

Healthy Schools, healthy children?

The contribution of education to pupils' health and well-being

OFSTED July 2006

Ofsted Survey of Health in Schools

The Survey was based on the five key objectives from the Department for Education and Skills' [DfES] *Healthy living blueprint for schools* and the criteria in the NHSP. The aim is for all schools to make progress with:

- Promoting a school ethos and environment which encourage a healthy lifestyle
- Using the full capacity and flexibility of the curriculum to achieve a healthy lifestyle
- Ensuring that the food and drink available across the school day reinforce the healthy lifestyle message
- Providing high quality physical education and school sport and promoting physical activity as part of a lifelong healthy lifestyle
- Promoting an understanding of the full range of issues and behaviours which impact upon lifelong health.

Strengths in Schools

- The Survey found many examples of positive work, such as
- guidelines for parents on healthy lunches,
- out of school physical activities organised by parents' associations,
- 'walking buses',
- 'healthy school' groups where staff, students, parents and governors jointly planned events,
- and creative use of the visual and performing arts to communicate health-related messages.

Weakness?

- The survey identified areas of weakness which still need to be tackled, such as
- the lack of consultation with or involvement of parents or pupils in promoting healthier lifestyles;
- the lack of coordination, in some secondary schools, of different strands of the curriculum to maximise healthier living messages;
- the continuing poor quality of school meals where these were not produced on the premises, and
- the lack of importance attached to facilities for physical activity.

Key Findings

- The NHSP had a positive impact in all the schools. Almost all the survey schools were strongly and actively committed to improving pupils' health and well-being.
- In all the schools, personal, social and health education [PSHE] played a positive role in promoting pupils' health and well-being, **but effective assessment of it, linked to clear learning objectives and outcomes, was absent.** Little use had been made of the assessment guidance from the **Qualifications and Curriculum Authority [QCA].**
- In 13 of the 18 survey schools, pupils were taught the skills and understanding to make healthy choices **but a minority of the schools focused too little on the potential impact of drugs, smoking and alcohol on pupils' lives.** Schools that contributed well to pupils' health and well-being used **external agencies** very effectively, especially to teach about drugs, and sex and relationships education.

Key Findings Cont'd

- In all schools, pupils felt bullying was, on the whole, dealt with effectively. Peer mentoring schemes were used well but, across the curriculum, **mental health issues were not tackled sufficiently effectively across the PSHE curriculum.**
- In all the schools, consultation with pupils and parents showed itself to be a key factor in the extent to which schools were able to promote healthier lifestyles successfully. **Consultation was underdeveloped in some schools.**
- Several of the **secondary schools failed to build on what pupils had learnt at primary school**, and did not make sufficient links across the curriculum. As a result, their work on healthy living and pupils' well-being was fragmented and its impact was therefore reduced.

Recommendations

All schools should:

- **Involve pupils and parents** more closely in promoting healthier lifestyles
- **Set clear learning objectives for PSHE and assess the extent to which they have been met using the guidance from the QCA.**
- **Develop strategies to maintain pupils' mental health** through the National Healthy School Standard [NHSS] or the PSHE curriculum.



- Recommendations cont ...
 - Place greater emphasis on teaching about the negative social impact of alcohol, tobacco and drug abuse.

Barriers to Improvement	Impact on pupils
Insufficient consideration given to the emotional demands of the transition between primary and secondary schools.	Failure to settle quickly to new environment, with consequent impact on learning.
Little or no liaison between primary and secondary schools about the PSHE curriculum.	Failure to engage pupils in learning because too much of the material was repeated from earlier work.
Insufficient links across the curriculum in secondary schools.	Fragmented work on healthy living and well-being and reduced impact of teaching.

Barriers to Improvement	Impact on pupils
Insufficient guidance to parents concerning healthy, balanced packed lunches.	Packed lunches provide unsuitable nutrition
Insufficient consultation with parents or with pupils.	Parents not enabled to support and reinforce the school's health messages.



- These are some of the barriers and impacts on pupils.
- What are the solutions?.....
- In small groups discuss either ..
- What you are doing..
- What you might do ...
- Where's Coffee?



- Domestic Violence –
- SRE Guidance –
- Food in Schools – National Fruit Scheme, School Food Trust, Food Partnership scheme, School Meals