Healthy Schools

Introduction and Background

The National Healthy Schools Programme (NHSP) aimed to support children and young people in developing healthy behaviours; help raise pupil achievement; help reduce health inequalities; and help promote social inclusion\(^1\). Mass media coverage of health promotion in schools in recent years has highlighted the need to improve schools catering to address obesity. The NHSP's wider aims relating to achievement, promoting equality and cohesion were less well recognised\(^2\). Over and above reintroducing healthy catering to local schools\(^3\), the Healthy Schools Team has focused on linking promoting wellbeing and cohesion with learning and development. This chapter considers the evidence base that links attainment and health. Drawing on Healthy Schools experience with local schools and national research this chapter makes recommendations for achieving integrated approaches to raising attainment and achieving sustainable health outcomes.

Current status of Healthy Schools programme work in Hillingdon

Schools achieve National Healthy Schools Status if they meet 41 criteria in four themes, which are Personal, Social and Health Education, healthy eating, physical activity and emotional and health and well-being. In Hillingdon, all schools are engaged in Healthy Schools project work and 83% have qualified for full 'Healthy Schools Status'. This exceeds the nationally-set target of 75% of schools qualifying.

From September 2009 Healthy Schools embarked on a new programme which maintains the 41 standards through self review but additionally aims to bring about health improvement through the enhanced model. Schools prioritise two health areas and develop programmes to address these in collaboration with other schools, local partners and outside agencies. Schools involved in the pilot enhancement projects which ran from January 2010, included Yeading Infant and Junior, Harefield Junior, Warrender and Ruislip High, reported that they benefited from concentrating on specific health issues and in the new programme and valued working closely with partners.

Evaluation of the programme

From its initiation in 2000 the National Healthy Schools Programme was a factor in OFSTED monitoring of overall schools performance. The 2009 national evaluation of the NHSP found that this served to motivate engagement; however it may also have shaped a perception of the scheme, by some schools, as an additional educational task even though the programme whole school was generally

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1 Healthy Schools. http://home.healthyschools.gov.uk/
2 Limond D. 2005 Illuminating Schools and Communities. FORUM, Volume 47, Numbers 2 & 3,
3 see JSNA chapter on healthy eating for details of the Food in Schools programme
acknowledged. The evaluation found that schools perceived the scheme in a variety of ways ranging from:

- A pressure from the government and Ofsted.
- Suspicion about the formal evidence for the role of schools in promoting health through a range of interconnecting pathways\(^4\)
- An opportunity to achieve a nationally recognised award
- Support for their belief that promoting physical and emotional health was a core responsibility in preparing pupils for life

Other findings of the evaluation found:

1. There was broad awareness of concept of the ‘whole school approach’ that is integral to the scheme.
2. ‘little awareness of the individual strands of the approach’
3. Some schools expected junior members of staff with little or no support from the senior management team to run the Healthy Schools Programme.
4. Other schools owed the concept with genuine, school-wide commitment and full backing of the head teacher.

**Enabling effective ‘Healthy Schools’**

The relationship between health and education are complex and difficult to identify separately from other factors like community characteristics and go beyond whether or not children are educated about health\(^5\). For education to impact on young people’s long term health it has to be integral to development of their capacity to find out what needs to be done and how to do it, and sustain habits and skills of self-direction. This requires development of learning skills, competencies and beliefs, cognitive skills, technical and vocational skills, social and communication skills, resilience and self-concepts. Understandably, where research suggests specific school interventions may make a difference, using approaches that also increase probability of school attendance are important\(^6\).

**Attainment and attendance in Hillingdon**

Although, in line with national trends, overall attainment rates in Hillingdon consistently improved between 2005 – 2009 there are clear differences in the levels of improvement in individual wards in the borough.

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\(^4\) The Institute of Public Health in Ireland, 2008 Health Impacts of Education: a review


\(^6\) Ibid.
However this trend, is only evident in 6 out of the 22 wards in the borough.

In contrast, wards that have lowest increase in attainment since 2005 have experienced falls as well as increases in attainment rates over the past 5 years.

Levels of schools attendance also suggest that relatively high numbers, over 800 secondary school children- equivalent to 1 whole school, do not benefit from improvements that are being made in attainment rates.  Half (9) of the 18 secondary schools in Hillingdon had persistent absence rates that were higher than the national average for schools under Local Authority control.  The highest rate was almost more than double the national average, 9.1% compared to 4.4% respectively.  Schools in areas where there are high rates of persistent absence tend to have lowest overall increases in attainment.
Promoting health, attainment, and engagement: Learning from work with schools in Hillingdon

The introduction of Extended Schools as a national standard resulted in development of ‘full service’ partnerships between schools and health and social services. While there were parallel initiatives like the ‘creative curriculum’, less emphasis was given, nationally and locally, to partnerships that aimed to enable the Extended Schools as cultural, informal learning and development centers in the wider community; even though development of sustainable learning ‘cultures’ is the underlying educational principle behind Extended School theory\(^7\).

To explore the potential of this aspect of Extended School principals, work has been carried out in Hillingdon to develop sustained partnership working between the Healthy Schools programme, Library Outreach Team and Yeading Junior School. The programme also ran pilot programmes with 5 other primary schools and 1 secondary school. The projects used Plan, Do, Study, Act (PDSA)\(^8\) learning cycles, to enable participating schools, children and families people to develop partnerships with libraries as a starting point for journeys of discovery and wider community involvement.

Examples of PDSA cycles

PDSA Cycle 1: Yeading Library:

Context: Yeading Library and Yeading Junior School serve a community where 85% of children are from minority ethnic communities and 74% speak English as an additional language.

Yeading library wanted improved links with minority groups. The school wanted parental involvement, particularly from Tamil and Somali communities, to enable a shared learning journey with their children.

Proposed change in working practice

Develop project work that focussed on cultural engagement of families Yeading Junior School and Yeading library.

Initial outcomes: Yeading

1. Development of community house on site enabling open access for parents to activities ranging from informal social networking to formal learning programmes - over 1000 visits per month.

2. Increased family use if Yeading library

3. Formation of minority community learning groups at Yeading Library. Monthly attendance 10-15 for socialising, visits, cultural events and health visitor input

4. Development of creative learning programmes for children, parents and school staff with external agencies including the RAF, Victoria and Albert Museum, LBH Green Spaces, Community police and Brunel University.

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(www.clinicalgovernance.scot.nhs.uk/section2/pdsa.asp)
5. Example observation by head teacher: ‘Previously the community needed to be reached; now the community is in with us. It grew from demonstrating we wanted to involve everyone, to engage with different parts of the community and wanted to understand and value their skills and talents.’

6. Example observation by parents: ‘I used to just bring my child to school then go home and sit waiting come back to collect her, that was our life. Now I know people they smile at me, I know the families my child is playing with. I feel confident to go shopping knowing I will meet people that I recognise and who recognise me’.

‘When I got involved in the museum programme, for the first time my son came to and asked me to help me with his homework. Now he knows I can learn and be creative too’

**Longer term outcome measures**

Since the approach was introduced at Yeading, the community house has become an established part of the overall whole school approach.

- Parents report valuing the house for the contribution it makes to the quality of life in the community.
- Staff recognise the contribution that has been made to value of children learning at the school. With 2010 data showing a score of 100.5 % value added in DFES monitoring of the school.
- The school has developed learning partnerships with 3 other primary schools and Brunel University to run joint projects that have raised parental aspiration for their children and themselves. With parents reporting, ‘I never thought I would visit a university. Now I believe my child could go there. I want to go there myself’
- Buckingham University is funding degree level student placements at the school to help shape community engagement approaches to social work.
- Development of parental involvement (3 schools) in curriculum planning for PSHE and SRE resulting minority community ownership of the value of evidence based PSHE / SRE.

With regard to health outcomes the value of the approach is indicated in qualitative evaluation with 10 minority ethnic participants in the extended programme with Yeading Library. They had been in the UK for two years to nine years.

1. Seven felt their health had improved since coming to the UK and that the group had a positive effect on their health and wellbeing
2. Nine felt that they were better equipped to talk to health professionals now.
Examples of project influence on health and well being

1. ‘I have been on trips, I have never travelled on my own before’

2. ‘Now I am trying to get a job, it has helped me look outside’

3. ‘I can discuss and ask questions. It helps clarify GPs info and women’s issues. I share with others and make friends. I have time to talk and more open relationships’.

Discussion: based on evidence reviewed

Exploring links between learning, wellness and culture led to relatively complex PDSA cycles. This made it difficult to evaluate exactly which factors shaped observed outcomes. The evidence review element of PDSA helped inform understanding of the positive effects that the programme seemed to have. Research relating to the evolution of culture and learning theory in particular helped understanding of protective health and wellbeing benefits associated with the value of cultural experience and libraries. The qualitative evaluation suggested the projects were also addressing factors linking community cohesion and health, for example, reduction of social isolation and segregation. The outcomes indicated that planning to culturally engage whole groups may have benefits that epidemiologically focused research has tended to neglect.

Inviting minority communities to participate collectively and interactively as people, instead of engaging with them because they had health problems and or were perceived as being hard to reach due to cultural differences or literacy skills, appeared to play an important part in the outcomes. This observation suggested that, possibly in common with public water supplies, public resources like schools and libraries contribute to wellbeing when they aim connect everyone. This hypothesis appeared to be congruent to suggestions by anthropologists that the evolution of cultural skill is closely linked to ensuring ‘all members of a population are able to share information’ about access to resources. Viewed from this perspective, developing partnerships between extended schools and public libraries for example can be seen as ‘community investment in everyone having open access to information and cultural experience’. As such, where schools use approaches to learning and development that involve wider community partnerships it is likely that they can play an important role in community health and wellbeing.

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The pilots indicated the value of development of extended learning initiatives and highlighted the outcomes that can be achieved by shifting from educating children about health needs to enabling sustainable skills that support individual and community wellbeing.

**Key factors to the effectiveness of programmes were seen to be:**

1. Planning activities that encourage awareness, exploration and discussion, creating ‘stepping stones to heightened awareness’
2. Consideration of the cognitive elements of understanding wellbeing
3. Encouraging interpretation of information
4. Building in opportunities to develop skills that enable informed decisions
5. Reinforcing life skills, like communication, assertiveness and negotiation, required to carry out decisions
6. Promoting cultural competence that enables engagement in behaviour that supports and expresses wellbeing.
7. Recognition of the importance programme planning that takes in to account differences in individual and cultural learning styles

**Recommendations**

The 2010 Education and Public health white papers emphasize the relationship between learning, attainment and public health. To drive this, schools leadership has been devolved from government to schools and communities with the aim of providing new opportunities and incentives for local partnerships that deliver better health outcomes for children and young people. The experience gained through work with schools like Yeading Junior School, provides a valuable local working model for joint working between schools, communities, public health and other agencies. Building on these opportunities will require joint working between public health teams, schools and communities to enable early year’s settings and schools to:

- Establish learning environments that support child development in communities, recognizing and valuing the connections between pupils’ physical and mental health, their safety, physical and social environment and their educational attainment.
- Support early years settings, schools as active promoters of health in childhood and adolescence
- Develop working practices that promote high self-esteem, integration between learning and attainment integrally with age-appropriate teaching on relationships and sexual health, substance misuse, diet, physical activity and some mental health issues.
- Provide Public Health guidance for school directed Healthy Schools initiatives including:
  - Partnership working with business and voluntary bodies and parents.
o Development of effective evidence based curriculum initiatives for schools to assist them in achieving Healthy School Enhancement.

o Encourage collaborative working across schools and communities to meet health outcomes.