

TO: Boston School Committee

FROM: Amalio Nieves  
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Co-Chair, District Wellness Council

SUBJECT: Responses to inquiries regarding revisions to the District Wellness Policy

DATE: June 15, 2017

### **How can our new policy on immigrant rights be incorporated into the wellness policy?**

We reached out to Dr. Esparza, Assistant Superintendent for OELL, and had a meeting with a staff member from OELL on 6/12/17 and have incorporated their suggestions.

In addition to referring to race, ethnicity, nationality, and language in the Cultural Proficiency section, we have added “immigration status” (page 4, lines 35). The full list (page 4, lines 33-36) is meant to call out the various dimensions of cultural diversity that will be supported by increasing cultural proficiency and implementing culturally and linguistically sustaining practices.

Because the Wellness Policy is an umbrella policy that is meant to link new and existing wellness-related policies, we also include the following statement:

*Schools will follow other cultural proficiency-related policies, including those regarding race, ethnicity, **immigration status**, religion, language, gender, sexual orientation, gender identity, and disabilities and policies that promote family and student engagement (page 5, lines 3-5).*

To address discrimination, harassment or violence based on immigrations status, we have added the term “biased-based conduct” to the Safe & Supportive Schools policy area. The term comes from the Equity circulars on discrimination. It now reads:

*Schools will better meet the needs of students by creating safe and inclusive climates, that are responsive to all forms of bullying and violence, including **bias-based conduct**, suicide, intimate partner violence, and sexual harassment and assault... (page 9, line 27-29).*

To call out work done with undocumented students in the Safe & Supportive Schools policy area, we elaborated on “immigrant students” to say, “Special attention will be given to vulnerable student populations, including but not limited... refugee, asylee, documented and undocumented immigrant students...” (page 9, lines 30-32).

**How do we include ELLs in the wellness policy? Need to incorporate before the vote, particularly the work Dr. Esparza has done to provide supports for ELL students and parents and professional interpreters who can communicate with students.**

We reached out to Dr. Esparza, Assistant Superintendent for OELL, and had a meeting with a staff member from OELL on 6/12/17 and have incorporated their suggestions.

On page 4, lines 44-47, the original proposed language states:

*The District and the schools shall include student, family and community participation on decision-making bodies and create structures for feedback from students, families and communities and increased engagement of all families in wellness-related policies and committees.*

OELL recommended we include this additional sentence after:

*This includes recognizing specific barriers faced by families of ELL students and ELL students with disabilities by targeting outreach to these groups and using the Translation and Interpretation Unit to translate family-focused communications and to provide interpretation as requested during meetings (page 4-5, lines 47-49 & 1).*

Our original recommendations included language requiring BPS to ensure the Wellness Policy and any public announcement related to the policy be translated into the languages that represent the school community (page 2, lines 42-43).

Because the Wellness Policy is an umbrella policy that is meant to link new and existing wellness-related policies, we also had written the following statement:

*Schools will follow other cultural proficiency-related policies, including those regarding race, ethnicity, immigration status, religion, language, gender, sexual orientation, gender identity, and disabilities and policies that promote family and student engagement (page 5, lines 3-5).*

In the Safe & Supportive Schools policy area, we called out work done with ELL students and ELL students with disabilities: “Special attention will be given to vulnerable student populations, including but not limited... ELL students and ELL students with disabilities...” (page 9, lines 30-32).

### **Why is there no language around increasing nurse capacity and building capacity in general?**

Implementing the comprehensive Wellness Policy at schools relies on the existing work and collaboration of instructional, operational, clinical and administrative staff. We recommend adding the following language to the beginning of the policy in order to address building capacity across all areas related to the wellness policy:

*The work of implementing this policy relies on the work and collaboration of instructional, operational, clinical and administrative staff at schools and central office departments. BPS shall develop the capacity of schools to implement the policy and improve the quality and equity of programs, services, and supports (page 1, lines 19-22).*

**Please share information on bright spots on the schools that received awards.**

See Wellness Summit booklet for summaries on the awardees and the presenters:

<https://drive.google.com/file/d/0B5mpeLV8G19ZTjI0MkVIS2pMTDg/view>

Below is additional information in response to questions asked during the meeting:

**How is the recommended 20-minute minimum for recess informed by best practices?**

The 20-minute minimum for recess is informed by research and best practice:

- *The Crucial Role of Recess in School*, from the American Academy of Pediatrics <http://pediatrics.aappublications.org/content/131/1/183> - This article discusses the research about and benefits of recess, including the duration and timing of recess. The recommended length has not been established but ranges from 20-60 minutes.
- *Strategies for Recess in Schools*, from the CDC and SHAPE America [https://www.cdc.gov/healthyschools/physicalactivity/pdf/2016\\_12\\_16\\_schoolrecessstrategies\\_508.pdf](https://www.cdc.gov/healthyschools/physicalactivity/pdf/2016_12_16_schoolrecessstrategies_508.pdf) - The CDC, SHAPE America, and other national organizations recommend at least 20 minutes of recess daily.

**Are we providing support to teach children how to play together during recess? How do we make sure we are getting the most out of our partners who support recess?**

Social emotional learning standards are incorporated into physical education classes to teach kids how to play together, and students learn how to play certain recess appropriate games in physical education.

The Health and Wellness Department makes available tools and supports for schools to improve their recess so that they are not only reserving time for physical activity but also making sure it is quality time.

Lastly, Playworks is a community partner that offers direct services to schools to run structured recess for a fee. Playworks has aligned their curriculum with many of the skills, games and SEL standards taught in physical education in order to have coherence with our programming. The Health and Wellness Department is also working with Playworks to offer training and other capacity building programs (Team UP) to BPS schools.

**How will the Cultural Proficiency assessment be tracked for each school?**

We are collaborating with the Office of Opportunity and Achievement Gaps to ensure our implementation guidelines line up with the OAG policy and that we share resources and tools for the schools. We will develop guidance around this issue as a part of Implementation Guidelines and the Monitoring and Evaluation Plan for the Wellness Policy, and it will be included in the Wellness Policy Circular.

**Why is there not more directive language in the Cultural Proficiency section about hiring of staff that has the capacity to communicate with children of different languages?**

The Wellness Policy is an umbrella policy intended to link new and existing wellness-related policies and convey a framework for creating safe, healthy and welcoming school environments. It requires that schools follow other district policies that address the language needs of students (ELL policies) and increasing the diversity of teachers, administrators, and staff in schools and Central Office (OAG policies).

**Under Healthy School Environment, please include water quality.**

See page 8, line 36 and page 9, line 9

**Do all schools have wellness councils?**

We measure the number of schools that have a functioning wellness council by counting the number of schools with Wellness Action Plans (WAPs), which is a wellness council requirement and details the work of the school-based wellness councils. As reported in the SY15-16 District Wellness Policy Annual Report, 73% of schools submitted WAPs in SY13-14 and 60% of schools submitted WAPs in SY15-16. This year we collected 77 WAPs (62% of schools). Increasing the quantity and improving the quality of the wellness councils at school is goal of the Health and Wellness Dept. The department has a new Wellness Council Support Coordinator and provides professional development, technical assistance and tools and resources for schools.