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Building a Framework to Address Barriers Impacting Implementation of Student Well-Being Initiatives

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Abstract

In 2012, The Government of Canada released a report titled *Changing Directions, Changing Minds*, with the goal of outlining a national strategy aimed at reducing the stigma around mental health. The document was also meant to serve as a tool in increasing awareness of and access to public services available to Canadians experiencing mental health issues. For their part, Canadian school districts are moving forward with their own strategic goals to promote understanding of mental health and to offer appropriate resources to all members of the school community.

This Organizational Improvement Plan (OIP) will explore a problem of practice (PoP) that examines the factors that inhibit effective implementation of mental health and wellness initiatives at one particular middle school in southern Ontario. It utilizes the principles of shared and inclusive leadership through a social justice lens to build capacity, consensus and engagement amongst various stakeholders to cultivate an environment that integrates well-being into the school community.

In addressing the change process, The Change Path Model of Cawsey, Deszca, and Ingols (2016), in conjunction with the Congruence Model of Nadler and Tushman (1989), will be used to evaluate the organizational change process; the Human and Symbolic components of the Four Frame Model, as espoused by Bolman and Deal (2008), will be considered when analyzing the role of school dynamics and culture in promoting conditions that are responsive to and supportive of the academic, social, emotional, and mental well-being of the student body.

Keywords: *Well-Being, Shared Leadership, Inclusive Leadership, Social Justice, Capacity Building, Mental Health*

Executive Summary

The Well-Being Strategy for the province of Ontario (Government of Ontario, 2014) emphasizes the need to equip students with the tools, knowledge, and resources essential to a healthy, active lifestyle with a positive sense of self. School districts have incorporated this vision into their strategic goals, embracing the current national (Government of Canada, 2006; Mental Health Commission of Canada, 2013) and global focus on the promotion of positive mental health. Despite the efforts and attention to mental health, there remains the challenge of how to effectively embed student mental health and well-being at the school level.

The focus of this OIP is to address barriers that inhibit the implementation of well-being initiatives. Just as each school's needs and challenges are unique, suitable solutions will vary accordingly. Moving individual schools forward to address and highlight awareness and prevention programs requires context-specific solutions that consider a variety of factors and evidence-based strategies. Student mental health and well-being belongs to all adults (Hanover Regional District School Board, 2016) within an educational setting; efforts to support students must focus on the needs of all learners (*Reflections of Me*, 2003; Frabutt & Speech, 2012; Pomar & Pinya, 2015), not only those who are deemed 'at risk' by the system.

The problem of practice is couched in a shared and inclusive leadership philosophy as both approaches aim to build coalitions of diverse voices and experiences to support students. Working to infuse mental health and well-being into classrooms and school communities takes time; as such, leadership is essential for moving forward with this type of directive. Creating the right conditions means that suitable individuals must be in place to lead and drive the change process; this will ensure meaningful and impactful changes. As a guidance counsellor working to support student's social emotional needs, I am well positioned to take the lead in supporting the school community. Still, capacity building also looms large, not only in terms of staff but

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also for students and parents to create sustainable efforts in the context of this OIP. Harris (2001) wrote, “Capacity building is concerned with creating the conditions, opportunities, and experiences for collaboration and mutual learning” (p. 261). Efforts to move schools forward with mental health and well-being foci must engage in practices that are inclusive of all stakeholders, in order to build support and increase ownership.

In seeking to address the PoP, Nadler and Tushman's (1989) Congruency Model will be utilized, along with the work of Bolman and Deal (2008), to layout a framework for the change process. The PESTE Analysis (Cawsey et al., 2016) provides contextual data for the school in question. The PDSA cycle will provide a focus for moving through the change sequence; this will serve to address the problem of practice and to allow for monitoring, reflection, and feedback of the work being done. On-going communication aimed at building momentum, as well as maintenance of up-to-date staff information, are key ingredients to ensure that student well-being remains front and center in an era of high-stakes testing that appears to dominate the educational landscape.

In working to support mental health at the school level, the literature (Ainscow, 2005; Santor, Short, & Ferguson, 2009; McCullough, 2010; Daly et al., 2014) has shown that establishing external partnerships are a worthwhile venture. Hence, another aspect of the PoP is the need to solicit support from external agents with suitable skills and knowledge; this expertise will serve to bridge the knowledge gap at the school level. It is the hope that such partnerships will naturally extend to the local community, engaging parents in dialogue and furthering the work being done at the school level.

In the end, this OIP seeks to address barriers and to create a framework that schools can use to design strategic goals appropriate to the support of their own student body.

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Confucius said: “A journey of a thousand miles begins with a single step.” Along this particular journey, there were certainly many steps; more importantly, there were many voices that contributed to the completion of my OIP.

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Glossary

Centrally Assigned

- Positions in HRDSB where staff members are not attached to a single school, in most cases individuals serve multiple schools.

Elementary School

- Kindergarten to Grade 8
- Student ages 4 -13
- Some schools are organized as: Kindergarten to Grade 5 or 6, Kindergarten to Grade 8, or Grades 6- 8

Feeder Schools

- Many or most students move from one school to another as they progress through the education system, usually to a larger facility.

Guidance Counsellor

- A qualified teacher who has taken additional qualification courses in Guidance and Career studies and work in a school setting to support the academic, social and emotional needs of students in collaboration with teachers, administration, board personnel, community agencies and families.

Grade Team Meetings

- Meetings by grade level teachers with or without administration to discuss issues and matters that are specific to their grade.

Middle School

- A phase between primary and secondary school in the province of Ontario
- Grades 6-8
- Student ages 11 – 13

School Based- Mental Health

- “has generally come to be understood as any mental health or substance abuse service or program that can be delivered in a school setting. This would include programs designed to promote mental health, prevent the onset of mental illness, increase the identification of young people with mental health difficulties and provide mental health services, such as therapy, in the school setting.” (Santor et al. 2009, p. 18)

Transition

- Students moving from the elementary to secondary school or from one panel i.e. Junior School to Middle school which usually involves a move to another school.

Primary School

- Schools with Kindergarten to Grade 5 or 6
- Student ages 4 -11

Chapter 1: Problem of Practice

Introduction

The Ontario Ministry of Education and school boards are investing in initiatives to support student mental health and wellness. Educational leaders play in role in how these programs are implemented and received in schools. Chapter 1 of this Organizational Improvement Plan (OIP) provides a historical context at the district, school and community level that necessitates the need to address student mental health and well-being. It will outline the problem of practice to be explored as well as leadership vision of moving forward. This is set against a backdrop of potential challenges and change readiness at the school level as well as the importance of developing a communication strategy to support the desired aims of the OIP. I believe that student's mental health and well-being is becoming a growing concern in the education system and schools need co-ordinated and sustainable long-term strategies to support students.

Organizational Context

Hanover Regional District School Board History

Hanover Regional District School Board (HRDSB), a pseudonym, is a multicultural school district in the province of Ontario. It was established in the late nineties upon amalgamation of several smaller surrounding school districts, under Bill 104: Fewer School Boards Act (Snobelen, 1997). At that time, the provincial Conservative government had a clear aim to reduce the number of school boards in Ontario, an action that was part of a reform process geared towards improving both fiscal management and school board effectiveness. The Conservatives led the way for future governments to become more involved in decisions concerning education; they preferred a streamlined approach and introduced standardized

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curriculum and testing for students. This focus on accountability in education became and has remained the norm in the province.

The amalgamation and ensued restructuring of the newly created HRDSB board led to a reduction in personnel and in some instances, a shift in the delivery model of pertaining services. One area that experienced such a change, gradually, was Guidance at the elementary school level at the HRDSB and other boards alike (Hamlin & Kidder, 2015). Guidance personnel, like myself, became centrally assigned and allocated to supporting elementary schools with middle school students (Grade 7 and 8 students). Hence, counsellors were responsible for supporting multiple schools, leading to many challenges: a reduction in allotted time at each location; limitations in ability to enact support programs; a lack of consistency in meeting the emotional needs of students. This model remains in place today, despite its incongruence with the HRDSB's renewed focus and commitment to addressing the social-emotional needs of students. Kristin Rushowy (2016) notes that, "Guidance counsellors are non-existent in most Ontario elementary schools at a time when they are supposed to be helping with mental health and other key initiatives for students" (p. 1). In effect, key personnel who can support school leaders, staff, and students in an ever-changing society are no longer accessible at elementary schools in an equitable manner.

Along with the new direction for the delivery of Guidance services, the HRDSB has continued to evolve since its inception. A variety of changes to policies and directives have been implemented to respond to the needs of government, parents, students, staff, and the greater community. Among the board's current strategic goals is an effort to address systemic challenges faced by marginalized youth, such as indigenous and racialized students, as well as students who feel disengaged, stemming from a range of circumstances including social-emotional concerns. At the core of HRDSB's (2016) strategic direction is the aspiration to

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improve effectiveness, to be more responsive to the families they serve, and to increase student achievement and well-being.

Leadership at the board level has modified the HRDSB's mission statement and vision to reflect the changing landscape of current society; these leaders endeavour to implement processes that will enact and support such directives. The HRDSD is currently experiencing structural changes along with a shift in organizational aims, which Bolman and Deal (2008) advise to be necessary due to the board's current circumstances. The new strategic plan for improvement states, "We've introduced a new strategy to improve the effectiveness of our schools, make us more responsive to the needs of our communities, and increase student achievement and well-being" (HRDSB, 2016, p. 7). This plan indicates recognition that the one-size-fits-all model is no longer suitable. School leaders and their staff will now have the opportunity to engage in critical internal dialogue to develop goals appropriate to their respective communities.

As a guidance counsellor and despite my limitations, I am in a unique position to provide direction and leadership to the schools I serve. In discussing the attributes of a structural framework, Bolman and Deal (2008) note that, "Division of labor - or allocating tasks - is the keystone of the structure. Every living system creates specialized roles to get important work done" (p. 45). The specialization of my role at HRDSB enables me to work within the structural framework of the organization to meet the needs of my school communities.

At the board level, there is an effort to increase the efficiency of and access to services, and to establish learning communities within which administration and teaching staff are able to collaborate more effectively. This new structural reorganization has reduced the clustering of schools based on old geographic patterns. Nadler and Tushman (1989) argue that, "Organizational leaders must deal with an organization's history, and recognize the impact and

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constraints, as they deal with current external environment and seek to align their resources with the strategy to produce the desired results” (p. 35). This new structure may function to expand the experiences of administrators and counsellors. The benefit of such realignment is increased exposure for administration and guidance to a wider and more varied range of strategies and resources geared towards the support of their respective school communities.

One specific area of focus under this new vision is a commitment to addressing issues of mental health and wellness amongst the student population. There is recognition that academic success and student emotional well-being are intricately linked; there is further recognition that more strides need to be made towards “promot[ing] positive mental health, safe and caring schools, healthy schools that understand the importance of physical health, nutrition, physical activity, and inclusive schools that are responsive to all...” (HRDSB, 2016, p. 2). This commitment to supporting the whole child is in alignment with the provincial mental health mandate, which states that, “Students cannot achieve academically if they don’t feel safe or welcomed at school, if their mental health is at risk and if they don’t have the tools or motivation to adopt a healthy, active lifestyle, both inside and outside of school” (Government of Ontario, 2014, p. 1-2). The provincial mandate, coupled with the board’s strategic direction, provides a platform on which schools are encouraged to build their own framework to address student mental health and well-being.

Corn Hill Middle School Context

At the center of this OIP is Corn Hill Middle School (CHMS), a pseudonym, one of the many HRDSB elementary schools with a shared guidance counsellor. The school is a hub that offers numerous activities geared towards supporting students. Student leadership groups promote their peers’ voices and encourage classmates to enact change. A wide variety of extra-curricular athletic programs exist throughout the school year; there is also a heavy emphasis on

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visual and performing arts, both within the curriculum and led by community partners during the school day. There is a commitment to providing equitable access to technology and other opportunities that extend and enrich classroom learning for all students. School leaders at CHMS aim to provide the students with unique experiences that will enhance their educational experience. As a guidance counsellor at CHMS, I too support staff and administration in building community connections to enhance the teaching and learning experience as well as the promotion of programs to extend classroom programming.

In the classroom, there is a strong focus on developing numeracy and literacy skills, with renewed focus on inclusion and the infusion of culturally-relevant pedagogy. Commitment to student achievement and well-being through engagement is at the core of the leadership practices at this school. This is evident through CHMS's School Improvement Plan (2016), which outlines at foci on addressing the social emotional needs of students. In order to meet this goal, the school explores innovative ways to combine the practices of mindfulness and healthy, active living with classroom learning, in an effort to support students' emotional well-being and, in turn, their academic achievement. The HRDSB's 2015 Environmental Scan shows recognition that the one way to reduce the achievement gap involves addressing the students' social-emotional needs on a school-wide level; all learners must be brought together in this mission, as outlined by board directives and embedded in the School Improvement Plan. School-wide data provides a picture of the support necessary for students' emotional needs, as implied by the internal and external factors that impact their abilities to be successful.

In the CHMS community, many challenges affect student achievement and drive the need to enact initiatives that will support student mental health and well-being. Firstly, the school is located in an inner-city area with a total population of over 300 students with representation from over thirty countries. There are large African-Canadian, Caribbean, Asian, and South-East Asian

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components in the student population. In recent years, there has been an increase in enrolment of students who come from areas of turmoil and conflict, such as Turkey and Syria. Approximately 60% (Anon., 2016) of the students identified a language other than English as their primary language. An estimated 25% (Anon., 2016) are identified as English Language Learners (ELL) or English as a Second Language Learners (ESLL) who require moderate to intensive language support. The linguistic and demographic makeup of CHMS speaks to the need for an inclusive approach to mental health, well-being, and student support. This inclusive approach must involve efforts to address language and cultural barriers so that students and parents of diverse backgrounds (Ainscow & Sandill, 2010) feel acknowledged and supported. As outlined by the work of Habib (2012) in a similar community, a culturally-sensitive attitude will serve to give all members of the school community an equal voice. In order to meet these considerations, leadership will need to model behaviour that is sensitive to and responsive of the multicultural context of the school community; leaders must show a willingness to actively engage and communicate with those who may have traditionally felt excluded from such conversations. Hence, a social justice lens will also be employed to glean an analytical perspective of the barriers that impact mental health promotion. The term social justice, as noted by Ryan (2006) and Theoharis (2010), refers to addressing of issues of marginalization and inequities. As the current guidance counsellor at CHMS seeking to enact change, I will align shared and inclusive leadership practices to address implementation challenges and to infuse mental health and wellness into the climate and culture of CHMS.

Another factor driving the need for change is the fact that over 85% (Anon., 2016) of CHMS students are from low-income families, with limited access to resources that address social and emotional needs both students and their families. Garrison, Roy, and Azar (1999) note that, "Delivering mental health services through the school system, then, can address key

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financial and structural barriers that often prevent children from receiving services need for mental health problems” (p. 105). Furthermore, Cushon, Waldner, Scott, and Neudorf (2016) postulate that, “School is an obvious setting for mental health promotion because this can avoid the need to single out adolescents and their peer groups” (p. 578). For his part, Villalba (2006) argues that schools should work towards providing a more holistic approach to student wellness. Given the socioeconomic conditions outlined above and the supporting literature, there appears to be a consensus that schools should play a more significant role in promotion of their students’ mental health and well-being.

Finally, Williams, Jones, and Bailey (2013) postulate that approximately 39% of the student-age population who reside in the feeder neighbourhood of CHMS are from single parent homes. Limitations of single parents may impact parental engagement and thereby efforts to increase awareness around mental health and services in the community itself. Furthermore, the diversity of the school community, coupled with societal perceptions around mental health issues, at times presents challenges to supporting families in need. The linguistic diversity of students along with the socio-economic challenges of this community is another factor that may influence awareness (*Reflections of Me*, 2003; Habib, 2012; Cushon et al., 2016) as well as access to services, hampering efforts to address the needs of students and their families. The recognition and efforts to address such challenges aligns with the aims of social justice leadership. It is therefore necessary that the infusion of mental health and wellness initiatives into this school community be aligned with leadership principles that will challenge the status quo around mental health issues, both within and outside of the community. A leadership approach that seeks to change perceptions must be framed by a willingness to reach beyond the conventional avenues for change (Furman, 2012; DeMatthews et al., 2016; Arora &

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Bohnenkamp, 2016) and seek to be more inclusive and responsive to the unique needs of CHMS.

Guidance counsellors are exposed to many stakeholders in a school community. As such, they offer an informed perspective on issues and challenges faced by those who feel marginalized. In discussing Nadler and Tushman's Congruence Model (1989), Cawsey et al. (2016) posit, "Change leaders need to...identify key leaders in the organization who can facilitate the needed change" (p. 72). I have chosen to focus my OIP on Corn Hill Middle School because I am the guidance counsellor assigned here. My role can be regarded as an internal change agent; I am in a position that offers the opportunity to facilitate both internal and external transformation. My connection with stakeholders and the collaborative nature of my position allows for a somewhat omniscient point of view, taking in the experiences of many community members. It is within this context and through such connections that I will take the lead in supporting administration and working with staff to enact changes focusing on student well-being.

Problem of Practice

Well-being is a concept with varying definitions. In the context of this OIP, the definition provided by the Government of Ontario will be used. It states:

Well-being is a positive sense of self, spirit and belonging that we feel when our cognitive, emotional, social and physical needs are being met. It is supported through equity and respect for our diverse identities and strengths. Well-being in early years and school settings is about helping children and students become resilient, so that they can make positive and healthy choices to support learning and achievement both now and in the future. (Government of Ontario, 2016a)

This wide definition encompasses the many facets of what it means to be mentally healthy and the implications for students' future development. From a youth perspective, "being mentally healthy helps us to do better at school, make a good living, and be physically well" (Mental Health Commission of Canada, 2013, p. 8). This sentiment illustrates that issues around

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mental health and wellness amongst young Canadians may have potentially long-lasting impact on their achievement, academic success, and overall well-being. The same report notes that 70% of young adults identified childhood experiences as the time of onset of symptoms associated with mental health issues. The HRDSB's Environmental Scan (2015) indicates similar findings, showing that this pattern is also an area of concern at the district level. Combatting mental health issues through education is necessary as according to Frabutt & Speech (2012) there is growing evidence that school-based efforts can have a positive impact on students' overall well-being.

At CHMS, concerns around mental health are evident in a variety of ways. Most notably, there has been an increase in student referrals by staff for both internal and external supports to cope with issues such as: stress, anxiety, depression, self-harm, and destructive behaviour patterns that require intensive intervention. These concerns are not unique to CHMS, as similar fears were evident in the HRDSB's Environmental Scan (2015) and 2013 Student Census. As these issues grow and become more prevalent, school staff and officials not only at CHMS but also other school districts are expressing feelings of frustrations, being overwhelmed, underprepared, and ill-equipped to support students (Baldree, 2014; Jackson, 2017). As a middle school guidance counselor, I am called upon to support administration, staff and parents to provide direction in addressing the mental health needs of students. However, I have found that internal and external factors hamper the effective implementation of ministry and board policies. The realization that such barriers exist avails me the opportunity to take on a leadership role in the change process to support the school community in addressing the social-emotional needs of the student body. Whitley (2010) argues that a focus on mental health in education is beneficial to all stakeholders in both the short and long-term and should therefore be an area of focus for everyone involved in the education sector.

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It is within this context that the problem of practice will focus on addressing barriers that inhibit the implementation of mental health policies at CHMS in Southern Ontario.

Leadership Position Statement

In seeking to address the above problem of practice, a social justice lens in conjunction with principles of shared and inclusive leadership will be applied to the leadership strategy and the change process to support the school community. According to the literature, leadership with a social justice focus works to foster and create equitable practices that support all learners despite race, gender, socio-economics, sexual orientation, or class (Brown, 2004; Evans, 2007; Theoharis, 2007; Jean-Marie, Normore, & Brooks, 2009). However, a concise definition of social justice remains ambiguous in the literature. Furman (2012) states that it is, “an umbrella term with multiple meanings” (p. 193); Blackmore (2009) postulates that social justice covers a range of terms which include affirmative action, equality, and diversity, with various terms “taking on different meanings in different national context, each has its limitations” (p. 7). What remains consistent is that the principles of social justice are based on creating just conditions for those who have been traditionally underserved. CHMS is predisposed to such inequities due to its location and other challenges faced by the community as outlined later in the PESTE analysis in Chapter 1. Jean-Marie et al. (2009) contends, “school leaders are potentially the architects and builders of a new social order wherein traditionally disadvantaged peoples have the same educational opportunities, and by extension social opportunities, as traditionally advantaged people” (p. 4). In this regard, using a social justice lens to support CHMS will work to create conditions to better meet the social-emotional needs of the student body as there is focus on changing the status quo for the betterment of students and families.

In conjunction with social justice, shared leadership is also central to the OIP. It can be defined as, “a dynamic, unfolding, interactive influence process among individuals, where the

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objective is to lead one another toward the achievement of collective goals. This influence process often involves peer influence and at other times involves upward or downward hierarchical influence” (Pearce, Manz, & Sims, 2009, p. 234). Its principles are applicable to this OIP as the concept focuses on a communal effort to achieve the desired goals. Fletcher and Käufer (2003) further note that, "Shared leadership signals a shift from individual achievement and meritocracy towards a focus on collective achievement, shared responsibility, and the importance of teamwork” (p. 23). In essence, shared leadership relies on the abilities of both formal and informal leaders, like myself, those who are able to influence others in driving change. Shared leadership promote a team approach (Pearce & Barkus, 2004; Pearce et al., 2009; Northouse, 2016) to organizational change and supports capacity-building, as described in the writing of Fullan (2002; 2016); the district’s strategic goals for developing others; and the principles of the Ontario Leadership Framework (Institute for Education Leadership, 2013). Shared leadership aligns well with: a) Bolman and Deal's Human Resource Frame (2008), which speaks to individuals being at the core of an organization; b) Nadler and Tushman's Congruence Model (1989), which focuses on identifying and developing individuals to support larger organizational goals; c) the Mobilization stage of the Change Path Model (Cawsey et al., 2016), all of which serve as theoretical foundations for implementing the change process that is the focus of this OIP.

The principles of inclusive leadership are often parallel to those of shared leadership and are also relevant to this OIP. Inclusive leadership involves being collective in nature, with an emphasis on embracing the voices and experiences of those who have traditionally been marginalized, excluded or underrepresented (Ainscow, 2005). Ryan (2015), as well as Hoppey and McLeskey (2013), noted that administrators who adopt an inclusive leadership style tend to value relationships that are collaborative and they also portray respect for the voices and input of

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stakeholders. Ryan (2014) further comments that inclusive leadership is not necessarily top-down in nature. As such, the underlying principles of inclusive leadership motivate followers to reach out in an effort to facilitate the change process. As is the case with shared leadership, inclusive leadership can be affiliated with The Change Path Model (Cawsey et al., 2016), which seeks to engage organizational members during the Mobilization stage as well as the Acceleration stage. The goal here is to empower and build continued momentum during the change process. Inclusive leadership principles can be applied to the Human Resources Frame (Bolman & Deal, 2008), a perspective on organizational change that is geared towards developing individuals within an organization. The Congruence Model (Nadler & Tushman, 1989) focuses on how well various components work together to transform an organization.

In working to bring about change, it is important to integrate leadership frameworks that promote collaboration with stakeholders. Administration support for any change initiative is essential (Weare & Nind, 2011; Leadbeater, Gladstone, & Sukhawathanakul, 2015) but for non-formal leaders like myself, ongoing leadership styles that promote capacity building and developing others are necessary as, without staff ownership, change initiatives will not succeed.

Perspectives on the Problem

Historical Overview: According to the World Health Organization (2010),

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community. (p. 1).

These sentiments were echoed in *Changing Directions, Changing Minds*, a report published in 2012 by the Mental Health Commission of Canada that identified the promotion of positive mental health as one of its key strategic foci. Specifically, this document stresses the need to, “Promote mental health across the lifespan in homes, schools, and workplaces, and

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prevent mental illness and suicides where possible” (Mental Health Commission of Canada, 2012, p. 7). It further provides strategic direction for the enactment of policies at the provincial level to meet such aims. The provincial strategy outlined in *Open Minds, Healthy Minds* (2011) provides a comprehensive plan to increase awareness, reduce barriers and support those experiencing mental health challenges. This vision is based on a premise of shared ownership and leadership with industries, including school districts, to ensure that mental health issues are addressed in all sectors of society.

The HRDSB has its own strategic goals, set out in configuration with provincial and federal objectives, as do all school boards in Ontario. To maximize efficacy, it is important to evaluate these initiatives from a variety of perspectives; in this manner, we strive to understand the wider context of the change process and to overcome barriers that hinder implementation.

Educational leaders are faced with balancing numerous competing priorities. In many cases, the focus on high stakes testing, increasing numeracy and literacy scores (Blackmore, 2009; Jean-Marie et al., 2009) remains a top priority. The HRDSB is no exception; consideration of mental health and wellness needs vies with attention to system initiatives that yield tangible results. Nevertheless, the board’s strategic plan did identify a correlation between academic achievement and student wellness. The HRDSB does, then, recognize that schools need to balance student academic achievement with the provision of skills meant to enhance emotional well-being. This idea is reinforced by Leadbeater et al. (2015) who point to increased academic performance as one result of evidence-based mental promotion in schools. Schools must balance the focus on academic results in partnership with the search for and implementation of strategies aimed at improved mental health in order to achieve a positive impact on student performance.

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In addition to the obstacle of competing priorities, a lack of specific teacher supports also impedes progress in dealing with student wellness. Despite recognition and commitment to supporting student well-being, there seems to be a lack of adequate resources, human and otherwise, to address and implement the strategic goals. The provincial-level launch of the program School Mental Health Assist (Short, 2016) was meant to liaise between school boards and the provincial government. It has indeed led to the creation of resources as well as the launch of mental health lead positions at each Ontario school board. At the HRDSB, two Mental Health Lead roles exist; their responsibilities include gathering and sharing information that gives guidance counsellors opportunities, despite their limited access to schools, to work with all stakeholders. The broad cast of their net, however, limits their capacity to support individual schools. Hence, the idea of shared leadership comes into play, as this approach can help to reach school staff, extending the circulation of knowledge and skills. In working to reduce staff deficit around mental health issues, communication, on-going training, and opportunities for discussion will bring renewed insight and resources (Langley, Nadeem, Kataoka, Stein, & Jaycox, 2010; Mazzer & Rickwood, 2015). The work of Freeman, Wertheim, and Trinder (2014) gives a voice to teacher perspectives on the change process. Their interpretation of feedback from teachers provides analysis of how best to meet staff needs, thereby reducing barriers and resistance during the mobilization stage of the Change Path Model (Cawsey et al., 2016). Consequently, opportunities for shared leadership are essential, as this form of networking will lead to increased awareness and the creation of conditions that are conducive to implementing wellness programs; in other words, a happier, well-equipped, and more prepared staff.

PESTE Analysis

As previously established, CHMS is located in a marginalized community. The members of this community have their own unique set of factors that influence mental health and well-

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being needs. A PESTE Analysis, as outlined by Cawsey et al. (2016) will be incorporated to shed light on five factors that drive the need for change: political, economic, social, technological, and environment. The Congruence Model of Nadler and Tushman (1989) is employed to address environmental factors and the need to: “Determine how these factors, singly or collectively, create demands, constraints, or opportunities” (p. 38). The ensuing analysis will outline how external influences impact the need address to student well-being at CHMS.

Political Factors. The international impact of global conflicts has brought families from areas of turmoil to the community around CHMS, leading to an increase in enrolment of students who are new to Canada. The embedding of wellness programs in the classroom, and in the school culture as a whole, can serve as a starting point in addressing the emotional needs of these newly arrived students. An additional benefit of these programs is clarity and sensitivity for the rest of the population. The collaboration of services and individuals within the school will provide opportunities for inclusive conversations, as well as access to a range of school-based support staff with which students and families can connect.

Economic Factors. The marginalized community around CHMS faces numerous challenges. There are high rates of unemployment and poverty, as well as a lack of adequate employment opportunities, leaving families to struggle to meet basic needs. These economic factors limit access to services, impacting the overall mental health and well-being of families who struggle to survive. It is important to note that statistics in this area indicate that 39% of families are single-parent, female-headed units with two or more children (Williams et al., 2013, p. 45). This places an enormous strain on the financial and social-emotional well-being of students and adults alike.

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Social Factors. There is a current trend toward increased focus and awareness around mental health issues amongst Canadians in general. In 2013, the National Report included a youth perspective, giving a voice to the challenges faced by young Canadians. There is a focus at both the federal and provincial level to develop strategies that will meet the mental health needs of our ever-evolving society. The duty to educate and reduce stigma has taken the national stage. In the context of CHMS, social challenges associated with crime and violence are also a motivating factor that is spurring the need to move forward with this change initiative at the school level. Beyond that, an increase in students seeking support from guidance counsellors and other staff, around issues such as stress and anxiety, indicates a need for student-centered strategies aimed at overcoming the challenges that impact learning.

Technological Factors. The proliferation of and access to technology is another factor that is guiding the need for change in how schools address issues around student well-being. While technology has opens doors to support and information, it also has a darker side. It brings to life a cyber world of relationships and interaction that includes cyber-bullying which may adversely impact student mental health, sense of belonging as well as self-esteem. Social interaction stemming from near-constant access to technology can result in harmful and destructive behaviours, which I believe can impact student performance and attention span. Excessive access to technology can also lead to addiction and potentially other health concerns. Consequently, education around technology-related access and safety should be included in action around student mental health and well-being.

Environmental Factors. The challenge-ridden location of CHMS leaves it vulnerable to longstanding stereotypes about the community in terms of student success and achievement. Students themselves are routinely exposed to trauma and crime, with limited access to resources and programs that can effectively meet their social-emotional needs. The influx of immigrants

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has changed the dynamics of the community, and as such mental health-related issues will remain an area of focus. The multicultural environment requires equally diverse efforts to touch all members of the community; mental health support for students must be varied and far-reaching.

Analysis of Literature to Support the PoP

An analysis of the literature around the promotion and implementation of mental health and well-being identified a variety of factors to be considered in moving forward with this OIP at CHMS.

In the first instance, the institution of school was identified in various works (Garrison, Roy, & Azar, 1999; Villalba, 2006; Langley et al., 2010; McCullough, 2010; Vieira, Gadelha, Moriyama, Bressan, & Bordin, 2014; Mazzer & Rickwood, 2015; Cushon et al., 2016) as the ideal location to address issues around mental health, with the potential for early detection being a priority. There is a consensus in the literature examined that schools are neutral grounds for providing access to the student-age population, and therefore the ideal platform on which to establish active and on-going promotion of mental health and wellness. Research by Vieira et al. (2014), along with the 2012 Mental Health Commission of Canada report, identifies the onset of mental health issues to begin in early childhood; detection, support, and access to services are therefore critical at the elementary level. Furthermore, Mazzer and Rickwood (2015) note that as essential life skills are taught in an educational setting, awareness and knowledge around what it means to be mentally well should also be included in schooling.

The literature studied also points to the need to support and train staff. An Australian study by Mazzer and Rickwood (2015) highlights a deficit in the ability of teachers to recognize the social and emotional issues faced by their students, as well as a lack of suitable skills to support these students. The studies of Vieira et al. (2014) on Brazilian teachers suggest that this group of

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educators were unable to identify students who internalized mental health issues. The Brazilian teachers were able to detect external signs of mental health distress but faced challenges in separating normal adolescent behaviour from conduct indicative of poor mental health. This finding can be interpreted to mean that there may be delays in accessing support services due to educators being ill-equipped to identify student needs. This points to teacher deficit in mental health education (McCullough, 2011; Jackson, 2017) and the need to properly train our educators in matters of mental health and shows the advantage of embedding emotional wellness programs into the classrooms and culture at CHMS. To maximize access to and utilization of resources, there is also a need to clarify and potentially expand the role of school support staff including social workers and school psychologist as outlined in research by Splett, Fowler, Weist, McDaniel, and Dvorsky (2013). The importance of developing the individual is an integral component of the Human Resources Frame by Bolman and Deal (2008); this concept is also raised in the studies by Fullan (2016) as well as Harris (2001) around capacity building for school improvement.

In the context of this OIP, capacity building through partnerships with the health care sector may prove beneficial to the CHMS community. The literature (Deschesnes, Martin, & Hill, 2003; Langley et al., 2010; Mellin, Ball, Iachini, Togno, & Rodriguez, 2017; Runge, 2017) points to a lack of connection between the educational and health care sectors. Coordination between these two fields would open many doors for all members of the school community. An increase in communication and collaboration between educators and health care workers would serve to build bridges between schools and external services; teachers would benefit from insight into the specialized skill set and knowledge of mental health professionals (Mellin et al., 2017); expertise and input from health care professionals can tailor mental health programs to classroom practices. Upon examination of School-Wide Positive Intervention Behaviours and Supports

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(SWPBIS), Runge (2017) declares a need for strong partnership between schools and other agencies working to support mental health and well-being.

The literature advises conducting a needs assessment to identify gaps and adapt programs and services to the community being served. The data collected can be used to streamline resources and supports appropriate to the emotional needs being targeted. Furthermore, the gap analysis can be used to determine what evidence-based programs are best suited to the community in need. The Hexagon Tool Model by Blasé, Kiser and Van Dyke (2013) as cited by Runge (2017), as well as the School Mental Health Assist Decision Making Tool (Short, 2016) are examples of tools to address deficits in schools and point out obstacles. Data collection is the foundation on which a future vision for CHMS can be created, drawing on both the Change Path (Cawsey et al. 2016) and Congruence Models (Harris, 2001).

Internal Data Analysis. Statistics will be drawn from district studies to enhance the development of the OIP. The HRDSB Environmental Scan (2013-2014) and Student Survey will provide data for the gap analysis as part of the Awakening Stage of the Change Path Model (Cawsey et al. 2016). Data from CHMS's own School Climate Survey (2016) will provide local context for comparison; this data will further justify the need to embed wellness practices into classroom routines. Anonymous staff insights collected by CHMS's administrative team as part of their year end review will also inform the OIP, as it illuminates challenges and issues that are pertinent to staff in addressing mental health concerns. Together, staff and student data can be interpreted to create a list of steps that will guide the path to shared leadership; combining the needs of both staff and students will shape the development of appropriate opportunities that will extend to all members of the school community.

External Data Analysis. For the moment, the PoP will be supported by findings reported from the Mental Health Commission of Canada (2015) and continued evaluation of the literature.

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These documents will provide a larger framework for outlining mental health and wellness needs at CHMS. Additionally, these sources provide a reference point against which the district and school data collections can be compared.

Guiding Questions Emerging from POP

The literature indicates that schools can play a productive role in promoting awareness around mental health and wellness issues. Challenges to a school's efficacy are found in the consistency of delivery and implementation of resources. The following questions have emerged pertaining to the problem of practice and the development of the OIP:

- How can CHMS work to overcome the local and systematic obstacles that prevent effective address of its student body's mental health and wellness needs, while being considerate of external factors which impact students' daily lives?
- Is collaborative inquiry a viable way to build capacity and move CHMS forward, in terms of the implementation of mental health and wellness initiatives? Will such an effort provide teachers with adequate time to dialogue, discuss, and plan a course of action that can be used to support classroom practices?
- The district's vision places emphasis on the significance of student participation in the development of its future: "The voice of students plays an integral role in engagement and mentorship. Students offer a unique perspective that contributes to the promotion of a healthy and positive youth environment" (HRDSB, 2016). In this spirit, how can student engagement be incorporated into the solutions that will support the mental health needs of the school community?
- To what extent can board and community personnel contribute to the development of a more inclusive and culturally responsive environment with a focus on student mental health needs?

Challenges Emerging from the POP

A number of obstacles stand in the way of finding resolution to the problem of practice. The first of these involves the attitude of staff, who may not feel that a focus on student mental health and well-being is a valid area of concern; some may feel inadequately prepared to deal with mental health issues and others may feel that training around and involvement in matters of mental health is not suitable to their role as educators. The work of Mazzer and Rickwood (2015) suggests that many educators feel that a lack of confidence and qualifications blocks them from engaging in discussion and activities with their students around the theme of mental health. Many teachers are also already struggling with their workload (Baldree, 2014; Freeman et al., 2014), resulting in resistance to the added responsibilities around addressing students' mental health needs. The atmosphere among staff at many schools, including CHMS, may not be completely open to the infusion of classroom and extra-curricular wellness programs. Although specialized district personnel, such as Mental Health Leads and Social Workers, may be available on a semi-regular basis, this is not enough to combat the misgivings of many staff, who hesitate to take on extra responsibilities and would prefer support staff be present and available at all times. Staff needs to be active participants in the planning and implementation process.

Bolman and Deal (2008), as well as those who established the Change Path Model (Cawsey et al., 2016), comment on the advantage of identifying a charismatic and influential leader, or team of leaders, to motivate others during the change process. Given the demanding factors involved with the introduction of a new initiative (diversity of programs; budget; training; etc), as well as the factors that are viewed as competition (numerous other district initiatives; time management constraints; etc), finding a base of support amongst committed staff is challenging. In seeking to embed wellness programs, staff participation is critical; the responsibility cannot lie solely on the shoulders of myself as the key change agent and

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administration. However, staff buy-in and ownership is not easily won-over. In order to make wellness programs a success at CHMS, or any school, staff must be inspired to get involved and as a key change agent I play a role in ensuring that this happens.

Leadership-Focused Vision for Change

Learning environments that are nurturing, safe, and mindful will promote development of the whole child. The leaders at CHMS recognize that this type of comfortable, supportive atmosphere is the key to student success. The embedding of mental health and wellness initiatives into classroom programming and school-wide activities will have a positive effect on the entire school community. Students will be given coping strategies that will improve their academic and personal lives; they will share these with their peers at school and their families at home. As a key change agent, working with school staff and administration to build their own skills and share ownership of mental health initiatives will foster that collaborative atmosphere that is conducive and receptive to the change process. Contributions of staff will compliment those of myself as a leader, and vice versa. In this manner, both shared and inclusive leadership practices will thrive, while all members of the school community celebrate the themes of cooperation and social justice.

To reach this ideal state of connected partnership, professional development opportunities are critical. The staff of CHMS must be given experiences to engage with board specialists and community agencies; training around human and financial resources; occasions to participate in professional development (Freeman et al., 2014; Mazzer & Rickwood, 2015; Mellin et al., 2017) around student well-being. Throughout, progress must be monitored to gauge efficacy and relevance. As the school's focus advances, the goals of staff must similarly evolve. Given my capacity as vital champion of the change process, I can work collaboratively with administration to expand and explore such partnerships to support the desire to bring about change.

Organizational Change Readiness

Using Cawsey et al.'s (2016) Organizational Readiness Tool to assess the leadership at CHMS, the school appears open and willing to begin a change process that will improve support of and achievement by all students. The school's leadership efforts are driven by larger system goals, which run parallel to both provincial and national goals. There is a strong emphasis on developing awareness and capability in staff and students, with the end goal of fostering a culture that champions positive mental health and well-being, in combination with academic success. Although generally favourably disposed to change, some reluctance remains amongst the staff, which will need to be an area of focus preparing for the OIP.

Several frameworks for change will be applied to address readiness in this problem of practice. The Change Path Model work of Cawsey et al. (2016) provides one context that will serve to capture the essence of the organizational change process involved in this potential transformation. The Change Path Model outlines four distinct processes used to provide guidance for leading organizational change. The first stage of this model, the Awakening, involves creating awareness amongst staff of the need for change; this is followed by the articulation of the future vision. Clear and effective communication which will be discussed in Chapter 3, as this helps to ensure that the message of change is understood by all involved (Kotter, 1995; Elving, 2005; Beatty, 2015) and that the future goals are in line with those of the school community and board. In an educational setting, where there are often several conflicting priorities, school leaders must be sensitive to staff attitude towards change. In seeking to illuminate staff on the need to prioritize mental health, results of quantitative and qualitative data can provide inspiration for action. Data from internal sources and external sources highlight gaps that exist between the current and the desired state. A strong grasp of the facts, political, environmental, social and otherwise, leads to informed decisions; statistics can be used to

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explain the need for change and propel the school community towards the mobilization stage of this model. As cautioned by Cawsey et al. (2016), the need for change may not be evident to everyone; as a result, leaders will need to seek out engaging strategies to encourage stragglers to embrace the new path.

During this process, it is essential that administration be mindful of including community stakeholders so that everyone feels part of the process. To be sure, the diversity of the school community and the challenges associated with parental engagement may prove problematic; creativity and patience will serve to ensure that fringe groups are not further marginalized and their needs are met. Here, a leadership lens that is social justice oriented will be intentional in working to develop and foster relationship (Furman, 2012) with those who have been excluded from school life. The work of Oser, Beck, Alvarado, and Pang (2014), along with that of Habib (2012), provides a reference point for diverse school communities. The acceleration stage of the Change Path Model (Cawsey et al., 2016) is focused on developing solutions; stakeholder participation will ensure that the process is credible and responsive to the unique needs of the school community. The final stage of this model highlights the emergence of a new culture around the desired aims. This rejuvenation is connected to the symbolic frame, as outlined by Bolman & Deal (2008). Furthermore, it speaks to the potential re-culturing of schools, a concept that involves all components of the school community working together to achieve the same desired outcomes.

The Change Path Model (Cawsey et al., 2016) aligns well the larger aims and direction of the HRDSB, in that both call upon all pertinent schools to apply internal data to the development of solutions that will serve the unique needs of an educational community. The pursuit of this particular model of organizational change will result in an action plan that is tailored to the needs

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of both staff and students at CHMS, and will produce tools and resources that are unique to its individual character.

Assessment of CHMS, using Cawsey et al.'s (2016) analysis tool, reveals areas needing growth. CHMS appears to lack readiness for change, as expressed by the following areas: the school's previous experience with change; the school's readiness dimensions; measuring of the school's preparedness for change and accountability. These factors are all interconnected through a vulnerability to limited direction - change leaders are sometimes tasked with implementing new initiatives that do not fit the confines of their space and resources, leaving staff feeling overwhelmed and under-supported. This situation can lead to a decline in staff morale, as educators are faced with increasing demands to meet system goals while being left without adequate time to share their concerns or reflect on the implications of new practices. Further complications arise when there is no clearly established vision or definition of what the organization desires. In this regard, the policy around student well-being at the onset of this OIP is still under construction, and thus poorly enacted at CHMS. A central vision has emerged, but there are no clear methods in place to measure or evaluate the school's progress. Hence, efforts seem to lack consistency, direction, and cooperation.

Communicating Change Plan

Good communication leads to good results, in any situation. In the context of this OIP, transparent and on-going communication with stakeholders – staff, parents, students, community members – will lead to effective change. Clear explanations, thoughtful information, and consistent progress reports will serve to establish a strong outline of the vision, build coalitions, and incite support of the desired changes. Bolman and Deal (2008) note that, "Managers often fail to get things done because they rely too much on reason and too little on relationships" (p. 212). While action is necessary to create change, it can only happen if everyone works together.

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Communication is an effective tool (Armenakis, Harris and Mossholder, 1993; Kotter, 1995; Beatty, 2015) in fostering relationships and creating a culture that is positively responsive to the change process. Feeling informed brings people together in knowledge, giving everyone equal access to context, rationale, and insight. The mobilization and acceleration stages of Cawsey et al.'s (2016) Change Path Model lack traction without good communication, as this ingredient is necessary to measure the desired results. In moving forward with the OIP, ongoing dialogue and information sharing by myself and administration at staff and divisional meetings will be encouraged, as these practices will ensure proper and reliable monitoring of the change process and its impact on the school community. Dialogue will be centered on the sharing of information and ideas; change agents will be tasked with prioritizing communication as a means to solicit change and facilitate the vision. Feedback is an element of the Congruence Model (Nadler & Tushman, 1989) that is relied on as a vehicle for improvement and revision. The overall goal of communication should always be at the forefront of any exchange: to build capacity and increase staff ownership of mental health and wellness initiatives.

Opportunities for dialogue with colleagues and board professionals will allow for discussions around best practices and how to incorporate programming in order to maximize efforts. In seeking to ensure that teachers are equipped with the resources and knowledge needed to implement the aims of the OIP, open dialogue becomes the key to building confidence. Information gathering and sharing will highlight obstacles and initiate evidenced-base and solution-focused discussions. Furthermore, open communication supports the principles of the social justice lens, which seeks to honour and respect the voices of the marginalized as a way to address and remove barriers associated with the implementation of mental health initiatives at CHMS.

Conclusion

Chapter 1 provides a broad overview of the Problem of Practice; ensuing chapters will explore the issues around it. The contextual information outlined in this chapter will heretofore be further developed through the study of leadership approaches and practices, as these are geared towards the effective embedding of student mental health and well-being initiatives into the culture at CHMS.

Chapter 2: Planning and Development

Introduction

Chapter 1 of this OIP introduced the problem of practice and the organizational context. This next chapter will focus on adopting leadership practices to support the implementation of mental health initiatives in the school community. Against this backdrop, there will be an exploration of organizational change theories that complement leadership approaches. The overall goal remains that of moving CHMS forward in its efforts to support student mental health and well-being. In order to appropriately tailor support for needs specific to the CHMS student body, it is important to identify areas of need; this will be achieved through a critical organizational analysis. The culmination of this process in Chapter 2 will lead to the development of solutions in going forth, as well as strategies for communicating with stakeholders as the school strives in a new direction.

Leadership Approaches to Change

The role of a leader involves using influence to motivate others into action. In the case of CHMS, leaders, myself included, must identify the goals they wish to achieve, and work to effect change. They must bring their team together to produce results that will culminate in organizational transformation. In this understanding of the role of a leader and from a guidance perspective, a shared and inclusive leadership framework through a social justice lens will be

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applied to develop the aims of this OIP. As described in Chapter 1, shared leadership relies on the interaction of formal and informal leaders to bring about change and focuses on the collective strengths, as opposed to the individual, to support larger organizational aims (Pearce & Conger, 2003; Fletcher & Kaufman, 2003). The work of Pearce & Barkus (2004) further contends that in shared leadership, team members must be willing to assume a leadership position and to guide the team in order to maximize the outcomes.

It should be noted that within the literature, the term ‘shared leadership’ is sometimes used interchangeably with the terms of ‘distributed leadership’ or ‘team leadership’ (Pearce & Barkus, 2004; Bergman, Rentsch, Small, Davenport, & Bergman, 2012; Northouse, 2016). The work of Fitzsimons et al. (2011) asserts that the term ‘shared leadership’ originated within the literature around team leadership, resulting in a strong connection between both frameworks. Team leadership, as outlined by Hill (2015), “...is a specific type of group composed of members who are interdependent, who share common goals, and who must coordinate their activities to accomplish these goals” (p. 287). Northouse (2016) contends that the role of the leader is to analyze the problem in question and gauge what actions must be taken for the team to work effectively to complete their desired mandate. One can argue that shared and distributed leadership are on a continuum under the team leadership paradigm, as they both represent a collective approach to leading organizational change.

Although often used interchangeably, there are differences between the concepts of shared and distributed leadership. Under the principles of distributed leadership, a formal leader maintains control and direction over the actions of his/her group, with the goal of meeting larger organizational goals. Distributed leadership, according to Spillane (2006) and as cited by Blackmore (2013) places an emphasis on the interaction between leaders and team members in striving to meet larger organizational goals. It is my understanding that while there are shared

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goals and visions, the emphasis on developing relationships in an effort to foster the leadership abilities of the entire group may not be an essential component of this framework. As an informal leader, shared leadership is more realistic in creating that foundation and building a support base amongst staff to engage in the change process.

The emphasis of shared leadership on building the skills, talents, and unique abilities of all team members involved in the process (Pearce et al., 2009) is essential for success. There is equal prominence on developing relationships and providing support to those involved in the process; this idea will be explored later in the chapter. These components of shared leadership align with the Human Resources Frame of organizational change as outlined by Bolman & Deal (2008), which will be used in advancing the aims of this OIP. In the quest to promote awareness around mental health and well-being and as the key change agent, I have to focus on developing human capital. Because the principles of shared leadership are in line with both the board's leadership directive and the Ontario Leadership Framework (2003), it is possible to place an emphasis on guidance toward meaningful change. As school leaders journey towards learning and development, staff and students travel along with them.

At CHMS, a willingness to expand leadership opportunities is crucial to the effectiveness of this OIP. Diversity of ideas and opinions can lead to creative solutions and as a key proponent of this change, I will assume a leadership role in soliciting and facilitating opportunities to engage those voices. The pooling of collective ideas from a cross-section of the staff will enrich the overall perspective and thereby heighten the results. Making the most of opportunities to engage with parents and school community members allows everyone to feel like a part of the process. Sharing the responsibilities and platform are characteristics of inclusive leadership practices, as outlined in Ryan (2006). The connection to inclusive leadership will strengthen the resolve of this marginalized community; when the external factors of the PESTE analysis

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(Chapter 1) flare up, everyone will need to work together to maintain focus and stay on track.

My guidance background will be an asset in bringing stakeholders together for a common good.

Reliance on group collaboration to reach a desired goal plays a key role in the application of shared leadership and is therefore a priority of this OIP. In moving towards embedding wellness in classroom practice, it is essential to empower not only the formal leaders but also those in informal roles. Cooperation amongst parents, staff, and administration lends itself to a school culture that is inclusive, supportive and responsive to the mental health and well-being of students. In helping other team members to develop skills and strengthen capacity, administration and myself need to model the very behaviour that will be sewn into the culture and fabric of the school community. This interpretation is described by Fullan (2016) and Heward, Hutchins, and Keleher, (2007). Encouraging relationships among individuals with common goals and interest will enhance the school climate, setting the stage for teaching and learning conditions that are receptive to the needs of all involved. A cohesive environment tends to be accepting of change. When leadership responsibilities are shared among team members, there are more people to rely on for support and direction.

The duty to serve multiple schools limits my abilities as a guidance counsellor; the potential to fully engage staff cannot be realized without full commitment to one institution. This lesson can be applied to the needs of CHMS. A committed internal capacity within the school is critical to the development, implementation, and success of this initiative. In describing the role of a leader, Kotter (2013) contends that, “Leadership is about vision, about people buying in, about empowerment and, most of all, about producing useful change. Leadership is not about attributes, it’s about behaviour” (p. 2). This description of leadership aligns with the goals of this OIP, as both approaches seek to bring about meaningful and lasting change. An effective leader will rely on the skills and abilities of his/her team; a collective effort

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will propel change in moving forward. Mutual influence across team members is necessary in any collaborative project. The part-time status of my agency as shared guidance counsellor is proof of the holes left by limited interaction. The inclusive approach of shared leadership, as outlined by Harris (2004) and Alanezi (2016), is motivating and effective, resulting in strong bonds and unique efforts that are reflective of the school community.

Shared leadership opportunities can mobilize staff to bring about the necessary changes to move a school forward. The mobilization of staff is an integral component of the Change Path Model (Cawsey et al., 2016) as well as the Congruence Model (Nadler & Tushman, 1989). Both will be used as tools to implement and monitor the change process at CHMS. Given my leadership role in moving the OIP forward, I must also take an active role in mobilizing staff.

Shared leadership, as a framework for leading the change process, will be effective in supporting the new direction at CHMS. Its principles align with larger organizational goals and these will serve to build capacity and create a suitable environment to foster the emergence of a new culture, replete with strong focus on student well-being. It extends beyond traditional boundaries and embrace the voices and contribution of others to be more inclusive of the diverse school community.

The work to address barriers and support the implementation of mental health initiatives at CHMS is based in a radical structuralist/radical humanist approach. According to Burrell and Morgan (1979), this paradigm incites change and reveals societal inequalities. In order to bring about change, the human consciousness must be awakened. Hartley (2010) speaks about the need to empower and build capacity in the pursuit of change. Apathy, ignorance, and an inability to compromise are roadblocks that stand in the way of change. Interaction with students and their families will bring insight to those involved with the change movement, leading them to develop an understanding of the challenges faced by members of the school community.

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From an epistemological point of view, the act of gathering information is seen as a subjective approach to inquiry. I must therefore seek out opportunities through dialogue, community meeting, events or even community walks, to form an understanding of the community's living, working, and social settings (Oser et al., 2014; DeMatthews et al., 2016). This knowledge will gather information as well as frame the approaches and solutions most suitable to the multiple realities inherent in the experiences of students and their families.

Framework for Leading the Change Process

In seeking to establish a new culture and to advance the change process, this OIP will utilize the ideal framework of the Change Path Model, as outlined by Cawsey et al. (2016). It is a viable framework for leading the organizational change as it provides a structured and planned pathway for transformation in four key areas: Awakening, Mobilization, Acceleration, and Institutionalization (p. 53-55). There is a scaffolding process embedded in the model that supports organizational growth to meet the desired aims. The Change Path Model (Cawsey et al., 2016) relies on the need for collaboration. The synergy created through such interaction has implications for embracing and integrating a social justice stance to the change process. The location of CHMS in an inner-city neighborhood, as outlined in Chapter 1, leaves it vulnerable to particular challenges that must be considered in developing solutions for the problem of practice.

The Awakening Phase seeks to establish and articulate the need for change through the identification of gaps between the desired and the current state. In working to establish a context for change at CHMS, Nadler and Tushman's Congruency Theory (1989) will provide relevant school-based background that speaks to the value of a renewed focus on student well-being. The framing of the school-based context, as it relates to the wider organizational and societal perspectives, is relevant for change and reshaping perspectives in moving forward with a new approach and strategy to engage stakeholders to address gaps and barriers around student well-

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being. Efforts to build a coalition will support the development of shared leadership opportunities geared toward empowering others to be change agents. Juxtaposing internal and external factors creates a dynamic opportunity to highlight shortcomings with the status quo and create that sense of urgency and a new school-wide approach to support students. In seeking to move away from the status quo, a social justice lens is employed in the Awakening and subsequent stages of the Change Path Model (Cawsey et al., 2016). The Awakening Phase places an emphasis on engaging in dialogue with stakeholders to create a new vision for addressing the social-emotional needs of students, which also promotes a shared understanding of the need for change and the direction of the change itself (Cawsey et al., 2016). Such a vision must be clearly articulated by change leaders, like myself, to garner traction and understanding of the new direction for all stakeholders.

While the Awakening Stage works to develop consensus and a new vision, the Mobilization stage seeks to address issues and challenges with both formal and informal structures impacting the OIP. This stage aligns with the four frames of viewing the world and organizational change as outlined by (Bolman & Deal, 2008), but in this instance, the focus is only on the Human Resource frame. The Human Resource frame stresses the need to have the right individual in the right position; during the Mobilization stage, those individuals must be able to develop relationships and navigate the structural challenges to bring about the desired change. Here my limited time may act as a potential barrier hence the need to involve a range of staff at CHMS as discussed in Chapter 1 and later in Chapter 3. The coalitions and leadership opportunities developed in the Awakening Stage work together to effectively communicate the change vision, its value, and its benefits, all in terms of supporting student achievement with a new focus on mental health. During this stage, it is important for staff who have assumed a leadership role in this endeavour to have an understanding of how to navigate the organizational

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culture as well the structure. They must further reassess approaches for enacting change, while remaining committed to their vision for the future. Organizational change brings about its own challenges mainly resistance due to uncertainty as discussed by Terhart (2013) and as such, addressing this aspect of change is necessary in moving forward with the new directions.

Change leaders must recognize that, “Resistance is a natural emotion that must be dealt with and not avoided. If one can look at the positive aspects of resistance to change, by locating its source and motives, it can open further possibilities for realizing change” (Mento, Jones, & Dirndorfer, 2002, p. 53). The need to establish meaningful engagements through avenues such as effective communication (Elving, 2005) is significant to reducing resistance which can in itself be a barrier if left unchecked. Allowing opportunities that give voice to diverse perspectives such as; divisional meetings, aligns with inclusive practices. This can also create an environment that is conducive to change and open to efforts of embedding student well-being initiatives into the climate and culture at CHMS.

The Acceleration Stage seeks to motivate others by building on the skill set and expertise of those tasked with leading the change, which is connected, to the underpinnings of shared leadership. The previous stages frame the change process and establish an alliance that is willing to take on the leadership role in moving forward. This stage seeks to expand and further leadership opportunities with the goal of cementing engagement in order to meet the desired aims. In seeking to reach out to stakeholders, a wider range of perspectives and voices can be incorporated into the change process. This integrates elements of inclusive leadership practices into the approach (Ryan, 2006; Ainscow & Sandill, 2010), keeping in mind that inclusivity is key to the management of CHMS’s diverse school community. Shared leadership practices can work towards building momentum for the new vision, as efforts are made to empower others and build organizational capabilities. Capacity is both internal and external, where agents or agencies sign

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on to support student mental health and well-being. It is critical that change agents look beyond internal resources. External partnerships, as outlined by Ainscow (2005), Daly et al., (2014) as well as McIsaac et al., (2015), are beneficial in addressing barriers that impact the implementation of mental health and wellness in school communities. The nature on my position allows me to facilitate these opportunities to support staff in acquiring the skills and knowledge required to support the aims of this OIP.

During this stage of the process, a focus on stimulating organizational cohesion, as remarked upon by Bolman and Deal (2008), serves to create a foundation for further development. The skill sets and expertise garnered during the Mobilization Stage, in combination with the additional value of the Human Resources frame (Bolman & Deal, 2008), can work together to close the gap between the current, inconsistent, and often ineffectual attempts to infuse wellness and the future ideal state in which well-being is intentional, focused, and consistently embedded into classroom practices. A commitment by administration with my input to ongoing monitoring of the program, through reflection and discussion, will result in opportunities to continuously improve upon and update the vision for well-being.

The Institutionalization Stage works towards the creation of a new culture that will maintain the new vision. During this stage of the Change Path Model (Cawsey et al., 2016), it is important to continually assess the changes, a process of monitoring that will ensure efficacy. Leaders cannot lose sight of their goal to align initiatives with the new vision, and the priority of addressing and reducing the gaps identified in the Awakening Stage. In the context of CHMS, it is important to measure the impact on the academic achievement of the students; it is equally useful to track any changes in the perceptions and attitudes of all stakeholders towards mental health issues and challenges. Furthermore, there is a need to modify initiatives in order to address areas of concerns and overcome obstacles, as this will lead to a change in the overall

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culture and practices of the school community. The emergence of a new culture that is supportive and proactive in its approach, as well as effective in reaching all students, is born of fruitful leadership practices – those that support the development of internal capacity and the creation of opportunities and spaces that foster growth through the voices and ownership of stakeholders. Organizational change does not happen without individual change.

Another element of the process is the need for clear and productive ongoing communication of the new vision. Opportunities embedded in my role allows me to interact with stakeholders will be seized to share the vision for addressing student well-being. Fisher (2016) contends that leaders must seek out ways to communicate and share information with stakeholders. In this way, the message is being shared and transmitted to all stakeholders, creating opportunities for engagement and increasing buy-in for the new direction.

Critical Organizational Analysis

Organizational change is a complex issue. In moving forward with bringing positive changes to CHMS, it is important to identify areas that need overhaul: to secure the support of the school community; to ensure that goals and visions are aligned with priorities and resources.

In the context of a holistic approach, a gap analysis will identify specific areas where student mental health and well-being initiatives can be incorporated. Appropriate strategies and solutions will follow. Research has indicated that the period of childhood is when the signs and symptoms of mental health issues begin to arise, affecting over 70% of young adults (Mental Health Commission of Canada, 2012). According to Villalba (2006), intervention strategies are most productive when they are intentional. The low-income vicinity of CHMS, as outlined in Chapter 1, presents potential stressors for students; employing a social justice lens will point to issues unique to this community that must be considered in designing suitable programs around mental health. Myers and Sweeney (2005) advocate the importance of awareness and

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understanding of students' lived experiences in order to effectively address their needs. The school is part of a wider community, a reality that cannot be ignored during the change process.

It should be noted that in recent years, HRDSB schools have been encouraged to focus their energies on performance improvement in numeracy and literacy. A considerable amount of time and efforts have been allocated to this cause, with additional resources directed towards the support of teachers, parents, and students. Teachers have been at the helm of developing a collaborative learning culture, looking to one another for direction and expertise in addressing classroom needs. The pre-existence of this teamwork will set the tone for the development of wellness initiatives. As a change agent with limited time at CHMS shared leadership practices will extend the initiatives in my absence. Making myself visible and available to support staff at divisional, leadership and staff meetings will allow me to promote the change process and assist with developing and monitoring the framework for change.

To this end and in working to identify the gaps, Nadler and Tushman's Congruence Model (1989) will be used as a tool to analyze how to best proceed with the embedding of mental health and well-being initiatives into the culture at CHMS. This model describes organizational change as a process shaped by forces, or inputs, that lead to internal decision-making, or transformation. This transformation, in turn, strives to develop solutions, or outputs, that match the unique needs of an organization (Anon., 2003). The ensuing gap analysis of the inputs, transformational process and outputs will help to contextualize the change at CHMS.

Input

The Congruence Model (Nadler & Tushman, 1989) identifies three basic components of an organization as sources of data, or inputs; these will impact the transformational process and the trajectory of the change process:

The Environment. This refers to external demands that allow for the exploration of

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opportunities that are responsive to and reflective of the unique needs of the school community.

CHMS is located in an inner-city neighborhood that faces numerous social and economic challenges. It is a community that has experienced violence and trauma and is therefore often depicted by the media in a negative light. This is a diverse school community that has seen an increase in immigration from various parts of the world, a situation that presents unique social-emotional challenges for students and families. Parental engagement remains a challenge in this community. As previously explained in Chapter 1, most families are single-parent households who struggle financially to meet their basic needs. It is against this environmental backdrop that policies around mental health and well-being need to be implemented.

The PESTE analysis from Chapter 1 provides an outline of the external factors that need to be considered and addressed in embedding wellness into the school community. As an input source, it provides key insights into barriers that have, in the past, hampered efforts towards the creation of a school climate that is favorable to the establishment of progressive approaches that will overcome challenges impacting student overall academic achievement and well-being.

The marginalized nature of CHMS's diverse feeder community lends itself to the possibility of unique connections with external agencies who can provide staff and families with tools for a more wholesome and culturally sensitive approach to mental health (Habib, 2012; DeMatthews et al., 2016). The work of scholars such as, Langley et al. (2010) speaks to the positive impact of collaborating with external agencies to support students. The adaptation of this idea extends itself to the benefits of shared leadership practices, leading to a more inclusive circle of care at CHMS. By extending beyond the school's boundaries to engage other agencies and services, new opportunities abound. Ainscow (2005) notes that inclusion addresses barriers and that it also "...involves collecting, collating and evaluating information from a wide variety of sources in order to plan for improvement and practice" (p.118). Data from the environment

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surrounding CHMS must also be considered when contemplating how best to meet the needs of students. This will interrupt the status quo, a core component of social justice leadership, in support of the embedding of mental health initiatives into the culture of not only the school, but perhaps the community at large.

Resources. Resources are assets, by way of human, financial, etc., that organizations can harness to enhance the change process. An internal assessment of available resources and identifying gaps are necessary to ensure that the change process and those tasked with leading with are supported.

The challenging socio-economic status of the community means that CHMS will have access to particular funds from the HRDSB. However, such funds are already ascribed to a variety of programs and initiatives currently found within the school. Additional resources are not made available to schools despite the new direction and commitment at the board and ministry level. Therefore, in seeking to move forward with the given directive, the school leaders and the task force must balance the limited resources available with a system that values numeracy and literacy skills. At CHMS, an evaluation of internal resources, both human and financial, available to staff and students must be considered in any approach that supports the change process.

Schools are asked to prioritize mental health, yet additional funds have not been allotted for such purposes. In effect, school leaders are asked to do more with less. This increases the strain on already limited resources. The commitment of additional personnel, training, and professional development around mental health and well-being has not been afforded, although these opportunities have been awarded numeracy and literacy programs. Therefore, I have to consider strategies to access and utilize resources at the district level and through guidance services to enhance the work being done at CHMS.

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History. History involves past practices that impact decision-making and the current state. Despite the changes in the leadership at the district level there has been consistency and continuity in the commitment to addressing student mental health and well-being. This means that school communities and task forces can continue their work within the existing framework without disruption. This is complemented by the district's new emphasis on building capacity through shared leadership practices, in accordance with the leadership framework for this OIP. However, it should be noted that past practices and policies that led to the reduction of key personnel and professional support services are one of the causes of the need to address student mental health as, society becomes more aware of the mental illness and emotional health.

The input component of the Congruence Model (Nadler & Tushman, 1989) speaks to what structures, tools and resources already exists within the organization. The analysis of the inputs will provide evidence of larger challenges and deficits to be addressed fully during the Transformational Stage of the change process. It will also lead to the development of strategies meant to bridge the gaps between the current and desired states, inline with the Awakening and Mobilization Stages of the Change Path Model (Cawsey et al., 2016).

Transformational Process

Nadler and Tushman (1989) identified four elements of an organization that must be synched to ensure success of the change process. These components, the task, individuals, informal organization, and formal organizational arrangements, "...are the fundamental means for transforming energy and information from inputs into output" (Nadler & Tushman, 1989, p. 40). It is, therefore, the interaction between these elements that will bring about the desired outcomes to support the students at CHMS. Thus, change agents must seek, "...the most appropriate way to configure the organizational components to create the output required by the

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strategy" (Anon., 2003). Below is an exploration of these four elements and their implications for the change process at CHMS.

The Task. The primary goal of the OIP, as outlined in Chapter 1, is to address barriers that prevent the implementation of mental health and well-being initiatives at CHMS. The task, therefore, is to utilize shared leadership practices to establish a clear understanding of what it means to be 'mentally well.' Definitions devised by the World Health Organizations ("WHO | Mental health," 2016), the Mental Health Commission of Canada (2012), as well as the Government of Ontario (2016), will be used to develop common language for all stakeholders. This will create a sense of clarity and consistency at the school level, which will serve to keep change agents focused. It also produces a sense of cohesion among the various grade levels and allows staff to work together in a collaborative manner to achieve their desired aims. As a change agent, I will work with the school community to reduce the stigma and perceptions around mental health and well-being. The work will begin with collectively developing a common language that is inclusive of the diverse school community. The emergence of a new language will foster the creation of a more positive school climate and culture, conditions required in forging ahead to alter perspectives both internally and externally. In working towards developing strategies for the transformation process and the Input Stage of this model, a new culture of the school should emerge. This new culture will support the Institutional Stage of the Change Path Model (Cawsey et al., 2016), asserting a clear correlation between both models.

The creation of a common language will also work to challenge the status quo in terms of the messaging and perceptions around mental health and well-being. The diversity of the school, as well as the PESTE factors, will play a crucial role in developing an explanation that is functional and reflective of CHMS's unique context and needs. The HRRDSB strategic plan calls on schools to use internal data and to consider their context in developing strategic goals for

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the school year. As such, schools are required to develop a focus for addressing student mental health and well-being. Communication will benefit from the use of consistent and accessible language that is shared throughout the facility and the community. The development of emotionally-well schools means that the challenges identified earlier, coupled with the inclusion of potentially new voices, will create opportunities for dialogue around the generation of a definition that is culturally-relevant to the students and their families.

Among other elements of the task that bare addressing are the development of a growth mindset and shifting staff perspectives coming upon the approach of the transformation process. Change leaders must be cognizant that staff members are all starting from different points. An awareness of a broad learning continuum will open the gates for efforts to assess staff readiness. Appropriate strategies for engagement throughout the process will also be beneficial in keeping everyone on track and together as a team. The Human Resources frame, as outlined by Bolman and Deal (2008), will provide insights into leadership practices that can support individual growth and development to enhance organizational goals. Heward et al., (2007) and Lendrum, Humphrey, and Wigelsworth (2013) in their writing indicates that lack of focus on developing human skills and providing adequate guidance can hinder efforts to bring about organizational change. The use of the Change Path Model (Cawsey et al., 2016), which speaks to the need to mobilize and harness human capital, will work to ensure that this deficiency is addressed. As such, it is important for change agents to have a sense of how to influence and inspire others in order to engage in the process of supporting student well-being, thereby augmenting academic achievement.

Individuals.

Administration. It is my belief that organizational change is a result of individual commitment. In working to support mental health and well-being initiatives at CHMS, a variety

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of groups need to be considered, as their roles and commitment will impact the implementation process. In the first instance, the administration must be supportive and enthusiastic in their championing of mental health and well-being programs at the school level. This idea is emphasized in Kam, Greenberg, & Walls (2003) and McIntosh, Kelm, & Delabra (2016). In order to be effective champions, the leadership at CHMS needs to have a clear understanding of what the areas of mental health and well-being encompass, and what gaps must be addressed. The PESTE analysis from the Input Stage will provide explanation of the gaps to allow school leaders, "...to understand deeply what is going on in their own organization" (Cawsey et al., 2015, p. 53). This will occur during the Awakening Stage of the Change Path Model (Cawsey et al., 2016). Throughout this analysis, efforts must be made to identify groups of students who are potentially at-risk, and to seek out opportunities for engagement and inclusion. At the district level, there is an expectation that those in administrative positions will demonstrate leadership in supporting staff and students through the creation process. This modeling will serve to guide the conditions necessary to nurture mental health and well-being, resulting in a school climate that is open to the implementation of strategic initiatives geared towards early intervention (Hanover Regional District School Board, 2016). In order to be effective in this task, administration needs to be visible, presenting themselves as co-learners and promoters of practices. More importantly, school leaders need to adhere to the principles of shared leadership, as these will enable productivity. When administration participates in building capacity (Fullan, 2002; Harris, 2001; Hoyle, Samek, & Valois, 2008) from within, everyone will benefit from the wide array of board and community services geared towards this change new focus.

School Staff. The entire school staff, teaching and non-teaching, are at the heart of the transformation process. At CHMS, it is necessary to identify those staff members who demonstrate the skill sets and broad understanding of organizational goals to promote the change

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agenda. In my role as a shared guidance counsellor, I am able to observe from the perspective of an individual who supports multiple schools. I have found that maintaining consistency in developing and supporting this initiative requires a constant presence in the school. Therefore, my involvement is riddled with challenges, despite the obvious connection of mental health to my role. Instead, the identification of full-time staff members who are committed to working with their colleagues and the student body will support the Acceleration Stage of the Change Path Model (Cawsey et al., 2016) in order to bring about the desired change. In seeking on-site change agents, it is important to have individuals who can facilitate the change needed and are able to articulate the goals as identified in the input stage of the Congruency Model and the Awakening Phase of the Change Path Model (Cawsey et al., 2016).

The Human Resources Frame, as outlined by Bolman and Deal (2008), speaks to utilizing human capital to execute organizational aims. Given the nature of the change, individuals who are skilled in building relationships both internally and externally are essential. Furthermore, parties who are willing to coach and foster growth and development among their colleagues, the student body, and the school community are the key to the promotion of student mental health and well-being. Communication is also an important ingredient; the ability to dialogue with others around the need for change will keep the process moving. In recognizing ongoing achievements and milestones, leaders will motivate team members to continue to be involved and to keep the overall goal at the forefront of all efforts. Effective articulation of pathways to achieving those goals will keep everyone on the right path. Cawsey et al. (2016) assert that when considering the individuals called upon to lead, "it is important that the attitude, knowledge, skills, and abilities of each person match the individual's' role and that their responsibilities and duties match the organization's need" (Cawsey et al., 2016, p. 71-72).

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An important element at the classroom level is the establishment of a growth mindset around embedding mental health and wellness into routines and programming. Classroom teachers will benefit from an understanding of the correlation between student well-being and overall academic achievement. As such, those in charge of the change process must engage staff in critical conversation around the development of a classroom and school culture that balances academic rigor with mentally healthy and resilient students. Implementation happens at the classroom level; teacher reflection on practice and program will serve to address and integrate suitable themes into routines and lesson plans. Opportunities for staff to co-learn and exchange ideas will enhance the quality of service delivered to students, as well as increase motivation to address mental health issues at the school level.

Students. Student voice forms another essential element of the Congruency Model (Nadler & Tushman, 1989). Students will feel more engaged if they are given a sense of ownership. Therefore, opportunities to develop student leadership capacity will lead to a more nurturing school climate. This initiative is based on the needs of students; as such, student voices must be included in the development of strategies to not only support the transformation process but also to increase student efficacy and well-being as outlined in the research by Anderson and Graham (2016). Given the diversity of CHMS, in combination with the known cultural perceptions of mental health it is important to solicit input from the entire student body so that results are not skewed in favour of one particular group. Student voice can be solicited through surveys, focus groups or through equity audits with the support of classroom teachers. Pomar and Pinya (2015) echo this sentiment best when they posit, “Asking who has a voice and who does not is a tool that enables inequalities or injustices that impede or limit certain people or groups from participating in the management of their own lives and community issues to be revealed” (p. 113). Being cognizant of the diversity of the school community will also move

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away from hegemonic practices that may alienate students. Furthermore, consideration of linguistics is necessary so that language is accessible to all members of the student body. If language becomes a barrier to student engagement, some students may feel disconnected to the efforts around mental health and well-being initiatives. Student voice brings a unique perspective to issues around mental health and well-being, as outlined in the section on Youth Perspective from the Mental Health Commission of Canada Report (2013). Efforts must be made to intentionally and authentically engage students when moving forward with well-being at CHMS.

Formal Structures. This component of the Congruency Model refers to the structures, policies, and procedures in place at CHMS. These are often dictated by the board and impacted by external forces. One structure to be considered is the curriculum used by classroom teachers. Mental health and wellness is not currently woven throughout all subject areas. With this in mind, we must be prepared to dissuade the attitude that mental health and well-being is solely the responsibility of those staff members who teach the curriculum in which it is specifically outlined, mainly that of Health and Physical Education. Furthermore, while there is an existing multi-year plan with targets, there is no clearly-stated direction to guide classroom teachers in developing strategies and supports for their daily efforts. A further obstacle is the already overwhelming demand of the ministry curriculum. The current curriculum is primarily focused on numeracy and literacy, and teachers feel pressure to meet timelines and requirements without added priorities. Allocating time and effort to incorporate wellness into lesson plans will be left up to individual classroom teachers. While the system has created opportunities for key school and board personnel to provide intensive support around boosting numeracy and literacy scores, this privilege has not been extended to mental health initiatives in an equitable manner. Without

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opportunities for teachers to engage in professional dialogue and to plan suitable lessons and activities, long-term sustainable efforts will be minimal.

The board's service delivery model is a formal structure that impacts student mental health. Professional support services are limited in their access to both staff and students at CHMS, similar to other schools in the district. Professional services are limited in their interactions with students as they work with only those who require intensive support or who engage in assessment; these services do not reach the larger student body. According to Splett, Fowler, Weist, McDaniel, and Dvorsky (2013), professional services often possess specialized skills and training that can support school staff in their efforts to meet the mental health needs of their students. However, the often-narrow focus and scope of their interaction with schools limits their ability to extend their expertise.

Informal Structures. In connecting informal structures to the efforts to embed wellness at CHMS, one must consider the culture of the school. Will the atmosphere and setting of the school inhibit the change process? Negotiating the change process is complicated, with consideration of the school culture and its need of a possible renovation being part of the multi-step process (Schein, 2010). A change in culture is connected to growth mindset; individual and collective behavioral changes may be necessary to support mental health needs. Cawsey et al. (2016) postulate that culture is a product of an organization's history in combination with its leadership; the work of Northouse (2016) contends that culture is unique to an organization and is transmitted to others within the organizations. Therefore, those tasked with supporting administration and myself in leading the change process must seek out ways to address and renovate established perceptions. Some staff may need guidance to accept the connection between student well-being and student achievement; some may need to update their response to emotional health in general. Change agents must be intentional in seeking out ways to re-culture

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CHMS; challenging personal and systemic barriers will lead to the end-goal of creating an inclusive and open learning environment.

Efforts to change the culture of the school will serve to alter the status quo around the school's role in providing a holistic approach to student success that is inclusive of mental health and well-being. During the Awakening Stage of the Change Path Model (Cawsey et al., 2016), a component of the gap analysis must focus on the school culture, in order to best devise strategies suitable to the re-culturing of the school community. As noted by Schein (2010), culture can be assessed and should be linked to larger organizational aims to maximize its efficacy in promoting growth and development.

Output

The ultimate focus of the OIP is to embed mental health and well-being into the fabric and culture of CHMS. In that spirit, the output, as outlined by the Congruency Model, is meant to eliminate the stigma attached to mental health issues and normalize conversations around the challenges these issues present. An environment that is open and supportive of student social-emotional needs lends itself to academic success. The circle of care, produced by the education system to meet the needs of the whole child, is an essential component in encouraging students to be resilient. This will ease the transition to high school and beyond.

Possible Solutions to Address POP

In seeking to address the issues that impact wellness at CHMS, solutions that can move the school in a new direction of student support are needed. Based on best practices and the research literature, the three solutions outlined below may work to support efforts to embed wellness into the school community.

Solution 1: Mental Health and Well-Being Framework

As a school community, CHMS must establish a definition of what it means to be a healthy school community. Throughout this process, the development of a common language and consistent communication is necessary. The national, provincial, and board strategies around mental health and well-being can be used as templates for drafting a school wide framework; input from various stakeholders will also support the theme of inclusivity. As a guidance counsellor who visits multiple schools, my duty is to assist school leaders and staff during this process. I am able to provide insight around the issues that impact students, and to analyze other school-based data. This will help with the direction of resources to areas of need. Board documents, along with others from School Mental Health Assist, in particular that of *Leading Mentally Healthy Schools* (2015), provide additional support in the creation of a framework that meets the unique needs of CHMS students. As all Ontario schools are currently required to develop strategic goals around student well-being, this framework becomes part of a larger commitment to address and support overall achievement.

The establishment of a framework will create a sense of consistency and demonstrate a long-term commitment to addressing the social-emotional needs of students. The framework involves a whole-school approach, which, in theory, means that all students will benefit from the implementation of policies. The framework is an opportunity to engage all stakeholders, in particular marginalized students and community members. A Student Wellness Framework creates a foundation on which school-based initiatives and programs at the classroom level can be enacted to make meaningful changes for the student body. It creates a basis for a central approach that focuses on awareness, prevention and promotion as highlighted in the work of Cooper (2005) and Lendrum et al., (2013). School Mental Health Assist Resources, public health materials as well as those developed and endorsed by the HRDSB, can guide these efforts.

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It is through the process of establishing such a framework that the principles of shared leadership will be clearly evident. School administrators are often limited in their abilities to lead change. The wide scope of my duties as a guidance counsellor to multiple schools restricts my ability to provide individual support on a daily basis. Therefore, leadership for creating such a framework has to be shared with others. Given my limited time at CHMS, I must effectively plan and strategize how and when to support those who have chosen to be apart of this process on the days that I am within this space. Hence, the principles of shared leadership will be critical in establishing an implementation team (Higgins, Weiner, & Young, 2012) to drive the development and the agenda continuously forward. The composition of such a team is also important as I feel that members need to be committed and passionate about student well-being. They must also be cognisant of and motivated by opportunities to learn and grow together, thereby increasing the potential for long-term sustainable practices at the school.

In creating a framework for addressing student well-being, one has to consider how such a framework will be impacted by change in personnel at the school. Changes in administration, staff, and even guidance may alter the direction and the vision for addressing student mental health. The development of a framework takes time. Changes to the leadership team tasked with its creation and implementation run the risk of losing momentum and direction, should those who have established trusting relationships with staff and the school community move on and are no longer part of the process.

Solution 2: Partnership with External Agencies

The establishment of partnerships with external agencies is another viable solution for working towards embedding wellness in the school community at CHMS. The development of such relationships would serve to expand the circle of care for students and augment the work already being done in schools. External agencies provide the school with access to professional

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supports and resources. Research has indicated “implementation was more successful when schools established partnerships with community or mental health agencies.” According to Daly et al. (2014), developing community partnerships can lead to work in schools that focuses on prevention and promotion, to ensure that all students have access to services and education around what it means to be ‘emotionally well.’ This, in turn, leads to an increase in student ability to develop strategies that support their own emotional well-being. The collaboration between teachers and other external agencies can serve to further integrate mental health and strategies into classroom programming. Teachers will have support in their own capacity to meet the emotional needs of students.

Community partnerships can potentially reduce anxiety among teachers who may feel ill-equipped to identify and address non-academic barriers impacting students’ needs as described by Mellin et al. (2017). Having the ability to interact and co-learn with community agencies that focus on well-being means that efforts at CHMS can be intentional and focus on the specific needs of the students. In my role as guidance counsellor, I have these established connections and can therefore work with administration to further facilitate such relationships.

The establishment of such partnerships can also serve to bridge the gap between community agencies and the parent community. The research shows that schools are key locations of outreach for accessing not only system programs, but also community-based programs, a sentiment echoed by Cushon et al. (2016) and Villalba (2006). The development of such partnerships can be beneficial to students and their families, especially in underserved and marginalized communities.

Collaborating with external agencies is an asset to CHMS, as it means that students and families will be connected with individuals who are professionally trained to address various issues impacting student emotional well-being. In a manner of speaking, it may also address

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barriers for families in marginalized communities with limited access to services. Such partnerships also have the potential of reducing stigma associated to mental health and in communities as diverse as CHMS, this is an issue that needs to be supported if efforts at the school level are to be effective.

Despite the benefits of this solution, there are some drawbacks. In the first instance, the direction and focus of the educational and health sectors may not always align. This can result in tension between the two. In working together, there has to be common ground and understanding towards supporting student well-being. Furthermore, one has to consider the time commitment that can be allotted to CHMS to develop longstanding and meaningful partnerships for the staff and students. Another drawback to this solution is the logistics, namely space allocation, of having community partners within schools. The final drawback worth considering involves the ethics around having external agencies committed to addressing mental health and wellness needs in school, as this potentially allows a student access without parental consent. There are specific board guidelines and processes in place regarding parental consent when professional services are supplied to minors. This solution has the potential to interfere with such procedures if students develop a level of comfort with agency personnel. The question of ethics around privacy and access is one emerges with this solution and will be addressed in Chapter 3.

Solution 3: Staff Professional Development

Professional development (PD) for staff around the new vision, along with a framework to support that vision, is essential. PD opportunities will help to deepen staff understanding of the change process and the new direction and efforts to embed mental health initiatives into the school culture. Furthermore, PD will provide opportunities for discussion, reduce anxiety, and offer practical strategies around best practices to support the integration of wellness into the

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school community. In their work, Lendrum et al. (2013) note, “failure to develop staff understanding and skills may present one of the biggest barriers to the successful implementation of school-based MH prevention and promotion programmes” (p. 162). Harris (2001) echoes similar sentiments when she states, “Building school capacity implies that schools promote collaboration, empowerment and inclusion” (p. 261). It is in this spirit that the addition of board personnel, such as Mental Health Leads, will be solicited to as part of the PD to introduce staff to professionals who they can access for more in-depth support with challenging issues as they arise. In my role, I can provide support in the delivery of PD, liaise with key mental health personnel at the system level and through community agencies to facilitate further staff development either on a small scale (implementation team or divisional meeting) or large scale (staff meeting). Embedding PD as part of the solution will also give staff the opportunity to work together to develop strategies and review resources. In this manner, programs will be enhanced and teachers will grow professionally in support of students. Given that CHMS is familiar with Collaborative Inquiry, staff will have the prospect of engaging in a wellness focus investigation to enhance the new vision and direction.

Despite the benefits of providing PD, it may not be feasible for all staff members to engage in this process due to time and cost. Involving all staff in the creation of a school-wide initiative may be a costly venture, and one that school leaders may not be prepared to commit to, due to the financial constraints of the school community.

Chosen Solution

My chosen solution will integrate components of all three solutions. In seeking to embed wellness into the school community, it is important to establish a team, heretofore referred to as a ‘Guiding Coalition’ of staff, students and other stakeholder to mobilize others. As noted earlier, Higgins et al. (2012) refer to this an “implementation team”: “a team charged with designing

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and leading the implementation of an organization-wide strategy” (p. 366). Such a school-based team, supported by myself and endorsed by administration, will lead the change implementation plan at CHMS. Members of this group are the instruments of change who will work collaboratively to build internal leadership capacity and strive to implement a shared vision that alters organizational practise and direction. In her work, Harris (2005) ascertained that teacher leadership can have a positive impact on schools as long as the focus and the work is geared to the school level. The creation of a team to undertake the task of moving the school forward will ensure that multiple change agents are working together for a common goal, which can also serve to build sustainability for the focus on student wellness. The inclusion of other stakeholders will promote diverse perspectives and levels of expertise that can be amalgamated into a unified vision at CHMS. A team approach to integrating well-being speaks to a key tenant of shared leadership, which underpins this OIP.

Plan to Communicate the Need for Change

Schools strive to create learning environments that are nurturing and safe, in promotion of the development of the whole child. Principal support is essential in the successful implementation of any program. A study by McIntosh et al. (2016) indicates “intervention is only effective in schools with both high principal support and high quality of implementation” (p. 56). This notion was supported by the work of Oser et al. (2014), which outlined how principal leadership, with a focus on a commitment to mental health, led to the transformation of an inner-city school and its community. It is essential that administrators are proactive in fostering a culture and climate that embraces such initiatives as evidenced in the work of Oser et al. (2014). School leaders need to be champions of and for their students. This approach should be embedded in an inclusive form of leadership, as posited in the works of Ainscow and Sandill

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(2010), Harris (2011), and Ryan (2014, 2015), which seek to empower those within and outside of the school community to enact change.

Leaders must contextualize the need for change and create a sense of urgency (Kotter, 1995) within the broader societal context. Internal data can be used to further expand on the vision and its importance to the daily lives of students. Cawsey et al. (2016) declare that, “The rationale for change emerges from a sound understanding of the situation: the external and internal data that point to a need for change, an understanding of the perspectives of critical stakeholders...” (p. 133). School leaders need to articulate and ground their vision with meaningful and relevant data. The support of guidance as an outside perspective will provide validity for the need to strategize for the change process.

Beyond outlining the need for change, it is important that information be shared with staff to garner support. Myself as the key proponent on of this change along with administration and staff who have taken on that leadership role will bare this responsibility of outlining the change and keeping the staff apprised of progress. This can be done at staff meetings, as well as during smaller, more intimate divisional meetings where change agents will have an opportunity to influence and engage others in discourse around the relevance of embedding student well-being into classroom practices. Such meetings can also be utilized for PD with internal and external agencies. Sutton and Shouse (2016) advocate the benefit of allotting space and time for collaborative inquiry. This idea is further explored in the Ministry of Education’s “Capacity Building Series: Collaborative Teacher Inquiry” (2010) and is a plausible means of starting dialogue and communicating the inquiry results to staff.

Developing staff capacity, as espoused by Harris (2011) and Fullan (2016), will serve to increase ownership and elevate abilities to champion the vision. This is therefore a strategy to foster the development of maintainable practices. In aiming to infuse wellness within the school,

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professional opportunities to engage in the collaborative inquiry process with administration, guidance, and board personnel, such as social workers, mental health leads, and public health will bring team members together as co-learners. This is fundamental, as it adds credibility to the vision and demonstrates a willingness to learn with a team of individuals who are vested and passionate about student mental health. It has been noted by Cushon et al. (2016) that schools are prime locations for enacting preventative programs to meet students' basic mental health needs. As such, this should be a collective effort to reach all students. Information gathered from such an alliance can be distributed to staff via email or meetings, or through the creation of an electronic file that staff can access as needed.

As outlined earlier in the works of Pomar and Pinya, (2015) as well as Anderson and Graham (2016), student voice needs to have a place in supporting mental health and wellness. The student body should be encouraged and supported to become change agents within their own school and community. This brings another level of leadership to this vision. The district's new vision emphasizes the need for and the value of student voice through various avenues such as surveys, student feedback, and office referrals. Given the diversity of the school, it is crucial to solicit student input for issues that cross race, gender, cultural, and ethnic lines with regards to mental health and well-being. Student voice speaks to issues that are relevant to them; this input is crucial in meeting their mental health needs. Further, student voice identifies gaps and provides authentic as well as real challenges that are opportunities for leadership and ownership for improving in their school community. Pomar and Pinya (2015) asserts that 'inclusion of student voices diversifies and pluralises perspectives, by amplifying and enriching knowledge concerning the school experience and, consequently, moulding decision-making in accordance with actual needs" (p. 113). Embedding clear processes for communication with and through

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student engagement builds a foundation that welcomes a student vision for solutions to address mental health needs among young people.

Finally, in working to support students, the development of relationships with parents and community partnerships will serve to inform and potentially implement preventative strategies. These relationships will also establish and maintain open lines of communication to ensure that families feel supported. The diversity of the student body means that there have to be strategies in place to not only reach out to parents, but to also engage and provide them with opportunities to be included in the conversations. Shields (2010), as well as Oser et al. (2014), offer insights into how school leaders can incorporate and facilitate this aspect of their vision. Active dialogue through parent council and community meetings provides avenues for sharing information with parents. Such dialogue also provides opportunities for parental input into strategies and/or resources that caregivers feel are necessary to support their children, both at school and at home. The inclusion of community agencies and board personnel, such as mental health leads and other professionals, would also serve to expose parents to the circle of care working to promote well-being at CHMS.

Conclusion

The multi-pronged approach to communicating the need for change is based on a shared and inclusive leadership philosophy. The facets of this method solicit input from a variety of stakeholders and make it responsive in an ongoing manner, providing a wider scope of influence in moving forward. The ensuing chapter will focus on specific aspects of the OIP that will support the implementation of student wellness into the culture at CHMS.

Chapter 3: Implementation, Evaluation and Communication

Introduction

Chapters 1 and 2 provided the context and theoretical underpinnings for the aims of this Organizational Improvement Plan. Chapter 3 will outline the process of guiding administration and staff towards enacting change, with the goals of creating a new vision and moving the school forward. Included in this chapter are practical applications and strategies for leading the staff and students at CHMS in not only building a framework but also in commencing the change process. The implementation plan is multi-pronged in that it seeks to build capacity amongst those who have assumed a leadership role in this endeavour as well as engage students in the process of embedding wellness into the school community.

Change Implementation Plan

Goals and Priorities

In working to support the well-being of students at CHMS, the aim of this OIP is to generate conditions favourable to the fostering of a more supportive school climate; primary to this aim is the address of social-emotional issues and challenges that are known to impact students. According to Frabutt and Speach (2012), “a growing body of research evidence testifies to the marked, positive impact of school-based mental health efforts to various domains of youth functioning” (p. 155). A school-wide focus on student wellbeing will have long-term implications for student growth and development throughout the transition from childhood into adulthood. Opportunities to integrate student well-being into school and classroom culture in a meaningful and impactful manner are a cornerstone of the HRDSB. This is in line with a larger societal focus on breaking down barriers and promoting healthy dialogue across all sectors, in an effort to bring awareness and understanding to mental health issues.

In general, attention and resources are often allotted to students who exhibit behaviours and attributes that require targeted intervention at the school level. These students form a

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minority of the school population, leaving the majority of students to fend for themselves. In response to this, a more universal and co-ordinated effort would ensure provisions around well-being are accessible to all. Such efforts, according to Lendrum et al. (2013),” should focus on the triad of promotion, prevention, and awareness in order to best equip the entire student body with the skill set required to maintain or achieve overall positive well-being” (p. 158). Inherent to the goal of this OIP is the provision of information and resources through dialogue and interactions with adults to help students develop coping strategies and increase resiliency, starting at a young age. School involvement geared towards supporting students can be effective in breaking down barriers, leading to increased dialogue between students and staff which, in turn, will set the stage for more open dialogue with other adults later in life. Santor et al. (2009) policy paper echoed these sentiment when they identified “school-based programs as ways to promote pro-social behaviours leading to the development of good mental health and prevention of future disorders” (p. 5). A safe, comfortable atmosphere at the elementary level will lead to students feeling well-equipped for dealing with social-emotional concerns as they transition into high school and find new challenges and demands.

My role as guidance counsellor at CHMS involves addressing mental health concerns to ensure academic success for students and this puts me in a fitting place to lead the change. The research (Government of Canada, 2006; Santor et al. 2009; Mental Health Commission of Canada, 2012; Short, 2016), indicates that mental health issues often emerge at the elementary and high school level; as such, the integration of wellness initiatives into schooling is beneficial to all students. My role also serves to establish a bridge between the local K-5 elementary school and high school, enabling continuity for incoming and outgoing students. However, due to my limited time within the school, there must be a dedicated team within the building to support and drive the change; hence the Guiding Coalition as outlined in Chapter 2. Building a team at the

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school level involves communicating directly with individual staff members as well as presenting and outlining the direction at staff and divisional meeting to garner support.

Connecting student wellness to student success and achievement as well as wider societal efforts will help to contextualize and outline the need for a new direction with leadership from within.

In my role as an internal change agent, I will take the lead and work in conjunction with administration and the Coalition to implement initiatives. Throughout the course of the year, being actively engaged in professional development, meetings and planning sessions will offer support and guidance to the team as they work to support the student body. The principles of shared leadership will be applied, as without ownership at the school level, these efforts will be in jeopardy. My limited time means that I have to establish frameworks and individuals in place to move the change along. In order to widen access to resources and supports, shared leadership will extend to other stakeholders, including students, parents, and community agencies. Positive relationships and collaboration will serve to foster a caring and safe school culture. Given the diversity of the school population, as outlined in Chapter 1, a concerted effort must be made to be inclusive when addressing the well-being of the students.

In order to develop the ideal conditions, as previously described, confirming capacity and ownership is crucial. Steps must be taken to increase and promote leadership opportunities such as: organizing professional development, resource development, classroom activities, and school wide events amongst staff. These opportunities will highlight the benefits and range of efforts at the school level to move the school forward. Student voice must also be harnessed as input, to ensure that students are recognized and play an integral role in driving and directing the change process. This can be done through discussions, participation in equity audits, and the completion of surveys. Incorporation of board professionals, along with representatives from local agencies, to support these efforts is essential, as their influence will serve to create partnerships and expose

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staff and students to individuals and services beyond the school itself. The engagement of parents is also necessary to develop awareness and to foster conversations. All of these measures are meant to increase ownership by various stakeholders at the school level, preparing the way for change to take root. A team approach, which was highlighted as the chosen solution in Chapter 2, is a vital component of outlining the need for the change and mobilizing the change process at CHMS.

The focus at CHMS is not isolated; mental health and well-being are part of a national strategy that has been adopted by many sectors in society. The need for a focus on wellness is grounded in literature and research, and supported by health personnel at the national, provincial, and local levels. Efforts to bring mental wellness to the forefront of classroom programming and within the walls of CHMS speak to the school's commitment to addressing the needs of the whole child. Thus, the school will provide a firm foundation for students as they mature.

New Strategic Organizational Chart:

The creation of a Guiding Coalition at CHMS means that the existing linear approach to implementing change, as displayed in Figure 1 below and which is often system directed, needs to be adapted accordingly.



Figure 1. Information Sharing in Current Organizational Structure

The challenge with this existing structure lies in the minimal focus on developing leadership and sharing knowledge with those in schools who are directly responsible for implementing the change. Currently, there are insufficient efforts made to connect teachers with the board's mental health leads; these types of opportunities would provide rich and engaging dialogue around system messaging pertaining to student well-being. In my experience, there are not

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enough professional development opportunities taking place between experts at the board level and school staff/students. These interactions would be effective in contextualizing the focus on wellness. It is my belief that this deficiency leaves a gap between information-sharing and knowledge acquisition in the current organisational structure. Hence, there exists an unintentional barrier to the effective implementation of wellness at CHMS.

In moving forward, a new structure, as outlined in Figure 2 below, is being proposed.

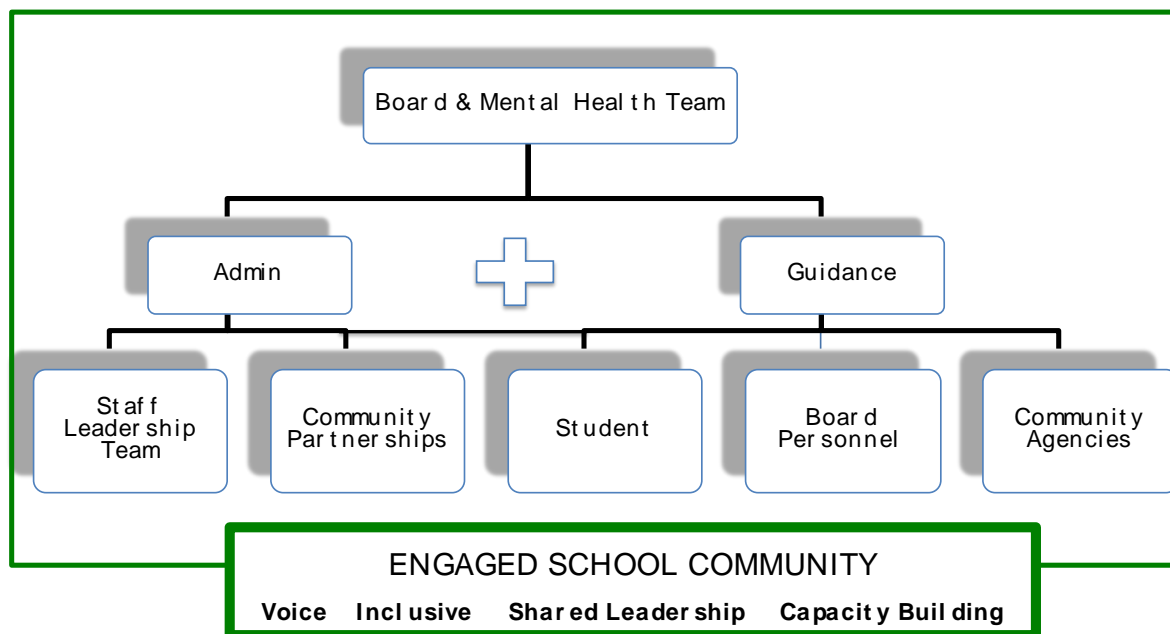


Figure 2. New Information Sharing Organizational Structure

The idea behind this structure seeks to share leadership, while engaging a number of stakeholders; it is based on my own observations and identification of who should be involved in order to maximize the efficacy of the circle of care at CHMS. In the role of guidance counsellor, I am required to reach out to the groups identified; however, staff may not be aware of this requirement and this creates an opportunity to exhibit my leadership to support the school. The proposed new structural system looks beyond administration and guidance, and is grounded in research that speaks to the value of such a set-up: the implementation of school programs aimed at supporting students' mental health needs are impactful when they incorporate a wide range of

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professionals and individuals (Deschesnes et al., 2003; McCullough, 2010; Habib, 2012; Splett et al., 2013; DeMatthews et al., 2016).

In this manner, the task of supporting CHMS is shared among various stakeholders, a division of load that is inclusive of expertise and support from the board and the community with my direct support. Given the diversity and social challenges facing CHMS, this approach can be considered holistic, as it seeks to widen the circle of care for addressing student well-being.

Personnel to Empower and Engage

Empower:

Organizational improvement can be considered a disruption to the status quo when change is required; a change in both attitude and procedure are necessary. Alterations in routine and familiarity can create a sense of unease and uncertainty (Moyce, 2015); as such, a focus on empowering others to move the organization forward will result in a more positive reaction. Offering empowerment to those within the organization helps to establish vested interest and buy-in for the change. The selection of a group of experts on whom the staff can rely for support and direction is fundamental to this OIP. As this is a multi-year plan, long-term commitment is necessary. The new structural plan, as outlined in Figure 2, identifies individuals that are integral to this process. As the shift to the new structure takes place, groups will need to feel empowered in order to take on leadership roles, and to become engaged in the process to move forward with the change.

- **Guidance and Administration:** Guidance and administration, collectively, are already empowered, as outlined in Figure 1, due to system-level information typically being filtered directly to these groups. Because of this, I will take on a leadership role in moving forward with this agenda for change. There is an underlying assumption that the materials, resources, and information provided to this group will be passed on to schools

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for sharing and implementation. The bulk of responsibility around the address of student mental health and well-being lies with a school's administration, backed by the support of Guidance; it is up to the administration and Guidance personnel to ensure that all members of staff are carrying through with the pre-determined foci. Hence, the administration and guidance members of the Guiding Coalition come to the table already feeling empowered to enact and implement the goals and visions of this OIP.

- **Guiding Coalition:** The teaching staff at CHMS who are members of the Guiding Coalition need to be inspired to lead the change initiative. They should be equipped with specific role-related knowledge, skills (Harris, 2005), and tools geared towards relaying the vision that will help them to collaborate effectively with their colleagues. Staff development further includes opportunities to engage in professional dialogue with individuals at the board level who are also embarking on the pathway to wellness. In working to reduce the knowledge gap, the establishment of Learning Communities or Networked Learning Communities (Katz & Earl, 2010) would be a worthwhile venture; these sub-groups would serve to promote a shared and accessible community vision. Learning Communities would be supported by administration, and include board personnel such as Social Workers and Mental Health Leads. This Learning Community is envisioned as online learning communities, similar to the arrangement of Google Classroom working towards continuous school improvement and high quality professional development (Katz & Earl, 2010). Those involved will share ideas, participate in online dialogue, post and review resources, and share the common aim of augmenting professional knowledge to be shared with staff and students. This platform for leading is already in place at CHMS, and can be expanded to involve additional staff

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and potentially other schools. As a key change agent, soliciting individuals to be a part of this coalition will demonstrate my ability to influence and lead others.

- **Staff (Teaching and Non-Teaching):** Beyond those leading the change, the school staff as a whole, including core teachers, rotary teachers, and support staff, must remain a focus. In creating a community that is supportive of the social-emotional needs of its students, continued professional development will serve to identify the needs of students and establish strategies to support them. Han and Weiss (2005) point to the relevance of quality training for teachers during implementation as an indicator of success. Thus, professional development and ongoing communication will remain a priority during the implementation the OIP.

A key component of staff empowerment is to ensure that all staff are aware of who they can access within the building for support. It must be noted that board professionals who support schools in this district often support multiple schools. Hence, efforts must be made to link professional resources to the school community, so that all staff members are aware of whom they can seek out and how (McCullough, 2010; Jackson, 2017).

Supportive and trusting relationships between staff and board professionals are integral to success; it is up to schools leaders to ensure that interactions are plentiful and effective.

Strong teamwork amongst all involved will model good relationships for students, especially those at risk, and foster a comfortable school climate.

- **Students:** Students, too, play a role in their own success, and must be inspired to advocate for the needs of their peers. Empowering students creates opportunities for engagement and active participation in the school improvement plan. Pomar and Pinya (2015) offer the insight that the, “inclusion of students’ voices diversifies and pluralises perspectives by expanding and enriching knowledge concerning the school experience

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and, as a result, enabling the adoption of decisions that are more in line with real needs” (p. 112). As stakeholders who are the primary focus of education, student voices should be solicited throughout the implementation process and integrated into solutions and strategies for moving forward. An Australian study by Anderson and Graham (2016) focused on secondary students, reinforcing the need for student views to be taken into account and for their thoughts and positions to be respected by school staff. It is my belief that a focus on meaningful and intentional student voice via engagement and follow-through will promote positive and valuable relationships between staff and students.

Students, as well as staff, require opportunities to dialogue with their peers both within and outside of their facilities. These occasions will allow classmates to share experiences and to gain new insights from one another. CHMS is closely connected to local high schools; these liaisons can be used to enable elementary students to develop unique partnerships with upperclassmen. The student body also needs empowerment in terms of whom to access and how – for example, administration, Guidance, caring adults.

Students also need direction as to where to go for support outside of the school, such as Kids Help Phone.

Engage:

In working to implement this OIP at CHMS, it is important to involve other stakeholders who can serve to facilitate knowledge acquisition among the staff and students. Developing and fostering relationships with local community health agencies, public health organizations, and other cultural groups is essential in moving forward. My experience and ability to connect and build relationships will be crucial to engaging individuals and groups integral to supporting the school. These stakeholders are equipped with expertise in the mental health field, and are also

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familiar with the community and other support services. The diversity of the school community, in combination with future plans to actively engage parents, means that advancing relationships between the school and community agencies will help to bridge cultural divides later in the implementation process. Weare and Nind (2011) describe the school as an extension of the wider community, while Hoyle et al. (2008) advocate for integrating support, as, “schools, by themselves, cannot - and should not be expected to - address the nation’s most serious health and social problems” (p. 5). These stakeholders can be utilized to work with myself, administration, the Guiding Coalition and students to organize and conduct workshops, assemblies, and awareness campaigns aimed at breaking down barriers associated with mental health and well-being. Stakeholders can also provide resources and materials to be shared and integrated into school planning; these can potentially be implemented into the curriculum as a means of promoting conversation and awareness around student social and emotional well-being.

As a leader, it’s important to consider the needs of the one’s staff and as such, I will advocate for staff wellness and solicit agencies to meet the personal and/or professional needs of staff, thereby integrating their well-being as a way to engage staff and build community connections.

Engaging these stakeholders in conversations will also assist efforts to educate parents. As such, collaboration with the Parent Council is necessary. The Parent Council works in conjunction with administration and the school community, and can be a conduit for local agencies to connect with parents to better understand the vision and efforts of the school. The diversity of the school community, along with its socio-economic challenges as outlined in Chapter 1, reflects an advantage to building such connections, as these links will be beneficial in incorporating supports suitable to the student population.

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There is a possibility that collaboration with stakeholders could fall under my mandate as guidance counsellor, due to the flexible nature of my position. Strong relationships with stakeholders can lead to a willingness to participate in enhancement activities: professional development for staff, workshops for parents and students, presence in the school. CHMS staff, students, and families will greatly benefit from ongoing partnerships with local agencies.

Managing the Transition:

Transition management serves to oversee the change process to ensure that the organization continues to operate effectively throughout the transformation (Cawsey, et. al 2016). Efforts in this regard will work to lay a foundation for areas of growth and improvement in moving towards the desired organizational state. As such, it is important to monitor and evaluate the transition in order to gauge the effectiveness of the change. In the context of the OIP, this type of maintenance is valuable, as the change process will unfold over a multi-year period, and will affect both school strategy and system-wide directives. In education, there are often competing change projects occurring within the same space simultaneously (McCullough, 2011; Lendrum et al., 2013; Cawsey et al., 2016). This compounds the already-present challenges of implementing change. As multiple changes compete for attention, staff may become overwhelmed and react adversely, which would have a negative influence on the direction of efforts to embed wellness into to the culture of the school community.

Understanding Stakeholder Reactions

Consistent monitoring of organizational change will help the transition to stay on track and eventually achieve the desired aims. When working to support the social-emotional needs of students, efforts must be made to gauge stakeholder reactions. Leaders must be prepared to adjust the implementation process such that it is responsive to the stakeholders. Barrett (2002) writes, "in the first few months, in particular, it is important to keep in close touch with how well

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the organization is hearing, understanding, and accepting the change messages" (p. 227). In the context of the OIP, initial information gathering through board-designed surveys around the vision, the messaging, and the needs of the school will support the implementation. The data collected can be used as a starting point for monitoring the change process; it can also be considered a source of information for cascading professional development to homeroom and rotary teachers, or other staff whose needs may be different. Regardless of the types of needs, the messaging around student mental health and well-being is the responsibility of the entire staff. This balance must be made clear, lest miscommunication lead to tension and resistance. Staff are not expected to be experts on the process of embedding wellness into classroom programs (Han & Weiss, 2005; McCullough, 2011); rather, they are encouraged to support students and guide them towards success. The goal of staff is to equip students with the skills and strategies necessary for self-support as students go forward to navigate their way through school and life.

Team meetings by grade level are an embedded practice in the organizational structure at CHMS, a constructive measure that has served to augment the school's culture of sharing and addressing concerns. These team meetings take place without administrative presence, instead designating one team member to act as a liaison in sharing communication with the office. This setting has been effective in allowing teachers to feel confident sharing ideas and concerns. These forums can be considered opportunities for assessment of stakeholder reactions, leading to the creation of targeted strategies that the Guiding Coalition can implement into future grade level planning. This allows for a diversity of intervention strategies, where solutions are specific to grade level. In turn, the needs of classroom teachers will be better addressed, leaving students feeling supported in their classroom base. Team meetings are effective in helping staff to feel buoyed by colleagues, as outlined by Lendrum et al. (2013). The smaller platform that the team

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meetings provide allows for those resistant to change to air their misgivings. These concerns can then be addressed with subtlety, and efforts can be made to engage or co-opt a team approach to providing supportive strategies to colleagues. As a key support and change agent, I will be seeking regular opportunities to engage and participate in such smaller group conversations to clarify the vision and carefully communicate the plan for moving forward. Accessing the change in smaller settings and in particular by grade level offers a unique perspective for future planning to ensure continuance and consistency throughout the school years. It is important to note that my interactions as guidance counsellor, for the most part, takes place with the grade 8 students. The prospect of engaging in dialogue with students from the junior grades will add another dimension and level of understanding to this group's unique needs, based on classroom teacher experiences and insights. It also speaks to a differentiated approach to implementing and embedding wellness across the school, centered on the needs and experiences of students at the different grade levels.

Soliciting feedback from students allows for their input to direct the change meant to improve their lives and school experiences. Anderson and Graham (2016) outline the value in hearing and responding to student concerns; attention to student voice will increase positive outcomes for students in academic, social, and emotional matters. Surveys are an appropriate way to achieve this. The Google Docs program can be used to design a forum to access student feedback. This forum can be further employed to solicit suggestions and input for moving forward with efforts and plans to embed wellness into the school community. The pursuit of student feedback is an opportunity for me to strengthen relationships with students at the Grade 6 and 7 levels that will serve to strengthen by ability to lead and engage staff in using student voice as a data source for change. Analysis can be done with random classrooms or students. Feedback can also be gathered through the means of: the board's school climate survey, the

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student census, open conversations with students, and a gauge of the overall change in students' willingness to discuss their feelings with peers and adults in the building. As an key change agent in this initiative, it's important to seek out multiple ways of involving students and involving their voice in the change process.

Supports and Resources:

In seeking to advance the goals of the OIP, there has to be a commitment of resources. The first of these is allotted time during the course of the day, an element needed to allow those tasked with leading the change process to develop their knowledge base. This time will also be used to plan, dialogue, and collaborate with internal and external agencies, and to convene with student leaders. There must also be a commitment to delegating time during the workday to release teachers for professional development, as this is an integral component of moving forward: "time must be purchased, providing opportunities for people to come together for substantive dialogue and collaborative effort toward a common mission" (Hoyle et al., 2008, p. 6). The allocation of time will leave those leading the change process feeling valued and supported in their efforts. Allotted time will also serve to develop professional skills, and to demonstrate an administrative commitment to prioritizing student wellness.

Material resources are a second requirement in moving forward with the plans for the school. Suitable resources would supplement and enhance the work being done. Financial assurance from the administration would highlight a commitment to the needs of the Guiding Coalition, the staff, and the students. The key here is to align resources with priorities, and to be intentional with resources so that these materials serve to enhance opportunities for student support (Ministry of Education, 2013, p. 2). Administration would have to specifically allocate funds so that those tasked with implementing change are provided with a reasonable budget. Financial parameters will help to appropriately direct funds towards efforts to support events and

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activities that promote wellness. At CHMS, the administration is already onboard with allotting funds for staff to attend professional development outside of the school, such as conferences; administration have further agreed to subsidize programs that support student wellness, such as yoga, mindfulness, and stress management workshops. Financial commitment allows for a wide scope of experiences to support embedding wellness across the grades.

A third form of resource, dependant on availability within the school, is the establishment of a Wellness Resource Room. As a key proponent of this wellness direction, I would advocate for and outline the benefits of such an area with administration. I envision this space to be an accessible center to house material resources. It would be a neutral space, open to all, where wellness-focused classes and activities could be held to promote the aims of the OIP. A physical area specific to the wellness focus, different from the classroom setting, could prove useful to reducing distraction and increasing comfort. Ensuring access to a wide range of resources, including time, finances, print materials, and human presence, will allow those tasked with implementation to feel supported in their efforts. In seeking to establish this space, I would take the lead with the staff and students to organize the location in a manner that is student friendly yet engaging to adults as a location that supports well-being. Actively modelling its use with students and staff will demonstrate a positive step in reducing barriers that often inhibit program implementation.

In considering what embedded wellness might look like at CHSM, Table 1: Sample Wellness Plan shows a sample of potential events and activities that can be used to support students and staff alike. In devising school-based initiatives, it important to dialogue with students and to seek out opportunities for them to develop their own leadership skills. Furthermore, the diversity of the school community speaks to the need to reach out and connect with agencies that are representative of the school community. In devising an action plan as a

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key figure in the change process, one has to be cognizant of budget constraints and ready to think outside the box for added support.

Table 1

Sample Wellness Plan

Whole School Initiatives	In Class Ideas:	Modeling for Faculty/Staff
<ul style="list-style-type: none">• Wellness Wednesdays/ Mondays - Guided mindfulness practice done over the PA system for all students and faculty to participate in• Wellness theme display boards in the hallways• Yoga as part of Physical Education Class• Lunchtime drop-in sessions for students hosted by local agencies• Participate in Bell Let's Talk, Pink Shirt and White Ribbon campaigns• Wellness Day Presentations by agencies such as CAMH, Kids Help Phone• Promotion of Bell Let's Talk Day	<ul style="list-style-type: none">• Stations for cool down zones, stress-free zones (provide coloring pages and coloring pencils for students to relax)• Discussion about balance (healthy body, healthy mind, healthy heart)• Wellness Kit with supplies for each classrooms, such as a stress release tool for students• Wellness-focused Read Aloud in designated section of library• Movies addressing well-being, e.g. Inside Out, to connect to media literacy strand of curriculum	<ul style="list-style-type: none">• Staff socials afterschool• Staff luncheon• Yoga for staff• Presentations by professional services around self-care• Staff Wellness Kits at the start of the year• Professional development by board professional such as social worker, psychologists etc.,

Implementation Issues:

There is an underlying confidence that some staff will agree to assume a leadership position in supporting the sustainability and realization of wellness initiatives in the school.

Ideally, a variety of staff members will embrace the change and work collaboratively along with administration, students, and the community to support the new vision. Homeroom and rotary teachers, Early Childhood Educators, Special Needs Assistants, Child and Youth Workers will all strive to achieve wellness goals together. Representation from a cross-section of staff would be beneficial in demonstrating that student wellness belongs to all the adults in the school.

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Given the magnitude of the workload and the level of time commitment by multiple staff members, a team effort is required to shoulder responsibilities and support colleagues on top of daily job requirements. There is an assumption that through the development and fostering of relationships early on in the change process, the work of early adopters will inspire others to join in the mission.

Another assumption behind this OIP is that administration will actively support and engage with staff and students to enhance the focus on overall well-being. In seeking to effectively implement the wellness plan, administration must be active participants in the conversation with students and staff. They have to be willing to promote and champion its value to improve the school climate and culture. Furthermore, due to the need for collaboration, there has to be a willingness to share the responsibility of decision making with those leading the change. In his work, Smith (2005) connects the role of administration to the establishment of a foundation of trust which promotes engagement and ownership. The administration has to be open to leading and working with staff in professional development opportunities. They must be visible and engaged with student leaders, as well as students in classroom settings; they must be vocal in encouraging the development of self-awareness, an understanding of overall wellness, and the value of mental health in our lives. In a sense, the administration must lead by example in order to add value to the OIP, as outlined in the works of Oser et al. (2014), Frabutt and Speech (2012), as well as Han and Weiss (2005). The active involvement of administration speaks to their moral compass. An assertive direction of attention to the mental health needs of students will show a commitment to helping students to reach their full potential.

There is an assumption that professional development led by the school, board, and community agencies will be offered as a means of supporting teachers. These intentional and focused opportunities will provide staff with strategies and resources for integration (Han &

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Weiss, 2005) , and allow them to interact with professionals who can be sought out when support is needed. External agencies can support school programs by focusing on suggestions for stress management, healthy eating, positive peer relationships, and effective community outreach. The work of Frabutt and Speach (2012) explains that Catholic Principals view the key areas of external support needed around mental health as, “training specific to particular needs areas such as ADD/ADHS, anxiety issues, crisis training, family stress, mental health diagnosis, self-esteem and social skills training” (p. 165). The work of Cooper (2005) and Oser et al. (2014), as discussed earlier, offers examples of how interagency efforts with a focus on well-being can lead to improvements in school communities. The range of possibilities relies on ongoing needs assessment, achieved through dialogue between school personnel and other agencies. The underlying assumption here is that a network of professionals with enhanced expertise will work collaboratively and effectively to support the aim of the OIP.

Building Momentum:

Building momentum for the change is essential to gaining interest; maintaining this interest will serve to shape the future development of the OIP. In working to build momentum for the change process, there has to be an emphasis on working with and supporting (Harris, 2005) the Guiding Coalition in the initial year of the implementation plan. As a key change agent, I can act as a resource and facilitator drawing on my guidance background and access to board level resources to support this group. Administration at CHMS has already committed to providing release time for this group, during which members will work with me, along with a Public Health Nurse, a Social Worker, and community health services to review and evaluate resources for classroom use. The HRDSB currently has wellness resources available to staff and students, however, it is necessary to ensure that these resources are readily accessible. Initially, there is a plan to start small, encouraging school-wide classroom initiatives aimed at promoting

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dialogue, with consistency connecting the various grade levels. In partnership with the school librarian, a Wellness-Centered Corner in the library can be negotiated with professional resources by agencies such as: Elementary Teacher's Federation of Ontario (ETFO), School Mental Health Assist (SMHA), Centre for Addiction and Mental Health (CAMH) to name a few. Inclusion of larger societal themes such as *End the Stigma*, and *Mental Health Week* will increase visibility and build opportunities for curriculum connections. The use of online tools such as Google Drive and Google Classroom as repositories of surveys, materials, and reflective classroom pieces will help to ensure that classroom teachers have access to materials vetted by the Guiding Coalition. An integral component of building momentum is placing an emphasis on the development of professional, social, and decisional capital of the Guiding Coalition, as outlined by Fullan (2016) and evident in the work of Harris (2001).

Release time for the Guiding Coalition will be extended to include designated periods to work with the newly established Student Wellness Leaders. Student leadership opportunities promote engagement and motivate students to take on an active role in shaping the change initiatives (Weare & Markham, 2005) within their school. The active participation of students in the promotion of wellness and their visibility within the school will serve as another effort to build momentum for the focus on student mental health and wellbeing. As an internal change agent, working with students to raise their profile and develop their leadership capacity is essential for continued growth. With this in mind, Student Wellness Leaders will be equipped with presentation as well as organizational skills and communication strategies to lead engaging small class activities, and lead school-wide events, etc. It is my desire that the public health office, the local high school, and area social workers will support in mentoring and guiding this newly-created group. The involvement of students promotes inclusion, validates their experiences, and creates an environment in which student views are acknowledged and

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appreciated by staff (Pomar & Pinya, 2015; Anderson & Graham, 2016). Furthermore, the chance for students to connect with other leadership groups, through their involvement in conferences/workshops, will expand their horizons.

As outlined in Table 2 below, the program outlined by this OIP can be launched to the entire school in January of any given school year, with student leaders taking an active role in both planning and carrying out objectives. Garnering, cultivating, and showcasing additional student support requires that the energy of the group be high; student representatives should be visible leaders whose impact is well-known. In this manner, student leaders will have an increased presence at CHMS.

Table 2

Building Momentum Year One Timeline

Year 1 - Establishing a Foundation	Year 2 - Building Within	Year 3 -Upwards and Onwards
Immediate Goals: (Sept. – Oct.) <ul style="list-style-type: none"> • Share Vision, Purpose, and Goal • Guiding Coalition (Staff) • Gap Analysis at the school level, • Review of data – school, board, and ministry • Ongoing: communication and updates with staff Short-Term Goals: (Nov.-Dece.) <ul style="list-style-type: none"> • Release time for PD for Guiding Coalition with inclusion of board personnel such as social • Connect school initiatives and programs • Ongoing: communication and updates with staff Long-Term Goals: (Jan. - June & ongoing) <ul style="list-style-type: none"> • Establishment of Student Wellness Committee to increase student voice and engagement • School-wide initiatives to engage staff and students • PD for staff – staff meeting, lunch and learn • Student planning for events such as Wellness Week • Survey of staff and students – to meet identified needs and deficits, inclusion Ongoing: communication and updates with staff	<ul style="list-style-type: none"> • Wider PD for staff - Enhance Capacity Building, Widen Teacher and Student Leadership Team • Integration of wellness into school day and community • Focused and intentional planning and implementation • PD for staff – staff meeting, lunch and learn, conferences if and when available • Curriculum connections • Connections to in school initiatives and programs e.g. character education • The inclusion of board personnel such as social work, school psychologist etc. • Time and sharing at staff and divisional meetings • School-wide initiatives to engage staff and students • Survey of staff and students – to meet identified needs and deficits, inclusion • Active and visible student leadership opportunities Release time, school resources and agencies available to support	<ul style="list-style-type: none"> • Increase ownership and buy-in by staff and students • Wellness embedded and integrated into school culture • Increased awareness and community engagement through school initiatives, parent council involvement, and local agencies • Structural changes – spaces and opportunities to engage in promotion more prominent and evident • PD for staff – staff meeting, lunch and learn, conferences if and when available • Curriculum connections • Connections to in school initiatives and programs • Inclusion of board personnel such as social work, school psychologist etc., • Time and sharing at staff and divisional meetings • School-wide initiatives to engage staff and students • Survey of staff and students – to meet identified needs and deficits, inclusion • Active and visible student leadership opportunities Release time, school resources and agencies available to support

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Another element of building momentum is to incorporate small efforts to address staff wellness into the plan. Through surveys and face-to-face conversation, information can be gathered to determine how to best meet a school community's social-emotional needs. A benefit of prioritizing staff needs is the potential creation of a balance that might lead to increased participation and more buy-in from those on the sidelines. Based on my experience, school staff are increasingly concerned that their own needs are falling to the wayside, leaving them to question who is caring for their well-being. Similar sentiments surfaced in the work of Weare and Markham (2005), who posit that more efforts should be directed towards the support of staff mental health. Their researcher suggest that acknowledgement of stressful working lives, heavy workloads, and demanding work conditions can serve to help staff to feel bolstered (p. 121). Efforts to recognize and listen to the concerns of staff, and establish supports for these individuals to meet their own well-being needs, will serve to buoy the expansion and buy-in for wellness across the school.

Limitations:

My intentions are driven by the need to create an environment that is more supportive of the student social-emotional needs at CHMS. I am cautious to keep my goals realistic. Year one is crucial in setting the tone for the next steps, as outlined in Table 1. One must also consider the limitations of this OIP, which are intertwined with the assumptions (as outlined previously) and expectations (outlined in Table 1). Three specific limitations impacting the implementation of this OIP will be discussed below.

The first limitation to this OIP is the time factor. A shift in attitudes and perceptions happens gradually, and as such meaningful change may not be noticeable in the initial stages. It is therefore important to recognize small indicators of progress, as these will highlight the impact of progress, however small. Stalemate may negatively impact staff enthusiasm, reducing the

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willingness to embrace wellness initiatives in the classroom. Staff motivation is another limitation that cannot be controlled or accounted for; we can only do our best to provide inspiration that staff share in the desire to embrace a growth mindset around the student social-emotional well-being. It is my hope that despite current system demands, a conscious effort by staff wellness leaders, and a platform for student voice, will succeed in boosting perceptions around the need to focus on wellness. We must break through the pressure barrier of staff who feel overburdened by the existing demands, and prove the value of increased mental health initiatives.

There is a further possibility that members of the Guiding Coalition may be hesitant to commit to the long-term needs of this program. As the school year progresses and other system and school demands move to the forefront, those tasked with leading the change may be less inclined to remain committed to the well-being focus. In an education system characterized by the convergence of neoliberal and conservative ideals, the wellness target can be easily overshadowed. To maintain the interest of staff, administration must consistently present as actively engaged in wellness. Within this same vein, I also need to balance the demands of my job description and consider my time commitment at CHMS. My duties extend beyond supporting the social-emotional needs of students; I am also tasked with managing the transition process from Grade 8 to Grade 9 in each of the schools I serve, and in some instances, also the Grade 5 to Grade 6 transition. The key elements of my job description must remain a top priority despite my obligation to the wellness of the CHMS community.

Additional duties to my role, geared towards the success of this OIP, will not be effective without full ownership by the staff and administration at CHMS. Real change is contingent on a committed staff team that is cognisant of the value of the work being done. Those who support student wellness must first feel supported themselves. Passion begets passion; teachers who feel

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empowered will succeed in empowering their students. In order to work as a team, staff must be allowed to maintain their foundation as a team; changes to staffing would, I believe, have a negative impact on the implementation plan.

Change Process Monitoring and Evaluation

Change is an ongoing process that needs to be modified and adapted to in order to best suit organizational needs. During this process, it is important that leaders and change agents design and implement the strategies and tools necessary to support and enhance an organization's move in the desired direction. Change in educational settings is often a complex process, as there are typically many system initiatives competing for attention at once. Even a simple change may have multiple repercussions and factors to consider, making a small change seem enormous. In the context of this OIP and the CHMS community, this is certainly the case. The best approach is therefore to introduce change in stages. The many layers and facets of this implementation process require a multi-year delivery. With this reasoning in mind, the main focus of this OIP is on Year 1: Establishing a Foundation. The establishment of a firm base on which to build change will lead to long-term sustainable efforts to develop resiliency and awareness amongst the student population.

In working to develop a monitoring plan, the PDSA cycle will be used in conjunction with Nadler and Tushman's (1989) Congruence Model to create an outline for change that is ongoing and reflective, as outlined in Figure 3 below.

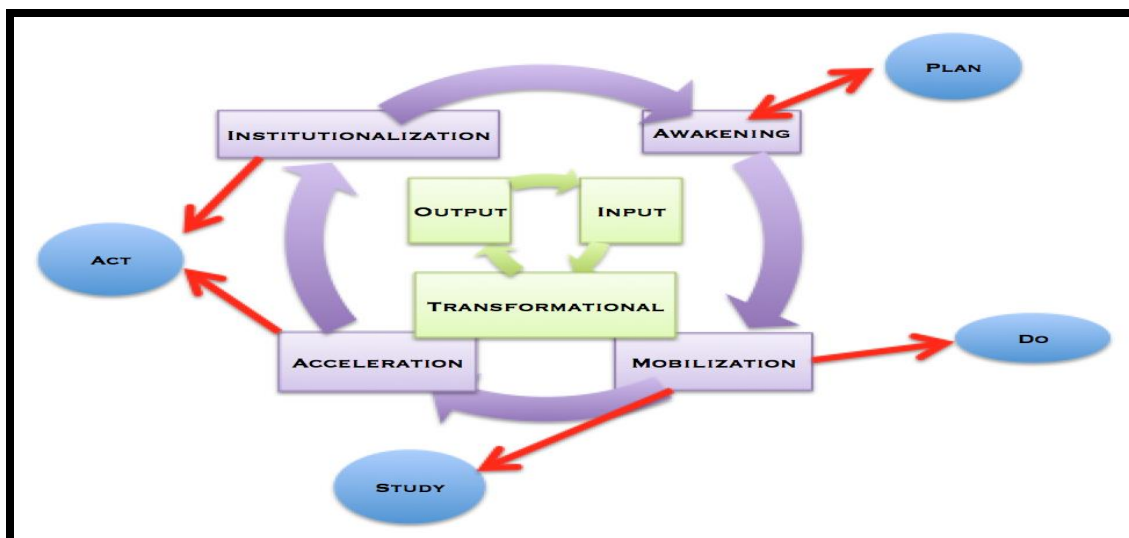


Figure 3. Layering PDSA Cycle and Congruence Model

The change cycle is designed to build momentum and organizational capacity across various stakeholders so that a new culture can emerge at CHMS. The cycle is devised with the intention of using the principles of shared leadership to facilitate large-scale directions. These will then move to small-scale changes at the classroom level. As a guidance counsellor, I have the ability to support the administration at each school I support in leading system-level change where feasible. In regards to this OIP, I will collaborate with administration to define a vision that meets the needs of the respective school, a step intrinsic to the School Improvement Process and the foci for the year. At CHMS, this team leadership approach mimics that of the OIP, a vital ingredient that requires my ongoing support.

Crucial to securing the desired change is the need to lay a foundation by creating a sense of urgency, as outlined in the work of Kotter (1995), Smith (2005), and Cawsey et al.(2016). A gap analysis, designed to gather internal data and create a link to external evidence, will create conditions as well as outline factors driving the need for change, a response discussed by Johansson and Heide (2008). This will support the planning stage of the change process and highlight the urgency for the need to move forward with the desired plan. These factors will set

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the stage for the development of processes at the school level to monitor and evaluate the new direction. Data collection sources, such as student surveys, school climate surveys, etc., can be revisited and modified on a yearly basis to assess change in attitudes and level of impact on various stakeholders. The survey feedback is a starting point for further planning in the ensuing years of the implementation process. Without continued opportunities for reflection and dialogue, change may not generate the desired results. Reflection allows all participants to access areas of growth and improvement, and to adjust timelines as needed in planning for further implementation.

As previously discussed, the establishment of a Guiding Coalition, tasked with providing school-wide focus in addressing the mental health needs of the student body, is crucial. Smith, (2005) contends that change requires management of human elements; during the change process, a commitment to developing this team will prepare members to be change agents. The work of Bolman and Deal (2008) around the Human Frame, as discussed in Chapter 1, is applicable in this context, as it asserts that individuals who are well-suited to their roles are most effective in mobilizing action. Early adopters must therefore be provided with opportunities to engage in dialogue and to disaggregate data. They can then enter informed discussions with the administration and I to generate a vision for school change that is guided by system directives.

The Guiding Coalition requires support in developing their knowledge base and skill sets to lead the staff in the desired change direction. Opportunities to work with board personnel such as social workers, school psychologists, and Board Mental Health Leads will serve to help early adopters to develop the language, skills, and vision suitable to the cause. This foundational knowledge can then be shared with fellow staff and students. Dialogue with colleagues in similar positions is also beneficial to further discussion around wellness ideas. Exposure to other professionals and organizations will widen one's scope of understanding and allow for

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professional and leadership growth. As outlined in Figure 2, the new structure requires that this group be equipped with the appropriate human, financial, and time resources to allow for effective collaborative planning. The goal of this planning is to align the vision with the group's own personal beliefs around the need for and value of the change. Data collected by the team from pre- and post analysis, a component of the monitoring of awareness and knowledge around mental health issues, will ideally bolster efforts. Interpretation of this data will allow for a tightened focus and clear direction of future professional development. As school leaders, the Guiding Coalition will gain insight around optimal ways to support classroom teachers. They will learn to recognize the barriers and challenges that may hinder implementation and advise administration and guidance on alternate solutions. In short, the Guiding Coalition is the main vehicle that moves momentum forward.

The Coalition plays a dual role, as they are both macro and micro change agents at CHMS, as outlined by Kang (2015). The group is vital to the mobilization efforts, the rollout, and the fine-tuning of the larger vision for change to their school community. Clear and consistent messaging on their part is necessary to bolster support from staff and students for the new direction and focus on mental health. Their progress can be measured through staff activity, such as enthusiasm during self-directed workshops, and initiative in independently seeking supports and resources. Student impact is also measureable by balancing qualitative information with quantitative/qualitative questionnaire data, as this feedback will reveal changes in mindset.

A change to the structure in terms of delivery and support becomes another aspect of monitoring and evaluating the change process. The scope and complexity of the initiatives mean that SMART goals have to be established within each year of the implementation process to adequately incorporate all components of the circle of care. Table 3 below outlines specific goals that focus on three areas collectively considered to be the root of success: coalition

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building, professional development, and student engagement. Regardless of the phase of the implementation process, ongoing communication and information sharing with all stakeholders will remain constant, increasing awareness of and sustenance for the new vision.

The cyclical nature of the change process provides multiple opportunities for reflection and reengagement. The option to revisit at different stages is particularly important in the educational setting, where personal circumstances change frequently, a divergence that may impact progress. Further to personal circumstances, staff may have prior commitments to other initiatives, a factor that could mitigate the timeframe of the implementation process. These aberrations require the Guiding Coalition to be diverse in make-up; diversity amongst team members will strengthen the Coalition to withstand change. Formal and informal discussions and grade level meetings provide opportunities to solicit additional staff support of the Guiding Coalition. It is nevertheless important to take on new members later in the school year with caution, to ensure that later joiners do not become overwhelmed.

A focused, school-wide effort to support student well-being will be implemented over time, as outlined below.

Table 3

Communication Plan Timelines.

Month	Plan	Strategy	Who
September	<ul style="list-style-type: none">● Presentation of initial vision and plan to entire staff● Administration to outline the establishment of a Wellness Chair Position and solicit volunteers to join Guiding Coalition● The present direction at Parent Council Meeting	Staff Meetings, Face-to-Face Conversations	Guidance and Administration
Oct	<ul style="list-style-type: none">● Development of Foci● Guiding Coalition to review and provide input on Foci● Sharing of Foci with staff, students and parents● Administration and guidance engaging in one on one encounters with staff and students	Face-to-Face, Staff Meetings, Parent Council Meeting, Email, Print – Weekly Staff Electronic Bulletin	Guidance, Wellness Chair, Administration

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November - December	<ul style="list-style-type: none"> ● Professional Development for Guiding Coalition (Focus on knowledge building) <ul style="list-style-type: none"> ○ Release time ○ Review data (school, board, national) ○ System directive and action plan ○ Involvement and building connections with internal and external experts (social worker, mental health lead, school psychologist, public health, community health center personnel) ○ Outline specific actions for school year considering barriers and challenges 	Face-to-Face, Print, Social Media, Email, Sharing of Literature	Guidance, Administration, Board Personnel
Jan - April	<ul style="list-style-type: none"> ● Presentation of School Foci to all stakeholders ● Launch of School Wellness Foci to students ● Development of Student Wellness Team ● Release time to work with Student Wellness Team ● Wellness Foci visible within the school ● Mini- PD Sessions for Staff at Divisional Meeting ● Co-ordinating of Lunch and Learns by board and community personnel focusing on staff and student wellness ● Regular Updates to staff ● Dedicated space such as a classroom and/or bulletin board to share information focusing on wellness for students and staff ● Guiding Coalition modeling ● Engaging in larger social initiatives that support wellness 	Face-to-Face, Staff Meetings, Student Assemblies, Guest Speakers, Print, Social Media, Email, Sharing and use of Literature and Videos with staff	Guiding Coalition
April/May	<ul style="list-style-type: none"> ● Progress Update to staff ● Guiding Coalition and Student Wellness Team planning for Mental Health and Wellness Week within the School 	Face-to-Face, Guest Speakers, Print	Guiding Coalition Student Wellness Team Guidance
June	<ul style="list-style-type: none"> ● School Year Student Wellbeing Exit Survey ● Staff Feedback Survey 	Survey	Guiding Coalition Student Wellness Team
Sept – June Ongoing	<ul style="list-style-type: none"> ● Wellness Standing Item on Staff Meeting Agenda ● Regular updates on school efforts ● Inclusion of staff wellness objectives throughout the year 	Weekly Emails, Face-to Face	Guiding Coalition Guidance Administration
	<ul style="list-style-type: none"> ● Communication with Parents 	Newsletters, Weekly Parent Email, Social Media	

As a guidance counsellor, I can support CHMS in monitoring its progress through my work with staff and students. Noticeable changes in the volume of students seeking support for themselves and others, along with increased student involvement in wellness initiatives, are small indicators of progress. Each year of the implementation plan will build upon strides made in previous years.

Leadership Ethics and Organizational Change

The purpose of this OIP is to support the mental health and wellbeing of students. Administration, staff, and guidance play an important role in managing the change and in contemplating ethical issues throughout the process. Northouse (2016) equates ethics to the actions of leaders and the decisions made. I would also add that it speaks to the leaders' moral purpose, as well as their vision of and for education; strong educational ethics would be responsive and supportive of the needs of all students. This idea is supported by Starratt (1991), who states that "administrators have a moral responsibility to be proactive about creating an ethical environment for the conduct of education" (p. 187). In working to address the emotional needs of students, and as a change leader working with administration and Guiding Coalition, we must collectively strive to create an atmosphere that is conducive to meeting the needs of the whole child.

Northouse (2016) outlines five principles of ethical leadership: respect for others; service to others; justice towards others; manifest honesty; build community. These can be correlated to Starratt's (1991) three ethics of: critique, justice, and caring. Together, these foundational characteristics underlay the ethical considerations of this OIP, which are anchored in the principles of shared and inclusive leadership as well as a social justice lens that seek to disrupt the status quo and social inequities that promote marginalization. Considering leadership ethics from a social justice perspective also works to "support a process built on respect, care, recognition, and empathy" (Theoharis, 2007, p. 223) which aligns with the Ontario College of Teachers Ethical Standards (n.d.) that values: "care, respect, trust and integrity." Ethics looms large in education and in the course of this OIP it must remain a cornerstone for the work being done to support students.

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The educational system is established on a conservative premise, with a focus on hierarchy, maintaining the status quo, and academics (Gutek, 1997; Ganesin & Bonaker, 2003; Rottmann, 2007). These formal ideals are in stark contrast to the reality of schools. The diverse population of most school communities result in socio-economic disparities that act as barriers for students and their families in addressing or even acknowledging issues around mental health and well-being. Here, the ethical focus becomes how to challenge the current situation to better serve the needs of all students while continuing to foster relationships with agencies that support the school community. Starratt (1991) postulates, “the theme of critique forces administrators to confront moral issues involved when schools disproportionately benefit some groups in society and fail others” (p. 190). This speaks to the need to critique and reflect on the current systems and structures in place: how can they be better organized to support the emotional needs of all learners.

The ethics of critique (Starratt, 1991) can be regarded as a framework that allows leaders and change agents like myself, to address power dynamics and bring greater awareness to privilege in society. Careful consideration of social inequities and injustices (Brown, 2004; Theoharis, 2007) that hamper access and marginalize the school community must be dealt with in a manner that maintains the dignity and respect (Ontario College of Teachers, 2018) of the school and the community. Further attention must be paid to the balance between academics and wellness. As a leader, I have to consider these issues and work with administration and the Guiding Coalition to address structural and social challenges that impact the school, given its location inner-city community.

As change agents addressing the ethics of care, which focuses on relationships, the Coalition must consider the staff and their own experiences from an ethical point of view. In working to address the well-being of students, an atmosphere of trust, honesty, and respect will

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reach all who are involved in the process. The work of the Guiding Coalition, with the support of experts at the board or community level, will provide opportunities for staff to address their own biases, attitudes, and perceptions around student well-being. This is an area of legitimate need, as it impacts student success and achievement (as discussed in Chapter 2). Addressing these areas is necessary to developing the student-teacher relationships, or teacher-to-teacher relationships, that impact the overall culture of the school community.

Change Process Communication Plan

During the change process, communication is a vital tool for moving forward with a new vision. Lack of effective communication can lead to organizational uncertainty and confusion, which then becomes a barrier to implementing the desired changes. Smith postulates, “effective and open communications along with staff involvement are key to laying a foundation of trust to support and enhance the change process” (Smith, 2005, p. 410). Communication has been described as a vehicle to awareness, a means to educate employees, and a pathway leading to effective conditions. As such, strong communication will serve to increase support for the new vision, thus creating a new organizational culture (Barrett, 2002; Elving, 2005; Beatty, 2015). To achieve the objectives and goals outlined above, open and frequent communication must be meaningful and a priority to all those involved in the change process. As Kotter (1995) states, “without credible communication, and a lot of it, the hearts and minds of the troops are never captured” (p. 5). Without a strategy for communication, change faces an uphill battle within an organization; this is certainly true for CHMS.

In the context of the OIP, communication must be thoroughly considered as an integral component of moving forward with mental health at the school level. Communication will also serve as a method to influence the readiness for change and support stakeholders in moving forward. Since this plan is intended to take place in stages over a three-year period, momentum

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and interest must be sustained. Change agents must be cautious not to front-load communication (Beatty, 2015, p. 3), as this will deter interest and stunt progress in moving forward with the acceleration and institutionalization of the Congruence Model (Nadler & Tushman, 1989). Consistent communication from start to finish will work towards the development of a culture that is supportive of the promotion of mental health and well-being at CHMS.

Armenakis et al. (1993) outline three strategies of communication that will influence change readiness: persuasive communication, active participation, and management of information (p. 687). These characteristics will serve as the basis for communication with stakeholders. They align with the elements of the communication phases, as identified by Cawsey et al. (2016): the pre-change phase; developing the need for the change phase; midstream change phase; confirming the change phase (p. 320). Together, these strategies will provide direction for the communication plan to support the implementation of wellness initiatives at CHMS.

Persuasive Communication:

This approach speaks to the need for direct communication, which serves to convey the message and to garner support from those involved in the change process; this idea is similar to the Pre-Change phase as outlined by Cawsey et al. (2016, p. 320). This is applicable to this OIP as face-to-face communication with stakeholders is critical at the onset of the initiative. Since the administration is already on board with this initiative, the focus is on establishing a committee of dedicated staff, known as the Guiding Coalition as outlined in Chapter 2. This group will lead the charge, in conjunction with myself.

In securing members of the Guiding Coalition, a variety of criteria will solicit support from staff to be part of the change process: conversations, discussions, data review, and interactive presentations at staff and divisional meetings. These sources will also be used to

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establish a sense of urgency. In his work, Kotter (1995) points to the need for a critical starting group to spearhead the change process; without them, change is difficult to achieve. As part of the communication, it is important to emphasize how the changes will positively impact the students, as well as the value of the commitment to mental and health and wellbeing. Smith (2005) states that, "helping people to clearly see their role in the new ways of doing things build confidence in and commitment to, the changes both before they begin and once they are underway" (p. 410).

Throughout my time at CHMS, I have carefully built a strong relationship with the Grade 8 teachers. This has created a trust that I can rely on to solicit potential change agents. It is my hope that through encouragement, additional staff members from a cross-section of the school community will create a team on which to build future developments. In this way, wellness is seen as the responsibility of all staff in the building.

Active Participation:

Active participation is integral in the initial phase of the implementation, as it motivates self-discovery amongst those involved in the change process. The communication plan must therefore include opportunities for individuals to engage in dialogue. These opportunities which may include: providing staff professional development, resource management and dissemination, all to deepen understanding around the issues and challenges that affect students. As a key change agent, working to support and develop staff confidence will increase ownership and influence mobilization, as staff buy-in is essential for moving forward. Incorporating adequate time for staff professional development, training (Deschesnes et al., 2003; Han & Weiss, 2005; Hoyle et al., 2008), and reviewing of school, system, and national data will allow for optimal preparation to meet the needs of the school community. In their work, Cawsey et al. (2016)

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describe this phase as Developing the Need for Change: the message is being honed and specific steps are laid out to support the efforts.

Various communication methods aimed at information sharing, such as emails and bulletins, are useful. These will be shared at staff and parent council meetings. A focus on mental health will also be incorporated during school events such as assemblies. Placing a spotlight on these areas will serve to cement the new focus on wellness at the forefront of the school culture at CHMS. Information sharing plays a critical role in the mobilization stage of the change process; it is also integral to the acceleration and institutionalization phase of the process. These two phases are where the actual changes take root at the school. It is through them that staff and students will develop specific grassroots initiatives geared towards awareness and student engagement.

Management of Information:

Information management in regard to programs and curricular integration needs to be accessible to all stakeholders. The involvement of internal and external supports will further the efforts of those who take on the leadership role to enact change. Similarly to the importance of a knowledge base for the Guiding Coalition, solicitation of support from external sources who are professionals in the mental health field is an asset to the change process. This expertise will provide fundamental ideas to support and expand the work being done. As the student body of CHMS represents a diverse population, invited agencies must reflect an approach that is reflective and considerate of the school community. The accomplishments of this part of the communication plan augment the learning that takes place during the persuasive communication phase (Armenakis & Harris, 2002). Outcomes can be tailored to the specific needs and concerns of staff. Communication tools such as interactive presentations, social media sites, printed media, bulletins, and emails will all be employed to ensure that information is shared regularly

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with and from agencies throughout the change process. Expert information can be used to create a visible space within the school to highlight the work being done. As the school year progresses and other system goals compete for priority, this strategy becomes essential in maintaining staff attention to student wellness.

As a component of their communication strategy, Cawsey et al. (2016) speak to the need to recognize and celebrate milestones. This is in line with the work of Armenakis et al. (1993), who also tout the benefits of sharing success. Both researchers suggest that this praise drives the mobilization and acceleration phases of the change process. Communication supports organizational transformation; efforts made to recognize outstanding progress can bring new energy. Recognition can also motivate others to take up the cause.

Overall, communication of the new vision will be delivered to a variety of groups: staff, parents, and students. Table 3: Communication Plan Timeline provides an overview of a communication timeline breakdown that includes both formal and informal strategies. Effective and varied communication increases the knowledge amongst those involved; it also lays a foundation for change readiness, a necessity during the ensuing phases of the change plan that requires further effort at the grassroots level. Key information will be tailored to the needs of various stakeholders so that communication is relevant and meaningful. The baseline messaging around the wellness focus, however, as well as that of the desired new state, will remain consistent for all those involved in this process.

Next Steps & Future Considerations

In looking to the future, there will be an emphasis on increasing staff involvement such that all classroom teachers are actively engaged in promoting the aims of the OIP. There will also be an expectation that as part of progress and achievement reporting, teachers will share comments with parents in terms of efforts being made to support the well-being of all students.

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Administration feels that this adds an element of accountability for staff, as they are required to include wellness efforts into their program and to inform parents of how they are working to promote emotional well-being. The continued inclusion of student voice will be emphasised through efforts to expand the Student Wellness Committee and to connect students directly with parent council, the local secondary and primary schools, as well as other agencies. It is my desire that as the implementation plan progresses, I will be able to step back somewhat in my supportive role, as others will grow in ability and be able to take on more responsibility.

Supporting this aspect of the district's foci is not attainable within a calendar school year, a fact not lost on the development of the OIP. In moving forward, small, incremental steps and benchmarks must be built in to develop ownership and leadership capacity amongst the staff and students. Those willing to become involved may not be aware of the scope, time commitment, and leadership skills that are required to engage their colleagues in professional development. As leaders, it is important to set realistic goals and to celebrate even minute degrees of success; this recognition is an important building block towards larger organizational goals.

As mental health challenges move to the forefront, CHMS is well positioned to support the student body. The school wide focus involving various stakeholders will help to create an environment in which students will feel supported and safe to reach out staff members for support and guidance during times of need.

Conclusion

Implementing change involves careful planning and coordination. Leaders must consider the strengths and needs of their people, available resources and most importantly how to integrate change into their existing structure. Chapter 3 provided a vision and an overview of what intentional integration of student mental health and well-being into the fabric of CHMS would look like. This is a plan that is focused on establishing and strengthening relationships as

well as capacity building to address the mental health needs of the students in a co-ordinated manner.

OIP Conclusion

The focus of the proposed Organizational Improvement Plan is part of a much larger systemic and societal focus, which validates the efforts placed on creating positive environments to support the social and emotion needs of students. The wider focus will produce opportunities for stakeholders to work collaboratively (Kam et al., 2003; Ainscow, 2005; Oser et al., 2014) to enrich and advance the schooling experiences of students at CHMS.

The emphasis on inclusive leadership aims to build a collaborate approach to enacting the change by engaging diverse voices as outlined throughout the chapters of this OIP. The social justice lens embedded in this OIP seeks to challenge the status quo around perceptions of mental health and also to provide quality access to information and resources for students and families. The challenges surrounding the school and the community outlined in Chapter 2 speaks to the need for a co-ordinated effort in addressing the mental health and well being of the entire student body as well as their parents/guardians.

At the school level, efforts to encourage ownership by staff are crucial. As noted in Chapter 1, shared leadership is actively promoted at CHMS as it works towards developing the leadership abilities of the staff to lead, to plan and to work collaboratively to change practices and perceptions to better support students. The principles of shared leadership already have a foundation on which the OIP can be built at CHMS to better support and engage students in the change process.

Moving CHMS forward involves much planning. Chapter 2 outlines how to frame and facilitate the change process to better support the student body. There is also an emphasis on looking at structures and individuals both at the school, board and community level who can

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work to support the aims outlined in Chapter 1. A number of proposed solutions were also evaluated to determine best practices for infusing mental health and well-being initiatives into the fabric of the school community. Considering how to integrate and spread the message of positive mental health in all spaces will highlight a school-wide vision and allows students to see all staff engaged in promoting and supporting their wellness. A co-ordinated school-wide approach must not only be considered but also address structural hurdles that may serve as a barrier to implementation efforts.

The communication strategy is designed to ensure that stakeholders remain informed during the process. Maintaining clear and consistent messaging that is tailored to the needs of each stakeholder helps to create transparency and build support for the change initiative. A key component of the communication plan is to clarify the need for the change and to layout the new vision for moving forward. The varied methods of communication described in Chapter 3, are methods aimed at creating a wider audience for the work being done at CHMS. The implementation plan is designed for a three-year period as it considers the complexity of the issue at hand and the change process itself. The framework for change allows for staff and student leadership, which build sustainability for the future.

I hope that attitudes will evolve such that a pool of experts within the school will emerge to sustain the efforts introduced by the OIP. My role in guidance permits the opportunity to provide leadership in streamlining the direction and focus of this initiative, and to establish a clear starting point for the change at CHMS. The district's focus on mental health, along with that of society in general, provides a firm foundation on which to build intentional and proactive measures geared towards student overall well-being.

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