

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

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

The HRBQ concentrates resources where they are needed: a 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

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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

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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 nutritional 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

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.