National Healthy School Standard

How our surveys can help you
Schools Health Education Unit (SHEU)

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 since 1976 and has 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.

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

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 Form Councillor

We were fortunate to have the results of three Health Related Behaviour Questionnaire surveys of students in Years 9 and 10, which were done in 1999, 1998 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 to 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.

Parenthetically all this were decisions to:
- Develop our Anti-Bullying Council (ABC) peer support scheme into other year groups.
- Develop our ABC service as 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.

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.
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 SMR 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
- Recognising 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.

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-ordinator’s 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 Health 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, Numeracy and Early Years Co-ordinators which enabled me to work closely with them. I believe that PE and PSHE 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 PE/HE both at first 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 complement each other.

In what way do you think Health Education is necessary?

I have attended conferences on health education, not specifically so I can train teachers but so that I am aware of any new initiatives, with QCA requirements 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 counterproductive so it’s been a question of making sure that schools have access to appropriate external agencies to deliver those areas, which I can’t.

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

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 aspects of the NHSS is the whole school approach - we have to look at the health of teachers and make sure that they are being catered for. One of the real focuses of the NHSS is to ensure it is not overburdening teachers and that it is actually supporting the good practice they are already doing. It is trying to ensure that there is a need for extra training, it is developed in a way that benefits the whole school community.

Where are you going to next or what else do you plan to do?

No - as we are a small authority we started in the schools that already had a local award, 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 needs 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 enabled in the curriculum. We are now looking at different 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