

“Healthy Schools”



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Democratic Services

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Healthy Schools
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| <u>Contents</u> | <u>Page</u> |
|--|--------------------|
| 1. <u>Executive Summary & Recommendations</u> | 4 |
| 2. <u>Introduction</u> | 6 |
| 3. <u>Findings/Evidence</u> | 12 |
| 4. <u>Concluding Remarks</u> | 21 |
| 5. <u>Glossary</u> | 22 |
| 6. <u>Annexes</u> | 23 |

Children's Services Scrutiny Committee

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Healthy Schools

1. Executive Summary

The Review set out to investigate how the Healthy Oxfordshire Schools Programme (HOSP) was being implemented in the County's schools and how effectively it was working.

The national Healthy Schools Programme (HSP) is funded by the Department for Education & Skills (DfES) and the Department of Health (DH). At a time when the health of young people is attracting wide attention, it focuses on measures that can be introduced to achieve a healthy population of young people. The Government wants every school to be working towards achieving national Healthy School Status (NHSS) and every local authority has to have in place a local programme to support schools in reaching this target.

A Healthy School has to meet criteria in four core themes - personal, social and health education; healthy eating; physical activity; emotional health and well-being. To become a Healthy School, it must demonstrate evidence of having met criteria in all of the themes and to show evidence of a whole school approach to the process.

Simply by having a Programme in Oxfordshire, schools' attention has been drawn to the promotion of healthy lifestyles for the children. The structure for delivering the Healthy Oxfordshire Schools Programme is a multi-professional Steering Group, comprising County Council officers, Primary Care Trust representatives and other agencies, which reports to the Children & Young People's Board.

The Review itself involved interviewing expert witnesses, visiting schools and other local authorities and secondary research. These provided evidence to support the conclusions reached.

The Review Group was impressed by the effectiveness with which the overall programme was being delivered and implemented in schools, and the numbers of schools achieving the Healthy School Standard (HSS), and the commitment of everyone involved. But, there were areas of concern; principally the long term sustainability of and ongoing financial support for "Healthy Schools", external agencies' support for schools at acute times, the difficulty in obtaining tangible evidence at this stage in the Programme to indicate the long term health and achievement benefits for pupils and schools,

gaining access to and commitment from schools who, for one reason or another, did not want to register for the Standard; inadequate dining and lavatory facilities, and an over-emphasis in some instances on the Healthy Eating theme of Healthy Schools.

However, the overall impression was very positive and all involved should be complimented on their achievements around "Healthy Schools".

RECOMMENDATIONS

The Cabinet is RECOMMENDED in the overall interest of improving health and educational attainment in Oxfordshire's Schools:

- 1) to maintain support and to further explore the incentives (financial and otherwise) that could be offered to schools that are already following "Healthy Schools" principles to encourage signing up to the Healthy Schools Scheme and to seek accreditation;**
- 2) to draw attention to the need to identify the resources (from whichever agencies are appropriate - the Council and its partners) to meet the particular emotional, behavioural and personal, social and health issues that schools were having difficulties in managing, at the times when the problems occurred, as central support services were not always available;**
- 3) that there must be robust monitoring of the effectiveness of various external agencies that might be called upon in relation to personal, social and health issues in schools, by the Children & Young People's Board ultimately, and to RECOMMEND the Cabinet and appropriate agencies accordingly;**
- 4) that as many of the aims of the Healthy Oxfordshire Schools Team and Programme are difficult to achieve without extra financial support, to identify the resources to provide sufficient support and monitoring of schools' progress;**
- 5) to consider how to help schools, particularly secondary schools, to accord a high priority in their capital expenditure to improving their lavatory facilities as a basic health need; if there are specific problems in finding the necessary capital, then to refer the schools to the relevant officers for further discussions;**
- 6) to consider how to help schools improve their dining facilities; in terms of the dining space and adequate kitchen facilities.**
- 7) to endorse the continued use of the Healthy Oxfordshire School's Team Newsletter that is issued periodically, as an effective means of sharing and disseminating schools' own successes/good practice and as a reminder of their benefits for**

Headteachers and Governors.

8) to endorse the importance of celebratory events, both for schools having achieved Healthy Schools Status and for those yet to sign up to the Programme.

9) that a Member Children's Champion is nominated and that included within his or her remit, should be the promotion of and involvement in celebratory events around "Healthy Schools".

2. Introduction

The Children's Services Scrutiny Committee commissioned this Review during July 2006 because of its interest in "Healthy Schools", in the Healthy Schools Programme (HSP) that the County Council had in place until fairly recently and its desire to explore how the programme was developing and what the benefits might be. The Review Group has compiled this report and made recommendations based on its findings and analysis. We believe that the Review has achieved the objectives set out in the scoping document at **Annex 1.**

The "Every Child Matters" agenda (2004) has ensured that "Be Healthy" is a major feature of Oxfordshire's own Children & Young People's Plan (CYPP). The Review enables the Committee to explore how the involvement of more schools in the Healthy Schools Programme can be progressed. It is important that there is ongoing support to maintain the impetus of the Programme. Schools are increasingly being overloaded with a range of initiatives and requirements and it is important to recognise the Programme's close links to the CYPP, its improvement agenda and the Public Health agenda. As such, the Review Group emphasizes that the Healthy Schools Programme must be a continuous, long-term programme.

Aims of the Review and the Review process

The Committee appointed Councillors Mrs Anda Fitzgerald O'Connor, Jean Fooks and Keith Stone to undertake this Review. The scoping document approved by the Scrutiny Co-ordinating Group on the 11th July 2006 sets out the Review's objectives and specific tasks that it set itself. The Review was carried out through primary and secondary research and a series of interviews with key witnesses from the local authority, schools, other authorities and the Primary Care Trust.

The Review is a tribute to the interest in this topic and the hard work that Councillor Keith Stone contributed. Sadly, with his untimely death, Councillor Stone was unable to see the outcome of his work.

What is the “National Healthy Schools Standard”?

The National Healthy Schools Standard (NHSS) is the mainstay of the Healthy Schools Programme that was first introduced in 1999. Later, the Public Health White Paper “Choosing Health” 2004 set out the Government’s intention for all schools to become Healthy Schools. The commitment was mirrored in the “Five Year Strategy for Children and Learners”, the Healthy Living Blueprint and the National Service Framework for Children, Young People and Maternity Services during 2004. Alongside these were “Every Child Matters” and the subsequent Children Act 2004 that set out 5 national outcomes for children:

1. Being Healthy
2. Staying Safe
3. Enjoying and Achieving
4. Making a positive contribution
5. Economic well-being.

It was recognised that Healthy Schools could make a significant contribution to achieving these outcomes.

The Healthy Schools Programme’s stated aims are:

1. To support children and young people in developing healthy behaviours.
2. To help to raise pupil achievement.
3. To help to reduce health inequalities.
4. To help promote social inclusion.

The Department of Health and the Department for Education & Skills have agreed “National Targets” for the National Healthy Schools Standard. These included that half of all schools had to be validated by the end of 2006, with all schools to be “involved” by 2009. The County Council is signed up to the Standard.

It has 4 key themes, with associated rationale:

1. **Personal, social and health education.**
PSHE provides pupils with the knowledge, understanding, skills and attitudes to make informed decisions about their lives.
2. **Healthy eating.**
Pupils have the confidence, skills and understanding to make healthy choices.
3. **Physical activity.**
Pupils are provided with a range of opportunities to be physically active. They understand how physical activity can help them to be

more healthy, and how physical activity can improve and be part of everyday life.

4. Emotional health and well-being.

Providing positive emotional health and well-being to help pupils understand and express their feelings, and build their confidence and emotional resilience and therefore their capacity to learn.

The NHSS is jointly funded by the Department for Education & Skills (DfES) and Department of Health (DH) and is part of the Government's drive to reduce health inequalities, promote social inclusion and raise educational standards. The overall aim is to help children to become healthier in the broadest sense.

All of the above also fits with OfSTED's criteria for the Annual Performance Assessments (APA) of Children's Services. Oxfordshire County Council's own Children, Young People and Families (CYP&F) Directorate's APA in 2005 found that with regard to being healthy; "Outcomes are satisfactory in this area. There is good health promotion in schools with appropriate targeting of resources to particular locations where the need is greatest. There is a good level of Primary Care Trust commitment to and involvement in, the planning and development of services."

How is the NHSS Achieved?

A Healthy School is required to provide evidence that it has met the criteria in the 4 key themes, using a "whole school" approach; in other words, involving the whole school community. The evidence can fall into the following 3 categories: that which arises from participation and involvement - such as notes of discussions with pupils and parents, school council minutes; written documentation based on school policy and practice - such as school targets, action plans and self evaluation books, and lesson observation notes, pupils' work and assessment records; conversations with pupils, teachers, parents and professionals about how healthy schools work has had an effect - such as discussions within Personal, Social & Health Education lessons as to whether and how the school is achieving the four themes, and discussions with external agencies such as local health services, on priorities.

If and when a school achieves the Standard it will have tangible evidence to support school self-evaluation and OfSTED inspection and be recorded on a national database by the local programme; (National Healthy School Status: A Guide for Schools – 2005).

The Healthy Schools Programme in Oxfordshire

The Healthy Oxfordshire Schools Programme (HOSP) is the key driver for change in delivering health improvements in the school environment. During the Review, the Healthy Oxfordshire Schools Team (HOST) had been working towards meeting the national target of 50% of all schools achieving healthy school status by December 2006. This, we understood, had been difficult because it is entirely down to the individual schools to do the work.

Nevertheless, it had been successful. The Review Group was advised that approximately 52% of 284 schools in Oxfordshire, which included pupil referral units but excluded nurseries and 2 independent schools that had DfES reference numbers, had achieved healthy school status by December 2006.

“A Healthy School is one that is successful in helping pupils to do their best and build on their achievements.” (“National Healthy Schools Status – A Guide for Schools”, joint DfES and DH document). As explained elsewhere, to become a Healthy School, any school has to provide evidence that it has met the criteria in each of the 4 key or core themes. Evidence can fall into the three categories referred to above. In the Review Group’s visits to schools and to another local authority, it sought demonstrations of evidence in all three categories.

From January 2007 schools have been required to self-validate their evidence to achieve Healthy Schools status (see **Annex 4**). They must complete an audit, identify areas for development and when they meet all the criteria, they apply to be registered as a healthy school. They retain the healthy school status for a period of three years after which they must review their provision in order to remain registered. Schools that are working towards healthy school status at the moment and those validated before September 2005 using the old criteria, have therefore needed to complete the on-line audit from January 2007. As regards the post September 2005 Healthy Schools Standard, only 36 of Oxfordshire’s schools that had been validated before that time, have to be re-validated to meet the new standard. The Children & Young People’s Plan (CYPP) aims for 95% of schools to be validated by 2009. However, this is ambitious (the national target is 75% of all schools to be validated by December 2009, but 90% to be working towards it) and there is no obligation for any school to participate in the scheme. As mentioned elsewhere in this report, tangible benefits of any kind are likely to be further into the future. This is inevitably the nature of a project like Healthy Schools.

The new self-validation process will not relieve the pressure on the Healthy Oxfordshire Schools Team, as it will have to monitor the self-assessments and re-validate schools. In Oxfordshire, far more schools were in fact achieving the “new” healthy schools status (post 2005) than the authorities with whom Oxfordshire County Council statistically compared. For example, of the Oxfordshire schools participating, 70% had been validated under the new criteria by December 2006. Only Southampton, at 88%, was higher among 20 authorities that OCC compared with and only two other authorities were over 60% towards the target. The mood was positive, as dramatic advances had been made during 2006/07.

Through meeting with the Team and its own investigations, the Review Group is aware that there is a lot of Healthy Schools good practice in schools, dependent on there being a driving Head Teacher; in some cases parents have not yet appreciated what the health benefits could be and this affects progress and achievement. The Review Group and the Team both consider that Governor support is vital; Ofsted has some influence too (through

inspections) and Parent Teacher Associations (PTAs) could also assist. It is recognised that among the schools who have not registered or have just indicated an interest in the Healthy Schools Standard, there are many that are already following the principles of "Healthy Schools" and could easily count these as evidence for the 4 themes. Of the 198 registered schools (at the beginning of the Review) many had features of a healthy school sufficient for them to have reached "level 2" but not yet "level 3" HSS; the latter would validate a school as a Healthy School.

Given that many schools have appropriate features, the Review Group thinks that the accreditation process might be made a lot less bureaucratic, as this only adds to the burden on schools and teachers. Whilst the Group recognizes the value of the principles behind this initiative are good, the Review goes on to identify that it is critical that there should be more financial support for it to develop on a sustainable basis into the long term.

At this stage therefore:

1) The Cabinet is RECOMMENDED to maintain support and to further explore the incentives (financial and otherwise) that could be offered to schools that are already following "Healthy Schools" principles to encourage signing up to the Healthy Schools Scheme and to seek accreditation.

The Healthy Oxfordshire Schools Team works with all schools to recruit them to the Healthy Schools Programme and supports them through the process. This includes help with the initial audit, action planning and offering support and advice & training to develop areas identified. All participating schools have a member of the HOST assigned to them but they also have access to the specialist expertise of the whole Team, as and when there is an appropriate need. The Review Group has recognised that there are resource and capacity problems if quality of support is to continue and future targets are to be met.

At the time of this Review (but note the new validation process outlined above), the Team was working with all schools to recruit them to the Standard, explain the scheme, allocate schools to individuals in the team, attend task group meetings and carry out the validations. The HOST is based at Cricket Road, Oxford. It includes the Personal, Social & Health Education/Citizenship Adviser who leads the Team, a full-time Healthy Schools co-ordinator and a part time HS consultant, a full-time Drugs Education Consultant and 2 PSHE advisory teachers for primary and secondary schools. However, only 2 staff work solely on the Programme and funding for the Drugs Education post and the HS consultant is unlikely from March 2008.

A lot of the Healthy Oxfordshire Schools Team work consists of organising networks, supporting schools and working with Health providers. Funding is provided from the central government Standards Fund; this was

approximately £53,000 in 2004 and increased to £92,000 last year. This enabled the secondment of a member to the team for 11 months. It was suggested that Oxfordshire's funding for HSS is low compared with other counties. This does not appear to be borne out; it is proportionate to statistical neighbours, which nevertheless suggests that there is overall under-funding. In 2006/07 the funding for Oxfordshire was £117,000 and £119,715 for 2007/08.

There is uncertainty about long-term funding arrangements. The Department of Health has advised "no firm decision has been made on the level of funding for Healthy Schools after 2007/08. However, it is likely that the 2007/08 funding levels will be the highest point and thereafter, local programmes should expect a reduction as the Programme moves towards meeting its targets and embedding itself into mainstream school and local authority business." To expect schools to do the Healthy Schools Programme without additional support is unreasonable.

Among the issues and problems highlighted in the evidence drawn from the Review Group's discussions with the HOST were:

- Training – particularly around hygiene certificates; County Facilities Management (CfM) staff needed additional training with the new school meals service and related activities.
- Getting all schools on board with the Healthy Schools Standard and getting the support of governors.
- Use of Partnership Working within and with other authorities. This is very important as the Review Group observed from good practice in partnership working at Bath and North East Somerset Council.
- Adequate toilet facilities could and indeed should, be added as a requirement in Healthy Schools validation (see comments elsewhere).
- Emotional health – there are increasing numbers who have EH issues and these are referred to elsewhere in the evidence gathered from schools. Healthy Schools staff are working with other County Council colleagues and agencies to establish evidence and working on Emotional Health projects, but these were not elaborated upon in evidence.

The Review has already pointed out that a great deal of Healthy Schools work is actually going on in schools that are not signed up to the Standard. The HOST would like the intrinsic rewards of participating in the programme to be emphasised more. However, to the outside observer and as already mentioned, these are less than clear. Some of the rewards are intangible and too far into the future to be certain about.

Methodology/Approach to the Review

In order to find out how the Healthy Schools Standard was working in Oxfordshire's schools, the Review Group visited a cross section of schools across the County and spoke to staff, pupils and governors. These were Iffley Mead Special School in Oxford, the Warriner School, Bloxham; West Oxford

Primary School, Banbury School, Uffington Primary School and Icknield Community College. We also received written evidence from Clanfield Primary School.

The Review Group visited Bath & North East Somerset Council to speak to Councillor Marian McNeir, the Member “Champion” featured for her work on Healthy Schools in the Summer edition of “Councillor” magazine, together with officers. We also visited a school that was being presented with the HSS award. This provided an insight into the value of such celebratory events and the novel approaches that could be undertaken. The visit was also a useful exercise in benchmarking with another authority.

3. Findings/Evidence

Overall, we were impressed by the efforts and achievements of the Team and schools. It is acknowledged that in practice, it is often easier for primary and special schools to have developed a whole school ethos around the Healthy Schools Standard, simply because of their smaller numbers of pupils and much less restrictive curriculum. On this issue, more is said later.

The evidence is broadly grouped in relation to the 4 Key Themes:

1. Personal, social and health education (PSHE).
2. Healthy eating.
3. Physical activity.
4. Emotional health and well-being.

The evidence from schools tended to focus around Healthy Eating, largely because the evidence from other themes was less obvious. However, this theme had its own problems as many parents and pupils simply opt out of the healthy school meals agenda; this is an issue that ought to be tackled.

Personal, Social and Health Education

The Review Group asked about Personal, Social & Health Education at the schools it visited and there were various examples of good practice; for instance a special school where a good “ethos” was well embedded; a small school with strengths in emotional support and a comprehensive well being programme (see section below).

Another, a secondary school, had a lot of resources in place in relation to “emotional development” (also refer to section below), but it was concerned at the lack of involvement from and liaison with external agencies around Healthy Schools’ issues, particularly PSHE. This was indicated several times in the evidence that the schools provided. Whilst schools often reported that they had good emotional health support (for pupils and staff) and pastoral support, plus inclusion, bullying policies and practices in place; these were sometimes mentioned incidentally because it seemed secondary to the focus on healthy food. As such, there was often more in place than there at first appeared to be around PSHE and emotional health and well-being.

These findings are supported by secondary evidence; for instance an Ofsted survey of a national cross section of 18 schools, not including any from Oxfordshire, found that “in 13 of the 18 (survey) schools, pupils were taught the skills and understanding to make healthy choices but a minority of the schools focused too little on the potential impact of drugs, smoking and alcohol on pupils’ lives. Schools that contributed well to pupils’ health and well-being used external agencies very effectively, especially to teach about drugs, and sex and relationships education.” This highlights the importance of the role of external agencies, working in an effective and timely fashion.

The relationship with external agencies was an ongoing theme in the Review. When the Review Group spoke to representatives of the Oxfordshire Primary Care Trust, they too offered case studies of good practice in schools that had achieved the Healthy Schools Standard, much as the schools had done; eg aromatherapy for staff at one school; several schools had "buddying" schemes that they felt were working well and School Counsellors or people acting in that capacity. There was clear evidence that some schools seemed better set up to deal with children with emotional health problems, problems within the family home etc than others. Most schools had pastoral care systems in place - but some were better than others. Nevertheless, it was generally agreed that the Healthy Schools was raising awareness of the “themes” and pertinent issues because to achieve the Standard, schools had to audit practice and meet targets in these respects.

A real weakness identified in the Review was that so far as the themes of PSHE and particularly Emotional Health & Well Being were concerned, when really critical situations arose that could not be managed best within and by the schools, then support from social services and health agencies was not always available where and when it was needed. The Review Group questioned the availability of support at this stage and asked whether the HSS, schools, the Trust and other agencies were actually successful in providing the support for emotional health problems and whether the support was proven to have been helpful. Whilst from the Trust’s perspective there was “a lot of work going on.... to join up the work of interagency teams around the child”, eg Behaviour Support Services, Children & Adult Mental Health Services; we heard comments that in a crisis, the necessary and requisite support from external agencies for the school was not always there. It is partly an issue of how Heads and Governing Bodies decide to prioritise their resources. As such, from the point of view of the Programme, the Healthy Oxfordshire Schools Team and its partners, they do not see their role as to find solutions to particular problems – but they should be making sure that the support is there to find the solutions. Rather, for them, the Healthy Schools Standard is a process to help schools identify their "health" needs and the ways and means to achieve them. Given that there were different points of view on these issues:

The Cabinet is RECOMMENDED:

2) to draw attention to the need to identify the resources (from whichever agencies are appropriate - the Council and its partners) to meet the particular emotional, behavioural and personal, social

and health issues that schools were having difficulties in managing, at the times when the problems occurred, as central support services were not always available; The Cabinet is RECOMMENDED:

3) that there must be robust monitoring of the effectiveness of various external agencies that might be called upon in relation to personal, social and health issues in schools, by the Children & Young People's Board ultimately, and to RECOMMEND the Cabinet and appropriate agencies accordingly;

4) that as many of the aims of the Healthy Oxfordshire Schools Team and Programme are difficult to achieve without extra financial support, to identify the resources to provide sufficient support and monitoring of schools' progress.

There was evidence from the Trust of other health aspects that had not been covered at all elsewhere: in health promotion, immunisation, obesity monitoring (height/weight screening for population growth monitoring). The Health sector had identified funding to investigate specific obesity problems in parts of the County. School Health Nurses did drop in clinics and were active in the Bodyzones that had been mentioned by several schools; how the latter worked very much depended on how well Health engaged with the Head Teacher and the Governing Body.

Incidentally, for schools seeking Healthy Schools validation, they had to provide evidence over a whole year of Personal, Social & Health Education policies, including drugs (School Nurses could signpost children to services such as EVOLVE which was part of the Drug & Alcohol Action Team (DAAT) and which offered support to children who self-referred or to other agencies that referred), sex and relationship education; ie evidence that lessons were delivered, that external agents and agencies had been called on as and when appropriate.

However, because schools have devolved budgets, they cannot be forced to do anything so far as implementing the Healthy Schools Standard was concerned and therefore it is a matter of encouraging schools to become engaged without any extra funding to do so! The challenge is how to offer incentives to join the Healthy Schools Programme. Some schools had been particularly innovative with their own budgets and practices; for instance one subscribed to the "Frontiers" outdoor education project based in Goring that had proved to be an impressive way of managing otherwise disaffected pupils. It took the most challenging pupils from the 11-16 schools in the area and tried to stop them from being permanently excluded. It taught a practical programme including woodland craft. The particular school that we visited paid for the programme instead of using the Pupil Referral Units. The change in the pupils who had been put into the programme had been "breathhtaking". "Frontiers" had been established by a psychologist and an outdoor instructor and pupils signed up for a 2 year programme funded by their schools.

Elsewhere in the next section, the Review discusses the deficiencies in dining and kitchen facilities and space, but there are similar problems concerning lavatory facilities, which is a PSHE matter:

5) The Cabinet is RECOMMENDED to consider how to help schools, particularly secondary schools, to accord a high priority in their capital expenditure to improving their lavatory facilities as a basic health need; if there are specific problems in finding the necessary capital, then to refer the schools to the relevant officers for further discussions.

The Review Group regards the challenge of how to offer incentives to the Healthy Schools Standard as critical. Ofsted inspections now require an assessment of healthy schools' practices. Alongside this, the Council has a target of improving educational attainment among its strategic priorities in the Corporate Plan 2006 -10 and elsewhere there is developing evidence that better health improves pupil attainment. It is therefore in the authority's overall interests to be able to offer some incentives.

Healthy Eating

Healthy eating was being strongly promoted and adopted in the schools that the Review Group visited. But, whilst the focus in most schools' approaches was mainly on food, the school meals' facilities were often inadequate. What had been achieved was therefore commendable. Dining facilities appeared to be a problem everywhere. Because dining facilities were poor, both in terms of space and time available to eat, as well kitchen facilities sometimes being inadequate, children often opted for the food option that they could have whilst "on the move". This made the new National Nutritional Standards almost impossible to apply.

Across the board, there was not that much discernable evidence of the success of the introduction of healthy school meals in terms of an increase in take up, with just over 50% at best - but also as regards in choice. However, there had not been any fall off either. We heard that figures were improving towards the end of the Review, and we had positive comments from the PCT about improvements in quality and quantity recently. The Review Group concluded that the timing of the mid-morning break and lunchtime sometimes caused problems in the planning of the school day.

Contrary to the thrust of this evidence, the Group heard from one school that it was only as a consequence of HSS that its Pupils' School Nutrition Advisory Group meetings started - which had then proved particularly useful. Furthermore, Healthy Schools had provided the impetus and the imperative to make the health processes that were in place within that particular school become embedded as whole school processes. If pupils, eg via School Councils were involved in school meal choice and in liaison with the Governing Body, these proved to be critical success factors.

A particular selling point that the PCT wanted acknowledged about Healthy Schools was that in their view, "it raised awareness across the whole school community of health issues".

Another common feature among several of those that the Review Group met, was that positive changes in attitude towards school meals were often down to an individual and enthusiastic member of the teaching staff or of the catering staff. There were concerns that if the particular individual should leave any given school, then there would be problems in maintaining the impetus and improvement. The challenge was to get beyond the school meal issue alone and to influence what was put into school lunchboxes. Incidentally, the introduction of a swipe card system at a secondary school was mentioned to the Review Group; it instantly gave information for monitoring and planning purposes about food choice. This was an impressive and innovative feature that also helped to remove the stigma attached and the reluctance of eligible children to take up free school meals.

Buildings' issues mean that schools have had to try to make adjustments, for instance in school meal times. Sometimes this has helped the shape of the school day work better, about which more is said below. The evidence suggested that the pupils' understanding of Healthy Schools also mainly revolved around food and healthy eating.

A common theme that the Review encountered (particularly with rural secondary schools; in this instance the Review referred to the Warriner School), was the difficulty in managing the different emphases on PE, extra curricular activities, the school meal break time, the mid-morning snack break and planning of the school day. All schools seemed to have done different things. Among the implications that had to be taken into account with the timing of the hot school meal were school lunchtime supervision, the staff required to do this and the hours needed, and health and safety issues. In secondary schools the organisation of the school day tended to make it more difficult to plan in the school meal times. However, in the Warriner case, the advantages in the current arrangements outweighed the disadvantages. The shape of the day was a management decision that took several factors into account, including the wish to have a tutor/assembly period of meaningful length.

The Review Group also identified that in some instances, schools were not informed of what funding was made available for improving school meals' services and that there was a need for clear signposting to Governing Bodies on what support was available

6) The Cabinet is RECOMMENDED to consider how to help schools improve their dining facilities; in terms of the dining space and adequate kitchen facilities.

In discussions with external partners (similarly to schools), the focus tended to be around food and eating as to repeat the points, these have clearer, tangible targets and outcomes can be more easily measured and monitored.

Physical Activity

Among the schools that the Review Group visited, a special school demonstrated that it was both innovative and comprehensive in encouraging the take up of physical activities/PE. Generally, the school had found it rewarding to work towards being a Healthy School; it had provided a good focus for everyone - pupils and staff. There was a healthy schools ethos throughout the curriculum.

It was noted that some schools experienced difficulties in running extra curricular and sports activities (ie the physical activity theme mainly) because they were rural schools with large catchment areas. Hence there were often post-school transport problems. But in all the schools visited with the exception of one, Healthy Schools was pretty well embedded. Whilst everyone regarded it as a "good thing", the Review Group was uncertain about whether the perceived benefits were substantive and definitely a consequence of achieving Healthy Schools Standard validation, particularly as the non-HSS school that it visited had a range of healthy school practices and achievements.

As mentioned, it was difficult to manage the different emphases on Physical Education, extra curricular activities and meal break times in the planning of the school day. There will also be a requirement to increase PE activities from 2 hours to 4 hours a week in primary schools in or outside of the school curriculum.

Some smaller primary schools were quite limited by the school environment so far as PE and outdoor facilities were concerned. Some ran special activities; eg during Health Week one of the schools that we visited ran a walk to school week. When the Review took evidence from one of its external partners – the Oxfordshire PCT; the Trust had a "sense" that a lot of (HSS) schools offered a wider range of activities than previously. It was questionable whether or not such changes were as a consequence of the Healthy Schools Standard. There was evidence that lunchtime activities had definitely increased.

School Travel Plans were an important part of the Trust's involvement. They are now a required element in the criteria used for assessment. Travel Plans had helped in progression towards the physical activity theme; for instance by providing extra cycle racks for those wishing to make riding to school a more attractive option.

Emotional Health and Well-Being

Some of the Review's findings on this theme have been covered above in relation to Personal, Social and Health Education.

At the special school that the Review Group visited, a strong atmosphere of well-being and caring had already been noted. However, at another, there was concern about the disappearance of the Bodyzone particularly because it is regarded as an important feature in HSS and seemed to be a feature that is appreciated by schools. More to the point, there were children needing support from external agencies such as Children and Adult Mental Health Services; there was a range of interventions in place at school level. But, problems sometimes arose when expert advice was needed after school interventions were exhausted. The Review has referred to these.

The Review Group was concerned about whether the local authority or the PCT actually monitored whether or not the outside agencies that were involved in Healthy Schools were effective enough. It was not within the remit of Healthy Schools to monitor the effectiveness of outside agencies but it was assumed that relevant agencies did record who made referrals, how many referrals were made, the outcomes and so on. Ultimately, it was understood, there was a responsibility to report back on these to the Children & Young People's Board. The Review made recommendations earlier on concerning the role of external agencies and one that is applicable to the evidence from this core theme is repeated here.

The Cabinet is reminded that there must be robust monitoring of the effectiveness of various external agencies that might be called upon in relation to Personal, Social and Health Education (PSHE) in schools and it, and appropriate agencies, are RECOMMENDED accordingly.

In spite of the above, there was evidence that schools had good emotional well-being, pastoral support and appropriate "spin-offs" from these in place and as stated earlier, these extended to cover issues such as bullying.

In particular, one primary school was part of the SEAL (Social & Emotional Aspects of Learning), which was relatively new and a feature in Healthy Schools practice at Bath & North East Somerset Council. SEAL offers a whole-curriculum framework for teaching social, emotional and behavioural skills to all children. It was launched as a resource that Oxfordshire Schools could sign up to late during 2006 and a handful of schools had done so at that stage, including one that the Review Group visited. So, the Healthy Schools Standard did not operate in isolation; there was SEAL, funded from the Primary Strategy and the Inclusion programme. At primary level SEAL was a curriculum resource that had been produced on the initiative of the DfES and the Healthy Oxfordshire Schools Team was assisting in the development of the SEAL resource in schools. More about the role of SEAL is described in **Annex 6**.

To reiterate; because schools when asked, were inclined to focus on healthy eating policy and practice, there was often more in place, particularly around Personal, Social & Health Education, emotional health and well-being, than there at first appeared to be. Among the manifestations of the latter were the pride that children took in being part of School Councils, “buddying” systems and “Eco Schools” activities.

7) The Cabinet is RECOMMENDED to endorse the continued use of the Healthy Oxfordshire School’s Team Newsletter that is issued periodically, as an effective means of sharing and disseminating schools’ own successes/good practice and as a reminder of their benefits for Headteachers and Governors.

Other Evidence

The Review Group also heard about what the various contributors regarded as the benefits of signing up to the Healthy Schools Standard, but its principal interest was in whether and why HSS was worth doing for the children themselves? There was increasing evidence that better health was related to better achievement in schools; (this is particularly pertinent in the light of the CYP priority – “Enjoy and Achieve” and the Educational Attainment target in the Corporate Plan). It is accepted that better health hugely improves quality of life. There was a growing awareness and acceptance in schools that health was “important”. The PCT thought that this was a consequence of the attitudes surrounding Healthy Schools; for instance, adults in schools being good role models. The PCT’s last observation was that whilst the Healthy Oxfordshire Schools Team was a small team, it was also an effective team.

During a visit to Bath and North East Somerset Council (BANES) and a local school in the area that was being presented with the HSS award, the Review Group observed and re-affirmed its view, (given the evidence from Oxfordshire schools), that inter-agency links were important to effectively implement the Healthy Schools Standard.

Having had a self-validation process in place from the outset rather than during the last few months, Bath’s approach appeared to have been more effective than Oxfordshire’s; (see commentary on the new self-validation process elsewhere). But there were also fewer schools in BANES, which meant that resources did not have to be so far stretched.

Critical however, was the manner in which the Healthy Schools Standard was marketed and launched and in how schools were supported. It had been a great benefit that BANES had a “Children’s Champion” committed to the HSS and raising the profile of children through the Champion’s participation in related projects and celebratory events where schools received recognition and awards. Such events involving schools that did not participate in HSS, as well as those who did, were a feature that could be recommended. (It is acknowledged that the HOST has arranged successful celebratory events in the recent past).

The Cabinet is RECOMMENDED:

8) to endorse the importance of celebratory events, both for schools having achieved Healthy Schools Status and for those yet to sign up to the Programme;

9) that a Member Children's Champion is nominated and that included within his or her remit, should be the promotion of and involvement in celebratory events around "Healthy Schools".

It was clear that the central local authority structure and the people that could be drawn upon for advice were important to get things "right". BANES also benefited from being a much smaller authority in terms of population, size, and the number of schools.

The Review Group drew on further evidence from the Healthy Oxfordshire Schools Team at a meeting towards the end of the Review. Combining this with the observations from its schools' and BANES visits, a range of broad issues and evidence were extracted and have been included in the analysis under the 4 key themes elsewhere. But there are some brief concluding points to make that have not been fully addressed yet.

The Review Group discussed ways in which schools might be more attracted to participation in HSS. There are no "carrots and sticks" with Healthy Schools and it is acknowledged that schools have other priorities; numeracy and literacy among other things! Teachers feel the burden of various other programmes and initiatives. Nevertheless, most schools did regard HSS as a really key area. There are barriers to introducing and achieving the Healthy Schools Standard but generally they realise that it is not just a "bolt on"; usually schools are doing healthy schools' activities anyway.

The Review did not establish much evidence for the sex and relationship education element of HSS, as it had not specifically set out to do so.

The report has highlighted a wide range of variability in Personal, Social & Health Education and emotional well-being support; particular examples of this were support for vulnerable children; and a service that particularly bore the brunt because of insufficient resources and staffing was the Educational Psychology service. The general pastoral support for staff in a small primary school often comprised the Head Teacher alone. This wasn't highly desirable. However there was the "Well-Being" project and the teacher unions for support. In a caring school community with a Healthy Schools ethos, the pastoral support should extend to the staff.

Bodyzone had been cut back in schools; many had reached over-capacity in demand with insufficient personnel to meet this. There were problems around locations, facilities and infrastructure, but about 15 were still running on a very robust basis.

The short- term nature of funding for the Healthy Schools Standard was a real challenge for the authority; (see comments and recommendations on funding elsewhere). The Review established that the Healthy Oxfordshire Schools Team would certainly welcome some form of “seed fund” or “carrot” that could be provided to schools now becoming involved in HSS or that the authority still wished to attract to it, especially in the light of funding uncertainties.

Final observations

The Review Group has considered all of the evidence that was available to it and that could be gathered during the duration of this work. The Group’s broad observations and conclusions have been set out in the evidence documented in the report but we note that throughout the Review, Head Teachers, schools and health partners in Oxfordshire have been saying that they are unable to give the time and the support to the HSS programme that it needs. It is of great concern that the Healthy Oxfordshire Schools Team funding is not absolutely secure. There are real problems around the capacity and the priority attached to doing the programme in some schools; hence it is noticeably easier in small primary schools to embed “Healthy Schools” and to have a "whole school" approach.

4. Concluding Remarks

The Review Group is satisfied that it has achieved the objectives of the Review. Its recommendations are based on the evidence that could be gathered and assessed in the limited time available for this scrutiny activity.

In particular, it concludes from all of the evidence that the Healthy Schools Standard is a worthwhile and valuable project for schools to undertake in the interests of making children healthier and consequently improving their educational attainment.

The Group would like to thank all those who contributed to this Review. The hard work of everyone involved corporately and in the schools in working towards “Healthy Schools” is recognised and valued. Achievement of HSS has exceeded targets and this is attributable to the efforts of the Healthy Oxfordshire Schools Team and schools. We also appreciate the commitment by all parties to achieving the completed report and its recommendations.

5. Glossary/ Definition of key terms

| | |
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| BANES | Bath & North East Somerset Council |
| CAMHS | Children & Adult Mental Health Services |
| CYP&F | Children Young People & Families Directorate |
| CYPP | Children & Young People's Plan |
| DAAT | Drug & Alcohol Action Team |
| DFES | Department for Education & Skills |
| DH | Department of Health |
| EH | Emotional Health |
| H(O)SP/HSS | Healthy Oxfordshire Schools Programme/Standard |
| HOST | Healthy Oxfordshire Schools Team |
| LA | Local Authority |
| NHSS | National Nutritional Standards |
| OCC | Oxfordshire County Council |
| OFSTED | Office for Standards in Education |
| PCT | Primary Care Trust |
| PSHE | Personal, Social & Health Education |

Annex 1**Scrutiny Review Scoping Template**

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| Review Topic (name of Review) | “Healthy Schools”. |
| Review Reference Code | CH012 To be confirmed. |
| Parent Scrutiny Committee | Children’s Services Scrutiny Committee. |
| Lead Member Review Group (Cllr’s involved) | Cllrs Mrs Anda Fitzgerald O’Connor, Jean Fooks and Keith Stone. |
| Member responsible for tracking (nominate one Cllr) | A Member to be nominated as Chairman and also to track, possibly. |
| Officer Support (Scrutiny Review Officer lead) | Julian Hehir. |
| <u>Rationale</u> (key issues and/ or reason for doing the Review) | <ul style="list-style-type: none"> • The National Healthy Schools Standard, as the mainstay of the Healthy Schools Programme, is a central government initiative that is being delivered now via the Healthy Schools Scheme in Oxfordshire schools. • The Children’s Services Committee included “Healthy Schools” in its Work Programme because of its particular interest in this area, because the County Council has a scheme/programme in place now and the Committee is concerned to explore how it is developing and what the benefits are. • “Be Healthy” is a major feature in the Children & Young People’s Plan and the Review will enable the Committee to establish what restricts schools’ involvement in the Healthy Schools scheme and what could be done to overcome them. |
| <u>Purpose of Review/Objective</u> (specify exactly what the Review should achieve) | <ul style="list-style-type: none"> • To establish whether or not schools perceive any tangible benefits in being involved in the Healthy Schools Scheme (HSS). (In response to the Co-ordinating Group’s decision, this will include exploring “emotional health” as it is included among the 4 key themes of HSS. But, the review will focus on a specific aspect(s) of this area, on guidance by the HS Team, and explore what outcomes are demonstrably worthwhile and on how the HS Team judges schools in this respect.) • To establish why some schools are |

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| | <p>participating in the HSS and why some are not at present.</p> <ul style="list-style-type: none"> • (Arising from the above two objectives) to encourage those who are not in the scheme to participate. • To improve the involvement of the school community (teachers, parents, governors, PTAs, pupils etc) in its focus on Healthy Schools. • To complement the activity of the Healthy Oxfordshire Schools Team in achieving the targets for validating schools as Healthy Schools by December 2006 (50% of all schools by Dec '06 – 142); (CYPP – 95% of schools by 2009.) |
| <p><u>Indicators of Success</u></p> <p>(what factors would tell you what a good Review should look like)</p> | <ul style="list-style-type: none"> • To have identified the issues and problems surrounding HSS validation and how these might be overcome. • To have helped to achieve the targets for validation of Healthy Schools. • To have made realistic, achievable and affordable recommendations. |
| <p>Methodology/ Approach</p> <p>(what types of enquiry will be used to gather evidence and why)</p> | <ul style="list-style-type: none"> • Secondary research of background papers already gathered and of other documentation. • Interviews with Healthy Oxfordshire Schools Team, Headteachers, Governors, School staff responsible for HSS, PTAs etc. • “Focus groups” or similar, with pupils. • Briefly exploring, benchmarking with, and comparison with what other authorities do in this area. |
| <p>Specify Witnesses/ Experts</p> <p>(who to see and when)</p> | <ul style="list-style-type: none"> • Healthy Oxfordshire Schools Team incl Julie Garner, Anne Whitehead, Giti Paulin, Bill Russell. • Headteachers. • Governors. • School staff responsible for HSS. • PTAs. • School pupils. • Health sector staff (to be identified) |
| <p>Specify Evidence Sources for Documents</p> <p>(which to look at)</p> | <p>Documentation already gathered including:</p> <ul style="list-style-type: none"> • “Health in Schools” note prepared by Matt Bramall. • Healthy Schools Programme Plan 2005-06. • Ofsted Annual Performance Assessment (APA) and joint area reviews 2006 – relevant |

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| | <p>Pls.</p> <ul style="list-style-type: none"> • Ofsted 2006 Annual Performance Assessment education summary sheet. • Various media features. • Teachernet – National Healthy Schools Standard. • Democratic Health Network Policy Briefing – “Tackling Child Obesity – First Steps”. • Cabinet 7 March 2006 – School Catering and Cleaning Services. • “Further Information from Oxfordshire APA 2005”. • Ofsted letter Dec 2005 – APA of OCC’s Education and Children’s Social Care 2005. • Oxford City Council scrutiny reviews of Oral Health/Healthy Eating and alcohol Misuse. • National Healthy Schools Programme Headline Plan 2006-07. • List of schools and level of participation in HSS. |
| <p>Specify Site Visits (where and when)</p> | <ul style="list-style-type: none"> • Local Schools. • Another local authority (for best practice/comparison possibly). |
| <p>Specify Evidence Sources for Views of Stakeholders (consultation/ workshops/ focus groups/ public meetings)</p> | <p>These will include:</p> <ul style="list-style-type: none"> • Interviews and focus groups. • School Councils. • Analysis of consultations completed by and planned by HOST team. • Consultation techniques and possibly usage of Citizen’s Panel (?). |
| <p>Publicity requirements (what is needed – fliers, leaflets, radio broadcast, press-release, etc.)</p> | <p>To be confirmed. (Possibly, OCC “Oxfordshire” magazine as the Review progresses).</p> |
| <p>Resource requirements</p> <ul style="list-style-type: none"> • Person-days • Expenditure | <ul style="list-style-type: none"> • Approx 40 whole days. • £2000. |
| <p>Barriers/dangers/ risks (identify any weaknesses and potential pitfalls)</p> | <ul style="list-style-type: none"> • Duplication of the work of HOST. • Raising and hence leading to unrealistic expectations. • Overload of individuals that the Lead Group may wish to be involved in the Review (eg teachers). • Losing impetus and therefore the opportunity to help the process of validation of schools in a timely fashion. • Pressure on Members. • Risk of not achieving project completion on |

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| | | time that may offset timely funding. | |
| Projected start date | June 2006. | Draft Report Deadline | 12 Dec 2006 CS Cttee. |
| Meeting Frequency | Every 2 weeks scheduled in. | Projected completion date | 27 Feb 2007 CS Cttee. |
| When to evaluate impact and response | | To be determined. | |
| Methods for tracking and evaluating | | Usual 12 month on post Cabinet evaluation. | |

Annex 2

List of Witnesses to the Review

The following list includes (in order) witnesses who were interviewed by the Lead Member Review Group and members/officers who attended informal witness sessions or provided written evidence to the Scrutiny Review Officer.

- Julie Garner – Former Co-ordinator, Healthy Oxfordshire Schools Team – Children, Young People & Families Directorate.
- Giti Paulin - Personal, Social and Health Education Adviser – CYPF.
- Anne Whitehead – Personal, Social & Health Education teacher for primary schools and latterly, Co-ordinator HOST – CYPF.
- Fran Swainston - Deputy Headteacher, Iffley Mead Special School in Oxford.
- Mat Hunter - Banbury Secondary School.
- John Gill - the Warriner School, Bloxham.
- Julie St Clair Hoare – Headteacher and Nicky Hughes, HOS Co-ordinator, West Oxford Primary School.
- The Deputy Headteacher - Uffington Primary School.
- Councillor Marian McNeir and Judy Allies, HSS Co-ordinator - Bath & North East Somerset Council.
- Phil Hibbs – Headteacher, Wantage C of E Primary School (*informally*)
- Brenda Williams – Secretary of the Council of Oxfordshire Teacher Organisations.
- Mandy Warwick – Clanfield Primary School – (*written evidence*).
- Alison Roberts – Public Health Manager – Oxfordshire Primary Care Trust.
- Suzanne Bradshaw – Public Health Dietician – Oxfordshire Primary Care Trust.

Annex 3**Bibliography**

- Annual Performance Assessment 2006 Education summary sheet.
- Bath & North East Somerset Council website for HSS – www.bathnes.gov.uk.
- Cabinet (Oxfordshire County Council) 7th March 2006 – School Catering and Cleaning Services.
- Clanfield Primary School – written evidence in response to “Schools News” survey – February 2007.
- “Councillor” magazine – Summer 2006 edition.
- CSCI/Ofsted Letter - Annual Performance Assessment (APA) of OCC’s Education and Children’s Social Care Services 2005.
- Department for Education & Skills website – SEAL (Social & Emotional Aspects of Learning) Resource – November 2006.
- Department of Health Network Policy Briefing – Tackling Child Obesity – First Steps - 2005.
- Department of Health/NHS – Health Profile for Oxfordshire 2006.
- Further Information for Oxfordshire APA – 2005.
- Health in Schools. Notes of conversation with Giti Paulin, Julie Garner and Bill Russell – M. Bramall – 2006.
- Healthy Schools – early research – M. Bramall - 2006.
- Healthy Schools – list of schools participating – June 2006.
- Healthy School Lunches – Guidance for School Caterers on implementing the National Nutritional Standards.
- HOST team contact details.
- IDeA Knowledge – “Healthy Communities, healthy partnerships – a learning symposium”. (Date unknown).
- Media articles - various.
- Oxford City Council – Scrutiny Review of Alcohol Misuse draft copy 2006.
- Oxford City Health Overview and Scrutiny Sub-Committee – Scrutiny Review of Oral Health/Healthy Eating - 2006.
- Oxfordshire County Council - Healthy Schools Programme 2005/06.
- National Healthy Schools Headline Plan 2006/07.
- National Nutritional Standards for School Lunches - 2006.
- Manchester Metropolitan University – Primary School/Primary Health Care Initiative – Phase 3 Executive summary - December 2003.
- North Lincolnshire Council – Healthy Children: The National Healthy Schools Standard – January 2005.
- National Healthy School Status – A Guide for Schools – DH/Department for Education & Schools - 2005.
- Nottinghamshire County Council – Food, Exercise and Diet in Schools – April 2005.
- (*Confidential*) Oxfordshire’s Children & young People’s Plan – draft Children & Young People’s Survey 2006/07 - December 2006

- Ofsted - Arrangements for the APA of Children's Services 2006.
- Teachernet - National Healthy Schools Standard.
- The Warriner School – School Validation Report 2005-06.
- Worcestershire County Council – Healthy Eating in Worcestershire Schools – April 2006.

Useful Websites

There is a range of websites with more material:

www.lhsp.org
www.welltown.gov.uk
www.galaxy-h.gov.uk
www.lifebytes.gov.uk
www.mindbodysoul.gov.uk
www.qca.org.uk/phse
www.5aday.hhs.uk
www.sportengland.org
www.youngminds.org.uk/publications

Food in Schools

www.foodinschools.org

Each of the 150 LEA's has a partnership with its local PCT & this partnership manages the Local Healthy Schools Programme.

National Foundation for Educational Research (NFER)

www.nfer.ac.uk

Evaluation of the impact of the National Healthy School Standard

Key findings from the evaluation on this website:

- Schools generally valued their involvement in the NHSS and local healthy schools programmes and appreciated the flexibility the framework provided.
- Participation in the NHSS improved the status of health-related work in schools, and worked best where partners had a history of working together and a shared understanding of improving health in schools.
- With a relatively modest budget, the NHSS has provided a useful infrastructure through which health-related work can take place with schools.
- More active participation of children and young people in the programme is essential to its continuing and future success. Of the many quantitative outcomes investigated, relatively few indicated significant differences between schools at Level 3 of the NHSS (the most intensive level of the programme) and other schools, and even these tended to be quite small.
- An analysis of Ofsted inspection ratings yielded the most positive results - Level 3 schools were rated higher on most relevant scales (for example enthusiasm for school, PSHE provision), after controlling for other background factors.

- Findings from the analysis of data from pupil surveys appeared to be somewhat random, but there was a degree of consistency between these findings and the Ofsted ratings.

Pupils' Perspectives: Outcomes and findings of project and methodology

The research found that pupils appreciated being listened to and consulted by teachers in relation to school issues. Pupils valued school health-related activities, and particularly appreciated improvements in school ethos and the quality of social relationships which had resulted from involvement in the NHSS.

Teachernet:

www.teachernet.gov.uk

Every Child Matters:

www.everychildmatters.gov.uk/health/healthyschools

A healthy school promotes physical & emotional health by providing accessible & relevant information & equipping pupils with skills & attributes to make informed decisions about their health.

Department for Education & Skills:

www.dfes.gov.uk

Setting the Standard for School Food: Alan Johnson MP: 19/05/06

Government News Network (GNN):

www.gnn.gov.uk

National Healthy Schools:

www.wiredforhealth.gov.uk

Nottingham Healthy Schools:

www.nottinghamhealthyschools.gov.uk

Shropshire County Council

www.shropshire.gov.uk

Medway Council:

www.medway.gov.uk

Department of Health:

www.dh.gov.uk

New Self Accreditation/Validation Process

During the course of its work the RG became aware that the process of accreditation as a Healthy School would change. The proposed changes were as follows:

- From January 2007 schools were required to self-validate as healthy schools. This meant completion of an “on line audit” (there is however no requirement to do so) stating the date when they have met the criteria. When all the criteria are met, schools are required to complete a “top sheet” which is sent to the local programme. Oxfordshire County Council is then required to contact its Quality Assurance Group (an extended version of the current Oxfordshire steering group *(on which very little further information has been provided)* to check that they have no evidence that the criteria is not being met. If no such evidence is known they are entered onto the National Database as meeting all the criteria. *(The reader may wish to refer here to evidence from Bath & North East Somerset Council, as it has always used a school self - validating process).*
- As a programme, the Oxfordshire HOST has access to schools on line audits if they choose to complete one.
- There is now minimum evidence required against each of the criteria. This was previously the “suggested evidence”. So schools are made aware of these changes.
- Schools must meet all the criteria. A School Travel Plan is the only document that can be “in development”.
- Each academic year, 10% of schools will be quality assured by the programme. This will be a slightly abridged version of the current HOST validation meeting and the LA will be required to look at the evidence in TWO key themes (one selected by the LA and one by the school).
- Schools are being encouraged to self-review after two years, in preparation for re self-validation after three years. These schools will be “flagged up” on the National database.

The process so far as schools are concerned is as follows: Schools complete an online audit (the criteria has remained the same but there is now minimum evidence required) and any gaps are identified and addressed. The school then completes a top sheet applying for healthy school status, which is sent to the local programme i.e. the Oxfordshire HOST team. It is then considered by a “Quality Assurance Group” (made up of a range of professionals working in

and with schools). If there is no evidence that the school is not meeting the criteria the school is awarded Healthy School Status.

Schools that have met all of the criteria are entered onto the National Healthy Schools database, receive a plaque and certificate from the National Programme. 10% of schools will be visited to quality assure the self-validation process. All the schools have to complete a self-review after 2 years and self-validate again after 3 years.

Annex 5

OfSTED's "Healthy Schools, Healthy Children?"

The contribution of education to pupils' health and well being" - July 2006.

1. Promoting a school ethos and environment which encourage a healthy lifestyle.
2. Using the full capacity and flexibility of the curriculum to achieve a healthy lifestyle.
3. Ensuring that the food and drink available across the school day reinforce the healthy lifestyle message.
4. Providing high quality physical education and school sport and promoting physical activity as part of a lifelong healthy lifestyle.
5. Promoting an understanding of the full range of issues and behaviours which impact upon lifelong health.

The most successful schools were ones where the curricular messages were also borne out in practice, for example through the school fruit and vegetable scheme and through ensuring pupils had two hours of physical activity each week.

The key findings were as follows:

- The National Healthy Schools Programme (NHSP) had a positive impact in all the schools. Almost all the survey schools were strongly and actively committed to improving pupils' health and well-being.
- In all the schools, personal, social and health education (PSHE) played a positive role in promoting pupils' health and well-being, but effective assessment of it, linked to clear learning objectives and outcomes, was absent. Little use had been made of the assessment guidance from the Qualifications and Curriculum Authority (QCA).
- In 13 of the 18 survey schools, pupils were taught the skills and understanding to make healthy choices but a minority of the schools focused too little on the potential impact of drugs, smoking and alcohol on pupils' lives. Schools that contributed well to pupils' health and well-being used external agencies very effectively, especially to teach about drugs, and sex and relationships education.

- Those secondary schools in the survey with specialist status used their specialism effectively to promote pupils' health and well-being.
- All the primary schools promoted the 'five fruit and vegetables a day' message effectively and put it into practice with the 'free fruit' scheme.
- In all the schools where food was not produced on the premises, there was continuing poor nutritional value in some of the school meals.
- All the survey schools provided a good range of different opportunities for pupils to be physically active, although three of them were limited by a lack of outdoor facilities, as were other schools in the wider sample. Three of the survey schools did not place sufficient value on the importance of their external environment.
- In all the schools, pupils felt bullying was, on the whole, dealt with effectively. Peer mentoring schemes were used well but, across the curriculum as a whole and in PSHE, mental health issues were not tackled sufficiently effectively.
- In all the schools, consultation with pupils and parents showed itself to be a key factor in the extent to which schools were able to promote healthier lifestyles successfully. Consultation was underdeveloped in some schools.
- Several of the secondary schools failed to build on what pupils had learnt at primary school, and did not make sufficient links across the curriculum. As a result, their work on healthy living and pupils' well-being was fragmented and its impact was therefore reduced.

Annex 6

Social and Emotional Aspects of Learning (SEAL)

- SEAL offers a whole–curriculum framework for teaching social, emotional & behavioural skills to all children.
- It is organised into 7 themes which can be covered within a school year: New beginnings, Getting on and falling out, Bullying, Going for goals, Good to me, Relationships, Changes.
- Each theme is designed for a whole-school approach & includes overview, assembly & suggested follow-up activities in all areas of the curriculum.
- The SEAL resource is intended to build upon the effective work that many schools & settings are already doing & can be used flexibly, e.g. some schools choose to address these issues through core & foundation subjects, others through circle time or framework of NHSS. Links to PHSE/NHSS & other whole school initiatives are suggested throughout the materials.
- It is voluntary for schools to adopt the SEAL curriculum.
- In 2005/06 up to 1/3 of primary schools received support through the Standards Fund to implement systematic, curriculum-based work to develop children’s Social, Emotional & Behavioural Skills.
- SEAL focuses on 5 social & emotional aspects of learning:- Self Awareness, Managing Feelings, Motivation, Empathy, Social Skills
- Local Authorities have been asked to:- Publicise the funding opportunity to schools, identify schools who wish to take part using locally agreed criteria if deemed greater than available funding, plan training & ongoing support for interested schools & beginning in the summer term, plan how they will monitor & evaluate work.
- Funding is channelled through the Primary National Strategy.