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### The Healthy Futures Project

It is well-established that a healthy lifestyle - including regular physical activity, healthy diet and adequate sleep - is essential for young people's best development. In addition to these factors, there is growing evidence demonstrating the importance of emotional and mental wellbeing in adolescent development. Furthermore, there is a substantial body of evidence which indicates that development of effective social and emotional skills are central to adult mental health and life satisfaction, and other socio-economic, labour market, health and health-related outcomes (Early Intervention Unit, 2015).

It is also recognised that, while wellbeing is an important determinant of health, participation in meaningful work is also a key determinant of self-worth, identity, family esteem and is a means of social participation and fulfilment, clearly linking work with health outcomes (World Health Organisation, 2013; Chief Medical Officer, 2012; Bambara, 2011; Bambara and Eikemo, 2009; and Waddell and Burton, 2006). Schools play a critical role in promoting both the health of young people and helping them establish lifelong patterns of healthy behaviour, in addition to providing education and therefore improving life-chances.

#### **The link between health, wellbeing and educational attainment**

Health and education are inextricably linked; healthy young people learn better and education attainment improves life chances. Evidence has established that health and wellbeing are essential elements for effective learning (Keeley and Fox, 2009), while Shanker *et al.*, (2013) argue that educational attainment is a strong predictor of equality in health and wellbeing across the life span:

*"The level of educational attainment is increasingly being recognised as an important social determinant of health. While higher educational attainment can play a significant role in shaping employment opportunities, it can also increase the capacity for better decision making regarding one's health, and provide scope for increasing social and personal resources that are vital for physical and mental health".*

Furthermore, research has further demonstrated that poor school performance is associated with health-compromising behaviours and physical, mental and emotional problems (Ansari and Stock, 2010).

School has long been identified as a 'setting' for improving health and well-being of children and young people. The school environment is identified as being second only to the parental home as an important influence on children and young people's development (Miller, Connolly and Maguire, 2013). School plays a critical role in promoting the health of young people and in helping them to establish lifelong patterns of healthy behaviour. Basch (2010/11) remarks that

*"health problems are linked to educational outcomes through five causal pathways: sensory perceptions, cognition, connectedness and engagement with school, absenteeism and dropping out" ... and that "health-related problems greatly limit students' motivation and ability to learn".*

This important connection between health and education supports the need for a comprehensive school health approach that is strategic, high-quality and coordinated. In addition, recent OFSTED guidance places a responsibility on schools to address the health needs of the school-age child (especially the emotional health needs).

## Formation of the Healthy Futures Network

Following the inclusion of Health and Wellbeing as a specific requirement within the OFSTED inspection framework (2015), an informal network of schools in the North West began meeting over a period of several months seeking to address issues relating to the health and wellbeing of young people. The health focus was mainly on obesity and physical activity. There was, however, a recognition of the need to address underlying contributory factors relating to health and wellbeing. In 2014, this informal 'network' became the 'Healthy Futures Network', a cross-sector partnership between the University of Chester and 8 schools from the North West of England funded by Health Education England (North).

The Project was designed to assess how a collaborative network of schools at a regional/sub-regional level could work together to promote health and wellbeing, and to improve emotional health and wellbeing of their pupils. We also aimed to make this part of an engagement strategy for raising aspiration and awareness of potential career education opportunities within the NHS.

This pilot project was intended to explore if the strategy of networking and collaboration works using a process evaluation, with the intention of making recommendations for scalability.

### Measuring the health and wellbeing in the Network Schools

Establishing the baseline for health and wellbeing was a critical element of the Project and provided the schools with health-related behaviour data specific to their school. The Schools Health Education Unit ([SHEU](#)) 'Fit 2 Succeed' survey was used to collect the baseline data. This survey was considered suitable for the Healthy Futures Project because it is a self-completed on-line survey developed over 30 years with over a million school children in the UK. The questionnaire contains both quantitative and qualitative questions related to health behaviour.

The sample population of over 4000 pupils included high schools, academies, a faith school and a specialist sports college. The geographical spread of the schools included city centre, urban and rural settings, and encompassed a wide range

of young people, including those from disadvantaged backgrounds and groups.

The Network believes that all young people should have an equal opportunity to improve their emotional health and wellbeing. The Project seeks to address how a combination of factors and determinants in students' lives (including social, cultural, economic, and environmental) can impact on emotional health and wellbeing and subsequently educational attainment.

Results from the pilot study (report currently available to limited public domain of the Network Group) concur with two recent publications ([Girl Guiding](#) and [The Children's Society](#)) that demonstrate the impact of these factors on student emotional health and wellbeing, particularly for the most disadvantaged students.

Results from the first SHEU surveys were used to highlight areas of concerns, and these baseline results were used to inform potential health and wellbeing interventions specific for each school.

With the support of the Project Manager, schools developed 'Action Plans' which detailed how they intended to implement changes to address and improve the key areas for concern. Action Plans of three schools were scrutinised for initial 'effectiveness and scalability' using a second 'Fit 2 Succeed' survey.

For example, one school identified that 14% of students reported they were not eating breakfast, and 19% did not regularly eat any fruit or vegetables, raising immediate and long term concerns of student concentration levels, and nutrition and health. Following a school assembly to inform students of these results, a student working party was formed. This party worked with the school catering manager to introduce healthy eating options at lunch time and took the lead in developing fruit smoothies. A staff member reflected that student involvement had been key to the success of this action plan, and a large number of students have come forward to develop further initiatives:

*"We have taken [the SHEU survey] information back to students and asked them for their input. Students have volunteered to come up with health and wellbeing initiatives – 70 students are now involved across year levels in a variety of projects."*

Other examples of Action Plans have included implementation of the GULP project to encourage

students to drink more water, Bike-ability and the writing and performance of a play demonstrating mental health issues in school students.

The 'Fit 2 Succeed' [F2S] survey results demonstrated that student emotional health and wellbeing is indeed a concern; in this respect, our data (currently in publication) concurs with recently published studies such as The Good Childhood Report (2016) and the Girls' Attitude Survey (2016). Furthermore, our data supports the evidence in these reports of a widening gap between boys' and girls' happiness. The 'F2S' data and the wider evidence base have been invaluable to the Network schools in the design and implementation of action plans to target these key issues.

### Value and sustainability of the Healthy Futures Project

In seeking to raise awareness of the health and wellbeing needs of young people, the Healthy Futures Project has demonstrated evidence of the need for and value of a collaborative approach to embedding health and wellbeing within a school. The findings also have great potential for scalability and to inform future national policy across health and education. The collaborative approach of this project has pushed boundaries and traditional organisational structures.

The Health Futures Project has the potential to improve and protect public health at local and regional level (Public Health Outcomes Framework). Long-term goals are to implement the Project's successes nationally.

To date, the Project has already made a difference in the 'Network' schools communities (staff and students), and in the wider community. By collecting baseline data on current health and wellbeing in the network pupils, we have increased student awareness of the importance of emotional health and wellbeing, and the factors influencing these. Schools have implemented interventions to make improvements for student health and wellbeing, and have achieved this both within their school, or by collaborating with other community groups. Several schools have involved their students directly in the development of school Action Plans through volunteer programmes. Another key element of this Project is ensuring that those from disadvantaged backgrounds and groups are given the opportunity to improve their

emotional health and wellbeing, and subsequently their education and career prospects.

A further unexpected benefit of the Project was the increased awareness of staff emotional health and wellbeing with at least two schools stating that they now have Staff with a specific Health & Wellbeing remit as part of their role.

*"We are now looking after the whole organisation in terms of wellbeing. Significant changes have been made towards student and staff wellbeing"*

The importance of staff wellbeing has been well described in the Education Support Partnership report, "[Looking after teacher wellbeing](#)".

The Project Manager role was to prove crucial to the success of the project, and was instrumental in raising the profile of the network at local, regional and national levels. The Project Manager not only co-ordinated the network activities; he also presented the 'Project' at several conferences and high profile meeting including a meeting in the House of Commons to discuss the health and wellbeing of young people. Several of the 'Network' members suggested that, "*this would be essential role in each school going forward and would be crucial for future scalability plans*". Furthermore, Network members articulated, "*that having the support of the Project Manager and the Network members enabled them to promote the topic of Health & Wellbeing of pupils in their schools with Senior Management Team*".

We feel that the collaboration between schools, University of Chester, community groups, and other partnerships has been the most effective way of conducting our pilot study to improve emotional health and wellbeing in young people living in the North West of England. We believe that the Project has provided us with an excellent foundation for growing the Healthy Futures Network within the wider North West School community, and beyond.

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## Education and Health Archive

Each issue of the journal, published since 1983, is available via the archive. There are several simple indices that help to identify articles by keywords; year/issue number; author surname and article title. It can be seen that some contributors have had a number of articles published and there are a range of topics that have been covered over the years. Sometimes a contributor will update their article or develop points raised by another contributor. The pages on the website, that have been provided for the Education and Health journal, usually have the highest number of 'reads' across all pages on this Internet site.

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*"The (SHEU survey) helped us to prioritise where we needed to be in terms of PSHE education. We delivered assemblies based on the evidence as well as curriculum development, and dealt with whole school issues – particularly in regard to pastoral care. The answers received to the question on the survey Who are you most likely to approach if you needed help worried staff as teacher was not a popular answer. Subsequently the staff asked themselves why this had happened and what needed to be done to address the issue. There was more emphasis on wider aspects of PSHE education delivery, which needed more attention. To summarise, the (SHEU survey) allows the PSHE department to assess the impact of teaching and learning and modify future lessons accordingly. It allows our school to look at whole school issues such as the extent to which the pastoral care system is meeting the needs of our pupils. It helps us to do need analysis of our pupils. It helps to provide important evidence for SEF / the extent to which we are meeting wellbeing indicators / National Healthy School standards."* Secondary School Head

For more details please visit <http://sheu.org.uk>