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Title: CROSS-DISCIPLINARY COLLABORATION AND HEALTH PROMOTION IN SCHOOLS: THE CHALLENGES FACING SCHOOL BASED SOCIAL WORKERS

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ABSTRACT

This article examines the challenges facing teacher and social worker cross-disciplinary collaboration. A case study methodology was used to research a particular model of health promotion, the St Paul's Model ('the Model'). The Model, comprising of twelve student wellbeing programs ranging from prevention to restoring resilience programs, included input from social work students undertaking their field education practicum. This article argues that social workers have a place in the school context but to have legitimacy, purpose, and ultimate success in contributing to health promotion, cross-disciplinary approaches must be clearly embedded, articulated and profiled in school processes and policies. The research presented in this article is part of a bigger PhD project whose aims was to research a particular model of teaching and social work collaboration which sought to formalise its health promotion structures.

KEY WORDS: *welfare, wellbeing, health promotion, cross-disciplinary, collaboration*

INTRODUCTION

Schooling had been underpinned by the neoliberal participatory/productivity policy initiatives that focus on the development of human capital and the centrality of schooling in the development of individual and national prosperity (OECD, 1998, 2001). Referred to as Outcomes Based Education (OBE), Australian Federal and State education policy has increasingly mandated schools to meet specified standards, benchmarks and outcomes (DEECD, 2008; Federal Government, 2008). Indeed, terms like *'performance pay'*, *'league tables'*, *'benchmarks'*, *'student achievement'* and *'outcomes based education'* have become taken for granted terms in the education discourse and policy arguments (Council of Australian Governments, 2009; MCEETYA, 2008). Sitting alongside these terms, also in Federal and State education policy, is a concern for the mental health of young people (DEECD, 2009; Federal Government, 2008) and a recognition that student wellbeing is a key determinant in student achievement and eventual life chances (Keleher, Murphy, & MacDougall, 2007; Weare, 2006).

Supported by a corpus of health promoting school (HPS) literature emphasising the impact of student wellbeing to student achievement, teachers and schools are mandated to develop and promote wellbeing processes and structures (DEST, 2005a, 2005b). To this end terms like *'social inclusion'*, *'student wellbeing'*, *'restorative practices'*, *'safe schools'* and *'health promotion'* accompany the emphasis placed on the participatory/productivity mandates of OBE (DEEWR, 2008). The underlying assumption of both the OBE and HPS discourses is that teachers can balance these dual roles and that they are equipped with resources – capital and human – to introduce a spectrum of student wellbeing and health promoting activities and initiatives that sustain health promoting cultures. Australian research challenges this view and highlights the struggle that teachers are having in balancing the dual responsibilities.

For example Ball (1999), Linden (2007), Mackey and Greif (1994) and Wheatley (2001) implicate OBE's focus on student achievement in the difficulties that teachers have in attending to student wellbeing. Spratt, Shucksmith, Philip and Watson (2006) concur adding that an unintended consequence of the OBE overemphasis or policy bias towards student achievement is that teachers are distracted away from a more holistic approach to health promotion. The unintended danger they argue is that health and health literacy remains or reverts to the traditional, biomedical approach of 'doing health promotion' rather than 'being health promoting' that is, imparting health knowledge and treating specific health issues without addressing the socio-ecological circumstances that impact negatively on student wellbeing e.g. poverty, alienation from health services. From the perspective of the health promoting school discourse, expecting school personnel to initiate, resource and implement the OBE and HPS agendas simultaneously is difficult for school personnel. The unintended result of this simultaneous responsibility is that the effectiveness of the HPS agenda is compromised (Clift & Jensen, 2005; IUHPE, 2000; WHO, 2003). Ball (1999) describes this dilemma as situated in a fundamental and profound realignment in the ways in which teachers conduct themselves and their professional skills. He writes that teachers, to suit the globalisation and marketisation of education turn their attention towards outcomes rather than towards the formation of health promoting school environments that are underpinned by empowering, collaborative, participative, multidisciplinary, capacity building and equitable values.

Paralleling the pressure that teachers feel in having to attend to both the OBE and HPS mandates are teachers' recognition that they do not have the expert skills and knowledge necessary to focus on student wellbeing (Black 2006). This pressure can be somewhat offset by collaborating with professionals from the human services sector, in this consideration

social workers, who are equally concerned with student academic, emotional, social, and physical development and who have expert skills and knowledge to contribute to health promotion.

COLLABORATION ACROSS THE HUMAN SERVICES SECTOR

It is not unusual for human services workers to work with people from other agencies and/or from other disciplines. In Australia, as in other countries, human services workers have entered into cross-disciplinary collaborations to provide a range of services to their service users. The extent to which discipline professionals combine to deliver services can vary. This can vary from informal to formal, it can begin with cooperation (i.e. has informal information exchange), can be coordinated (i.e. formal protocols are negotiated), can be collaboration and ultimately extend to integration, which involves the formation of new organisational structures (Garrett, 2006; Lewis, 1998).

Regarding health promotion, Whiteside (2004) has argued that the improvement of health outcomes for all individuals requires inter sectoral collaborations. Using the socio-ecological discourse as her reference point, she maintains that these collaborations must work at many levels and must be multifaceted. They must, Whiteside continues, incorporate changes to macro level social and economic policies, improve living and working conditions, strengthen communities for health, improve behavioural risk factors, empower individuals, strengthen social networks, and improve responses from the health care systems and associated treatment services. However, effective cross-disciplinary collaboration emerges out of concerns by individuals who are like-minded in some ways and very different in others (2000).

Whiteside (2004), using the work of Mullaly (2002), acknowledges that a collaborative approach to health promotion is difficult within a context of often oppositional economic and biomedical discourses. However, Whiteside goes on to argue that even amidst oppositional discourses social workers with their specialist skills and knowledge can still make a significant contribution and offset the opposition that may come from the economic and biomedical systems. Whiteside adds that social workers can provide analysis of power relations, employ strategies for building coalitions with others who are working toward similar ends, process and issues associated with change and have plan strategies for addressing systemic constraints. Ife (1997) concurs arguing that ‘far from being marginalised social workers have the opportunity to move centre stage’ (p. 207) claiming that it is an opportune time for social workers to seize on the public health discourse and form cross-disciplinary collaborations and help define and redefine the structural impediments to justice. The research reported in this article adds weight to the argument that it is indeed an opportune time for school social workers to refocus their contribution in the school site. The next section briefly examines school-based social work why a cross-disciplinary collaboration has the potential to forward student wellbeing and the health promoting school agendas.

SOCIAL WORK IN SCHOOLS

There is no shortage of literature dedicated to the contribution and practice of social work in various settings from hospital to Government organisations and small community-based centres (Alston & McKinnon, 2001; Fook, 2002; Harris, 2003). Nor is there a shortage of literature addressing the roles of social workers, ranging from individual casework to group and community work, to research and policy analysis to program development, from

management to advising government ministers (Alston & McKinnon, 2001). However while there are many themes and debates that can be examined, in Australia and within the broader landscape of social work with children there is limited documented research about social work in schools (Winkworth & McArthur, 2005). This dearth of literature is in spite of governments at both levels inviting, even mandating, cross disciplinary collaboration and partnerships (DEECD, 2008, 2009; DEET, 1998, 2005; Victorian Suicide Prevention Task Force, 1997), Department of Education, Early Childhood Development Employment (DEECD, 2007) welfare policies and wellbeing frameworks emphasising a whole school approach to student wellbeing (DEET, 1998, 2005) and explicit learning outcomes related to aspects of wellbeing in curriculum documents (Victorian Curriculum and Assessment Authority, 2008).

Within this limited body of literature, the contribution of school social workers to student wellbeing covers three broad themes: (a) *Forging school and community links* :in which social workers target educational and social disadvantage (Rimmer, Pettit, Morgan, & Hodgson, 1984; Winkworth & McArthur, 2005), (b) *the Full Service School* in which social workers, with other health professionals, locate themselves in the school site and, with other health professionals, deliver a seamless welfare service (Black et al 2003; Stokes & Tyler, 1997 ; Winkworth & McArthur, 2005).and (c) *social capital, health and wellbeing*: in which social workers contribute to the development of health promotion activities that target the social health determinants that adversely affect students (Cahill & Freeman, 2006; Weare, 2002; Winkworth & McArthur, 2005).

It is the last theme, social capital, health and wellbeing that provides renewed opportunity for school social workers to reframe their expert skills and knowledge in such a way as to

highlight their relevance to student wellbeing and to the development of a health promoting school and which is the focus of this research.

Grounded in the ideological principle of social justice, access and equity, input from school social workers to the HPS can lead to 'education and health outcomes which help to provide the individual with the opportunity to lead productive and satisfying lives' (National and Medical Research Council, 1996, p. 2). Sharing with educators a concern for the social problems that confront children and families school social workers can provide a broad range of services other than just providing casework to students and their families (Briskman, 2005). These services include advocacy, service coordination and development, community development and involvement in processes of school change (AASW, 2006). School social workers can develop preventative programs, carry out professional and administrative tasks associated with early intervention, intervention, and prevention programs and facilitate the 'relief and removal of barriers and inequities' (AASW 2006, p. 6). By forming cross disciplinary collaborations with teachers, school social workers can combine with teachers to use their respective disciplines to promote social functioning and ameliorate environmental conditions that impede the learning process and also advocate for the development of services before the need becomes critical (AASW, 2006).

Further, not only can school social workers work towards individual change within their school's organisational structure, they can also work within the school's the local community to help facilitate broader change (AASW, 2006; Horner & Krawczyk, 2006). At every level, social workers have the potential to influence changes that maximise students' learning and social development, parental involvement in schooling, and community participation and development. School social workers, articulating their knowledge, skills and the profession's social justice values, can advocate structural change in ways that teachers cannot. It is such a

cross disciplinary collaboration that this research and, more broadly, the Model attempted to address, at least in part. The next section describes the St Paul's model

THE ST PAUL'S MODEL ("THE MODEL")

The Model was developed, designed and facilitated by myself, with dual qualifications in education and social work, while principal of St Paul's School. St Paul's School is located in the low socio economic Western suburbs of Melbourne and populated by children and families from culturally and linguistically diverse backgrounds. A socio-ecological perspective underpinned the social work contribution to the Model. Taking into account the child's total environment and needs – physical, emotional, cultural, spiritual, social and educational – the Model focussed on student, family and school strengths and needs rather than being totally problem centred (Cahill, Wyn & Smith 2004; Jaquier 2002). As such, the Model targeted the spectrum of interventions: prevention, early intervention, intervention and restoring resilience identified in health promotion literature as key foci areas for health promotion (Health Promoting Schools Unit, 2004; Keleher, et al., 2007). By targeting the whole school environment and creating an environment conducive to promoting social and emotional wellbeing and competence, the Model aimed at intervening early on, before student concerns became too complex or too established and developed organically over a twelve-year period, 1994 to 2005 (St Paul's, 2005).

The Model's facilitation included the input of social work students undertaking field education experience and completing either their first or final seventy-day social work placement. As indicated in Table 1 below, as the Model developed the number of Victorian University Schools of Social Work contributing to the Model grew to include students from all six Victorian universities (RMIT, Latrobe, Monash, Deakin, and Melbourne Universities),

as did the Model's capacity to introduce program components. Overall, seventy-nine social work students contributed to the Model.

Figure 1: St Paul's Model: Social Work Student led Student Wellbeing Programs by Year Introduced

Social work contribution to the St Paul's Model	Program start	Program focus	Social Work Student Nos.
Lunch Programs	1994	Intervention	2
Classroom Programs	1994	Intervention	
Breakfast Club	1994	Intervention	
Participation in School Camp Program	1995	Intervention	6
Research: 'Vietnamese Participation in St Paul's School'	1996	Intervention	4
Submission writing	1996	Early Intervention/Intervention	
SEASONS	1997	Restoring Resilience	5*
Research: bullying audit	1999	Intervention	6
Transition Program	2000	Early Intervention	7
Swimming Program	2000	Early Intervention	
Welfare committee referrals	2001	Early Intervention/Intervention	9
Research: parent/carer experiences of the enrolment processes	2001	Early Intervention/Intervention	
Special programs and SFYS representation	2002	Early Intervention	8
Playground Program	2003	Early Intervention	8
Homework Club Program	2004	Early Intervention	9
After School Hours Care Program and policy development	2004	Early Intervention/Intervention	
Community building – Artist in Residence Program and Jubilee celebrations	2005	Early Intervention Restoring Resilience	9
Research: Breakfast Club report	2005	Early Intervention/Intervention	
Research: bullying audit	2005	Early Intervention	

*In 1998, although no new programs were added to the Model, six social work students participated in the Model.

In accordance with AASW regulations, I, a qualified social worker and the designer and animator of the Model supervised social work students. The structure of supervision alternated between one on one supervision and group supervision. The particular focus of supervision was management, education, support and mediation and covered direct practice, community development, and research skills (Beddoe & Maidment, 2009).

The research presented in this article is part of a larger research into the contribution of social work to student wellbeing programs in a Victorian Catholic Primary School. While results of the broader research are explored elsewhere¹, the focus here is on one aspect of the research i.e. the cross disciplinary collaboration between social work students and teachers and the challenges confronting such a cross disciplinary collaboration.

METHODS

The methodology used a descriptive, explanatory case study analysis and the research method used combined qualitative, i.e. survey and quantitative i.e. documentation, archival records, surveys, and physical artefacts data collection methods. Qualitative data was used to understand, describe, and map the participant's experiences. Quantitative data provided patterns and frequency distributions thus confirming or negating qualitative data, supplemented, and validated the qualitative data. For example a teacher's comment '*[the]Classroom Program frees teachers for teaching time*' was confirmed by the quantitative result of fourteen (77%) teachers '*strongly agreeing*', or '*agreeing*' that social work students assisted teachers to attend to their task of teaching (Creswell, 1994; Sarantakos, 2005; Yin, 2009).

PARTICIPANTS

While many participants may have been identified as relevant to the research, for example, all St Paul's students, all parents and carers, all staff, social work students from every partner university or all field educators, pragmatically the participant group needed to be contained and manageable. Consequently, the participants were bounded by *place*, i.e. school pupils,

¹ The research is contained in the PhD, "*Silos to symphonies: the contribution of social work to student wellbeing programs in a Victorian Catholic School*"

school teachers, Parent Partnership Team members, social work students and Field Education Co ordinators from Victoria University; *time*, i.e. 1994 to 2005; and *experience*, i.e. participants who had been involved in or who had knowledge of the St Paul's Model from 1994 to 2005 (Bronson, 1995; Corbin & Strauss, 1990). Using these criteria, twenty teachers, twenty primary school aged students, ten Parent Partnership Team members, eighteen social work students, and four Social Work University Field Education Coordinators chose to participate in the research.

PROCEDURE: DATA GATHERING AND ANALYSIS

Following ethical clearance from Catholic Education Office, Melbourne, St Paul's School and Victoria University, the participants were each sent Information Packs inviting the completion and return of the Consent Form and survey. Additionally the teachers, school aged students and Parent Partnership Team members were invited to participate in specially scheduled and separate focus group meetings. Eighteen teachers, twenty school aged students and ten Parent Partnership Team members chose to attend their respective focus groups sessions.

Surveys for each cohort group had commonalties but also group specific questions. For example, the section of Field Education theory and practice was specific to the social work students and field education coordinators. Commonalties included mirror questions inviting responses regarding participation in, satisfaction with and effectiveness of the Model. Survey results were added to the secondary data sources, i.e. documentation, archival records, surveys and physical artefacts collected during the research phase and to the focus group data (Yin, 2009). Raw quantitative data was then converted using SPSS^X, arranged into themes, coded and analysed (Burns, 1997; Creswell, 1994; Sarantakos, 2005).

The SPSS^x coding had two parts: codes that profiled research participants and Likert scale codes of each group participant's rating of the effectiveness of and satisfaction with the Model. The Likert variables were analysed using frequency distributions. The ordinal items in the surveys were analysed using the mean (Burns, 1997; Creswell, 1994; Crotty, 1998). This provided generalised patterns of participation in and satisfaction with the Model.

Consistent with an iterative approach, qualitative data analysis occurred throughout the case study research process. However the itinerate approach was not pursued haphazardly. Multiple approaches were employed to distil the qualitative data collected during the research: electronic files, assembling boxes containing 'themed' data, transcribing focus group recordings in long hand which had the added advantage of keeping the researcher 'close to the data', listening and re listening to the recordings, reading and rereading transcripts and surveys. Memos and notes were kept in a number of exercise books and concept maps were drawn as ideas, themes and category codes emerged (Lincoln & Guba, 2000; Padgett, 2004). Throughout the data reduction phase themes emerged and codes and clusters of codes (that is, subdivisions in the code) became apparent (Anastas & MacDonald, 1994).

Additionally, a four-column template was designed to analyse the focus groups' transcripts and the open-ended questionnaire responses. The template noted the referent, the source (open-ended survey responses or focus group's transcript entry) and the assigned theme or code. Importantly, the process of connecting, describing and classifying data allowed for the constant and simultaneous questioning and reflexive interpretation of the data (Berg, 2001; Creswell, 1994; Guba & Lincoln, 1991; Yin, 2009).

Of particular importance was how I positioned myself in the research since, as noted, I had both designed and implemented the program. To ensure that my historical links would not

‘contaminate’ the research and negatively impact on the validity and trustworthiness of the research, each research stage was monitored by an external ‘expert’. Additionally two experienced social workers also agreed to meet with me bimonthly to review my data, data analysis, provide feedback, challenge my assumptions and conclusions, and suggest future analysis considerations. Such an approach addressed the internal validity of the data while also returning data on the Model’s transferability to other school settings thus addressing the external validity of the data.

FINDINGS AND DISCUSSION

Overall data indicated that the Model had both positive and negative aspects and provided theoretical and practical lessons to those embarking on cross disciplinary collaborations in the school setting.

Positively the Model’s approach indicates that, even within an Outcomes Based Education policy climate, it is possible to provide a student wellbeing program that attends to a continuum of student wellbeing needs. The Model’s program components offered the student cohort health promoting programs that teachers, because of their intensive workload, the imposts of the Outcomes Based Education discourse and/or the lack of specialist skills would otherwise not have been offered. These programs included SEASONS, Homework and Breakfast Clubs, research and community development opportunities, partnerships with outside agencies e.g. Sunshine Police, Magistrates Court, School Focused Youth Service. The longevity of the Model was also a positive factor. An ongoing commitment from the Schools of Social Work to allocate social work students at the school meant that programs could be sustained and others developed over time.

Negatively and problematically, this research indicated that the effectiveness of the cross disciplinary collaboration was compromised by a number of factors and that these factors must be addressed if the Model is to be sustainable or transferable to other schools settings. These factors are integral to a school culture that wishing to embed and promote a cross disciplinary approach to student wellbeing; *cross-disciplinary attitudes*; *cross-disciplinary knowledge*; and *cross-disciplinary skills*.

Cross-disciplinary attitudes: Overall, the teachers' inclination to respect and value social work as a legitimate collaborator in student wellbeing programs varied. Fourteen (70%) of the teachers perceived the social work students as contributing community development skills. These teachers could see the social work student's positive contribution to the Model. The following confirmatory comments typified such an attitude:

[The Classroom Program] frees teachers for teaching time. Say there were certain problems that were identified, say, for example, a kid may need to deal with something that needed that kid [to be] removed from the group – the social worker may do that and allow the teacher to get and do the other things. (Teacher A)

You know there are other advantages, not just for the [students] in trouble. The social workers might see that a [student] is doing something great that the teacher missed and be able to encourage that [student] and give her/him a pat on the back (Teacher s)

In contrast, two (10%) of the teachers were '*undecided*' and four '*disagreed*' (20%).

Comments that confirmed the teachers' ambivalence or confusion were expressed as:

To me, sometimes I couldn't get my head around what they were there for; what they were doing- I had no idea who they were – I didn't have a relationship with them. (Teacher J)
So, when it wasn't working was when the purpose wasn't clear and when the social work student wasn't coming in when they were timetabled to. (Teacher L)

Social work students remarked on the difficulty in establishing a working relationship with teachers and the place of social work in the school landscape:

[In was difficult] being in an environment where social workers are not the main profession, especially when you have to explain to the staff where you are coming from and why you are doing what you are doing. (Social Work Student 8)
Some teachers didn't want you in classrooms. (Social Work Student 14)

Sometimes I just couldn't go to the staff room, I felt like I had nothing to say to the teachers. (Social Work Student 10)

Where teachers maintained the professional hierarchy and its inbuilt imbalance in power, awkwardness between teachers and social work students stood in the way of straightforward co-operation. This imbalance of power and differentials of experience, responsibility and knowledge between teachers and social work students may have contributed to the professional distance between the teachers and social work students. These factors may also have maintained the negative status that teachers attributed to the social work students' input and involvement in the Model. As such, the positive interdependence that contributes to successful cross-disciplinary collaboration was missing and/or hampered.

Similarly, the parent Partnership Team had misgivings about the involvement of social work in student wellbeing programs. Four (40%) of the Parent Partnership Team indicated that they were suspicious of the involvement of social workers in the Model. Such suspicion was expressed as:

You know, you may come across some people who may not like the program because its outsiders working with their kids (PPT L)

.... Often social work is associated with people needing help. (PPT S)

There's a stigma (attached to working with social workers). (PPT P)

The Parent Partnership Team's, and by implication the school community's unfamiliarity with the Model may have contributed to a their inability to appreciate or understand the contribution of social work to student wellbeing programs and to their stereotyping of social workers. This unfamiliarity was typified in the following comments:

Maybe have a meeting to inform the parents that these are the social work students, that are going to be here for a time and get the social work students to explain their work (PPT A)

We don't really know about the social work (PPT R)

Unfamiliarity with the Model is the second factor that hindered a successful cross-disciplinary collaboration.

Cross-disciplinary knowledge: This research confirmed that merely to locate social work in the school site and alongside teachers in a Victorian Catholic primary school (or any school) is not enough to promote a united understanding of a cross-disciplinary focus on student wellbeing. Nor is this co-location enough to permit each discipline to understand how each can positively have input into the HPS.

There was no evidence of formal structures that developed understandings of health promoting schools, of the roles, responsibilities and capabilities of each discipline's role in the health promoting school or ongoing forums in which teachers and social work students shared their skills and knowledge.

Quantitative data indicated that teachers and the Parent Partnership Team had limited appreciation and understanding of the social determinants of health and the interdependence of student wellbeing and student achievement and influenced both teachers' and social workers' effective participation, investment in, and contribution to the Model.

Nor was there evidence of structures that promoted accountability between teachers and social work students in the development of health promoting school structures and programs. Where there was accountability for the success or otherwise of the program components, accountability was to the principal and to some teachers involved in some programs. In this way responsibility and accountability was vertical, top down, rather than horizontal and across the discipline collaborators.

Without stakeholder training, and without having formally embedded in the curriculum the planning, implementation and evaluation of the Model, the teaching and learning planning cycle of school operations and health promotion from a socio-ecological perspective

remained on the periphery of school-based actions. They were consequently hard to integrate or embed in the school environment.

Cross-disciplinary skill was the third area in which the research offered insight and learning.

Cross-disciplinary skills. While some stakeholders were able to see the benefit and value of the social work contribution, others remained spectators or minor players, or judged the social work intervention as something that came into play for problem students and families. Some teachers were agreeable to the presence of social work students and willing to accept social work skills and knowledge. Examples of comments that typified this view:

[The Classroom Program] frees teachers for teaching time. Say there were certain problems that were identified, say, for example, a kid may need to deal with something that needed that kid [to be] removed from the group – the social worker may do that and allow the teacher to get and do the other things. (Teacher A)

Other stakeholders lacked appreciation of the political nature of health actions and the ecology of health remained unclear and unarticulated. Examples of comments that typified these views:

I am aware of the programs but what they actually do and how effective they are – I'm not sure. (PPT T)
The student social worker and perhaps our experience is different – we've got so many things to do. Social work is another thing – if we want it to work, we may have to understand the social work side as well. (Teacher L)

Further, although the social work students were able to introduce a critical voice and contribute to the Model in community building, research, individual and group work skills, the Model did not succeed in embedding into the school structure and in teachers and their teaching a similar sensibility. In this way the discipline silos remained untouched and effective cross-disciplinary collaboration was difficult to realise.

Although teachers could see the need to address student wellbeing, teachers did not make an active contribution to collaborative tasks such as planning program components and

conducting evaluations of the components. Nor was there a 'space' within the Model design to negotiate the role, responsibilities and expectations of each discipline in relation to the Model's operation.

Overall, while a variety of student wellbeing programs were delivered by the Model, the alienation of various groups from the Model's operation or from understanding the socio-ecological determinants of students' wellbeing is relevant to the sustainability of the Model and to cross-disciplinary collaboration into the future.

The alienation of the teachers and the Parent Partnership Team from the Model and the negative views held by them towards social work students and social work input to the Model raise a critical question: what kept teachers and the Parent Partnership Team at 'arms length' and unaware of the theoretical and practical underpinning, in implementation and facilitation of the Model? These questions add another factor that compromised the Model: structural and organisational factors.

STRUCTURAL AND ORGANISATIONAL FACTORS

An effective cross disciplinary collaboration is dependent on a culture that manages the tensions and contradictions that arise from a lack of clarity regarding cross-disciplinary knowledge and the effective handling of professional boundaries and connections (Kouzes & Posner, 1997; Lee, 2004). A strategic and purposeful implementation of the Model needed substantive micro level tasks to be undertaken in order to prepare, skill and support key stakeholders in the school.

These tasks needed to include: (a) an articulation of the potential the Model to address the socio-ecological health determinants of the school stakeholders and its relevance to global, national and local health promotion discourses; (b) a purposeful, sequential and reasoned

phasing-in of the Model and its components underpinned by a shared vision of cross disciplinary approaches to student wellbeing; (c) the provision of training for the stakeholders so as to help them move beyond the traditional to a socio-ecological approach to health accompanied by the definition and clarification of discipline skills and expertise. Such training would foster understanding, respect and acceptance of the expert skills and knowledge of different disciplines; (d) the articulation of the way in which the Model complements already existing welfare policies; and (e) an articulation of how, when and by whom the program would be evaluated and reformulated.

On the issue of having one person with dual qualifications carry the responsibility of the Model's operations, while leadership is a significant factor in whether cross-disciplinary collaborations will be pursued and whether local priorities will continue to allocate resources, human and other, to student wellbeing programs, whether the principal needs to have dual qualifications is unclear. Certainly while in this case study the principal carried the story and was largely the conduit for its operations, the engagement with University Schools Social Work who would contribute social work skill and expertise is not reliant on the principal's qualifications. The establishment of a student wellbeing unit in the school and within the formal student wellbeing together with the appointment of a qualified social worker to that unit Universities would embed the Model in the school.

Appointing a qualified social worker to that school based unit could draw on services and opportunities within and outside the school site so as to address the HPS and DEET framework. This appointment would also provide a bridge between the Universities and the school. Further if a student unit were established in collaboration with University Schools of Social Work, the community engagement and partnership aspirations of universities would also be realised. The qualified social worker, leading the social work student unit, together

with other student wellbeing core team members and university representatives could ensure that student wellbeing programs, competing for space in the crowded curriculum, are clearly and consistently delivered, avoiding lock-step ways of program delivery. Such a unit and approach would necessarily require that collaboration between the school and the universities would articulate clearly the roles and responsibilities of each partner: school, university, and social work student.

RECOMMENDATIONS FOR FURTHER DEVELOPMENT AND RESEARCH

Findings confirmed that the effectiveness of the Model was compromised by the absence of purposefully planned efforts made to establish a school culture that fostered an appreciation and understanding of and commitment to the Model. Without such plans the understanding, engagement, and involvement of teachers, parents and the wider school community in the Model lacked ownership and a culture of a cross-disciplinary whole school approach to student wellbeing was difficult to embed in the school culture.

The findings, although significant for understanding the Model, have some limitations. One of these limitations was that the research focussed on *one* Victorian Catholic primary school. Future research could map the transferability of the Model to another such school to see if the social work contribution, adjusted to incorporate the research findings, was successful.

A second limitation was that the Model relied on the principal's leadership and her social work knowledge and skill. Future research could pursue the effectiveness of the Model when transferred to another Victorian Catholic primary school, with an onsite or an offsite social worker who worked with or without social work students. Such research would return data on the importance of having a qualified social worker rather than a qualified teacher/social worker to implement student wellbeing programs and the influence of the positional power of

the principal on the development of the Model. This research would also return evidence of how Universities could continue to engage schools in the training of social workers.

Ultimately, the future effectiveness of student wellbeing models such as the St Paul's Model will depend on how such Model are embedded in the formal and professional structures of school operations. Specifically the links between the socio-ecological discourse underpinning student wellbeing approaches need to be strengthened and made more explicit. Thus, the implication of this research is that an effective cross-disciplinary collaboration requires a shift in the organisational culture from one that keeps the disciplines working in parallel to one that articulates and promotes the collaborative endeavours of both disciplines.

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