

Evaluation of the Pan-Canadian Joint Consortium for School Health 2015-2020 Mandate

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Jamie Gamble

Imprint Consulting



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Executive Summary

This evaluation confirms the value in the premise and purpose of the Pan-Canadian Joint Consortium for School Health (JCSH). Provincial and territorial jurisdictions face significant challenges in the development of policies and programs that advance the wellness and achievement of children and youth in the school setting. As new issues emerge, the ability to respond quickly is a high-leverage activity. The connections and sharing of knowledge between JCSH members act as a foresight mechanism for quickly discerning emerging issues and positioning jurisdictions to effectively respond. Efficiency is the principal benefit gained from investing in the JCSH: the resources used by one jurisdiction do not have to be “re-invented” in others; efforts to build new strategies or to research emerging issues are not duplicated. The primary conclusions of this evaluation are:

1. The JCSH contributes significantly to members’ collaboration across jurisdictions, and the resulting knowledge exchange is a high-value activity that contributes to efficient and effective policy-making and program development. The work of the JCSH enhances the capacity of member jurisdictions.
2. In its first two mandates, the JCSH influenced the adoption and legitimacy of the Comprehensive School Health (CSH) Framework. Relative to advancing the Framework and the organizational structure, the role of the JCSH in its third mandate evolved to accommodate emerging issues and jurisdictional needs. As a result, process and structural changes are needed to ensure that the JCSH continues to bring value-added to the jurisdictions.
3. The JCSH is the primary pan-Canadian opportunity within government for school health collaboration, and provides members with a practical link to their national colleagues and vice versa.
4. Significant first steps have been taken to strengthen inclusiveness in JCSH’s work to support the needs of diverse populations. The greatest progress has been in the areas where JCSH has been most active in the last four years: the needs of LGBTQ students/staff; respect for human diversity; Indigenous perspectives; and northern, remote, and underserved communities.
5. The JCSH undertook some valuable foundational activity towards the development of a research agenda. To date, however, the purpose and components of the JCSH research agenda have yet to be finalized. There are different perspectives on what constitutes

research, and what role the JCSH should play in relation to a research agenda. The research agenda remains a priority area of interest for the JCSH.

Some of the needs and context that gave rise to JCSH 15 years ago are no longer as relevant as before. As we look to a next mandate, there is a need to revisit the organization's structure and some of its operating norms to better align them with current realities. At its core, the JCSH provides considerable value. While making adjustments to structure and process, it would do well to remain focused on the functions that have been so valuable to members over its first three mandates.

Introduction

About the JCSH

The Pan-Canadian Joint Consortium for School Health (JCSH) is a collaboration of government departments or ministries. Since its inception in 2005, provincial, territorial, and federal governments in education and health have worked together towards the wellness and achievement of children and youth in the school setting. Over that time, the JCSH has received three 5-year mandates that it has sought to fulfill with the financial support of member provinces and territories and the Public Health Agency of Canada.

The over-arching purpose of the JCSH is as follows:

- Strengthen cooperation among ministries, agencies, departments, and others in support of healthy school communities.
- Build the capacity of the health and education sectors to work together more effectively and efficiently.
- Promote understanding of, and support for, the concept and benefits of CSH.

The JCSH is ultimately governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH). The JCSH Management Committee comprises senior officials representing the education and health departments of member provinces and territories, and is responsible for decisions affecting the work of the JCSH. Each province and territory has at least one School Health Coordinator, who sits on the JCSH School Health Coordinators' Committee. The purpose of the latter is to provide a forum to advance CSH initiatives across Canada, and to support collaboration and alignment between health and education sectors in the promotion of health through the school setting. The day-to-day

operation and coordination of the JCSH is managed by a Secretariat. The Public Health Agency of Canada is the JSCH's lead point of contact with the federal government and an ex-officio member of the Management and School Health Coordinators' Committees.

About the Evaluation

The focus of the evaluation is a summative assessment of progress towards the strategic plan in order to inform the 2020-25 mandate renewal process. The structure of the evaluation mirrors the four goals and ten strategies outlined in the JCSH 2015-20 Strategic Plan. These goals are highly integrated and many of the activities and strategies of JCSH address multiple goals.

The primary data sources for this evaluation are:

- Surveys done by the JCSH in 2018 (one with School Health Coordinators, one with Management Committee, and one with external partners);¹
- Discussion and input from the Management Committee and the School Health Coordinators' Committee in the fall of 2018; and
- Interviews with member jurisdictions, federal government, and the JCSH Secretariat (February-March 2019).²

¹ The member survey had 19 responses from School Health Coordinators and Management Committee members. The partner survey had 26 responses.

² Interviews were done with 12/13 jurisdictions (10/12 included both the School Health Coordinator Committee member and the Management Committee member) as well as an interview with the Secretariat and an interview with a representative of the federal government.

Goal One: Leadership

This section reviews the first of the JCSH's strategic plan goals, Leadership. Specifically, the JCSH is "to advance the principles of comprehensive school health through policy, practice, and research."

The JCSH operates within a complex eco-system of provincial and territorial health and education departments, federal ministries, not-for-profit organizations, and researchers. The current mandate sets out ambitious strategies to expand and strengthen collaboration and partnerships. The strategies for advancing the leadership goal are to:

- Support ministries of education and ministries responsible for health and/or wellness in collaborating across the sectors;
- Strengthen existing partnerships and align with federal, provincial, and territorial (FPT) work;
- Engage new partner organizations within the health / wellness / education fields;
- Explore engagement of additional sectors beyond health / wellness / education; and
- Strengthen inclusiveness in the work of the JCSH to support the needs of diverse populations.

Strategy One: Support Ministries of Education and Ministries responsible for Health and/or Wellness in collaborating across the sectors.

Primary activities to support this strategy:

- Provide a forum for a cross-sectoral, cross-jurisdictional community of practice on CSH, student and staff well-being, and their linkages to student learning and success. This includes in-person meetings, teleconferences, working groups, and news and resources emails.

Key Successes:

- The JCSH contributes significantly to member collaboration across jurisdictions.
- Knowledge exchange across jurisdictions is the greatest benefit provided to members.

Gaps and Challenges:

- The JCSH's influence on inter-ministerial collaboration within provinces and territories varies greatly from jurisdiction to jurisdiction.

The ability to reach out to counterparts across the country and within jurisdictions, and to get support on emerging issues in a timely fashion are often cited as the top benefits enjoyed by member jurisdictions. The 2018 member survey found that the most beneficial aspects are from face-to-face meetings and cross-jurisdictional knowledge exchange, particularly on emerging trends and critical issues. The relationships built through the JCSH

It's hard to pinpoint the specific areas of where the success comes from, but I think those relationship pieces, having that cross jurisdiction relationship, I think is important. Especially when we are doing things like environmental scans, trying to learn from [...] the best or promising practices from other places [...] It actually allows you to get the information that you're looking for much quicker. - JCSH Member

are fundamental to this inter-jurisdictional support network of informal and formal knowledge exchange. The value of this connection has been demonstrated on the many occasions when an urgent issue required an immediate response and members report having turned to one another for support in the form of experience with the issue, expertise, anecdotes, or input into curriculum design.

The JCSH also offers a formal and structured approach to school health that has a significant impact on building inter-jurisdictional relationships between members. Members report that the formal commitment to the JCSH and the designation of School Health Coordinators legitimizes the collaboration of health and education departments/ministries within a province or territory. This, in turn, strengthens the will to collaborate within that jurisdiction. This is seen as a significant

advantage to Consortium membership. Some jurisdictions report that CSH is a useful umbrella. It breaks down silos and brings stakeholders together in a way that helps each understand their contribution to school health.

The JCSH has little, if any, direct influence on the state of collaboration within a jurisdiction. The JCSH's primary role is to act as a resource for School Health Coordinators and Management Committee members in the actions they take to strengthen collaboration in their respective provinces or territories.

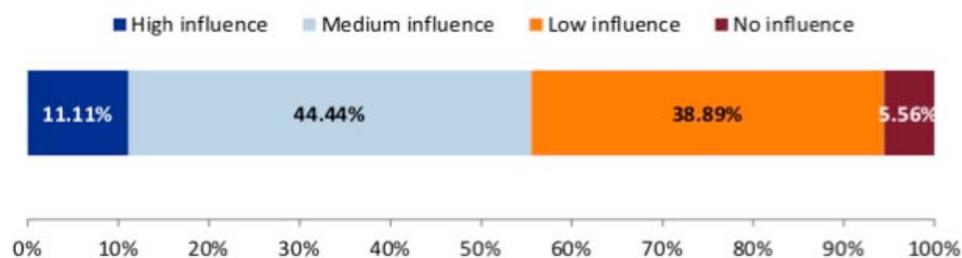


Figure 1: Member survey responses to the question “What is the level of influence of the JCSH in collaboration between the health / wellness / education ministries in your province/territory?”

Unfamiliarity with CSH is often a major barrier to embedding the concept and advancing it as a planning framework across departments within a jurisdiction. Members report that it is not well-known or cited in common discourse. The principles of CSH are being widely adopted, but not always expressed or discussed with CSH terminology.

Strategy Two: Strengthen existing partnerships and align with FPT work.

Primary activities to support this strategy:

- Support knowledge exchange with partners and other interested, non-member parties through the Secretariat’s facilitation of workshops on Comprehensive School Health;
- Maintain connections with existing partnerships within health / wellness / education sectors (e.g., CASSA, CAP, PHE Canada, CSBA, PREVNet, and the Students Commission of Canada);
- Develop working groups in regard to wellness education, equity, reconciliation, the Healthy School Planner, and the Advisory Committee for Revisions to the Positive Mental Health Toolkit; and
- Share CSH tools and other related resources at conferences and board meetings of partner organizations.

“There’s more of an understanding of the complexities and the realities of the education system and of health’s pressures and [how we are] mutually working together toward the same end with that greater awareness of each others’ sectors of work and pressures and priorities.” – JCSH Member

Key Successes:

- The JCSH is the primary pan-Canadian opportunity within government for school health collaboration, and provides members with a practical link to their federal colleagues.
- The FPT work on issues contributes to partnerships with key organizations in the health, wellness, and education fields.
- The connections between members act as a foresight mechanism to discern emerging issues and enable more effective responses.

The JCSH provides an effective mechanism for the federal government to engage with both the education and health sectors at the provincial and territorial levels. Federal government representatives state that among FPT tables the JCSH is unique for the truly collaborative and purposeful relationship between participating education and health departments/ministries.

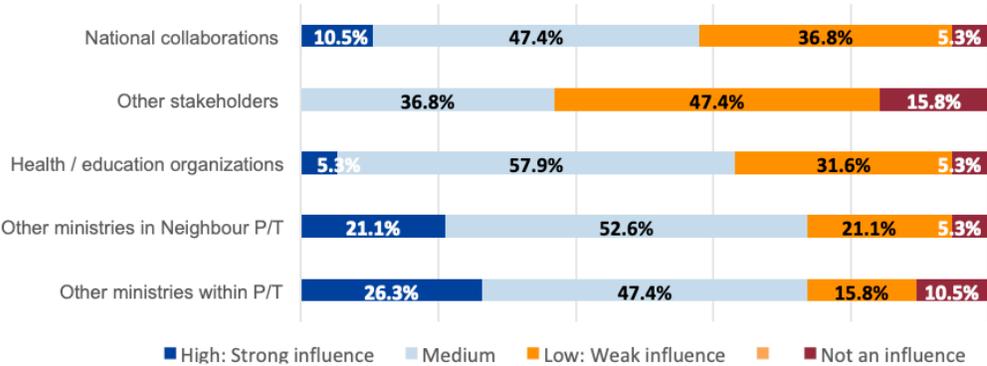


Figure 2: Member survey responses to the question, “To what extent have other collaborations within and outside your province / territory been enhanced or influenced by your membership in JCSH?”

The JCSH has maintained its alignment with partnerships and FPT work: for example, the FPT Working Group on Concussions, Sex Information and Education Council of Canada (SIECCAN), and A Public Health Approach to Cannabis Expert Reference Group. The JCSH alignment with FPT work is less evident than during the previous (2010-2015) mandate. Whereas the first two JCSH mandates specified the health issues and risk factors to address, the 2015-20 mandate was deliberately broadened to enable the Consortium to build upon the partnerships and collaborations, efficiencies, tools, resources, and learnings realized to date. There is interest in revisiting that decision.

Strategies Three and Four: Engage new partner organizations within the health / wellness / education fields, and explore engagement of additional sectors beyond health /wellness / education.

Primary activities to support these strategies:

- Connect to national organizations including the FPT Working Group on Concussions (a Committee led by the Sport, Physical Activity and Recreation Council), the Sex Information and Education Council of Canada (SIECCAN), the Canadian Public Health Association (CPHA), and the National Centre for Truth and Reconciliation (NRTC);
- Support efforts of partners to access pan-Canadian stakeholders, including research partnerships and government and health/education organizations; and
- Maintain links to national initiatives, ministries, and working groups.

Key Successes:

- There has been a positive expansion of partnerships within health and education sectors.

Gaps and Challenges:

- Few partners have been identified in other sectors.

The JCSH makes connections with national bodies to explore ways they can work together. There have been some expanded connections in the past four years in health, education, and wellness, but very little engagement with sectors apart from these.

JCSH participation at several tables in this mandate has allowed for the promotion of a comprehensive school health approach on emerging issues and development of new resources. Examples are the SIECCAN revision of Sexual Health Information Guidelines; CPHA Expert Reference Group on Cannabis; FPT Working Group on Concussions (led by Sport, Physical Activity and Recreation (SPAR); the National Centre for Truth and Reconciliation; and the Youth Resilience Project on Cannabis.

Strategy Five: Strengthen inclusiveness in the work of the JCSH to support the needs of diverse populations.

Primary activities to support this strategy:

- Develop a Statement on Reconciliation;
- Build relationships and develop new understanding in order to position the JCSH to move forward authentically and meaningfully on the goals and Calls to Action of the Truth and Reconciliation Commission;
- Build connections to Indigenous leaders (e.g., Kevin Lamoureux and Charlene Bearhead) to deepen knowledge of Indigenous perspectives;
- Discuss and gather information relating to trauma-informed practices in classrooms; and
- Support provinces and territories in their work to reframe curriculum approaches to sexual orientation and gender identity.

Key Successes:

- Significant first steps have been taken to strengthen inclusiveness in JCSH's efforts to support the needs of diverse populations.
- The greatest progress has been in the areas where JCSH has been most active in the last four years: the needs of LGBTQ students/staff, respect for human diversity, Indigenous perspectives, and northern and remote communities.

Gaps and Challenges:

- This work is in its initial stages.

Authentic movement in terms of inclusion and respect for diversity is not a rapid-change initiative. It takes time, and the JCSH has taken some significant first steps. When assessing JCSH inclusion activities in the 2018 member survey, no respondent rated this work as "very successful."

During this mandate concerted efforts have been made to provide opportunities and help facilitate a deeper understanding of Indigenous perspectives and the need for reconciliation. There was consensus to focus on Indigenous populations at the start of the 2015-20 mandate, which coincided with the release of the TRC report. The JCSH has developed a Statement on Reconciliation, which was a thoughtful and reflective process, and sets the stage for the journey of decolonizing the work of the JCSH. There is a strong

appetite to adapt existing resources and develop new resources in support of reconciliation.

The capacity-building element of the reconciliation work has been a major focus in the current mandate. This is fundamental to the work of jurisdictions towards reconciliation and to finding ways to improve the health, well-being, and academic performance of Indigenous students. The emphasis has been on listening and learning, with the goal of embedding it within the language of CSH.

Goal Two: Knowledge development and exchange

This section reviews the second of the JCSH's strategic plan goals - Knowledge development and exchange. The focus is "to build, share, and leverage knowledge to support the learning, health, and well-being of children and youth in Canada." There is one strategy related to this goal area.

Strategy One: Develop a comprehensive research and knowledge exchange strategy.

Primary activities to support this strategy:

- Develop the Core Indicators Model of Comprehensive School Health and student achievement;
- Prepare scans on Provincial and Territorial research priorities;
- Strengthen relationships with potential research partners, including WMA Wellness, Queen's University, University of Waterloo, and Canadian Institutes of Health Research (CIHR); and
- Carry out preliminary work on a research plan.

Key Successes:

- Several new research connections were cultivated, and scans set the stage for further work.

Gaps and Challenges:

- The research agenda is underdeveloped within the current mandate.
- There are different perspectives on what constitutes research, and what the role of the JCSH should be in relation to a research agenda.
- This remains an area in which members are intensely interested. They would like to see it a focal point going forward.

An intent to develop a comprehensive research and knowledge exchange strategy in the course of the 2015-20 mandate has not been fully realized. An emerging and substantial issue, its complexity has only increased since 2015. The work experienced an unanticipated setback when the JCSH's primary research collaborator, Dr. John Freeman of Queen's

University, suddenly passed away in the summer of 2017. Since then the work has continued, with two scans to explore the research interests of the provinces and territories.

Members valued the JCSH's direction and support to make the connection between students' health and well-being and their academic success, and to invest in core indicator model research and development.

Several connections and discussions were initiated. For example, the Secretariat, Management Committee, and/or School Health Coordinators' Committee representatives have met with:

- CIHR;
- Researchers from University of Alberta regarding essential Conditions for Implementation of Comprehensive School Health;
- Private foundations regarding research related to Comprehensive School Health;
- The CPHA Cannabis Expert Reference Group;
- The Advisory Committee of the Teen Dating Violence project; and
- Informal discussions with health and education partners on their research priorities.

These emerging relationships are promising. The presentation and discussion with a lead scientist from CIHR during the December 2018 Management Committee meeting was a big step forward. Furthermore, the JCSH's attention to Indigenous work - both by academics and by elders and knowledge keepers - is another move towards a research strategy. Discussions with research funders, including CIHR and SSHRC (Social Sciences and Humanities Research Council), as well as with private foundations and academic institutions revealed that this was a more complicated piece than was originally conceived in 2015. The appetite for a strategic research agenda is substantial, especially for linking health and education research and assessments, such as literacy and numeracy data and the Healthy School Planner. The priority policy and practice interests of jurisdictions would inform future research activity.

Goal Three: Capacity Building

This section reviews the third JCSH strategic plan goal - Capacity Building. The goal of capacity building calls upon the JCSH “to enable member jurisdictions to advance a CSH approach to support optimal learning, health, and well-being.” The current mandate spells out three ambitious strategies to support capacity building:

- Promote provincial and territorial efficiencies and effectiveness by developing and adapting tools and resources that support the use of a CSH approach.
- Promote provincial and territorial efficiencies and effectiveness by coordinating the exchange and dissemination of knowledge between sectors and among jurisdictions.
- Influence external partners to adopt a CSH approach in their work and resource development.

Strategy 1: Promote PT efficiencies and effectiveness by developing and adapting tools and resources that support the use of a CSH approach.

Primary activities to support this strategy:

- Coordinate resource development with a focus on priority issues identified by members;
- Coordinate working groups to enhance collaboration and knowledge exchange on a variety of topics;
- Continue to promote the Healthy School Planner and coordinate a working group called *The Healthy School Planner - Future Directions* that works to inform updates and changes to the Healthy School Planner;
- Complete a revision of the Positive Mental Health Toolkit and initiate negotiations to develop an Indigenous module for the Positive Mental Health Toolkit; and
- Collaborate with the Students Commission of Canada on revising the Youth Engagement Toolkit.

Key Successes:

- The JCSH has influenced the adoption of the CSH Framework.
- The Healthy School Planner remains a useful tool for jurisdictions embedding CSH, and interest has been expressed in an update.

- The resources developed are particularly useful for smaller jurisdictions.

In previous mandates, the JCSH was a catalyst in legitimizing CSH and provided critical contributions towards its initial adoption in jurisdictions across Canada. Now that CSH is more embedded, the Consortium's role is to provide support for existing CSH-related tools and resources. The embedding of CSH varies from jurisdiction to jurisdiction. Most explicitly use the language of CSH, while others have adapted the model with their own language and framing (e.g., Ontario uses its own Comprehensive School Health Framework, called "Foundations for Healthy Schools"). At the same time, several jurisdictions observe that CSH has not advanced significantly during the current JCSH mandate.

The Consortium's current role is to deliver the tools, the ideas, and the research as the basis on which jurisdictions can implement the CSH. Within the last year, there has been resurgence of interest in Newfoundland, Manitoba, and Saskatchewan where the CSH Framework is seen as an essential tool for building a healthy school community. Commitments are being made to mandate its use province-wide in these jurisdictions. Even jurisdictions that do not specifically support CSH report that there "is a current interest in advancing projects aligned with comprehensive school health." Members would like to see work continue to increase understanding of the CSH concept and to ensure that both health and education jurisdictional ministries endorse the CSH Framework.

The Healthy School Planner enables schools to develop an action plan which weaves CSH into the fabric of the school community. It provides them with a how-to guide and a mechanism for tracking their progress towards becoming a health-promoting school. It is a tool that in some jurisdictions is mandatory when schools apply for Healthy School Grants. Schools all across the country are using it (Alberta schools use it very extensively), and

The Joint Consortium was a pivotal part in saying [school health] is being recognized as an issue across the country, we've got some resources, we've got some connections to researchers and experts who know this work. We've got jurisdictions that are willing to roll up their sleeves and jump in and help develop it. And it really led to some money from the Joint Consortium, some money from a couple jurisdictions and the will of a number of us to do some work and we developed the Positive Mental Health Tool Kit module and build [that] into the Health School Planner. - JCSH Member

every school in Canada is in the Healthy School Planner registry. Members would like to see the Planner adapted to respond to emerging issues. Some maintain that the planner is effective for addressing such issues as physical activity and eating, but not effective for gender, inclusivity, and reconciliation. In addition, during a recent review, concerns were expressed with regard to the complexity of the questions and the time it takes to complete various modules.

Smaller jurisdictions attribute high value to the collectively developed resources and tools. They lack the resources to develop tools like the Healthy School Planner, or to undertake comprehensive reviews, such as a literature scan of best practices. Because the JCSH can access additional funds and support efforts that are of interest across jurisdictions, it offers smaller jurisdictions a significant amount of leverage.

Larger jurisdictions report that the tools and resources developed by the JCSH are a less valuable aspect of membership. Unless the jurisdictions are heavily involved in the development process, they find such resources at times too generic to be of practical value. Larger jurisdictions have the capacity to develop their own context-specific resources.

Resources are often developed with a broad scope in order to appeal to as many jurisdictions as possible. This general approach has, at times, been detrimental. For example, some jurisdictions did not find the Positive Mental Health Toolkit useful in their context. Instead, they want more allowance for nuances of age, cultural group, and context. A more resource-intensive option would be to develop a suite of toolkits aimed at a variety of social and cultural segments. An alternative would be to provide more background and supporting research about toolkits so jurisdictions can create their own, context-specific tools. This would require more outreach to better understand the unique context of each jurisdiction, and its needs.

Strategy 2: Promote Provincial and Territorial efficiencies and effectiveness by coordinating the exchange and dissemination of knowledge between sectors and among jurisdictions.

Primary activities to support this strategy:

Provide common messages around CSH, synthesize research findings in weekly emails, and coordinate teleconferences;

- Prepare research bundles, common briefing notes and access to resources from researchers and topic-specific experts;

- Promote the Healthy School Planner and toolkits (Positive Mental Health, Youth Engagement).

Key Successes:

- Mental health resources have been the primary focus for jurisdictions during the current mandate;
- The work of the JCSH enhances the capacity of member jurisdictions.

Capacity building with member jurisdictions draws upon the activities, progress, and challenges outlined in the previous sections. From the perspective of members, the strongest influence of JCSH on their capacity is the opportunity for school health work at a national level, enhanced reflection and knowledge beyond one’s own work, and the CSH approach. Just under 70% of members believe that the JCSH has enhanced their day-to-day work experience.

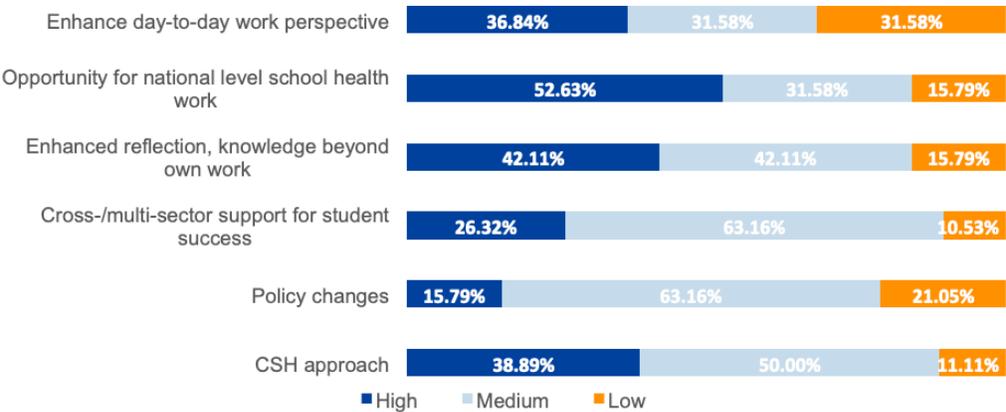


Figure 3: Member survey responses to the question “In your opinion, to what extent has JCSH membership enhanced your sector / ministry’s capacity to improve the health, well-being, and achievement of children and youth?”

As issues emerge, the JCSH coordinates resource and knowledge sharing by reaching out to all jurisdictions to collect all relevant information and resources. The Secretariat then organizes the information in a timely fashion, distributing a pan-Canadian scan around that topic or issue to all members. Members cite that this is a valued service that enhances their work, increases their ability to respond to emerging issues effectively, and is an efficient use of resources.

If we were to do that on our own, we would be searching through websites trying to find where this information would be located on other jurisdiction's government pages and

if it's not there, then we're calling those people anyways. It's just nice to have a coordinated way to have those scans requested and then, on top of that, is the Secretariat keeps those scans or has some scans, such as cannabis, saved on the website for other jurisdictions who might have similar requests. – JCSH Member

Members report capacity is built from a variety of supports, with particular reference to:

- Inter-governmental planning and networking and collaboration with other provinces and territories;
- Sharing of information and resources between provinces and territories including lessons learned, strategies, data and evidence, and environmental scans;
- Access to tools (e.g., Positive Mental HealthToolkit) and research.

Being linked to a network of health and education professionals is very beneficial when it comes to building on momentum that has been created in other parts of the country. No matter what the topic or challenge, there is at least one other jurisdiction that has or is addressing it, and having a contact on the JCSH is highly valuable for learning more and /or benefiting from lessons learned. - JCSH Member

I would definitely say that the main contribution of the Joint Consortium has been [the Positive Mental Health Toolkit] within our jurisdiction in terms of advancing mental health promotion in schools. - JCSH Member

Positive mental health and mental well-being has been an area of focus for all jurisdictions in the current JCSH mandate, including variations such as Social Emotional Learning, the trauma-informed approach to learning, whole schools strength-based approaches, resilience, suicide, and in particular Indigenous child and youth suicide. The Positive Mental Health Toolkit and Healthy School Planner have been the primary resources supporting mental health initiatives across the country. The Positive Mental Health Toolkit is the third most used JCSH resource. (The JCSH website and CSH Framework are the first and second most used resources.)

Strategy 3: Influence external partners to adopt a comprehensive school health approach in their work and resource development.

Primary activities to support these strategies:

- Build and strengthen external partnerships; and
- Maintain the JCSH website.

Key successes:

- CSH has grown in legitimacy as a concept.

Gaps and Challenges:

- The advancement of the CSH Framework by the JCSH evolved in the current mandate due to emerging priorities beyond healthy eating, active living, and social-emotional well-being.

CSH continues to undergird school and student well-being initiatives across the country, providing a structured approach to developing curriculum, programs, policies, and other school health and well-being related initiatives. Some external partners observed that the partnership with the JCSH enhanced “credibility for the CSH Framework” and that JCSH “legitimizes the case for Healthy Schools.” The legitimacy of CSH is supported by the cumulative work of the JCSH across multiple mandates. The partnering work is strategically important, since partners (CASSA, CSBA, CAP, CTF, and PHE Canada) are the ones working directly in and with the schools that take CSH to the implementation stage.

There are several examples of the adoption of CSH by key organizations as well as member jurisdictions:

- Canadian Association of School System Administrators (CASSA) and Canadian School Board Association (CSBA) use the CSH Framework in strategic planning and conferences.
- The federal government initiative aimed at youth substance abuse prevention (resilience) referenced the CSH Framework.
- In Manitoba, the Healthy Schools Initiative provides grants to schools guided by CSH (initiated in a previous mandate).

The familiarity of external partners with JCSH tools and resources varies. The highest familiarity is with the website, CSH framework, Positive Mental Health Toolkit, and Healthy School Planner.

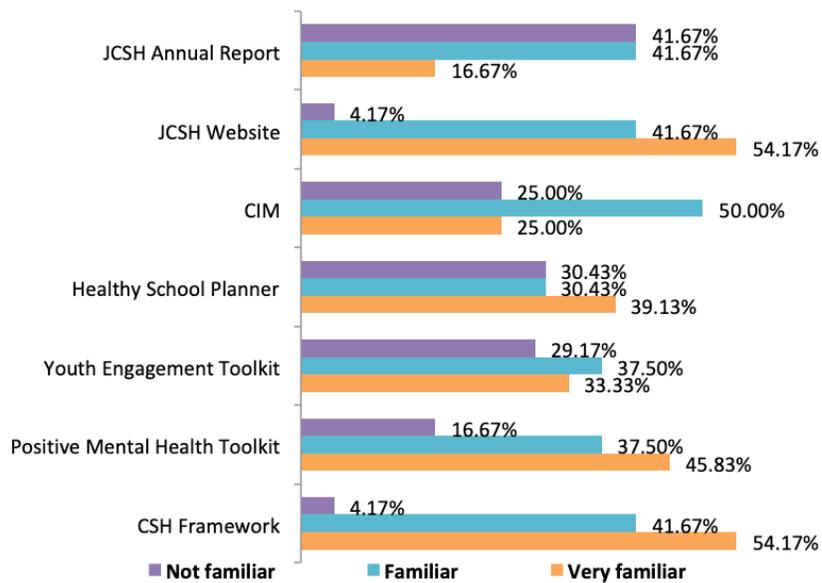


Figure 4: External partner survey responses to the question “Are you familiar with these JCSH tools and resources?”

Goal Four: Monitoring, Evaluation, and Accountability

This section reviews the fourth JCSH strategic plan goal - Monitoring, Evaluation and Accountability. This goal requires the Consortium “to develop and implement a comprehensive evaluation framework for the goals, strategies, and action plans of the JCSH 2015-2020 Strategic Plan.” There is one strategy in support of this goal.

Strategy 1: Develop an evaluation framework and plan that encompass the scope of activities of the JCSH as well as the tools and resources created to support comprehensive school health.

Primary activities to support this strategy:

- Develop an evaluation framework;
- Introduce some data gathering into the ongoing activity of the Secretariat; and
- Integrate evaluation discussion into the meetings of the School Health Coordinator and Management Committees.

Key Successes:

- The JCSH has taken small steps towards a more integrated and ongoing use of evaluation.

Gaps and Challenges:

- The JCSH agreed to use a developmental evaluation process to assess how well the organization was meeting its outcomes. As a result, the JCSH discovered that developmental evaluation does not lend itself to PT reporting needs. Therefore, a more traditional evaluation with a 2- and 4-year reporting cycle will be explored as a more suitable approach for the JCSH.

When the JCSH entered its current mandate, members expressed interest in integrating ongoing evaluation with the work of the Consortium. In the fall of 2016, the JCSH developed an evaluation framework based on a developmental evaluation (DE) approach. There was interest at that time to use DE to help the JCSH to adapt its strategy in a more emergent way. In the spring of 2018, the JCSH began to implement the evaluation framework.

Although it contends with a lot of complexity within its operating environment and needs to respond effectively to emerging issues, the JCSH, as a PT government structure, is not given to high innovation and rapid adaptation. A more traditional evaluation that monitors progress towards strategic goals and strategies would be better suited to its nature and make more efficient use of its evaluation resources.

The challenge is compounded by the complexity of the different interests of jurisdictions within which the Consortium operates. They come into the community of practice with differing levels of resources and government processes. The long-term outcome statements, while not achievable in one 5-year mandate, continue to be long-term goals of the Consortium. Future evaluations would be strengthened by clearly articulating short- and medium-term outcomes that the JCSH seeks to directly achieve or influence within each mandate.

Implications for Structure

This section considers the implications for the structure, governance, and management of the JCSH that emerged from the evaluation. The JCSH is ultimately a member service organization. The direct beneficiaries of the Consortium's work are the individual members who engage with the JCSH Secretariat, Management Committee, School Health Coordinators' Committee, and the various working groups. The elements of the JCSH's strategic plan that most align with this function continue to be advanced through the Consortium's efforts. As the JCSH evolves to meet emerging needs, operational processes and organizational structure have to be adapted, too. Challenges arise when JCSH endeavours to reach beyond its core capabilities. The JCSH is not a catalyst for collaboration in jurisdictions; rather, it is an organization that facilitates collaboration, when and if there is interest to do so. The JCSH has been very effective in collating and sharing what is emerging in the field in regard to issues or subjects of interest to members. It is probably not well-positioned to set and support a larger research agenda. The JCSH exists within, and connects to a larger system, but is not explicitly a systems change organization.

The changing environment of Canadian education has thrust the work of provinces and territories into a new reality. The exploration of a renewed mandate presents an opportunity to revisit the structure, operating mechanisms, and role clarity of the Consortium. It is very important to note that this is a shared responsibility. The JCSH Secretariat provides critical services on behalf of the member jurisdictions, while at the same time, jurisdictions have a role in advancing the goals and strategies of the JCSH.

The following areas require discussion as the JCSH moves into a new mandate:

1. High turnover rate for members of the Management Committee

There is a high turnover of Management Committee members. This has diminished the usefulness of Management Committee meetings. This is a concern to several members, who want a better understanding of the possible cause(s). It has been suggested that joint meetings of the Management Committee and School Health Coordinators' committee would be advantageous, more efficient, and promote more connections.

2. Mounting pressure on travel costs has members seeking alternatives

The fiscal climate in which many provinces and territories currently find themselves puts travel costs under increased scrutiny. Although members greatly value face-to-face meetings, paying for the travel of both the Secretariat and members may grow difficult to

justify. Larger jurisdictions say that if the JCSH continues to focus on relationships and knowledge sharing, their support for a mandate renewal cannot be guaranteed.

One specific suggestion was that members could attend conferences and other events on behalf of the JCSH, and thereby reduce the travel costs of the Secretariat while empowering the local members. Several members cited that the technology supporting the teleconferences and bi-annual meetings is insufficient. If the JCSH's primary member benefits are the knowledge exchange and development derived from monthly meetings, the view is that these events deserve greater technological support. As technology options for videoconferencing improve, this is now much more feasible. It may become essential for the effective engagement of members with travel restrictions.

3. More member engagement in decision making

Members would like to be more engaged in developing strategic decisions, research priorities, and resource development priorities. There is interest in creating a stronger mechanism through which member jurisdictions can explore and debate common needs and priorities while supporting their individual initiatives. Members expressed the desire that the Secretariat take a more proactive role in determining the issues and priorities in each jurisdiction, so they can seek out potential partners for mutual support. As much as members are engaged with one another, several comments indicate that the evaluation interviews were their only opportunity to express criticism and openly give feedback. These conversations affirmed that for some members, support for mandate renewal hinges upon a more substantial member role in the determination of JCSH directions and priorities.

4. Some members seek more clearly defined roles and accountabilities in the various structures of the JCSH

Many members do not understand the division of roles and responsibilities within the Consortium, or their understanding differs from that of other members. The growing pressure for fiscal responsibility and accountability in some provinces and territories is also raising members' expectations of the Consortium. An open dialogue with members is required to sort out what they really want, and what is optimal in terms of JCSH objectives. Not surprisingly, at the current time their advice and interests are somewhat contradictory. On the one hand, there is a desire for a leaner JCSH. On the other hand, there are calls to expand its mandate with (for example) proactive engagement and the customization of tools, as aforementioned.

Summary and Conclusions

The JCSH provides great benefit and value to members through the forum it creates for member-to-member exchange and collaboration, the resource development and sharing it facilitates, and the platform it supports for inter-ministerial collaboration. The JCSH provides the scaffolding for a cross-jurisdictional community of practice in regard to CSH, spanning provincial and territorial departments of education and health, with linkages to other regional and national stakeholders.

The long-term outcomes of the JCSH are:

- Increased System Capacity, Collaboration, and Efficiency
- Increased Research Coordination
- Increased Inter-Sectoral Action between Education and Health

To assess the progress towards these long-term outcomes, it is necessary to define “system” at the level of member jurisdictions, and to similarly locate inter-sectoral action within the context of member jurisdictions. With this caveat, the results are clear and strong. Members are experiencing increased capacity, collaboration, and efficiency. Within jurisdictions, inter-sectoral action between education and health is stronger. While the coordination of research is not as advanced, there is a shared desire to move forward in this respect. A future mandate will need to define the desired outcome, and the role that the JSCH is best positioned to play in achieving it.

The context of the first two mandates (2005-2010 and 2010-2015) is quite different from the current mandate (2015-2020). In the JCSH’s first two mandates, the CSH Framework was positioned as a support for implementing healthy eating, active living, and social and emotional well-being initiatives in school environments. Over the years the Consortium’s efforts have contributed to the adoption and integration of Framework principles at various levels by provincial and territorial Departments of Education and Health. What was needed was to legitimize the concept and the resources to effectively support health eating, active living, and social-emotional well-being initiatives. To facilitate this, several important tools were developed, such as the Healthy School Planner and the Mental Health Toolkit. In the current mandate, the role has shifted. Instead of developing tools and advancing a concept, the JCSH has been supporting schools and school jurisdictions in their use of the CSH Framework to meet emerging school/student health and wellness issues, including mental health, vaping, cannabis/drug use, and cyber-bullying. What has started – and should proceed more vigorously under the next mandate – is the evolution of these tools to suit the breadth of issues that are identified through the use of the CSH

Framework. The JCSH's endorsement of the CSH concept continues to support and validate the work being done by jurisdictions, giving their efforts the strength of a pan-Canadian approach.

The research agenda has not quite landed for the JCSH. There has been some good foundational activity. Knowledge exchange has been a boost to effectiveness and efficiency, helping jurisdictions find and access information on evidence-based practice and practice-based evidence. However, a larger research strategy and objective remain undefined to-date. Is the aim of the JCSH to influence a national research agenda concerning issues critical to CSH, or is it about accelerating the identification and organizing of existing research? As the JCSH moves into strategic planning for its next mandate, it will be important to clarify the Consortium's purpose in relation to research, and then organize its work around that goal.

Inclusiveness and Reconciliation are major emerging themes. The Statement on Reconciliation is a very important first step, and it is encouraging that the JCSH sees this as a first step in the integration of this perspective with everything that the organization does. This can be expected to play out in a much more significant way in the years to come as tools and resources are updated and connections and relationships continue to develop in alignment with this perspective. It should be at the forefront of the JCSH's intentions and strategy moving forward.

There is tremendous value in the network and exchange that are facilitated by membership in the JCSH. The ability to respond quickly to emerging issues within jurisdictions by efficiently accessing the thinking and resources of peers in other jurisdictions enhances effectiveness. The JCSH was built on this premise; it is a core value proposition that remains intact. The work of CSH has evolved significantly since the JCSH was created 14 years ago. There is an opportunity to revisit the structure of the JCSH to adapt to new realities. The opportunity remains to provide jurisdictions with a unique and beneficial offering. Staying focused on this unique value, while adapting strategies to fit a new context will be the keys to success in a fourth mandate.