HEALTH

This report is an excerpt from the 2016 Annual Report on Ontario's Publicly Funded Schools.

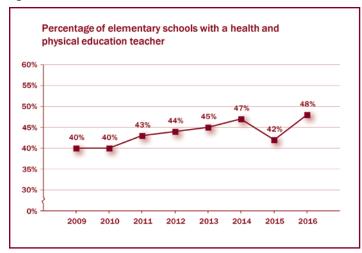
Ontario's revised Health and Physical Education curriculum is centred on the principle that "health and physical education programs are most effective when delivered in healthy schools and when students' learning is supported by school staff, families, and communities."

The concept of a "healthy school" includes the social and physical environment, curriculum teaching and learning, healthy school policy, and student engagement; as well as home, school and community partnerships and services.² Internationally and nationally, this concept is referred to as Comprehensive School Health.³ In addition to its impact on children's health, the implementation of comprehensive models—such as Ontario's *Foundations for a Healthy School*—has been connected to positive academic outcomes and ensuring that all students have the skills to excel academically and to lead happy, healthy lives.⁴

HEALTHY SCHOOLS IN ONTARIO

Ontario's Ministry of Education has introduced a number of policies since 2005 to combat childhood obesity and improve students' overall health. These strategies outline such things as the types of food and drinks that can be sold in schools, and the implementation of 20 minutes of mandatory daily physical

Figure 1



QUICK FACTS

- 48% of elementary schools have a health and physical education teacher, compared to 40% in 2009.
- 61% of urban/suburban elementary schools have a health and physical education teacher, compared to 30% of small town/rural schools.
- 50% of elementary and 76% of secondary schools report having a regularly scheduled social worker.

activity.⁵ According to a report from the Auditor General, Ontario spent approximately \$7.8 million on its *Healthy Schools Strategy* between 2009 and 2014.⁶

To achieve the changes in students' health and well-being outlined in the new curriculum and the *Healthy Schools Strategy*, school health programs should be long-term, concentrated, and include both effective teaching strategies and supported connections between the school and community.⁷ The Ministry has acknowledged that these changes will not occur overnight, but in 2015, the Auditor General found little progress on the Healthy Schools Strategy initiatives.8 Most notably, the Auditor's report found that the Ministry had failed to set up a monitoring system to ensure that school boards are complying with the recommendations in its policy: "...we found that the Ministry and school boards needed to put more effort into ensuring compliance with these requirements, and they needed to work more effectively with other organizations and stakeholders, including parents, to share effective practices for encouraging healthy living and increased physical activity throughout the system."9

HEALTH BY NUMBERS

Ontario's goal is to ensure that each student works towards physical and emotional health, and that they do so in healthy school communities. ¹⁰ To achieve this goal, teachers, principals, and parents are expected to work in partnership to create healthy school cummunities. ¹¹

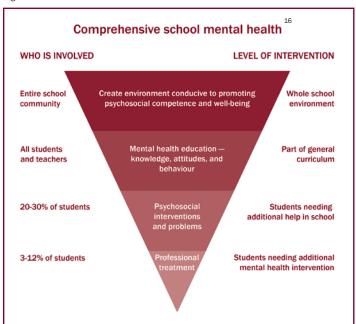
The focus on health is evident in the upward trend in the percentage of Ontario elementary schools with a health and physical education teacher. This year, 48% of elementary schools report having a health and physical education teacher, either full- or part-time, compared to 40% in 2009 (see Figure 1). While the majority of health and physical education teachers have taken additional qualifications courses, not all are specialists.¹²

Unfortunately, because funding for specialist teachers is dependent on student numbers, schools and school boards are often forced to decide between different types of specialists. The increase in health and physical education teachers in elementary schools appears to be mirrored by a drop in specialists in the arts and libraries.¹³

SUPPORTING STUDENTS' MENTAL HEALTH

Along with physical health, mental health is a critical element of any comprehensive school health model. Figure 2 illustrates an example of a "whole school model" that is focused on mental health. The foundation lies in shaping the school's environment into one that is "health promoting."¹⁴

Figure 2



Given the ever-increasing mental health needs of our students, we need more access to services and more services available to schools.

Elementary school, Avon Maitland DSB

As Figure 2 shows, all schools have students who require additional support that may be difficult for regular teachers to provide. Boards often employ specialist staff, such as psychologists, social workers, or child and youth workers, to help these students overcome challenges relating to their mental health.¹⁵

In 2016:

- 50% of elementary and 76% of secondary schools report having a regularly scheduled social worker, compared to 43% of elementary and 63% of secondary schools in 2012.
- 37% of elementary and 53% of secondary schools report having a regularly scheduled child and youth worker, compared to 33% of elementary and 51% of secondary schools in 2012.
- 34% of elementary and 33% of secondary schools report having a regularly scheduled psychologist, compared to 35% of elementary and 36% of secondary schools in 2012.

Despite rising numbers in some areas, many principals still feel they are underserved, and that more mental health professionals are needed.

Psychologists, Social Workers and Speech Language Pathologists are shared amongst a number of schools. Although they have a scheduled half-day at the school, this isn't enough to service the many students we have that end up on the growing wait list.

Elementary school, York Region DSB

Il y a de plus en plus d'enfant en besoin, mais les services ne grandissent pas.

Elementary school, CÉP de l'Est de l'Ontario¹⁷

URBAN/SUBURBAN VERSUS SMALL TOWN/RURAL

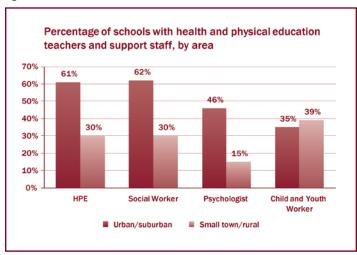
Although there are more health and physical education teachers and support staff available overall, boards in more remote areas are less likely to have access to them (see Figure 3):

- 61% of urban/suburban elementary schools have a health and physical education teacher, compared to 30% of small town/rural schools.
- 62% of urban/suburban elementary schools report regularly scheduled social workers, compared to 30% of small town/ rural schools.
- 46% of urban/suburban elementary schools have a regularly scheduled psychologist, compared to 15% of small town/ rural schools.

Only in child and youth workers do the proportions favour small town/rural schools. Thirty-five percent of urban/sub-urban schools report a regularly scheduled child and youth worker, compared to 39% in small town/rural schools.

Small town/rural boards, which typically have lower enrolment, may be at a disadvantage when it comes to hiring professionals and para-professionals such as psychologists, social workers and child and youth workers. As is the case with most education funding, boards receive funds for these staff based on enrolment. The province provides funding at a rate of one staff member with a salary of approximately \$58,000 (not including

Figure 3



benefits) for every 578 students. ¹⁸ It is up to individual boards to decide which staff to hire. Average salaries in these professions range from approximately \$39,000 per year for child and youth workers, to \$61,000 for social workers, and approximately \$70,000 for psychologists. ¹⁹ Boards with lower enrolments may be making decisions about which types of support staff to employ based on finances rather than need.

In the past, we have formulated the timetable to allow for a specialist health and physical education teacher to deliver programming to the majority of the classes. Unfortunately, the only way to accomplish this is by assigning the prep coverage to the health and physical education teacher. This would result in a reduction in teacher–librarian time in the library, as part of their allocation is prep coverage.

Elementary school, Kawartha Pine Ridge DSB

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