkville, Vic 3052, Australia; phone: +61 3 9345 6674; fax: +61 3 9345 6502; e-mail: bond@cryptic.rch.unimelb.edu.au.

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368

many have included elements addressing generic life skills.<sup>2,3,7</sup> These programs are delivered in the classroom by trained teachers and, in some cases, by health professionals working in partnership with schools. The evaluation of these programs or interventions considers whether the program was implemented as intended and collates information on what and how much is taught. The outcomes of interest are change in behavior, attitudes, and knowledge at the individual level.

A major problem for schools in implementing this approach to health promotions is that these interventions are frequently piecemeal, short-term packages designed and used once and considered extraneous to the core business of schools and core curriculum and, therefore, are unlikely to have any lasting impact.<sup>8,9</sup> Such programs often fail to take into account the needs of particular school communities, are unable to take account of institutional context, and fail to value and/or measure changes in the systems that may have occurred or need to occur for sustainable impact of health promotion programs.<sup>10</sup>

The Health Promoting Schools framework<sup>11</sup> has offered an approach to school-based health promotion that takes into account not only the curriculum but also the school's ethos and environment, as well as partnerships with community and access to health services.<sup>3,12,13</sup> This approach emphasizes the importance of multifactorial community health programs in schools.<sup>2</sup> However, while Health Promoting Schools provides a broad framework for action, there is little evidence that schools are able to implement this approach.<sup>2,3</sup> In fact, few programs have been found that implement and evaluate the Health Promoting School approach in its entirety, and most continue to use only a curriculum/social skills approach. For many, there remains a continuing emphasis on health education rather than cocurricular health promotion.<sup>1</sup>

The learning from educational reform and change in schools has the potential to inform the implementation of a more comprehensive approach to health promotion in schools. Education researchers, for example, have emphasized the problems of *ad hoc projectitis*,<sup>14</sup> where the latest innovation is taken on often without careful or critical assessment or regard to sustainability. For mental health promotion, these limitations are compounded by a perception that this work should focus on identification and referral rather than primary prevention. In contrast, educational research has focused on trying to understand what it takes to create and sustain change in complex school environments. A central concept is that of building local capacity.<sup>14</sup>

Development of local capacity is complex because each community is unique and has different histories, cultures, structures, personalities, and politics. However, capacity building allows local communities to better manage the multiple priorities that continuously impinge on them.<sup>15</sup> From the health promotion perspective, it is proposed that capacity building will increase and prolong the health effects of the interventions because programs will have been embedded or incorporated within community structures.<sup>16</sup>

The identification and valuing of capacity building have brought a shift in perspective from seeing schools or communities as supportive settings for health promotion to viewing the community or school as a structure or "ecosystem" that will respond and change with the implementation of an intervention or program.<sup>17</sup> From this latter perspective, the manner in which a school implements a project becomes not just a confounding factor in the measurement of individual change but rather an *outcome* of the project in itself. Thus, the school is a "unit of change" at one level and the individual a "unit of change" at another level. The measurement of change in the school becomes integral, therefore, for determining the success of a health promotion project.<sup>18</sup> Focusing on understanding system change as well as monitoring individual change is a legitimate outcome for health promotion evaluation.

This article describes system-level changes that have been made by schools through their participation in the Gatehouse Project. This project is a comprehensive approach to mental health promotion in schools, incorporating interventions at several levels within the school system. The specific focus is capacity building. We have interpreted data from the qualitative evaluation of the project using the key indicators of capacity building developed by Hawe and colleagues: changing infrastructure, building partnerships, and problem solving.<sup>19</sup>

### **The Gatehouse Project**

The Gatehouse Project is a school-based mental health promotion program. The intervention is based on an understanding of individual and social risk processes for adolescent depression and emotional well-being. The focus ranges from aspects of the school's social environment (e.g., conflict, bullying, isolation, and alienation) to aspects of an individual's cognitive and social skills.<sup>10,20</sup> Young people who experience difficulties in their social interactions and are exposed to adverse environments are at higher risk of experiencing emotional difficulties.<sup>21</sup> Furthermore, those students who are socially isolated are more likely to engage in health risk behaviors.<sup>22</sup>

The conceptual framework of the project emphasizes the importance of healthy attachments or a sense of positive connection with teachers and peers. The project has identified three priority areas for action: building a sense of security and trust, enhancing skills and opportunities for good communication, and building a sense of positive regard through valued participation in aspects of school life.<sup>10,20</sup>

The intervention is a multilevel strategy designed to promote change in the social and learning environments of the school and to promote change at an individual level. The strategy seeks to make changes in the schools' social and learning environments, to introduce relevant and important skills through the curriculum, and to strengthen the structures within the school that promote links between the school and its community.<sup>10</sup>

The key elements of the whole-school intervention are the establishment and support of a school-based adolescent health team; the identification of relevant risk and protective factors in each school's social and learning environment from student surveys; and, through the use of these data, the identification and implementation of effective strategies that address the school environment issues. The implementation of the whole-school intervention was facilitated by the Centre for Adolescent Health liaison team, which provided training and resources and generally acted as a "critical friend" in the change process.<sup>23</sup> The role of the critical friend was conceived to be that "of the friendly outside advisor . . . [working with the school] to help them reflect on and understand reactions to change, while at the same time developing a clearer understanding of strategies that enhance improvement" (p. 175).<sup>24</sup>

Each school's social climate profile was derived from the Gatehouse Project Adolescent Health Questionnaire data from students. The survey includes students' perceptions of social connectedness (Interview Schedule for Social Interaction, modified;<sup>25</sup> school connectedness;<sup>26</sup> and forms, frequency, and impact of victimization). It also includes measures of anxiety/depressive symptoms using the Clinical Interview Schedule;<sup>27</sup> deliberate self-harm (modified from Beck et al.<sup>28</sup>); and tobacco, alcohol, and illicit drug use.

A school-based adolescent health team was established to build the capacity of the school to work with the information derived from the school's social climate profile, to

establish intervention priorities for the school, and to coordinate a whole-school approach. It was suggested that the team include a principal or assistant principal, a curriculum leader, a student welfare coordinator or equivalent, relevant year-level teachers, and community representatives.

The project was piloted in 1996, and in 1997, a cluster-randomized controlled trial commenced with 26 secondary schools in Victoria, Australia, randomly assigned to intervention or control status. To determine the effects of the intervention on the school's social environment and students' emotional well-being, Year 8 students (mean age = 13 years) were surveyed at the beginning of 1997 (baseline), at the end of 1997, and thereafter at the end of subsequent years (four waves of data to date). At baseline, we found that more than 50% of Year 8 students had experienced victimization, and almost one in five reported depressive symptoms. Overall, young people reporting peer victimization were three times more likely to report depressive symptoms.<sup>20</sup> In terms of intervention effects, so far we have found a 10% (95% CI = 7%, 14%) reduction in smoking rates among Year 8 students, comparing intervention in control schools and a 5% (95% CI = 1%, 9%) difference between students in the intervention schools identifying themselves as drinking alcohol (Patton G, Bond L, Carlin JB, Thomas L, unpublished observations).

## METHOD

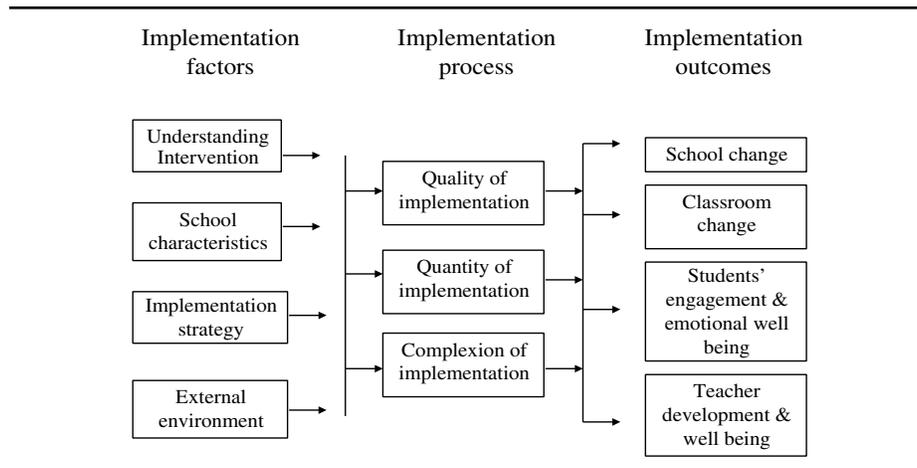
A major focus of the Gatehouse Project has been the systematic evaluation of the impact of the intervention on individuals and the school as a whole. As previously described, the Gatehouse Project was a randomized-controlled trial involving 12 intervention and 14 comparison schools from the government, independent, and Catholic school sectors and both metropolitan and regional Victoria. This design provided a representative sample of young people at school in Victoria.

In Figure 1, we have outlined the key factors that may affect the implementation of the intervention in terms of the quality (How well has it been implemented?), the quantity (How much has been done?), and the complexion (How does it look?) of the implementation. The diagram shows how the implementation process may then affect the outcomes at all levels.

Using this model of evaluation, the Gatehouse Project sought to assess the schools' levels of implementation and addressed the issues of how and to what extent the Gatehouse Project intervention was implemented in each school, what factors were barriers to schools' engagement, and what helped facilitate that engagement both at the outset and during the 3-year period of the project.

There are two major aspects to the evaluation of the Gatehouse Project:

1. measurement of individual change by repeated surveys with students in both intervention and comparison schools (not the subject of this article) and
2. documenting/measuring school environment change from a variety of sources such as
  - key informant interviews (conducted by the intervention team),
  - intervention team field notes,
  - semistructured interviews with other teachers (by the nonintervention team), and
  - school background audit in all 26 schools (by nonintervention team).



**Figure 1.** Aspects that affect implementation and outcomes of health promotion programs or interventions.

SOURCE: Adapted from Hall.<sup>29</sup>

The evaluation elements are detailed in Table 1.

To understand the changes that were taking place in the intervention schools, data were collected annually from the Centre for Adolescent Health liaison person's field notes, key informant interviews, and school background audits. This article concentrates on these three elements of the process evaluation.

### Field Notes

Field notes were maintained by each of the Centre for Adolescent Health school liaison personnel, the "critical friends." Each liaison person worked with two to five intervention schools and kept records of meetings with each school team, documented the changes that occurred over time, and noted the professional development provided to the school. This article draws particularly on their overviews of working with the adolescent health teams in the schools, the teams' compositions, functions, and needs for support. The data derived from this source are hereafter coded as FN.

### Key Informant Interviews

Semistructured interviews were conducted annually with a key informant from each of the intervention schools by the Centre for Adolescent Health liaison person. The key informants held coordinating positions in curriculum, student welfare, or administration (e.g., assistant principal). The interviews covered a range of topics, including the key informants' perceptions of the barriers or tensions within the development of the project, how various school personnel came to be involved, what support or resources were helpful, and what changes were occurring in the school. The data from the key informant interviews are coded as KII 1997 or 1998.

Table 1. Process Evaluation Instruments

	Source of Information									
	Whole-School Focus					Individual Focus				
	Intervention Team Field Notes <sup>a</sup>	Informant Key Interviews <sup>a</sup>	Semistructured Interviews	School Engagement Assessment	School Background Audits <sup>a</sup>	Curriculum Material Audit Sheets	Teacher PD Survey	Teacher-School Environment Survey	Student Evaluation: Curriculum Materials	Gatehouse Student Laptop Surveys
Implementation factors										
Understanding of the intervention	✓	✓	✓				✓			
School characteristics	✓	✓		✓	✓					
Implementation strategies	✓		✓		✓	✓				
External environment	✓	✓			✓					
Implementation process										
Quality of implementation	✓	✓				✓	✓			✓
Quantity of implementation			✓	✓		✓				✓
Complexion of implementation	✓	✓				✓				✓
Implementation outcomes										
School change	✓	✓		✓	✓					
Classroom change			✓	✓	✓					
Student's engagement, emotional well-being, and so on			✓					✓	✓	✓
Teacher development, well-being, and so on	✓	✓	✓					✓		

a. These elements are discussed in this article.

### **School Background Audit**

At the end of each year, school background information was obtained on all schools via a structured interview with senior personnel such as the principal, assistant principal, Year 8 coordinator, or head of student welfare. These audits related to school structures, policies, programs in place, strategies used to promote emotional well-being of students, and demographic information and could capture, to some extent, whole-school-level changes related to policies and programs. The data from this source are coded as SBA in the Results section.

### **Method of Analysis**

The data from the field notes, key informant interviews, and school background audits were analyzed for themes. The three different sources provided different perspectives on the implementation process and the changes that occurred. We used the conceptual tools offered by the growing body of work in capacity building to analyze the qualitative data from the Gatehouse Project.<sup>19</sup> Initially, our analysis revealed clear indicators of the factors that facilitated change or presented as barriers to change. Taking this analysis further, we identified three broad themes by which schools' capacity has increased: building capacity through problem setting and problem solving; building capacity to access, use, and enhance networks of support; and changing school structures.

## **RESULTS AND DISCUSSION**

Analysis of data from the field notes, key informant interviews, and school background audits revealed that the key elements of the Gatehouse Project that contributed to systemic change within the schools were feedback of the school social climate profile, establishment of the school-based adolescent health teams, input of the critical friend, and identification of appropriate intervention strategies for each school.

The following sections describe how each of these elements has contributed to schools' capacities to problem set and problem solve; to access, use, and enhance networks of support; and to develop structures that facilitate sustainable health promotion in schools.

### **Building Problem-Setting and Problem-Solving Capacity**

The literature has stressed the importance of problem-solving capacity in ensuring sustainable change; however, it is also important to establish and prioritize the problems worth solving. Problem setting requires us to identify and articulate the issues, to question core assumptions, and to develop shared beliefs and understandings.

While the schools already had access to a range of data about student performance and attendance and parents' and teachers' opinions, which could provide insights into school issues, the Gatehouse Project provided them with data specifically concerning students' perceptions of the school's social and learning environments. The Gatehouse Project data were arranged to provide focused information on peer relationships, teacher-student relationships, and relationships with learning and schooling in general. This provided schools

with a profile of risk and protective factors in the school environment. These data helped the schools to better understand the key risk factors for young people in their own school. For many schools, the feedback of the data provided a dramatic intensification of the impetus for shared planning and action.

I think the most pronounced awareness that the schools had has arisen from the statistics that arose from the Year 8 survey last year and the awareness of people of the importance of connectedness and that students in the school go unnoticed, and I think that awareness has been very, very important. (KII10-98)

Each school's critical friend worked with the school adolescent health team to synthesize the information derived from the school's social climate profile with current practices and other complementary initiatives and to identify priorities and formulate strategic implementation plans.

The audits of current practices in the project schools revealed that many health promotion and student engagement activities were taking place, ranging from drug education to transition programs. However, often it was not clearly articulated how these programs were linked. A consistent response from the key informants was that the Gatehouse Project offered a framework for coordinating such work and a set of lenses with which to review current strategies and implement new ones (KII5-98, KII3A-98, KII28-97). Table 2 gives examples of strategies that schools adopted in response to their school profile and audit to address issues of security, communication, and positive regard.

An important part of problem setting and problem solving was the capacity to build on other initiatives and current ideas. In some schools, strategic developments in drug education provided an entry point for combining resources and consolidating a common approach to addressing risk and protective factors. Middle-years-of-schooling initiatives<sup>30</sup> that focused on the education of young adolescents were gaining currency in education research and policy domains. While health promotion was not the focus of these initiatives, there were many common areas of concern. Supporting schools to make those links and to see the connections was an important part of capacity building. As one informant stated,

I'd have to say that your being part of things like Turning the Tide and actually working to integrate the Gatehouse Project into existing priorities of the school. I think that's a great thing. . . . The size and complexity of the school and its organization means that that's a gradual process for me to even see where those opportunities are. (KII2-98)

In moving from problem setting to problem solving, a sense of shared ownership was important.

I guess we've agreed that we've got a series of problems at the school, in terms of how the classrooms are operating, that we have to address as a whole staff and everyone's been keen to do that, and the implementation of weekly campus meeting on a Monday night, where we've been able to spread the ownership. (KII-97)

This common purpose gave permission for teachers to try new strategies such as substantially restructuring student and teacher teams. For example, in one school, teachers worked together to reorganize classes into small groups of four or five learners and teachers into teaching teams to promote a collaborative and an academic environment.<sup>31</sup>

Table 2. Intervention Strategies Used in the Gatehouse Project

Setting	Prevention of Bullying and Victimization	Enhancing Communication and Social Connectedness	Promoting Positive Regard Through Valued Participation
Classroom	Classroom agreements or rules (for teachers and students) Adequate seating arrangements and collaborative work arrangements	Attention to pedagogy fostering positive interactions: Discussion groups Collaborative work Speaking and listening Questioning Listening to differing points of view Justifying a position	Assessment and feedback on student work Displays of student work Recognition of contributors in class Creating opportunities for different forms of contribution and success Developing knowledge of decision-making processes and creating leadership opportunities
Whole school	Development of policy and clearly defined procedures for preventing and dealing with bullying behaviors Teacher professional development in dealing with incidents of bullying Peer mediation Reviewing and enhancing transition programs Supervision of risky or unsafe areas during lunch and recess	Development of teacher teams working with student groups Strengthening peer support programs Introduction of teacher-as-mentor program for students experiencing difficulties engaging in learning Induction packages for teachers focusing on working with young people, including referral procedures for those students experiencing difficulties	Increasing the number of students on decision-making bodies Training student leadership teams Extending the range of activities that receive public acknowledgment Reviewing school assessment and reporting policy Reviewing appropriateness of school discipline policies
School-community partnerships	Involving parents in development of anti-bullying policy Parent information and education on the antibullying policies	Creating a welcoming atmosphere for parents and visitors to the school Clear and regular communication with parents Strengthening communication with relevant community agencies via the school-based team	Supporting the contribution of parents to school activities Use of local media to publicize school and student achievements

To plan and implement such wide-reaching change clearly required schools to have considerable support networks, both within the school and often from outside. The critical friend, again, played a pivotal role in enabling schools to build, broaden, and enhance their support networks.

### **Building Capacity to Access, Use, and Enhance Networks of Support**

When the project began, each of the Gatehouse Project schools had existing internal and external support networks, and these differed considerably from school to school. As Hargreaves and Fullan have suggested, it is no longer a matter of “whether teachers connect with what’s ‘out there’ beyond their school, but how effectively they do so” (p. 7).<sup>32</sup> Moreover, there is no shortage of people and organizations “out there” offering schools support, for example, in curriculum materials, professional development, speakers, programs, and services. The challenge for schools is to access such support systematically in accordance with their needs and priorities.

The internal networks of support varied according to the organizational structure and priorities of the school. Some tended to be centered on pastoral care teams, others on key learning areas or year-level teams. Most schools had a range of committees for different purposes, for example, curriculum, welfare and discipline, and resources. Working with the critical friend and using the school profiles to better focus strategies and directions, the adolescent health team was able to make connections between the work of these committees and to find ways for these committees to work together on common challenges.

Because [the adolescent health team] touches all bases, all aspects to the movement of the school, because [one team member] works with heads of learning directly and the welfare dimension of the school works with linking the community and with management, and I have a foot in both camps. (KII5-98)

School personnel identified the critical friend as an important aspect of the support network within the school, helping to keep up the momentum for the school-based team and developing shared understandings.

The support that [critical friend] provided in the staff room, in staff meetings, has been invaluable. We wouldn’t be where we are now, because I’d never recognized the value of having a person who is not a practicing teacher in the school at the moment . . . the way that you’ve been able to involve yourself in the discussion and the activities that are going on and come through with some very well-made points at crucial times, but in small groups and large groups. (KII2-97)

Schools also identified the critical friend as an important link with the wider community and external networks of support (KII1-97, KII5-97). As the teams identified issues of concern and reviewed the practices and priorities of their schools, they were also prompted to reflect on their networks of support outside the school. This enabled them to be more selective and systematic in developing partnerships and professional development targeted at their identified problems and priorities.

Developing more targeted support networks and continuing to use the data feedback and adolescent health team to focus on problem setting and problem solving assisted several schools to apply successfully for funding for other school improvement research pro-

jects—to continue to address the issues they had identified. These schools were able to build on their work with the Gatehouse Project to support significant changes in organizational structure.

### **Building Capacity Through Changing School Structures**

Secondary schools can be fragmented organizations with social divisions that arise through distinct faculty departments; year-level or subschool arrangements; and, in some cases, campus locations.<sup>33</sup> As the key structural response to the challenge of the fragmented culture of secondary schools, the Gatehouse Project proposed the formation of a broad-based adolescent health team as the coordinating group in the school for the project. The intention was for this team to have representative membership from the whole-school community, including the principal or assistant principal, student welfare coordinator or counselor, subschool leaders, curriculum leader, student representative, parent representative, and community health promotion worker.

At the outset, only one school had a team with clear responsibility for the health and well-being of all young people in the school, with a formal place in the school structure, terms of reference, membership from all sectors of the school, and formal allocation of meeting times. Other schools had welfare, pastoral care, or student management teams. However, while these teams were often part of the school structure, the tendency was for the team to deal with disciplinary matters, deal with individual management of students experiencing difficulties, or prepare policies. In most cases, student welfare coordinators or counselors led these teams, and few had membership from the school leadership team or any direct input into areas of education or curriculum policy in the schools.

From this starting point, we have observed some notable changes in the project schools, which highlight some key indicators of capacity building. The importance of developing a team with a shared vision has been noted already.

I think you need a team, I think a team's critical; I think it's very hard to be a one-man band. It's very hard to say you want to do something and get other people on side by yourself, unless you know, you are a really dynamic person, or you are able to suddenly present something that everybody sees, wow, why didn't we think of it. Yes, it's obvious. People are prepared to put in, I suppose prepared to accept that, you know, a good idea usually does require a lot of time and energy and commitment. (KII4-97)

It took some time for schools to develop teams that were broadly based. The feedback of data proved to be of great interest to leadership teams and was often the stage at which principals became actively involved in the adolescent health team (FN). Ongoing practical support from leadership has been acknowledged as important for mainstreaming the promotion of emotional well-being through promoting greater connections between learning, classroom practices, and student well-being.

The support of my principal has to come number one, because he, getting the time on the timetable, setting up a team, can't happen unless you've got someone in administration that thinks it's a great idea. (KII7-97)

The work of the adolescent health team in responding to the information gathered from school audits and student surveys led to structural changes ranging from reviewing and

modifying discrete elements of current structures to planning and implementing radical changes to whole-school structure. In one school, the student data led to looking at the house and tutorial system in new ways:

I think the greatest surprise value were the large number of students that responded that they were not noticed. I don't think we were aware of that when we considered our house system and how it was operating. (KII10-98)

I think that awareness has been very, very important in how the three heads of houses look at the role of their tutors and will certainly take a very prominent part in planning our in-servicing of house tutors and the new role of house prefects next year. (KII10-98)

Because the makeup of the team was broadened to include administration and curriculum, not only has the work of the adolescent health team facilitated reviews of organizational structure, but it has also contributed to a substantial shift in the perceptions of what is the core business of schools.

But just really reinforcing the ideas of the positiveness and feeling secure at school, and certainly encouraging staff, that irrespective of what subject they teach, they can have an influence. And it's a bit like planting a seed. (KII5-97)

There was also evidence of changing professional identity—teachers shifted their position from being a teacher of a subject or program to placing the young person and learning at the center of practice. In one school, it was observed that being part of the project added an important dimension to teachers' work and suggested that it was "their own teaching that had changed" (KII1-97) instead of trying to focus on delivering a set program. Another key informant stated,

It's highlighted to me the importance of school, and the importance of teachers to a student irrespective of what that teacher teaches . . . it might be the maths teacher or the physics teacher, or even the language teacher who in their normal run of the curriculum don't actually touch on issues such as that, but those teachers can have the ability to be quite important and very useful to an adolescent. (KII5-97)

The student data from the Gatehouse Project highlighted the fact that alienation, isolation, boredom, failure, and lack of involvement not only affected a young person's emotional well-being but also directly affected connectedness to school and engagement in learning.

Right back from the early days we wanted each kid to be very special and important and valued, and I think that Gatehouse has just helped us remain focused on that and helped us articulate what we wanted. We sort of knew it was right in ourselves, but we didn't have any research, or didn't have any other people sort of saying, yeah that is what you're doing is valuable. . . . It really made us refocus on what it is that matters in education. (KII12-97)

The involvement of key stakeholders in the school community has enabled activities and programs across the school to be reviewed within the Gatehouse Project framework of promoting security, communication, and positive regard. These changes have been realized and embedded in key policy documents within the schools. An example includes the visibility of adolescent health and welfare and the promotion of supportive learning and social environments in school charters. The school charter is the accountability frame-

work used by schools, which identifies key goals and priorities in a 3-year strategic plan. Other examples include the development of explicit policies and programs to promote positive classroom climates, to prevent bullying, and to ease the transition between year levels. Finally, we have started to see some shifts in assessment and reporting policies and the mechanisms by which teachers provide feedback on students' work and the acknowledgment of student contributions and achievements. Tables 3 and 4 outline the changes in policies and practices implemented by the intervention schools compared with control schools.

These outcomes have been the result of a systematic process of change coordinated by the adolescent health team with clear support provided by the school leadership. Increasing the team's capacity to both problem set and problem solve, however, brought about these changes.

## CONCLUSION

Capacity building is a central element of current health promotion practice. Its focus on systemic rather than individual change has challenged past assumptions about what constitutes successful health promotion. Evaluation must now encompass changes not only at the individual level but also at the system level. The Gatehouse Project has targeted change at *both* levels, and its evaluation processes have been designed to capture these.

In this article, we have demonstrated that key elements of the Gatehouse Project have assisted schools to build their capacity for system change to promote sustainable mental health promotion. It is clear from our work that these elements—the adolescent health team, the school social climate profile, and the critical friend—do not work in isolation. The profile provides local data that are essential for identifying risk and protective factors relevant to the particular school community. The adolescent health team ensures that the responses to the profile are owned and implemented by the whole-school community. The critical friend provides expertise, impetus, motivation, and links to external resources.

These three elements, combined within the conceptual framework of the Gatehouse Project—security, connectedness, and positive regard—enable schools to move beyond merely adding more health programs to their curriculum to implementing a genuine whole-school approach to health promotion. One of the challenges has been that enabling schools to make systemic changes takes a great deal of time and resources. This may, in fact, be a major limitation in terms of the future implementation of programs such as Gatehouse outside a research framework. Currently, we are investigating the feasibility of implementing the Gatehouse approach in a nonresearch environment, working with several education systems. This work looks promising.

Other programs have outlined or developed processes to deliver health promotion activities (e.g., the Western Australian School Health project<sup>4</sup>). The distinction between such programs and the Gatehouse Project is that those other programs are focused on methods of ensuring that the school community is supportive of health development and motivating schools to allocate resources to health programs. While these ideas should be supported, the Gatehouse Project argues that it is important that school communities go further to examine the impact of all that is done in schools on the health and well-being of students.

Table 3. Written Policies in Place

Issue	Number (and %) of Schools With Written Policies					
	Intervention ( <i>n</i> = 12)			Comparison ( <i>n</i> = 14) <sup>a</sup>		
	1997	1998	Difference	1997	1998	Difference
Preventing bullying	7 (58)	12 (100)	↑	9 (64)	12 (86)	↑
Dealing with bullying	6 (50)	10 (83)	↑	11 (79)	11 (79)	—
Promoting staff-student communication	2 (17)	3 (25)	↑	5 (36)	2 (14)	↓
Acknowledge achievement of individual students	6 (50)	8 (67)	↑	10 (71)	5 (36)	↓
Acknowledge contribution of individual students to school community	5 (42)	6 (50)	↑	7 (50)	5 (36)	↓

a. Figures for one comparison school not available.

Table 4. Strategies to Prevent Bullying, Victimization, and Harassment

Issue	Number (and %) of Schools With Strategies					
	Intervention ( <i>n</i> = 12)			Comparison ( <i>n</i> = 14) <sup>a</sup>		
	1997	1998	Difference	1997	1998	Difference
Peer mediation	2 (17)	5 (42)	↑	4 (29)	4 (29)	—
Peer support program	6 (50)	8 (67)	↑	8 (57)	9 (64)	↑
Health curriculum	8 (67)	9 (75)	↑	8 (57)	8 (57)	—
Posters and pamphlets in the school	6 (50)	7 (58)	↑	7 (50)	9 (64)	↑
Classroom rules in each classroom	6 (50)	6 (50)	—	9 (64)	6 (43)	↓

a. Figures for one comparison school not available.

At the outset of this project, many of the schools may have felt that the project was located in the area of welfare and student support. What they found was that student welfare and support would be enhanced not simply by looking at health and welfare programs differently but by looking at different ways of doing the core business of education. This has led schools to focus on student engagement and connectedness to school as the way to promote both emotional well-being and learning outcomes.

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