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# Developing Student Health and Wellbeing Services in Secondary Schools

In 2008, national mapping showed that nearly a third of secondary schools hosted sexual health services (Emmerson, 2008). In Barnsley, we now have all schools demonstrating commitment to providing health and wellbeing services that include sexual health. We achieved this by introducing a toolkit for secondary schools, "How to develop on site Health and Wellbeing Services".\*

#### Local issues

Young people tell us they want well-advertised, easily accessible, friendly help and support. More than 70% of Barnsley secondary school students said there should be more support for young people to talk about their problems and they wanted this help and support at school (BMBC, NHS Barnsley, 2010).

Barnsley has retained funding for the Building Schools for the Future Programme. Each school will become an Advanced Learning Centre (ALC), open longer hours, up to 48 weeks of the year. The new designs include a Wellbeing space to make it easier to provide local services. Secondary Heads wanted advice about how to set up Health and Wellbeing services and who might be involved in operating them.

Local data suggest students need more support about health issues:

- ~ Higher than national average percentage of year 6 children are overweight or obese (BMBC 2011)
- Just over 44% of year 10 students said they spend time at home caring for someone else (BMBC, NHS Barnsley, 2010)

- More young people smoke than national average with trends showing an increase in female smoking (BMBC, NHS Barnsley, 2010)
- ~ The rate of alcohol specific hospital admissions for under 18s is significantly worse than the England average (BMBC, 2011)
- ~ Teenage pregnancy rates are above national average (BMBC, 2011)

While schools focus on attainment, recent policy recognises they have a pivotal role in promoting the health and wellbeing of their students (DfE, 2010). Health and wellbeing centres offer opportunities for earlier intervention; however, there is still a challenge to engage schools that are under pressure to raise standards.

#### The benefits

School-based services can increase student's skills and confidence to access health care which can continue into adulthood. Students who have behavioural, emotional or social problems can easily access support within a familiar environment. The evidence is that children who are emotionally or mentally healthier achieve more at school. (DCSF, 2008).

#### The toolkit

The toolkit is intended for secondary schools and partner agencies. It guides them through a step-by-step approach to planning, implementing and monitoring health and wellbeing services that include sexual health advice and treatment based on 'You're Welcome' quality standards.

Student involvement in service

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development is critical as is the process of engaging governors, staff and parents. The school health service and youth service play a pivotal role in developing and delivering services. Models may vary from school to school depending on local need.

The toolkit contains documents to customise so that schools see the toolkit as an asset rather than a liability.

Development involved learning from other areas, consulting a wide range of stakeholders and piloting the toolkit. As a result the document has been endorsed by secondary heads and the Children's Trust Executive Group.

This endorsement has made a difference to schools and partner agencies who have committed to the initiative even though there are tough economic challenges.

### An example

One secondary school, who piloted the toolkit, opened their health and wellbeing service in January 2011. They already had robust student pastoral support and a developmental Personal, Social, Health and Economic education programme but felt they could do more.

They started by surveying their year 9, 10 and 11 students to ask what services they would like. The responses suggested students would like a service to be available every day of the week.

An additional parent survey resulted in 30 responses. Parents were very positive and supported the school in setting up a health and wellbeing service.

A service proposal was presented to the governors who had some concerns over negative publicity. A multi agency task group developed and implemented the service within an old caretaker's house.

So far attendance has been sporadic, mainly year 9 and 10 students who are looking for advice to help stop smoking.

Key messages from schools are; strong partnerships, use the toolkit, involve parents and students and keep going!

### Sustainability

There is a strong commitment to locality-based, child centered, integrated working. Wellbeing localities are led by multiagency leadership groups which include schools. Front line practitioners are organised into wellbeing teams. This structure is supporting the evolvement of health and wellbeing services in the ALC's by putting schools and their partner agencies firmly in the driving seat.

School-based services are mainstreamed by key agencies, such as the school health service and youth service. Schools have not been asked to fund staff but have been required to find suitable premises and commit to ongoing partnership working through service level agreements.

#### Conclusion

In Barnsley, there is a strong history of partnership working. The Building Schools for the Future Programme has provided additional opportunities for partner agencies to think creatively and design easily accessible, student centred health and wellbeing services. The toolkit was launched in March 2011. Although in its infancy, signs of success look promising so

ALC's to fulfil their potential for innovative health and wellbeing services that are seen as integral to 21st century education.

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