

Education and Health

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The National Healthy School Standard

Wendy Jeffreys

The National Healthy School Standard, the PSHE curriculum and the NHS plan

The Health Related Behaviour Questionnaire concentrates resources where they are needed by identifying key issues and helping with the development of a Healthier School Community in Solihull.

Larry Thompson

Joining the Healthy School Scheme

One of the NHSS pilot schools, in Cornwall, reflect on how results from the Health Related Behaviour Questionnaire provided a focus and helped identify patterns and possible causes for concern regarding the whole school's emotional and mental health.

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Working towards the NHSS - a co-ordinator's perspective

The NHSS co-ordinator for Hartlepool describes the development of her role, the relevance of baseline assessment and the positive experiences from the schools in her area.

Karen Tann

Using the HRBQ in school improvement plans

Curriculum audit involving student feedback was used in a Basildon school to complement and reinforce the Healthy School vision.

PLUS

Angela Balding

Pupils get 'Fit to Succeed'

A pilot project in the Westcountry found that not only could regular exercise be promoted - but also found links with academic performance.

Some Unit publications

All the prices given below include postage and packing.

The Unit team is here to help!

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Young People and Alcohol: its use and abuse

A study of the 'alcohol environment' of 8,315 Year 8 and 10 pupils. In addition to baseline information about amounts, frequency, and types of drink consumed, the report examines alcohol-related domestic aggression and its relation to family structure. £10.50

Young People in 1999

The lifestyles and behaviours of 36,856 young people between the ages of 10 and 15 years. £40.00

Young People in 1998 – and looking as far back as 1983

The lifestyles and behaviours of 18,221 young people aged 12-13 and 14-15 in 1998, and a 'look-back' at about 200,000 in the same age ranges that have been surveyed over the past 16 years. £35.00

Young People in 1997

The lifestyles and behaviours of 37,538 young people between the ages of 9 and 16 years. £25.00

Young People in 1996

The lifestyles and behaviours of 22,067 young people between the ages of 12 and 15 years. £20.00

Last Orders

A cross-curricular programme for secondary courses on alcohol education, in two volumes with photocopiable materials. There are 21 modules suitable for work with Drama, English, Geography, History, Mathematics, Modern Languages, PE, PSE, RE, and Science. £28.00

Cash and Carry

Young people's reports on the carrying of offensive weapons and also sound alarms and other passive protection by themselves and friends. The title refers to an uncovered link between personal income and fear of being attacked. £5.00

Bully Off

Levels of fear of bullying at school and related items from the databanks are discussed, and links with other dimensions of lifestyle are reported. £5.00

Young People into the Nineties (1) *Doctor and Dentist*, (2) *Health*

The 'survey of the decade'. A study of 125,933 young people between the ages of 11 and 16 over the period 1984-1990. Note that *Young People in 1998* reveals further behaviour changes in the 1990s. £3.50 for both books.

Toothbrushing in Adolescence

A detailed study of the associations between and among dental health topics such as toothbrushing, dentist visits and motivation for brushing teeth, and many other dimensions such as gender, region, family size, sports activity and self-esteem. £12.00

No Worries? Young people and mental health

A study of the worries and concerns that affect young teenagers in our society, based on data collected by the Unit between 1991 and 1997. £15.00

The Assessment of Health Needs at the Community Level

How health authorities can help schools to review the needs of their pupils. £2.50

Very Young People in 1993-5

A study of 18,929 pupils aged 9-12. Responses to the questions in the Primary Health Related Behaviour Questionnaire are presented in table form, together with commentary and histograms. Note that *Young People in 1997* presents further primary data for that year. £20.00

Very Young People in 1991-2

A study of 7,852 pupils aged 8-11. Responses to the questions in the Primary Health Related Behaviour Questionnaire are presented in tabular form, together with commentary. £11.50

Young People and Illegal Drugs into 2000

This report surveys all our drugs data back to 1987 and suggests that young people's contact with drugs may have peaked in 1995-96. £8.50

Young People and Illegal Drugs in 1998

This report contains the first information derived by the Unit on habitual use, and likely frequency of use, by young people in the 11-15 age range. £7.00

Preparing for Life after Primary School

The principal authors of this 11-part resource are experienced primary-school teachers who have used SHEU material in their schools. They bring fresh insights into how health-related behaviour data can be used in primary schools, not only within the classroom and the staffroom but to encourage closer links between the school, the parents, and the local community.

Each resource book (ranging in length from 22 to 96 pages) studies a topic from these various viewpoints, and includes an overview, suggestions for policy review and action, lesson themes, photocopiable worksheets and scenarios, and in some cases model letters. The complete series is as follows:

<i>Introduction (Free with all orders)</i>	<i>Bullying (£12)</i>
<i>Health & hygiene (£10)</i>	<i>Leisure (£8)</i>
<i>Stranger danger (£10)</i>	<i>Legal/illegal drugs (£15)</i>
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<i>Personal & social (£12)</i>	<i>Money (£8)</i>
<i>Exercise & sport (£12)</i>	

Complete set, in slip-case, £70.00.

Education and Health

Our journal is aimed at primary and secondary teachers, health-care professionals, and anyone else interested in the healthy development of young people. It contains articles on recent health education initiatives, relevant research finds, materials and strategies for schools, health-related behaviour data, reviews, and letters. It is now in its 19th year, during which time a great range of health topics have been included.

Education and Health is published four times per annum. The individual annual subscription is £16, but LEAs or health authorities wishing to purchase large numbers for distribution into schools are offered special terms.

Offers from our Bargain Basement

Young People and Illegal Drugs into 2000 + Young People and Illegal Drugs in 1998. £12.00

Cash with order, please. Cheques should be made payable to the Schools Health Education Unit

Key issues identified from the HRBQ provided a catalyst for developing a Healthier School Community in Solihull.

Wendy Jeffreys is a Health Promotion Specialist with Solihull Healthcare NHS Trust

Wendy Jeffreys

The National Healthy School Standard, the PSHE curriculum and the NHS plan

The HRBQ concentrates resources where they are needed: focus on food

Solihull's health authority and education authority decided to fund a survey jointly to identify priorities in three deprived wards.

Solihull is considered to be an affluent area and in some parts of the borough this is evident. However the economy across the borough is diverse as stated in the local Health Improvement programme:

"...according to the Index of Local Deprivation, Solihull .. ranks as one of the least deprived boroughs in England, 263 out of 354. However, it has three wards deemed to be amongst the most deprived in the country. This difference, between the three most deprived wards and the rest of the borough is the largest variance between deprived wards and affluent areas within one district anywhere in England." (1)

The authorities' choice of survey was the Health Related Behaviour Questionnaire (HRBQ). This questionnaire is an efficient method for gathering health information in schools. The data can then be used to inform the development of the PSHE curriculum and allow for planning of health service provision.

The HRBQ was used in schools in the deprived wards for a number of reasons:

- ✓ Young people were identified as a target population and schools as a key setting for implementing the Government's health strategy in Our Healthier Nation. The white paper 'Excellence in Schools' committed the Government to help all schools to become healthy schools.
- ✓ Several important health related issues (e.g. diet, smoking, alcohol, exercise) have their roots in the early years. Where there are inequalities in health, as clearly demonstrated in north Solihull, the ability to

The health authority and education authority decided to fund a survey jointly using the HRBQ - an efficient method for gathering health information in schools.

The Healthy Schools Programme

The Healthy Schools Programme is a key part of the Government's drive to improve standards of health and education and to tackle health inequalities. Its aim is to make children, teachers, parents and communities more aware of the opportunities that exist in schools for improving health.

The Government signalled its intention to help all schools become healthy schools in the White Paper, 'Excellence in Schools', produced by the Department for Education and Employment (DfEE) in 1997. The Healthy Schools Programme was announced in the Department of Health's (DH) Green Paper 'Our Healthier Nation', and launched on 14th May 1998 by Ministers Tessa Jowell (Public Health) and Estelle Morris (School Standards).

What does the Healthy Schools Programme involve?

The Wired for Health website
National Healthy School Standard
National Healthy Schools Newsletter
'Healthy Schools, Healthy Teachers'
Strategies for Safer Travel to School
'Cooking for Kids'

For further information visit:
<http://www.wiredforhealth.gov.uk>

learn is often affected and this can result in under achievement. Early behavioural intervention will alter patterns of behaviour that might place young people at increased risk of risky lifestyles and/or chronic diseases in later life.

- ✓ As well as using the data to shape ideas within schools, it may also be used to create links between schools, support agencies and GP practices as well as providing health information for schools nurses. (2)

Data gathered from the HRBQ can then be used to identify priority areas; both current and future and resources can be concentrated where they are most needed.

Preparation

Discussions with the head teachers of the schools, about participation in the pilot project, led to a visit by health authority representatives to the Schools Health Education Unit (SHEU). This enabled them to better understand the process of good preparation for the administration of the survey, formation of the questionnaires and the documentation of the analysis of the data.

During October 1999 a pyramid survey i.e. one secondary school and its four largest partner primary schools completed the HRBQ. The survey was carried out with all year 5 & 6 pupils and a sample of 100 year 8 & 10 pupils. On completion of the data analysis, health authority representatives returned to SHEU having requested further analysis of some of the data e.g. what is the correlation between a high consumption of crisps, sweets, fizzy drinks and having nothing to eat or drink prior to attending school? The figures at SHEU indicate that the correlation is usually high but that the figures at the secondary school was different (possibly because the school had a breakfast club).

Healthier School Community

The key issues identified from the HRBQ provide a catalyst for developing a Healthier School Community (HSC), the local healthy school programme. Prior to completion of this survey a working group was established to consider what support could be given to schools and to look at the issues raised by the pupils. The group had representation from the primary care group, education authority, primary care and individual schools. The schools identified the issues of concern raised by the pupil responses.

Focus on food

The present aim is to focus on one of these issues each term. I will now describe the programme developed to look at nutrition and

food as the prevalence of not having a drink and/or food prior to attending school, the low uptake of fruit and vegetables and the consumption of 'junk' foods were high.

Of concern were the poor dietary habits and the impact that this was having on the pupils' ability to learn. Increased nutritional intake would help the pupil's better concentrate in class and increased fluid intake would help reduce the prevalence of enuresis.

National Healthy School Standard and food

The National Healthy School Standard (1999) states that;

- ✓ The school presents consistent, informed messages about healthy eating, for example, food on offer in vending machines, tuck shops and school meals should complement the taught curriculum
- ✓ The school provides, promotes and monitors healthier food at lunch and break times and in any breakfast clubs where they are provided
- ✓ The school includes education on healthier eating and basic food safety practices in the taught curriculum (3)

As such, a programme needed to be planned that would reflect these standards. Also taken into account was an awareness that developing a diet of healthy foods would be subject to many issues including, finance, availability of fresh foods and knowledge of, skills to and attitude toward adopting a healthier diet. The secondary school had developed a breakfast club in the previous academic year and the intention was to also build upon their experiences.

NHS plan and food

An aim stated in the NHS plan is to bring health improvement by improving... 'the diet of young children by making fruit freely available in schools for 4-6 year olds.' (4) In addition the long-term development of a programme to improve nutritional intake will support the National Service Framework on Coronary Heart Disease. Mortality due to ischaemic heart disease is higher in the most deprived wards in the north of the borough.

Activity week

A plan was drawn up for activities during one week in November with the intention of:

- ✓ Offering 'breakfast' i.e. toast and drink to all year 5 & 6 pupils at the primary schools in the cluster
- ✓ To provide activities about nutrition and food
- ✓ To offer a variety of fruits during the week to all primary pupils
- ✓ To integrate theme of nutrition and food into all areas

What is the correlation between a high consumption of crisps, sweets, fizzy drinks and having nothing to eat or drink prior to attending school?

Of concern were the poor dietary habits and the impact that this was having on the pupils' ability to learn.

of the curriculum post half term and during the Nov 6th week

- ✓ To provide a Ready, Steady, Cook and Eat evening event for parents/carers at one school

In addition a proposal was accepted to enable pupils from years 5, 6 & 7 or 8 to participate in a 'Cooking for Kids' programme which looks at food preparation, cooking, health and safety, nutrition and the social pleasures of eating, during May 2001 half term.

Enquiries were also made about a theatre production, 'Scoffing', for year 10 and basic food hygiene awareness courses for parents/carers.

The numbers of pupils who received breakfast - consisting of fruit juice, milk or hot drink and toast - varied across the three primary schools. It was encouraging that many of the pupils attended daily. Many of these would be prepared to contribute a nominal amount of money for the continuation of breakfast provision. Table 1 shows the numbers of portions of fruit, which was available to all pupils, eaten by pupils from years 5 & 6. (A portion of fruit refers to a whole fruit.)

Table 1. Portions of fruit eaten by years 5 & 6

	Primary A			Primary B			Primary C		
	Apple	Banana	Satsuma	Apple	Banana	Satsuma	Apple	Banana	Satsuma
Monday	8	5	17	52	22	21	28	4	17
Tuesday	12	8	14	39	35	22	31	12	7
Wednesday	12	8	14	43	26	26	28	12	11
Thursday	9	9	17	37	34	22	21	5	22
Friday	9	5	20	41	33	22	28	7	10
Total	50	35	82	212	139	193	136	40	67

The 'popularity' of one type of fruit was dependent upon the selection available to each class. Whilst the consumption of bananas seems lower than apples and satsumas, younger pupils in the school may have found bananas easier to eat as a whole fruit.

Evaluation

It was important that school staff were willing to be involved. This was particularly important in relation to the distribution of fruit to all pupils. Immediate evaluations of the schools comments about the focused week are quoted below:

- “ It's lovely just to feel the juice dripping down your chin ” - year 5 pupil
- “ I think it's great that school is providing fruit it gets children to eat more fruit and stay healthy ” - year 6 pupil
- “ The children have not wasted food at lunchtime ” - school catering staff

- “ The staff have been able to eat breakfast with the pupils and talk to them in a much more relaxed way ” - Head teacher
- “ The children have been a lot calmer ” - PSHE co-ordinator

Whilst overall the week was successful there were learning points from co-ordinating this week and include the need to gain better understanding of parameters of role.

Funding

A proposal for funding has been submitted and agreed to extend the HRBQ to all schools in the north of the borough during Spring 2001 and to repeat the questionnaire with this cluster in autumn 2001. This will provide one measure of change in behaviour toward nutrition intake amongst these year groups (6, 8 & 10); others would be seen throughout a pupils schools career in their knowledge of, skills to and attitude toward eating a healthier diet.

All of the primary schools who took part wish to sustain breakfast club provision. We

need to develop and look at moving toward a whole day approach to catering provision within primary schools.

In addition we need to support schools in developing a different approach and attitude toward the foods that pupils can bring into and buy at school. This will require the support of a health nutritionist and should be seen as an essential prerequisite prior to implementation in 2004 of the NHS plan.

- (1) Solihull Health Authority. (2000). *A Healthier Solihull, Health Improvement Programme, April 2000.*
- (2) Geary, R. (1999). *Proposal for a Health Related Behaviour Questionnaire survey of school children in the North of Solihull.*
- (3) DfEE and DoH. (1999). *National Healthy School Standard Guidance*
- (4) NHS Plan 2000

A proposal for funding has been submitted and agreed to extend the HRBQ to all schools in the north of the borough during early next year and to repeat the questionnaire with this cluster in autumn 2001.

National Healthy School Standard

How our surveys can help you

Schools Health Education Unit

LEAs are surveying their schools using our questionnaire* to identify their NHSS priorities

LEAs include: Bedfordshire, Brent, Bury & Rochdale, Camden & Islington, Cornwall, Dudley, North Essex, Gateshead, Gloucestershire, Hartlepool, Liverpool, North Notts, Solihull, South Tyne, Tameside, Walsall and Waltham Forest

*The Health Related Behaviour Questionnaire (HRBQ) is being used by schools across the UK. It has evolved and become the leading standardised questionnaire in primary and secondary schools.

The HRBQ:

- ✓ supports Healthy School co-ordinator's work in achieving the NHS Standard
- ✓ provides baseline data which will contribute to monitoring and evaluation
- ✓ includes items relevant to all the NHSS themes
- ✓ support from SHEU's experienced primary and secondary teachers
- ✓ completed by 530,000 pupils

NHSS themes within the questionnaire include: Citizenship; Drugs, Alcohol and Tobacco; Emotional Health & Wellbeing (including Bullying); Healthy Eating; Physical Activity; Safety; Sex and Relationships; Recognising Success

HRBQ surveys can be small or large e.g. From 1 primary and 1 secondary school
to 50 primary and 15 secondary schools

From
small to large...
your HRBQ surveys will
support the achievement of the
National Healthy School Standard

Contact John Balding for further details...tel: 01392 667272

The Schools Health Education Unit (SHEU) is an independent research unit, founded in 1977,
that offers survey, research and evaluation services to all those concerned with the health and social development of young people

One of the NHSS pilot schools reflect on how results from the Health Related Behaviour Questionnaire provided a focus for the school and helped identify patterns and possible causes for concern regarding the whole school's emotional and mental health.

Larry Thompson was PSHE Co-ordinator at Sir James Smith Community School, Camelford, Cornwall. He is currently.....

This article is reproduced, with permission, from the Cornwall Healthy Schools Spring 2000 Newsletter.

Larry Thompson

Joining the Healthy School Scheme

The whole school was surveyed and an action plan developed to address the issue of emotional and mental health.

My schools cross-curricular Personal Social and Health Education (PSHE) Team recommended in the Spring of 1999 that Sir James Smith's School should:

- ✓ volunteer to join the pilot phase of Cornwall's Healthy School Scheme
- ✓ opt to focus on improving our whole school emotional and mental health

Our Social and Moral Team (SMT)/Ethos Team concurred and we applied, were accepted, and our School Development Plan suitably amended.

It was decided to establish a multi-agency steering group to oversee the management of the scheme. The steering group would represent interest groups and have relevant expertise. Consequently, the following were invited and agreed to join:

- ❖ Headteacher
- ❖ Chair of Governors
- ❖ PSHE Co-ordinator (who was also one of the pastoral managers in Ethos Team)
- ❖ School Secretary
- ❖ School Doctor
- ❖ School Nurse
- ❖ Youth Service Representative
- ❖ Educational Welfare Officer
- ❖ Mental Health Promotion Co-ordinator
- ❖ Sixth Former

This steering group drew up an Action Plan

whose principal targets were:

- ✓ to survey the emotional and mental health of the whole school population
- ✓ to produce a developmental model which would seek to improve matters;
- ✓ to produce a whole school report by the end of 1999/2000 academic year which would include recommendations for action.

We were fortunate to have the results of three Health Related Behaviour Questionnaire (HRBQ) surveys of students in Years 8 and 10 which were done in 1991,1995 and 1999. We used these to focus on their relevant emotional and mental health responses and to identify patterns and possible causes for concern.

Then, two focus groups of sixteen mixed ability, mixed gender, mixed background students in Years 9 and 11 were established. Using their responses to the 1999 HRBQ, a senior youth worker plus colleague and school nurse then interviewed these students to 'tease out' more substantive opinions from them concerning school issues which were affecting their emotional and mental health. A report on the findings was then produced by the Youth Service.

Parentetically to all this were decisions to:

- ✓ Develop our Anti-Bullying Council (ABC) peer support scheme into other year groups. At present, our ABC service is provided, for any students who need

We were fortunate to have the results of three Health Related Behaviour Questionnaire surveys of students in Years 8 and 10.

it, by trained Sixth Formers. We are likely to extend peer monitoring into Year 10. Exploratory meetings have already taken place with the Youth Service and with the Red Cross ACHE (Advice, Care, Help and Empathy) Service.

Meanwhile, as far as staff were concerned, I had led an introductory Personal Development (PD) session in September 1999 which was designed to:

- 1 Raise awareness of the Healthy School Scheme and our specific commitment to it
- 2 Explain what the steering group had embarked upon and that the prime initial objective was to produce a whole school report by Summer 2000
- 3 Explain that more work on ascertaining staff views would be requested at a subsequent PD session in January 2000

Meanwhile, the steering group had agreed to invite staff to participate in any anonymous and confidential questionnaire that was designed to take a snap-shot of their emotional and mental health.

Just before Christmas, Ian Sinnett, Mental Health Promotion Co-ordinator, explained the questionnaire to staff and tried to allay anxieties. Copies of the questionnaire plus SAEs addressed to Ian were placed in pigeon holes. Staff were asked to complete and send them to Ian ASAP for processing over the Christmas holidays. The questionnaire responses would be used to help inform Ian's PD session with staff in January.

At this session, Ian:

- ✓ Fed back the general results of the survey and explained their meanings
- ✓ Asked staff in small cross-curricular groups to report back responses about what the school did which added to or detracted from their emotional and mental health

All this was used by Ian to produce a staff report.

One result of all this was an SMT decision to establish a working group to begin drawing together the whole school implications

We hope that this group will report by the summer and that it will both outline problems and propose solutions. Obviously, it will then go out for full consultation with all partners and interest groups.

Throughout this whole process so far, priority has been attached to:

- ✓ Effective co-ordination
- ✓ Thorough surveys
- ✓ Using this first year to find out and own up to both what we are doing well and what needs improving
- ✓ Recognise that this is only 'the first step in a journey of a thousand miles'.

Finally, it is my personal opinion, that unless and until schools properly address the issue of whole school emotional and mental health, other areas of PSD and PSHE are unlikely to be as effective as they should be.

Self - esteem and healthy risk behaviour

Dr David Regis, Research Manager at the SHEU, has recently published an article in 'YoungMinds' magazine, which has attracted some notice.

The article examines the relationship between various mental health measures and a similar number of health-risky behaviours in Year 10 pupils (aged 14-15y). For some behaviours, we see a clear link between poor scores on mental health items and higher rates of health-risky behaviour - for example,

"...Smoking is found more commonly amongst young people who are worried."

Self-esteem is an important concept for health education - not just because it is part of mental health, but because many professionals believe that positive self-esteem may make young people less tempted to experiment with health-risky behaviours, and less susceptible to peer pressure. The results tell us that the story about self-esteem is more complex:

"It may come as a disappointment to see that high self-esteem scores seem to be associated with just as much smoking and drug use as low ones. It can be worse than this: we noted elsewhere (Balding 1995, Balding 1999, Balding 2000) that young people who have tried cannabis actually score slightly higher on self-esteem than their peers. Our interpretation of this finding is the more sociable, confident young people who have an active social life are more likely both to get a high self-esteem score and to find opportunities to take cannabis. This is supported in the table above by the finding that shy young people are much less likely to have tried illicit drugs, or misbehaved with legal substances... It may be that there is nothing much wrong with the self-esteem of young risk-takers, and that in their friends they find a mutually supportive social group which we would not want to disturb."

It still may be the case that problematically low self-esteem may lead in some cases to problem drug use. This may fit some people's judgement that all drug use is problematic, and so any use of drugs is evidence of some deficit in an adolescent. But the results argue that, whatever the morality of experimentation with drugs by adolescents, it does not appear to be driven by social inadequacy — for most of them, quite the reverse.

Regis, D. (2001) Feeling good?: mental health and risk-taking. *YoungMinds Magazine* 50, pp14-15.

Balding, J.W. (1999). *No Worries? Young People and Mental Health*. Exeter; Schools Health Education Unit.

Balding, J.W. (1998). *Young People and Illegal Drugs in 1998*. Exeter; Schools Health Education Unit.

Balding, J.W. (1995). Drugs: all our children are close to sources. *Education and Health*, 13(5), pp 21-26.

The NHSS co-ordinator for Hartlepool describes the development of her role, the application of the HRBQ and the positive experiences from the schools in the area.

Jackie Edwards is a PE and National Healthy Schools Standard co-ordinator for Hartlepool.

Jackie Edwards talks to Anne Wise

Working towards the NHSS - a co-ordinators perspective

“I’ve been so impressed with the positive attitudes from schools working towards NHSS and how they see the role of PSHE.”

How did you become the National Healthy School Standard (NHSS) co-ordinator for Hartlepool?

I was originally a part time PE and Sports Development Co-ordinator in Hartlepool. I was based with the Literacy and Numeracy Co-ordinators which enabled me to work closely with them. I believe that the PE and PHSE can be an effective tool in raising standards across the curriculum. I decided to apply for the post of NHSS Co-ordinator for several reasons. I was enthusiastic to support schools in developing the whole school healthy school approach, I believed that schools knew and respected me and I had some experience of teaching PSHE both in secondary schools and with post-16 students. I thought that the post was strategic and it needed someone with an education and health background. Admittedly at that time my health education knowledge was limited but since then I have worked on this area of professional development. I took up the post in December 1999 working two separate posts and contracts and I do find the posts compliment each other.

How did you go about improving your knowledge of Health Education?

I have attended conferences on health education - not specifically so I can train teachers - but so I am aware of any new initiatives and making sure I am up to date with QCA requirement for schools and what statutory policies schools need to have in place. My role is very much a strategic one because health education is such a wide topic to cover. To try to become an expert in all areas would be counter productive so its been a question of making sure that schools have access to appropriate external agencies to deliver those areas, which I can't.

How do you enable schools to access these requirements and policies?

Schools already recognise that these areas need to be developed. Raising awareness of, for

example, new PSHE guidelines is important. My feeling is that there are only so many hours in a day that teachers can actually offer to teach or be trained and I think that the one of the most positive aspect of the NHSS is the whole school approach - we have to look at the health of teachers and to make sure that they are being catered for. One of the real focuses in the NHSS is to ensure that it is not overburdening teachers and that it is actually supporting the good practice they are already doing. It is trying to ensure that, where there is a need for extra training, it is developed in a way that benefits the whole school community.

Was there any opposition when you first went into schools?

No - as we are a small authority we started in the schools that already had a local award, and those that were working towards it, and those that had not had any input at all. We also needed a general mix of social and economic backgrounds. We did not include special need schools for a number of reasons, which were made clear at the time. I approached 7 schools; one decided to join the second phase, as it was in their development plan, so 6 came on board - 1 secondary and 5 primary. I can honestly say one of the most enjoyable aspects of the whole time has been the enthusiasm of the school co-ordinators and their expertise and willingness to share. It was the same on the second phase and I feel that the commitment is there now that literacy and numeracy are imbedded in the curriculum. We now are looking at ways to deliver the PSHE curriculum and in some schools it is becoming more of a focus on their school development plans.

The Health Related Behaviour Questionnaire (HRBQ) survey supported the pilot stage of the NHSS - how has the accreditation process been?

The accreditation process took place in

One of the most positive aspect of the NHSS is the whole school approach - we have to look at the health of teachers and to make sure that they are being catered for.

The HRBQ addressed issues that schools are looking into now and the HRBQ service included delivery and training for teachers.

February 2001 and we have just got the initial report. Now we have to produce an action plan and if that is approved we will gain accreditation. So we are still not officially accredited.

But you are going on with the second phase assuming it will be ok?

Yes - we have recruited another 7 schools, without any effort at all. One is a special secondary and two are secondary so that means 3 out of a possible 7 secondary schools will be on-board. 5 primary schools have come on board with mixed social and economic backgrounds - without having to push. We have got a total of 13 schools on-board out of a possible 38 within the Hartlepool district.

You said one of the most enjoyable things was the teachers' enthusiasm, but what about the worst aspects?

I think funding and time. I've tried to access funding for other sources and will continue to try. I have made a little go a long way in the second year but its not going to get better as more and more schools come on-board. One of the key aspects of our action plan will be to secure funding from other agencies and to ensure the sustainability of the Standard in Hartlepool. I think people in health are recognising that this is an opportunity for health education with a captive audience of young people and that if we get the messages right in schools the long-term benefits are immense.

The captive audience being the young people?

Yes - with more primary schools than secondary and it is becoming more and more obvious that we have to start at an early age. This is due to children maturing earlier and greater media pressure. You go into primary schools and see Key Stage 2 children maturing earlier. The focus of all PSH education is on raising self-esteem whether it is sex and relationships education, drug education, or emotional health and well being. The other aspect is time, schools are under pressure with other initiatives, and there are no two ways about that. I think most schools now realise the positive effect that a happy, healthy child will have on the overall raising of standards.

Why did Hartlepool choose to use the HRBQ instead of other ways of getting data?

There is a quite a lot of baseline assessment available. The HRBQ had been used by the Tees Health Authority and so I took a copy of the questionnaire to members of the steering group who were very positive. I did feel we needed a starting point particularly for the pilot schools. The HRBQ addressed issues relevant to the NHSS and the HRBQ service included delivery and training for teachers. Schools have used the

results to set themselves targets within the standard.

What other sources of information have you found helpful?

The 'Whole school - healthy school' book (produced by the Health Education Authority) is a very useful tool. There are a lot more materials being produced by the HEA and NHSS - initially to begin with there weren't that many. The HRBQ was ahead of the game very early on because it related to the themes within the NHSS and I think now a lot of documentation that is coming out is referring to the themes of the NHSS. Initially there wasn't that much around - but the 'Whole school - healthy school' was very good for us particularly on some of the auditing material for schools.

What other documentation or support resources would you want?

I've identified a few inter-active CD's because of ICT and the National Learning Grid coming on-board, which I've sent out to schools for them to look at and assess. One of the areas for development in Hartlepool's Healthy Standard would be looking at IT within PSHE and giving schools the opportunity to access web sites and CD's that are appropriate for whatever they want to do. I have seen the latest 'Healthy School Series' books from KCP Publications and I do think they will be very popular, because schools really lack this kind of resource. The worksheets help schools to carry out some of their own surveys on healthy eating and produce their own pie charts and histograms. The school's figures can be compared with figures from the Schools Health Education Unit's databanks i.e. how smoking links to other diseases and how 5 pieces of fruit and veg can lead to long healthy life. This helps to relate local figures back to classroom discussion. Resources, like the worksheets, become a very useful way of encouraging the children to participate.

What are the aims of the NHSS within Hartlepool?

If we want to quantify it, we've looked at 50% of schools being signed up by 2002. My ambition would be to see all schools working towards NHSS, and my role to support them in the maintenance of it. The concept of the Standard is that it is never quite achieved, but that it is an on-going process, this in itself makes schools keen to come on-board as they don't feel the time strain.

Did you say it's not an achievable standard?

It's not an achievable standard, its an on-going because things will change as time goes on. There will be a time when the school says we have done as much as we can but it does not

suddenly become a Healthy School. When I say its not achievable that sounds very tough but schools will be able to achieve recognition of their successes through the Hartlepool Healthy School Award.

Were the schools surprised at any of the survey results?

I think some of the schools were surprised. For example, one where pupils put teachers at the bottom of the list of people they could approach as a source of support. This made them consider their delivery of some of the aspects of PSHE. Some of the issues on drug education particularly alcohol and smoking made teachers realise the need for the topic to be introduced earlier. We have a positive drug education team and they have been working for 3 years and put together a drug education programme at Key Stage 1 called PRIDE - 'Parents Rule in Drug Education'. It's focusses on alcohol, tobacco and self-esteem and the ability to make the informed choices. PRIDE wasn't set up because of the questionnaire but schools have accessed it as a direct result of the questionnaires. One school said they had really focussed on healthy eating and they still were amazed at the amount of junk food that was eaten. I also think that it has focussed schools on their targets.

Would you repeat the questionnaire again?

Yes I would like to do it again to act as a baseline to measure progress against. I would like to track a group of children as one of the primary pilot school is a feeder into a secondary pilot school. To repeat it with the same children would then give us an idea of how far we have come. But I also think the possibility of repeating it in the same schools and comparing in three years time would give us the opportunity to evaluate what has happened.

What about the health of the whole school including adults as well?.

We provided a stress and time management training programme in addition to the already established one for NQT's. The new programme involved a health promotion specialist who tends to work with business in the workplace and is very experienced. One school have accessed it and we have now put on a couple of half day sessions in the continuing professional development program for next year. As yet it hasn't been a particular target for the schools although it was a particular focus for the audit. One main issue that has arisen is that of time management and trying to make schools recognise this is not an admission of weakness. This is actually an admission of "we know we've got a lot to do, what we need to know is how can we organise our time to ensure

we do it effectively". I also think it comes down to the raising of self esteem and the ability to say 'no' sometimes.

If you had to start all over again with the knowledge that you have now what would you do differently?

I would have looked for partnership funding right at the beginning. In the first financial year we were quite well off then obviously in the second year we had the same level of funding for the whole year. I would have pushed for a little bit more of a contribution from the schools. I don't want to be negative about the financial aspects of it because it has been looked at and the DoH and DfEE have made funding available so we have to be positive about it. The other thing I would have looked at was a programme manual that is consistent across the nation. When I mentioned this at national training that they did it for numeracy and literacy the response was that schools didn't like it, so they weren't going to do it for this. I actually thought because they did it for literacy and numeracy, schools expected it for this. So we had to produce our own programme manual which is proving quite a challenge.

Have you been able to bring in other agencies in the local community to support you?

Yes, the healthy school standard is written into the work programme of the school nurses and health promotion specialist in the Tees Health area. Many different agencies are represented on the steering group.

Have schools made use of them?

Yes - what we tried to do with school nurses is to make their role more formal and for them to be part of the planning process for the curriculum, and schools are very aware of this. School nurses have got a lot to offer apart from their clinical duties. I'm trying to put together some training for school nurses on curriculum issues from the education department.

What kind of work have they been involved in so far with schools?

Their major involvement has been with the setting up of the task groups which are part of the NHSS. The schools are requested to establish a task group to demonstrate the whole school and community approach. A lot of school nurses are invited to work on the delivery particularly on sexual relationships education so they are now involved with schools accessing training for staff. Health promotion specialists have been delivering training to teachers and providing advice on policy writing. To sum up I've been so impressed with the positive attitudes from schools working towards NHSS and how they see the role of PSHE. It is so important to educate the whole person and encourage young people to be worthwhile citizens.

I would like to track a group of children, as one of the primary pilot schools is a feeder into a secondary school. To repeat the HRBQ with the same children would then give us an idea of how far we have come.

School-based programmes to stop smoking...do they work?

A recent study, published in 'Health Education Research'* has looked at the factors associated with how young people stop smoking. The authors were surprised that their school-based smoking prevention programmes were not effective in helping teenage smokers to stop smoking by the time they were 28 years old. Although many studies have shown links between education and giving up smoking, this research found that the social environment was an important factor in stopping smoking.

Most smokers begin smoking in adolescence and the research was particularly concerned about the effects of smoking on heart disease. Part of the study was based on teaching skills to resist the factors that promote smoking. The research began in 1978 and was carried out in four schools in Finland involving 903 pupils who were 13 years of age.

A follow-up study tested the effectiveness of a smoking prevention programme based in schools. This involved five follow-up surveys which were carried out between 1980 and 1993 when the subjects were 28 years old.

The results show that a quarter of daily smokers and about half of occasional smokers at age 15 years had quit by the age of 28. Females were more likely to stop smoking. One-third of all teenage smokers stopped smoking before the age of 28.

Findings also showed that stopping smoking was associated with: being married; employed; and working in a white-collar occupation. Those who had friends and family members who smoked were less likely to stop smoking.

There was also shown to be a link between other health risky behaviours (like the consumption of fatty milk, having less leisure-time physical activity and consuming more alcohol) and lower rates for stopping smoking. The authors expressed their worries about the increasing smoking rates among girls and women. They recommended the development and evaluation of gender-specific approaches in smoking cessation programmes.

Little or no effect

There is further support for the findings that school-based smoking intervention programmes have little or no effect on stopping young people from smoking**. Speaking from personal experience the author presents some possible reasons why programmes fail.

- * Smokers and potential smokers are more likely to be absent from school
- * Smokers do not hold school values
- * Young people learn little from these programmes except the more academic who are less likely to smoke
- * The classroom cannot meet the needs of specific target groups
- * Major life decisions, like stopping smoking, cannot be made by school students
- * Social influences are very strong including parental smoking
- * Smoking can be made to appear more attractive with attached risk warnings
- * A lot of time needs to be given to smoking prevention programmes
- * Programmes are modified because teachers are not familiar with the underlying theories and methods involved in behaviour-oriented education

There appears to be little hope for school-based intervention programmes except for a moderate, short-term delay in preventing the young person from taking up smoking in the future. The author observes that school-based and out-of-school programmes are of dubious value. Smoking intervention programmes should only involve targeted small groups with identified needs. These are still of limited value unless the programme forms a small part of a national programme, which includes adults, as described by the UK Governments White Paper 'Smoking Kills'.

*Paavola, M., Vartiainen, E. and Puska, P. (2001). Smoking cessation between teenage years and adulthood. *Health Education Research.*, 16, 49-57.

**Charlton, A. (2000). Why are school-based, youth-centred smoking interventions not as effective as we hoped? Some ideas for research. *International Journal of Health Promotion and Education.* 38(4), 124-127.

Schools wanting to carry out a curriculum audit and involve student feedback in the planning of a new curriculum for PSHE and Citizenship would find completion of the HRBQ beneficial. This may be as part of developing a Healthy School Action Plan or just as good practice.

Karen Tann is a Senior Teacher at the James Hornsby High School which is a mixed 11-16 Comprehensive school in Basildon, Essex. It was formed by the amalgamation of two secondary schools in September 1998.

Karen Tann

Using the HRBQ in school improvement plans

A self-evaluating school will gain an important insight into the attitudes and knowledge of students related to health issues.

Since the publication of 'The National Curriculum Handbook for Secondary Teachers in England' (1999), I have been leading a team of staff at my school in reviewing our current PSHE curriculum and ensuring appropriate coverage of Curriculum 2000. This work has also involved the implementation of a curriculum for Citizenship, which becomes a new National Curriculum subject in August 2002.

In common with all schools, we are also expected to adopt the National Healthy School Standard. This work complements and reinforces the Healthy School vision, since implicit in the Healthy Schools Standard is an expectation that students are given opportunities to acquire knowledge, skills and understanding related to the PSHE and Citizenship Curriculum as part of a planned whole-school approach.

PSHE guidance

If one refers to the initial guidance for schools on PSHE, one is able to identify the knowledge, skills and understanding which are to be taught:

- ✓ Developing confidence and responsibility and making the most of their abilities
- ✓ Developing a healthy, safer life style
- ✓ Developing good relationships and respecting the differences between people.

Also in the initial Guidance for Citizenship, one is directed to three interrelated strands in Citizenship Education. The first of these strands is social and moral responsibility, which includes developing self-confidence and

socially and morally responsible behaviour.

'Hoops for Health'

The school was delighted to accept an invitation to take part in a local project called 'Hoops for Health' in January 2000. This is run jointly by London Leopards Basketball Team, the local Health Authority and Basildon District Council. Its aim is to encourage young people to follow a healthier lifestyle and to offer support to improve fitness to targeted students.

This project fitted admirably with our work on PSHE, Citizenship and the National Healthy Schools Standard. We worked with Year 7 students in several ways:-

- ✓ Launch assembly by members of the London Leopards who promoted the theme of needing to be fit for achieving personal ambitions
- ✓ All Year 7 took the bleep test and students who needed to increase their fitness levels were encouraged with extra support from Basildon Leisure Services
- ✓ The Health Related Behaviour Questionnaire was given to a sample of Year 7 students. This was sponsored by the local Health Authority

HRBQ

The Health Related Behaviour Questionnaire (HRBQ) has proved invaluable for staff working at the James Hornsby High School for curriculum development and addressing whole school issues. In line with guidance given in the frameworks for PSHE and Citizenship staff have been able to collect information on the students' knowledge of, and attitude towards, a range of health related issues. This

Implicit in the Healthy Schools Standard is an expectation that students are given opportunities to acquire knowledge skills and understanding related to the PSHE and Citizenship Curriculum and as part of a planned whole-school approach.

has enabled us to look at our current PSHE curriculum and identify areas where students seem poorly informed or need greater support. Some specific examples are given below.

The information has also allowed us to identify current strengths and targets for attention within the key objectives of our Healthy Schools action plans.

Data & developments

Only a few applications have been provided. Obvious areas not covered here include Sex and Relationships Education and Health Related Fitness. We also used data to look at literacy at home (which newspapers are taken), and issues around self-esteem which obviously impact upon individual students' learning and progress.

Drug Education

At the James Hornsby High School we have a planned Drug Education Curriculum, taught through both Key Stages by form tutors. This programme includes smoking, alcohol, illegal drugs and addictive behaviours. There was a wealth of information supplied by the HRBQ on drug-related issues.

Alcohol / Smoking

It would appear (tables 1a & 1b) that alcohol and smoking education is being targeted at the correct age range and is taught effectively in our current scheme.

It would appear that alcohol and smoking education is being targeted at the correct age range and is taught effectively in our current scheme.

Table 1a Percentage of Year 7 students in each group responding to: Total number of units of alcohol

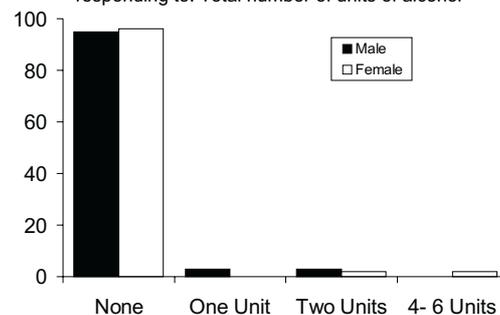
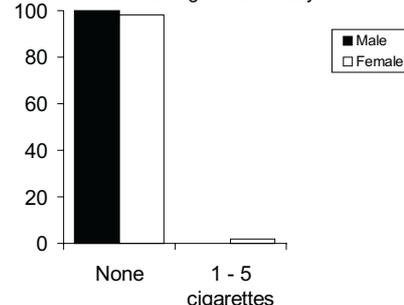


Table 1b Percentage of Year 7 students in each group responding to: How many cigarettes have you smoked during the last 7 days



The figures show that over 95% of students had not drunk alcohol in the past week and close to 100% of students had not smoked in the past 7 days. We therefore did not feel a need to adjust this teaching package greatly. However, illegal drugs were not well known about (tables 2a - below & 2b - overpage).

This has led us to consider the need to teach about illegal drugs at an earlier point in the student's school career. Especially since 12% of the boys and 8% of the girls (table 3a - over page) said that they had already been offered cannabis, and 14% of boys and 8% of the girls (table 3b - overpage) had been offered other illegal drugs.

Table 2a Percentage of Year 7 Males responding to: What do you know about these drugs?

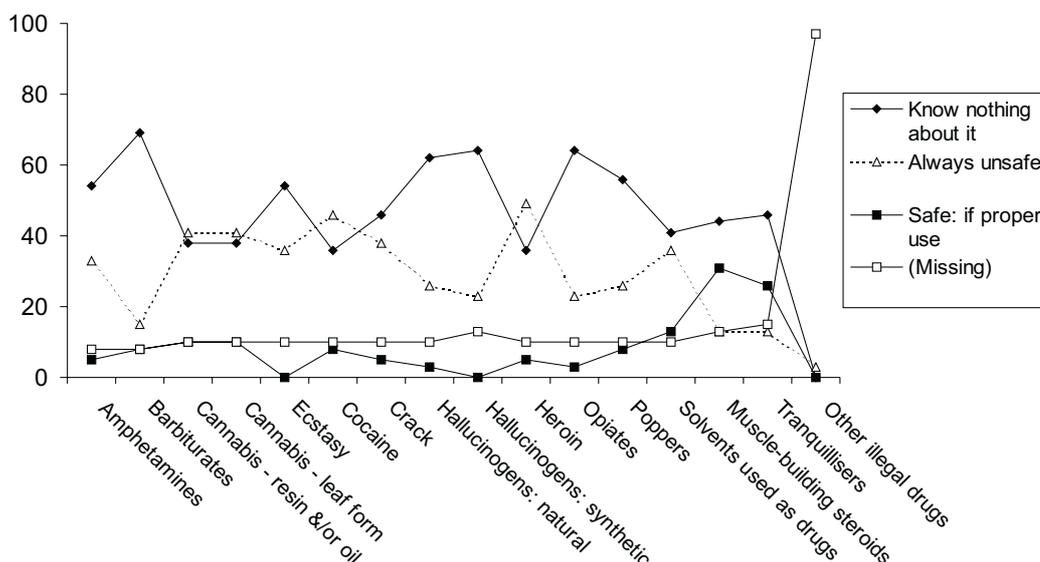


Table 2b Percentage of Year 7 Females responding to: What do you know about these drugs?

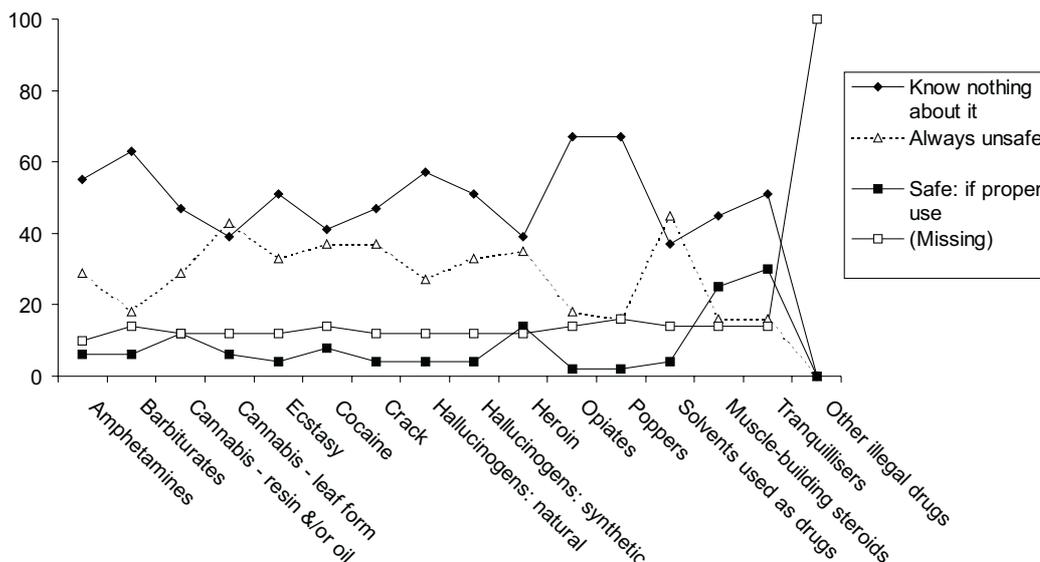


Table 3a Percentage of Year 7 students in each group responding to: Have you ever been offered cannabis?

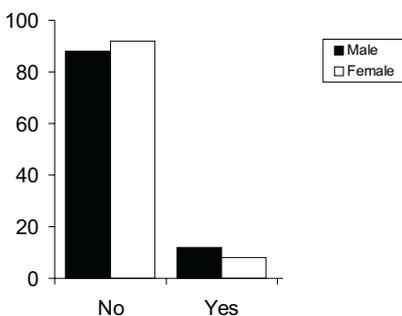
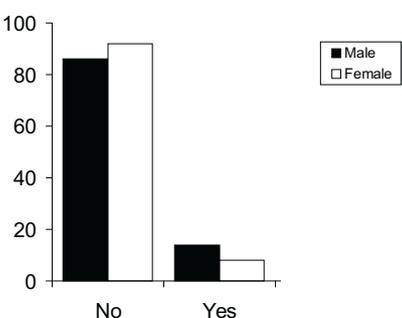


Table 3b Percentage of Year 7 students in each group responding to: Have you ever been offered other drugs?



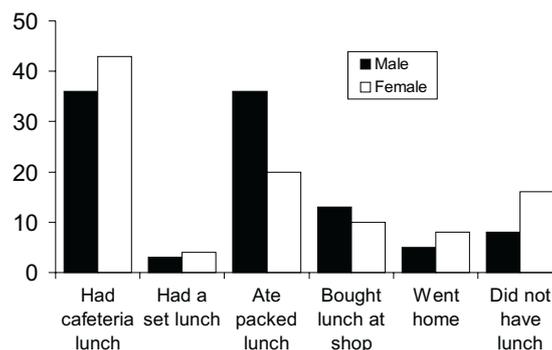
In January 2001 we held a special drug education initiative which lasted approximately 2 weeks including a poster campaign, a competition and culminating in an event staged by Essex Police and Essex FM radio: the "2 smart 4 drugs" roadshow. This informed students in a relevant but entertaining way. We would hope to be successful in holding such an event again in future years and so plugging the gap in student knowledge in Year 7.

Healthy eating

A key part of the National Healthy Schools standard is promoting sensible, healthy eating and ensuring that food provided in schools is both appetising and forms part of a planned

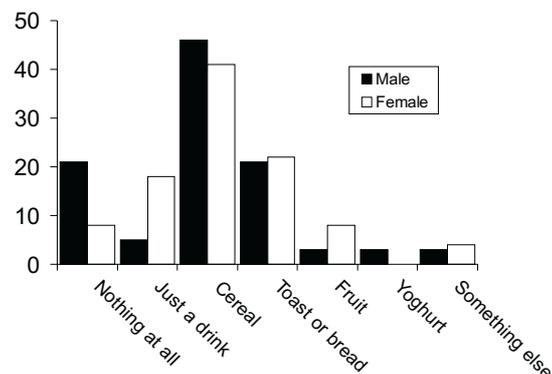
well balanced menu. Of concern to us (table 4) was the number of students who said they did not have lunch (8% of males & 16% of females).

Table 4 Percentage of Year 7 students in each group responding to: What did you do for lunch yesterday?



Even more worrying was that over 25% of the sample (table 5) had nothing to eat or just a drink at breakfast time. This is especially worrying if the same students belong to both categories.

Table 5 Percentage of Year 7 students in each group responding to: What did you have for breakfast this morning?



This may reflect either a desire amongst young people to attain an exceptionally low weight for their height, due to peer pressure

and media publications. It may be due to poverty and inability to pay for food or it may reflect a different set of priorities where money is spent on something else (e.g. trading cards). The figures from the survey show that in fact 33% of boys and 48% of girls want to lose weight. We do have a high proportion of students receiving free school meals (28%) so we would hope that these students do at least eat lunch. However, the balance of type of food that is consumed is also a concern. Not unexpectedly, students favour sugar and fat rich items compared to fruit and vegetables. The information provided has lead us to include some important points for action in our aim to create a healthier school. The PSHE curriculum is to be reviewed, concentrating on education about healthy eating, self esteem and self image.

The Food Technology curriculum will also be examined in the light of these findings. We have now reintroduced our breakfast service in the canteen and we will be working with the catering staff to review the range of food offered to students. The possibility of a system to encourage better food choices by students will be considered (e.g. points for healthy foods which can add up towards a reward).

Relationships and Bullying Behaviour

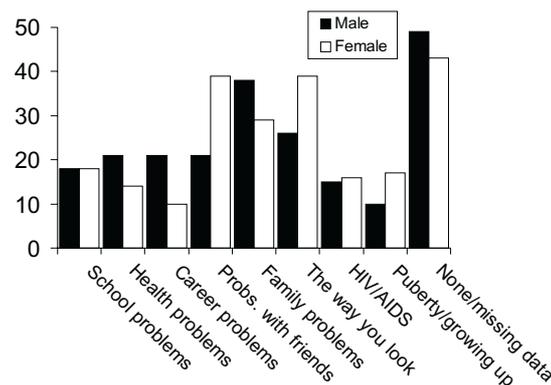
Schools should have in place an anti-bullying policy and be following procedures to combat bullying behaviour in school. We already had such a policy and have been working at developing further supportive systems around this issue.

There was a need to add more strategies to our current policy and practice. We then carried out a questionnaire involving both students, parents and our home-school link team. Training sessions using 'Kidscape' were run. We have a team of staff who are able to work with both recipients and perpetrators of bullying behaviour and a Mediator has been appointed to work with targeted students. Recognising student reluctance to approach adults to discuss concerns we have also set up a peer mediator scheme, staffed by trained volunteers. We also have a box where students can drop a note if they are unable to approach a teacher face to face. We hope that in our follow up survey next year will reflect a positive picture of a successful support system for students and a reduction in the small number of students who are worried about bullying very often.

Worries

The HRBQ yielded some useful information about 'worrying' (table 6).

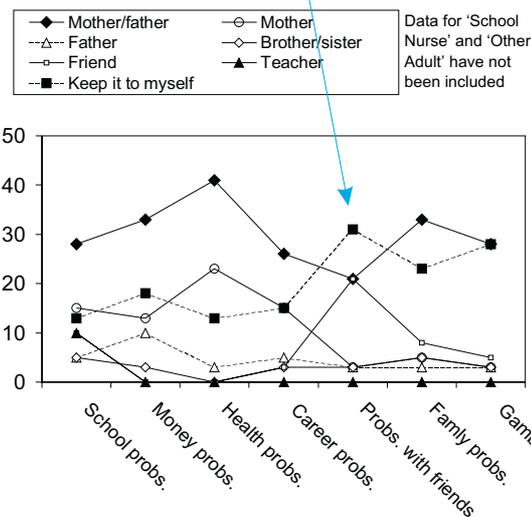
Table 6 Year 7 students responding to: How much do you worry about these problems? (Quite a lot or A lot)



A significant number of girls and boys worry about problems with friends and a significant number of girls (39%) worry about the way they look.

The most likely person for our students to confide in would be one or other parent. A worrying number of male students (table 7) would keep things to themselves, if they had problems with friends (31%).

Table 7 Percentage of Year 7 Males responding to: If you wanted to share any of the problems listed below, to whom would you turn?



The James Hornsby High School is in a unique position, since at the time of HRBQ we had only been operating for four terms and therefore, much of the information gathered was therefore new to us.

However, I suggest that any other school wanting to carry out a curriculum audit and involve student feedback in the planning of a new curriculum for PSHE and Citizenship would find completion of the HRBQ beneficial. This may be as part of developing a Healthy School Action Plan or just as good practice.

A self-evaluating school will thus gain an important insight into the attitudes and knowledge of students related to health issues and be able to act upon it.

The results from the pilot project suggest that this scheme can have an effect on young people's participation in physical activity and that there is a link between physical activity and academic achievement.

Angela Balding is a project co-ordinator at the Schools Health Education Unit and leads the Unit's work with the Fit to Succeed project.

Angela Balding

Pupils get 'Fit to Succeed'

A pilot project in the Westcountry found that not only could regular exercise be promoted - but also found links with academic performance.

The project was in response to teachers' struggles to motivate 'lethargic' pupils to reach their academic potential, and growing evidence of children's 'couch potato' lifestyles.

The unique 'Fit to Succeed' project brings together schools, Exeter Academic Council, Devon Curriculum Services, Exeter City Council, DC Leisure Management and the Schools Health Education Unit (SHEU).

It came about in response to teachers' struggles to motivate 'lethargic' pupils to reach their academic potential, and growing evidence of children's 'couch potato' lifestyles.

There are strong indications, from research carried out at seven Exeter middle schools, of a link between physical exercise and pupil's school performance.

Concerns

'Fit to Succeed' emerged from a number of key concerns identified locally and nationally:

- ✓ Headteachers reported lethargy in the classroom and increasing difficulties in motivating children to reach their academic potential
- ✓ Many children in Exeter and elsewhere are not sufficiently active to maintain good health. Lack of activity has been particularly identified in girls
- ✓ Even more concerning, the levels of recorded obesity are high and increasing
- ✓ At the Sports Centres Consultative Group, which had Exeter Youth Forum representatives on its committee, a number of problems regarding access to activities were highlighted.

At the initiative of the SHEU, a group was convened of organisations that may have been able to help children in the Exeter area.

A partnership emerged which enabled these key concerns to be addressed in an innovative fashion. This collaborative approach has been crucial in finding practical ways to help

towards solving these problems and at the same time helping to raise standards in school.

Key elements

- ✓ Teachers have the motivation to get children into clubs and activities and schools are keen to investigate a possible link between active bodies and active minds
- ✓ Children have the interest in a variety of activities
- ✓ DC Leisure have the facilities and are keen to involve more children
- ✓ Devon and Exeter Councils have the contacts with schools to bring partners together
- ✓ The Schools Health Education Unit has the research expertise to monitor the effectiveness of the project

Pilot project

The pilot project in 7 schools started with a survey of 1400 pupils in Years 5 to 7 (age 8 to 12). The questionnaire was then re-administered 6 and 12 months later to act as a monitoring tool. Three surveys were carried out involving 5000 'Fit to Succeed' questionnaires. Several important features of the relationship between young people's exercise levels and other aspects of their lifestyle have been identified.

Teachers' observation confirmed the association between children who lead active lives, their greater interest in school work and their higher levels of success. A major project aim therefore was to increase the overall levels of exercise reported by the youngsters involved in the project.

Activity levels

- ✓ Comparisons for the Exeter Year 6 with SHEU wider

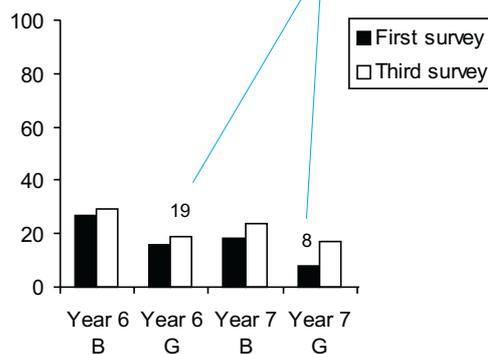
databanks (37,500 pupils in 1999) showed encouraging levels of exercise in the sample. By the time the initial Year 6 had been involved in the project for 12 months, boys reported 53% (43%) levels and the girls 39% (33%) for participation in hard exercise at least three times last week

- ✓ The exciting data here however are the increase in activity observed for the girls. SHEU data consistently show that as girls get older, their participation in active sports declines, and the decline continues through to Year 10 and beyond.

Perceived fitness

There was a significant increase in the Exeter Year 7 girls' data over the course of the pilot year (table 1). The Year 6 girls data are also exciting. Their third survey figure of 19% was collected when they had moved in to Year 7. If this figure is compared to the 8% for the original set of Year 7 girls perhaps the project is making a difference to the attitude of the older girls towards exercise.

Table 1: % who think they are very fit



The more that Mum or Dad enjoyed being physically active, the more likely was their child to be involved in active sports.

Activity and performance

Pupils who reported exercising hard three times a week or more were thought to be more likely to achieve higher SATs scores. Tables 2A and 2B are derived from the initial data collected for Year 7 pupils linked to their SATs scores for Maths and English.

Table 2A: MATHS

Percentage who report taking part in hard exercise last week three times or more

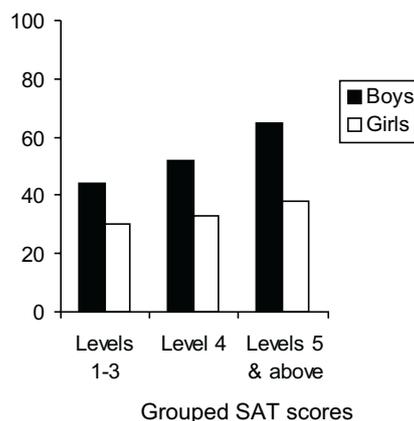
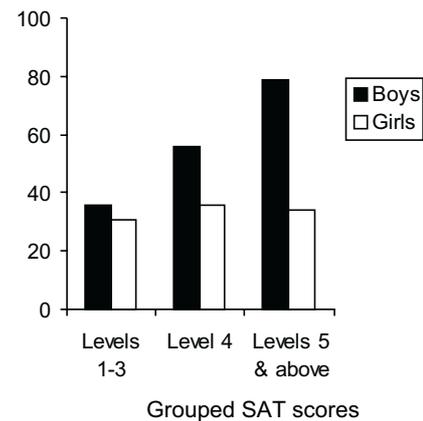


Table 2B: ENGLISH

Percentage who report taking part in hard exercise last week three times or more



These results confirmed the link between high level activity and high academic performance.

Sports Development

Following completion and analysis of the survey questionnaires, the project was able to inform local decision-making on youth sports development priorities and programmes. This was a unique opportunity for the community to discover which activities their young people wanted to do more of. It enabled the project to identify appropriate participation opportunities and to provide a mechanism for bringing more young people into suitable local clubs and facilities.

The survey results clearly highlighted the changes that are taking place in the perception of sports and physical activity amongst young people. The local City Council and other local sports providers need to react to these changes by establishing development programmes which will enable children to develop and fulfil their sporting interests throughout their school life and into their adult years.

To give an example of the changing nature of sports perceptions amongst young people, the data below came from the responses to a survey question relating to PE activity at school. The question was:

“What do you enjoy most about PE ?”

The top three activities shown by the boys responses could have been predicted by most people - but consider the result shown by the girls' responses and it is clear that some changes have most definitely taken place in girls sporting interests.

Top three PE sporting activities:

Boys	%	Girls	%
1. Football	38	1. Gymnastics	18
2. Rugby	8	2. Basketball	15
3. Basketball	7	3. Football	11
3. Hockey	7		

We also asked if there were anything that they would like to do more of, if they had the opportunity. (Note: numbers shown are a count of responses not a percentage)

Top twelve* activities

Boys		Girls	
1. Football	75	1. Swimming	82
2. Martial Arts	62	2. Gymnastics	78
3. Hockey	52	3. Dancing	51
4. Rugby	46	4. Basketball	49
5. Swimming	37	5. Martial Arts	45
6. Cricket	36	6. Tennis	39
7. Basketball	35	7. Football	30
8. Baseball/Rounders	31	8. Netball	29
9. Tennis	29	9. Rollerblading/Skateboarding	23
10. Cycling	23	10. Cycling	22
11. Rollerblading/Skateboarding	12	11. Hockey	21
11. Gymnastics	12	12. Baseball/Rounders	15

* The only activity omitted from these lists is Horseriding – which would have been 1st in the girls list with 101 responses and 11th in the boys list with 14 responses. However, it was not felt to be an appropriate physical activity and was therefore excluded from this analysis.

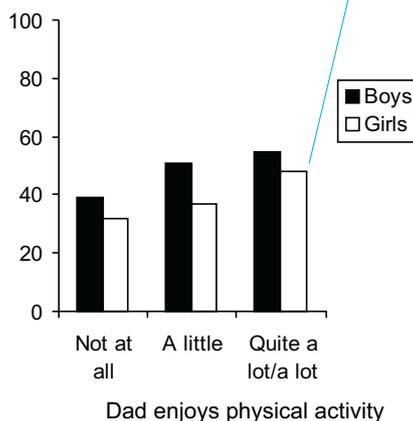
It is clear from these results that young people are now being attracted to new activities such as martial arts and sports more traditionally associated with boys are also appealing to girls (e.g.: Football & Basketball). A particularly encouraging result was a noticeable increase in interest between the two surveys in Baseball/Rounders. This followed a programme of Baseball development which took place in four of the pilot schools with assistance from the local Baseball club.

Influence of parents

Table 3 shows there to be a statistically significant link between how much Dad enjoyed physical activity and the participation levels of his daughter. Only 32% of girls, whose dad did not enjoy physical activity at all, exercised 3 times or more 'last week'. For those dads who enjoyed it 'a lot' this figure rose to 48%.

Table 3: Dad enjoying physical activity/pupils exercise level

Percentage who report taking part in hard exercise last week three times or more

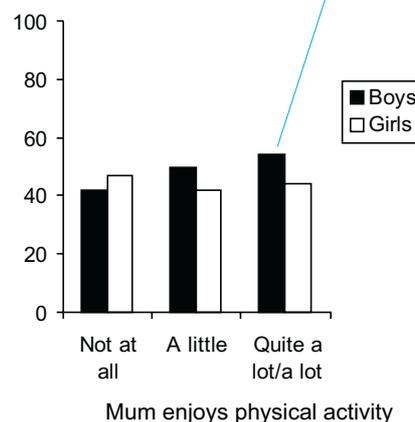


The more that Mum or Dad enjoyed being physically active, the more likely was their child to be involved in active sports.

Table 4 shows there to be a statistically significant link between how much Mum enjoyed physical activity and the participation levels of her son. Only 42% of boys, whose mum did not enjoy physical activity at all, exercised 3 times or more last week. For those mums who enjoyed it 'a lot' this figure rose to 54%.

Table 4: Mum enjoying physical activity/pupils exercise level

Percentage who report taking part in hard exercise last week three times or more



Effects

The project provided information packs for pupils, and an Activity Card Scheme, which offered free opportunities for sports activities. Other initiatives have been pursued including group aerobics at the start of the school day. One school is now encouraging pupils to exercise for 5 minutes between classes, while another is making sure children have bottles of water to drink during the day.

Thanks to a £33,000 Barnardo's/Glaxo Wellcome 'Right Fit Award', the project is now being extended to all Exeter middle and high schools focusing on pupils aged 7 to 16. 'Right Fit' is a joint partnership between children's charity Barnardo's and healthcare company Glaxo Wellcome which aims to improve health among young people.

Included below are a few comments, from pupils about their experience of the pilot project: (spelling and grammar true to the original)

"I thought that fit to succeed was a good idea because it gave me the chance to get out of the house and have fun. The best bit was that it was free."

How it could be improved...

"Next time it would be a good idea if you made a few more activities such as ice-skating and stuff like that because its expensive and not many people can afford it."

"I think it was a good idea because people who don't live with both parents or parants who have no job can try sports like swimming or football for free and then they might continue to do that sport."

To view the 'Fit to Succeed' report and associated press releases...visit www.ex/ac/uk/sheu

The Good, the Bad and the Irritating:

A practical approach for parents of children who are attention seeking.

Mellor, N. (2000). Lucky Duck Publishing Ltd.: England. 88 pages. ISBN 1 873942 43 5 £9

This is a slim and attractively presented book, with cartoons enhancing the content. The eleven chapters begin with an explanation to misbehaviour and move then into the main method of dealing with children who are attention seeking, namely: ignoring, punishment and rewarding good behaviour. The author states:

The aim of the book is not to heap guilt on parents for turning out children who are less than perfect. Perfection is not the goal. The aim is to help tackle a very common, but nevertheless extremely difficult and often misunderstood problem: attention seeking. (P6)

The method advocated is also recognised by the author as not necessarily being one that is suitable for all children, as is the importance in seeking out advice from the appropriate experts and the ruling out any medical condition behind the attention-seeking behaviour.

The key issue is identified as the child developing such a need for attention that they are 'forced' to make adults take notice of them. It is also recognised that this need has been triggered by past events, such as the birth of a baby, starting school, hospitalisation or marital break-up.

The dual-approach advocated is likened to a pair of scissors – that is both blades are needed to cut successfully. Similarly this method has two parts, both of which must be used together in order to prove effective:

If parents adopt the kind of programme described in this book, the problem eventually goes away.

The reader is reminded of the difficulty of the reality of working with a child with attention seeking behaviour, especially when attempting to ignore a particular behaviour, which may spiral further out of control:

If things get worse, don't lose heart. It means that the programme is working. She's started to notice a change! (p51)

It is also recognised that there are behaviours that cannot be ignored, such as dangerous or destructive behaviours. However, in avoiding punishing the problem, such as by replacing it with threats, it can be seen to be feeding the attention-seeking behaviour. The advice given is to give the punishment early – as soon as s/he starts misbehaving, and that a common worry associated with punishment is misplaced:

Parents often worry that their children will stop loving them if they are firm with. Actually the opposite occurs. (p33)

A large collection of case-studies usefully shows how techniques can be carried out. The book will appeal to a range of parents who are struggling to deal with their attention-seeking child through its up-front and practical approach to this all-encompassing challenge.

SHEU News

David Regis - Research Manager

David has put together the results of our forthcoming 'Young People in 2000' and the results look fascinating. He is currently writing reports for Corby, Guernsey and Liverpool, and liaising about new survey work across the country, including a follow-up survey in Bromley. Having complained in the last issue about the way newspapers treat stories about young people, he has seen a lot of sympathetic coverage of the article published about mental health in 'YoungMinds'. Also he has just re-designed the SHEU website, and hopes all new pages and links work. You will let us know if not, won't you?

Angela Balding & Carrie Shelley - HRBQ surveys planning and co-ordination

It was good to put faces to names at the recent National Health Education Group conference in Grantham - we look forward to supporting Healthy School projects in Croydon, Solihull and Stockton on Tees. Carrie has been working on a new Year 2/3 questionnaire which will be an exciting addition to the Unit's 'toolkit'. It is currently being trialled in Waltham Forest.

Anne Wise & Di Bish - Data processing management

Currently the data-preparation and data-entry team are working on the data from 15 different surveys stretching from Glasgow to Devon. We have welcomed Heather Smallridge to our data-entry team. Heather has previously prepared the data as a member of the coding team, so already knows the questionnaires inside-out, an invaluable ingredient in her 'promotion' to data-entry!

Michelle Dickinson - Unit Secretary

Although I have multifarious duties, 'Education and Health' has recently taken priority ensuring the current database is sufficiently updated. Have you seen our multiple purchase discount? Are you acquiring enough copies for distribution to your schools/colleagues? Look forward to hearing from you.

John Balding - Director

John has been responding to approaches to make data freely available on regional health web sites. The information would support health care planning and the design of health promotion/education programmes. The database available would be compiled from the numerous HRBQ surveys in each region across the past five years.

David McGeorge - Publications

Welcome to the first edition of the journal for 2001 and thank you for your support with producing volume 19. If you look at our website you will see the complete list of all 'E&H' articles covering the past 19 years. This issue provides an insight into how teachers and NHSS co-ordinators are developing their PSHE curriculum and evaluating their work towards the NHSS. I hope you have enjoyed it and look forward to your company in the next issue.