



Healthy Schools Plus

SOUTH WEST

DEVON

2011

FINAL REPORT

ON

**DEVON HEALTHY SCHOOLS PLUS
PROGRAMME**

NOVEMBER 2011

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Foreword

Due to the tremendous success of the South West in engaging schools to achieve the original Healthy Schools status, the region was chosen to pilot the ground-breaking new programme 'Healthy Schools Plus'. This is testimony to schools in Devon and across the South West who have fully understood the impact that health has on the behaviour, attainment and attendance of their children and young people.

The South West Healthy Schools Plus initiative was first announced in the Department of Health Publication 'Health Inequalities: Progress and Next Steps' [2008]. The key aim of the programme was to reduce health inequalities by targeting the most disadvantaged children, although all would benefit from the focus on healthier outcomes. Funding from individual NHS Primary Care Trusts was made available to schools identified as having the greatest health need. This funding enabled schools to work in partnership to develop whole school community strategies [involving parents/carers and members of the wider community] to bring about health behaviour change.

The Healthy Schools Plus programme provided schools with a clear framework which enabled them to show how they were contributing towards tackling national and local health priorities of preventing teenage pregnancies, reducing drug and alcohol misuse, maintaining a healthy weight and improving emotional health and wellbeing.

The schools have implemented a variety of evidence-based activities which have led to measurable health improvement.

The recommendations highlight how the good practice that has been established can be shared with individual schools and across school federations and Learning Communities so that quality health related interventions can be implemented, developed and sustained.

I would like to thank all the Devon schools that participated in the Healthy Schools Plus programme, they have encouraged their children and young people to actively embrace healthier behaviour.

Virginia Pearson

Dr Virginia Pearson
JOINT EXECUTIVE DIRECTOR OF PUBLIC HEALTH
NHS DEVON/DEVON COUNTY COUNCIL

Executive Summary

Background

The Healthy Schools Plus programme was initiated by the South West Strategic Health Authority in 2008 and ran for three years through to October 2011. This report focuses on the **187** [50% of Devon schools], located in the most disadvantaged communities that NHS Devon was committed to supporting with up to £2000 funding dependent on the achievement of their action plans.

Aims and Outcomes

The key aim of the programme was to reduce health inequalities. Schools used published health and school based data as well as their knowledge of local health issues affecting their catchment area, to select one of the four health priorities they wanted to focus upon. The most popular choice of health priority was Improving Emotional Health and Wellbeing [**47%** of schools] followed by actions to Maintain a Healthy Weight [**40%**], then reducing Drugs & Alcohol misuse [**7%**] and finally reducing Teenage Pregnancies [**6%**].

Actions

Healthy Schools Plus gave schools the 'freedom' to choose interventions/strategies that would make positive changes to the health behaviours not only to their children and young people but also to the wider school community. Schools chose to implement actions that they had either created or developed themselves to suit the particular needs of their children or they selected published programmes, such as Food for Life, which they personalised to their schools.

Data

The programme provided a formal structure for schools to demonstrate that they had made a *measurable difference* to the health of their children and young people. The original baseline assessment established the 'line in the sand' from which progress towards their agreed targets could be calculated using quantitative data [reduction or increase from the baseline figure]. Qualitative data [quotes from the children, observations of changes in behaviour etc] was used to show a more descriptive picture of what the success actually looked like. Regular monitoring of the progress of interventions ensured that the work remained on track through the achievement of the early success indicators chosen by the schools. The evidence of improvement produced by this process was also used successfully by schools in their discussions with Ofsted.

Quality Assurance

The documentation from the schools underwent a rigorous process of quality assurance both at the beginning and end of the process. A multi-agency Quality Assurance Group [QUAG] was established to assess each school's original action plan and whether they had achieved success in Healthy Schools Plus. It was clear from the documentation that there were a number of the key factors that enabled schools to be successful. These included –

- **evidence of a genuine whole school approach**
- **partnership working, both within the school community and with other local schools, as well as with external agencies**
- **involvement of Pupil Voice**
- **support from Senior Leadership and inclusion of Healthy Schools Plus actions within the school improvement agenda**

Achievements

From the original 187 target schools, 154 submitted their final documentation. Of these, **143** [76%] were successful in being 'recognised' as a Healthy Schools Plus school and **29** schools were judged 'outstanding' for the quality of their work – both the interventions and documentation. A celebration event was held to recognise the achievement of these outstanding schools and to encourage them to share their good practice with others.

Summary

The legacy of Healthy Schools Plus is crucial and a variety of recommendations are made to sustain and develop the success of the programme. A collaborative approach within federations, learning communities and across the county would help to inspire schools to try some of the original and innovative approaches that were adopted. Enlisting the support of the outstanding schools as 'champions' for health and wellbeing and sharing case studies on websites could ensure that the significant achievements of the Healthy Schools Plus programme continue as an important element of the health improvement of Devon's children and young people.

1. Introduction

- 1.1 Healthy Schools Plus was initiated in April 2008 by the South West Strategic Health Authority, and involved individual NHS Primary Care Trusts funding a three year programme which supported 50% of their local schools, situated in the most disadvantaged communities, in promoting positive health behaviours.
- 1.2 Building on the success of the Devon Healthy Schools programme, Healthy Schools Plus continued the good practice that had been established in the school, through the creation of a health promoting ethos which uses:
- a **whole school** approach – children/young people, all staff, governors, parents/carers and wider school community
 - the involvement and consultation with the children/young people – **Pupil Voice**
- 1.3 This new programme brought a much stronger focus on health outcomes as part of an overall approach to reducing health inequalities in Devon.

2. Aims of Healthy Schools Plus

- 2.1 The key objective of Healthy Schools Plus was to bring about positive healthier behaviour in children and young people. This involved schools in:
- **identifying and targeting their efforts** specifically at addressing:
 - a local need [intervention 1]
 - a school need [intervention 2]
 - the needs of a group of children who the school considered to be a priority/most at risk [intervention 3]
 - **demonstrating measurable improvements** in the health and wellbeing of the children/young people by helping them to make positive changes to their health behaviours
 - **seeking to reduce health inequalities** by targeting action to support the health needs of the most vulnerable children/young people in the school i.e. those in 'challenging circumstances'
- 2.2 Schools then chose one of four **health priorities** to be the focus of their interventions. The priorities were:
- **preventing teenage pregnancies – through better relationships and sexual wellbeing**
 - **reducing drugs & alcohol misuse**
 - **maintaining a healthy weight [potentially linking this to increased physical activity and healthy eating]**
 - **improving emotional health and wellbeing**

3. The Healthy Schools Plus Process

School Recruitment and Delivery

- 3.1 The Healthy Schools Plus programme was seen as an ongoing process of health improvement over a three year period. The NHS Devon commitment was to engage the 187 schools [50%] that were located in the most deprived communities. These schools were identified using the 'Income Deprivation Affecting Children Indices' [IDACI] in line with the commissioning approach used by the Devon Children's Trust.
- 3.2 Schools were recruited through an extensive introductory training programme led by the Healthy Schools Co-ordinator from the Devon Learning Development Partnership. Working through Learning Communities, the targeted schools and other partner schools were brought together to facilitate a collaborative approach which enhanced the sharing of good practice and expertise in relation to the health priorities that the schools identified in their area.
- 3.3 In recognition of the partnership working that would be necessary to underpin the interventions in the schools, colleagues from partner agencies such as the Extended Schools Services, Educational Welfare Team, the School Nursing Service etc, also attended these sessions in order to gain an understanding of the process and how they could support the schools in their areas.
- 3.4 The process had a cycle of five steps:
1. **review of school, community and local health data to identify the health priority focus**
 2. **collect baseline data**
 3. **complete action plan**
 4. **monitor progress of the chosen health interventions**
 5. **review success and agree further actions**
- 3.5 Throughout these steps the schools were actively supported by the Healthy Schools Co-ordinator, who, in turn, was part of a South West regional network. Although each local programme personalised its approach to Healthy Schools Plus, the network ensured consistency across the 14 Primary Care Trusts. Details of each of the steps are set out in Appendix 1.

Quality Assurance and 'recognition'

- 3.6 Quality Assurance Groups [QUAGs] were established with membership from the Healthy Schools Co-ordinator, senior Health and Education officers, as well as partners such as the Extended Schools Service. The QUAGs were organised according to geographical areas in order to utilise the members' detailed knowledge and experience of schools and health issues in the different parts of Devon. The remit of the QUAG was to quality assure the schools' original action plans and then their subsequent final reports feeding back on the progress and impact that had been made in relation to the

chosen outcome. The members of the QUAG agreed to use the Ofsted judgements of 'inadequate', 'satisfactory', 'good' and 'outstanding' to grade both the original action plan and the final feedback report.

- 3.7 Schools achieved 'recognition' of their success when they could show that they had made progress towards or had achieved the intended measurable change in the health behaviours of their children and young people. The programme also acknowledged that some health behaviour outcomes may take time to achieve.

NHS Devon Funding

- 3.8 To comply with the Memorandum of Understanding signed with the South West Strategic Health Authority, NHS Devon agreed to provide funding to the 50% of Devon schools [187] located in the most disadvantaged communities. In line with the other Primary Care Trusts, Devon schools received a total of £2000, paid in two equal instalments, dependent on the QUAG 'signing off' the original action plan and approval of the final feedback report. This initial funding was to help schools implement their chosen health interventions, allowing them to be more original and creative in their approach. The second instalment was to enable schools to continue to develop and further embed their good practice.

Co-ordinator Support

- 3.9 Devon's Healthy Schools Plus programme has been led by a full-time Co-ordinator. The Co-ordinator post was originally within the Devon Learning Development Partnership and had responsibility to support **all** schools, NHS funded and non-funded, participating in the programme. The Co-ordinator fulfilled a variety of roles and responsibilities to support such a large number of schools through the process. The support of the Co-ordinator has been an influential factor in 76% of the NHS funded schools being successful in this programme.

4. Healthy Schools Plus Achievements

Health Priorities

- 4.1 The breakdown of health priorities chosen by individual schools is presented in Table One:

Table One: Healthy Schools Plus Health Priorities

Priority	Percentage of Schools
Emotional Health & Wellbeing	47%
Healthy Weight	40%
Reducing Drugs & Alcohol misuse	7%
Reducing Teenage Pregnancies	6%

A more detailed analysis of the range of interventions undertaken for each of the health priorities is described in Appendix 2.

Healthy Schools Plus Success

- 4.2 Following a rigorous quality assurance process of the 154 schools that submitted their final documentation, 143 schools [76%] were successful in being 'recognised' as a Healthy Schools Plus school.
- 4.3 Commitment and enthusiasm for the programme was evident in the final feedback reports of all the successful schools. The energy and professionalism of the Healthy Schools Plus lead teachers to motivate and engage the support of all parties, in order to maintain the momentum of the interventions within their schools, deserves particular praise.
- 4.4 For a variety of reasons, 33 of the original 187 schools were unable to complete the process and so formally withdrew from the programme.

Collaborative Working

- 4.5 Of the 31 Learning Communities in Devon, 30 of them had schools eligible for the NHS funding, reinforcing the countywide approach. Schools were encouraged from the very start of the programme to work collaboratively and where this worked effectively to implement an intervention across the Learning Community or to work on the same health priority, it had a positive impact on the continued engagement of the schools throughout the programme [see Table Two below].

Table Two: Healthy Schools Plus Learning Community Analysis

Learning Communities with 100% participation of eligible NHS funded schools	Number of Schools
BARNSTAPLE	14
BRAUNTON *	1
CLYST VALE *	1
CULM VALLEY	2
EXMOUTH	8
HONITON	3
OKEHAMPTON	8
TEIGNMOUTH	4
TIVERTON	9

* only one school eligible in the Learning Community

Outstanding Achievement

- 4.6 Whilst the effort and achievements of all the schools who have been 'recognised' as Healthy Schools Plus schools is appreciated and acknowledged, it became apparent to the members of the Quality Assurance Groups that a number of schools had gone an 'extra step' and delivered exemplary practice. Twenty nine schools [20% of 'recognised schools'] were consequently judged 'outstanding' in terms of their commitment, hard work, originality and, above all, the impact that they have had on the health behaviours of their children/young people. The full list of 'outstanding' schools is set out in Appendix 3.
- 4.7 In order to celebrate the excellent quality of these Healthy Schools Plus interventions, an event was held at County Hall, Exeter, on 27th September 2011, in the company of elected members and senior officers from health and the local authority, including the Devon County Council Cabinet Lead for Health, the Chief Executive and the Director of Public Health. Twenty two schools were represented, by both adults and children, to receive their 'outstanding achievement' awards.

Photograph 1: Presentation of 'outstanding' achievement certificate
[from left to right: Councillor Andrea Davis, Devon County Council Cabinet Lead for Health; Dr Virginia Pearson, Joint Executive Director of Public Health, NHS Devon/Devon County Council; Annie Cook, Healthy Schools Plus Lead and Debbie Darke, Deputy Head, Ilfracombe C of E Junior School].



4.8 A key part of the event was around sharing the success. A poster was created by each of the schools. Guests were given the opportunity to view the posters displayed, share ideas and find out more about the good practice of other schools. The networking this activity generated was an important part of the process to sustain and develop the Healthy Schools Plus actions across the county.

Photograph 2: Tricia Palk, Head Teacher, Northam St George's C of E [VA] Infant & Nursery School with school poster



- 4.9 The showcase of the celebration was by Chef Iain Thompson and young chefs from Two Moors Primary School. Chef Thompson has developed a successful cookery programme called 'Kids Kitchen' as part of the school's Healthy Schools Plus work to increase the children's intake of fruit and vegetables. The demonstration highlighted how capable young children are to prepare and cook food. A report of Chef Thompson in action can be found in Appendix 4 and further details of the 'Kids Kitchen' can be found in Appendix 5, with sample recipes in Appendix 6 and Appendix 7.

Photograph 3: Young Chefs, Two Moors Primary School



- 4.10 Feedback from the schools showed that the celebration was a success. Quotes from schools can be seen in Appendix 8. The event also received countywide coverage in the local newspapers, based on the press release seen in Appendix 9.

5. Success in Healthy Schools Plus

Factors that made schools successful are:

- 5.1 **Evidence of a genuine whole school approach** – the implementation of actions that fully engaged the children, all staff, parents/carers, governors and members of the local community, e.g. local farmers.

‘...The intervention work to develop a stronger parents’ voice in school and improve parental involvement in school life is having a very positive impact on children’s learning. As a result of the school’s change in attitude we have established an open door policy and parents/carers are always welcome - parents are now coming into school regularly. As a result of the improved communication, parents/carers/the community is better informed and more willing to get involved in school life. Attendance at our termly parents’ evenings is much improved and we now discuss their child’s progress and achievements with them on a regular basis.’
Headteacher, Princetown Primary School

- 5.2 **Partnership working** – joint working with other schools worked well, particularly when one or two schools took the lead to collate data results, encourage and develop the actions and provide support.

'The Healthy Schools Plus initiative improving the emotional health and wellbeing through a joint focus on transition' enabled us to extend the support and provision, previously focused on the more vulnerable students, to all students transferring to Tiverton High School, all students having access to a supportive and flexible programme to meet the needs of groups or individuals.'

Deputy Head, Tiverton High School

- 5.3 **Engagement of external partners** - utilising the knowledge and expertise of external agencies, e.g. Behaviour Support Team to provide training to Meal Time Assistants and children re: positive playtimes.
- 5.4 **Support from the Head Teacher/Senior Leadership Team** – enabled whole school decisions to be taken that supported the success of the interventions, e.g. the employment of key staff [swimming coach], changing school timetable and redecorating rooms to make a more attractive environment, e.g. dining area.
- 5.5 **Pupil Voice** – providing a variety of opportunities for children and young people to be consulted, involved and take ownership of aspects of the interventions, e.g. the collection, analysis and feedback of the baseline and target data used to show behaviour change. The presentation of information to the school governors to request equipment and report progress etc.
- 5.6 **Quality of interventions chosen** – numerous innovative ideas for interventions were chosen to tackle the identified health needs. Schools also included interventions relating to published programmes, such as the Food for Life programme, Thrive, Forest Schools, Bike It etc, to complement the 'in-house' actions.
- 5.7 **Development of the interventions** – demonstration that the original actions chosen were developed and broadened throughout the process, resulting in a wide range of actions to achieve the original targets set.
- 5.8 **Priority given to the interventions** – Healthy Schools Plus actions were included within the schools' self evaluation form/school improvement plan or individual performance management targets. This ensured that progress was regularly reviewed. The evidence-based improvement generated for the interventions was used successfully by schools during their Ofsted inspections.
- 5.9 **Regular engagement with the Healthy Schools Co-ordinator** – the quality of the final feedback documentation was influenced by the level of engagement in the process, i.e. through attendance at the training and termly monitoring meetings and positive response to the Co-ordinator's advice given via email and telephone.

Impact

- 5.10 **Long term impact** has been demonstrated by a significant number of school interventions becoming core practice and embedded within the ethos of the

school. Appendix 10 shows the reflections of one school, highlighting the impact of Healthy Schools Plus.

- 5.11 **Quantitative evidence** – although initially considered a challenge, schools used an impressive variety of data tools to provide the crucial baseline and final data to demonstrate behaviour change. Regular monitoring of progress based on the achievement of identified ‘Early Success Indicators’ [ESI’s] enabled schools to assess how close they were to reaching their targets and, if necessary, implement actions to keep the interventions on track. Measurement of the progress towards the targets was motivational in terms of highlighting whether the interventions had made a difference. This has encouraged staff to set more challenging targets for the future development of the work. The most successful data tools were those that could be easily repeated re: age appropriateness, time taken, consistency of approach [if carried out by a number of staff], analysis and cost.
- 5.12 **Qualitative evidence** – anecdotal and observational evidence to support the data added another dimension to the impact of the interventions, e.g. feedback from the children, parents/carers/other family members, staff etc. Detailed reflections of what the successful interventions ‘looked like’ also provided a clearer picture.

6. Healthy Schools Plus – Recommendations for the Future

The Legacy

- 6.1 The legacy of Healthy Schools Plus is crucial given that there is no longer a Healthy Schools programme for schools to engage with at a national or local level in Devon and that there is no further dedicated Healthy Schools Officer support for schools to access on an individual or collective basis.
- 6.2 Measures need to be taken to encourage schools to be more collaborative within their federations, Learning Communities and across the county regarding the good practice that they have established around their Healthy Schools Plus interventions.
- 6.3 Some original and innovative approaches were used by the schools to bring about health change and there needs to be a variety of opportunities in place to share and inspire other schools to replicate this good practice in their own school.

The Role of the ‘Outstanding’ School

- 6.4 The identification of the ‘outstanding’ schools offers an opportunity to work with them as ‘ambassadors’ for the programme by encouraging others to continue to develop their work around the Health & Wellbeing agenda. Following on from the celebration event, the range of posters, photographs, certificate and other items have been used to promote their successful actions to the school community and wider audience via school websites. Appendix 11 shows an example of one school’s Healthy Schools Plus display. Schools were also asked to network with other schools in their Learning Communities and locality to share their Healthy Schools Plus experiences and good practice. This evidence of good practice can be shared with a wider audience.

Case Studies

Available on Devon Health & Wellbeing website [due to be launched in early 2012]:

- 6.5 Thumbnail summaries of quality, successful Healthy Schools Plus interventions will be posted on the website to inspire schools to personalise these actions to their particular school setting/cohort. The school contact details of the Healthy Schools Plus Lead would be available for others to liaise with direct to find out more about how the intervention was implemented and gain tips that will help to ensure maximum opportunity for success.

Available on the PEDPASS [Physical Education, Daily Physical Activity & School Sport] website within the Devon Learning Development Partnership:

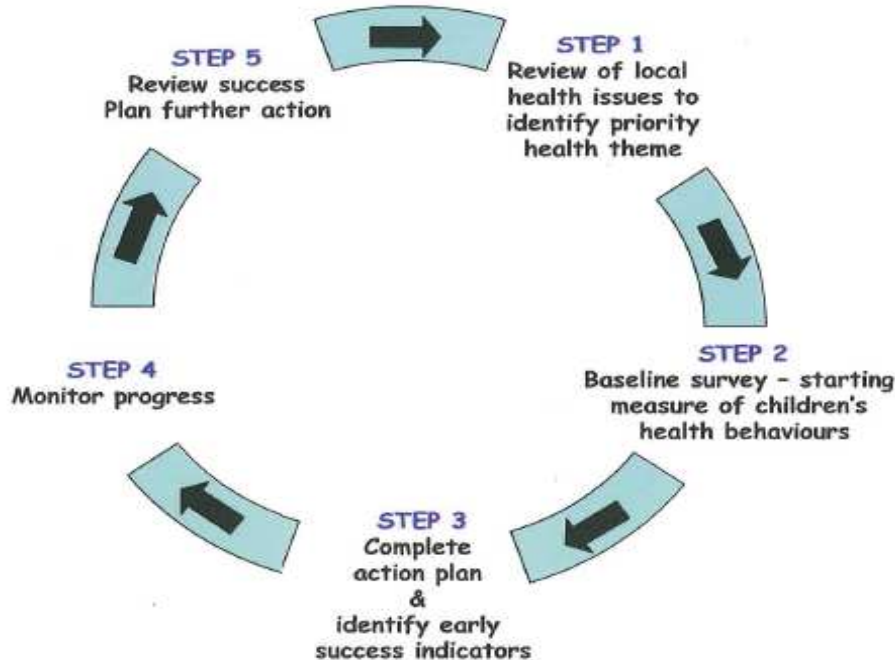
- 6.6 Short summaries of quality, successful Healthy Schools Plus interventions specifically relating to improving physical activity will be made available on the website. The school contact details will be included so that schools can find out further information.

Support for Emotional Health & Wellbeing

- 6.7 Achievement of 'outstanding' in Healthy Schools Plus could be considered a recommended criterion for any future centres of excellence within the Stepping Stones programme. Centres which may be developed to share good practice and support children with emotional and wellbeing needs.

The Healthy Schools Plus Process

HEALTHY SCHOOLS A STEP BY STEP APPROACH



The Healthy Schools Plus process of health improvement is a continuous cycle of five steps:

1. **Review of school, community and local health data to identify the health priority focus** – using different sources of external data e.g. South West Public Health Observatory and internal information e.g. attendance, exclusions etc.
2. **Collect baseline data** – to identify the ‘starting point’ from which all progress would be measured and to set challenging but realistic targets for improvement [Quantitative & Qualitative]. Examples of data collection tools included – attendance records, school meal uptake, number of red cards/white incident slips issued, Pupil Attitudes to School and Self [PASS] data, responses to Draw & Write activities and school based surveys etc.
3. **Complete action plan** – detailing the high quality, well planned, sustainable health interventions to be implemented to maximise the potential to achieve the identified health behaviour changes and **identify Early Success Indicators** – the ‘milestones’ towards achieving the Targets which demonstrated whether the health interventions were on track.
4. **Monitor progress of the chosen health interventions** – to ensure that the Early Success Indicators were being achieved and to make any necessary changes if the interventions are not going according to plan.
5. **Review success and agree further actions** – after a period of time [minimum one year] to review the success towards achieving the targets and plan further action. Move on again to step 1 when targets reached, maintaining commitment to continuous programme of health improvement.

Healthy Schools Plus Priorities

Emotional Health and Wellbeing

The most popular health priority that the schools chose to focus upon was improving the **Emotional Health & Wellbeing** of the children and young people [47%]. Interventions to address this priority included work developed 'in house' around –

- positive play
- an improved transition programme
- increasing opportunities to promote Pupil Voice
- increasing self esteem e.g. through raising aspirations

'external' programmes –

- small groups established to support through Forest Schools programme
- extending the 'Social & Emotional Aspects of Learning' [SEAL] activities to include parents/carers
- work relating to the introduction of a new programme called 'Thrive' which was being piloted in a small number of Learning Communities across the county

Although some schools expressed initial concerns regarding how to accurately measure the changes in a child's emotional health, a variety of data collection techniques were successfully implemented. These included exclusion figures, attendance data, red/yellow behaviour cards issued at lunchtimes etc. The use of the new Pupil Attitudes to School and Self [PASS] electronic self evaluation tool also assisted schools in providing clear data to show the success of the actions chosen.

Healthy Weight

Interventions relating to the maintenance of a **healthy weight** were chosen by 40% of schools. A number of schools chose to focus entirely on actions to increase healthy eating, such as –

- setting up food related clubs e.g. cooking, breakfast etc
- greater access to gardening opportunities
- working towards the criteria of the Food for Life Award
- establishing healthy tuck shops
- improving the dining experience
- healthier lunch boxes

However, the majority of schools chose to address this health priority through healthy eating actions combined with work relating to increasing physical activity. This included –

- the introduction of physical activity clubs both at lunchtime and after school
- training Young Sports Leaders, or equivalent, to lead more structured play activities at break times
- setting up physical activity groups for targeted children/young people reluctant to engage
- establishing or increasing links with community providers of physical activity clubs, not necessarily perceived by the children as 'sport' e.g. surfing, horse riding etc

Reducing Drugs & Alcohol Misuse

Reducing drugs & alcohol misuse was a health priority chosen by 7% of schools. This theme was perceived as being very difficult and challenging but the schools in two Learning Communities [Kingsbridge & South Dartmoor] found strength in working with others in their Learning Community so that individual schools could not be falsely considered as having a drug and alcohol problem. They promoted this theme to the children/young people and parents/carers under the heading 'Keeping Safe'. Actions taken to address this theme that were taken by these Learning Communities and other schools included –

- updating the Drugs & Alcohol policy
- amending the current Drugs & Alcohol scheme of work [based on research of current knowledge and understanding]
- reviewing and updating scheme of work based on responses from children/young people and staff
- providing continuing professional development to staff delivering the new scheme of work
- purchasing quality resources
- introducing drama/role play activities to help address peer pressure issues
- arranging a health week
- providing parents/carers with useful information and contact details

Reducing Teenage Pregnancies

Similarly, the health priority of **reducing teenage pregnancies** was considered by a number of schools to be very 'sensitive'. Despite this, 6% of school chose the priority for their Healthy Schools Plus actions. Interventions were not only focused on the taught curriculum but also in work to increase self esteem, as this was considered an essential factor in making a difference to the teenage pregnancy data.

Actions taken included –

- updating the Sex & Relationships Education Policy
- amending the current Sex & Relationships scheme of work [based on research of the current knowledge and understanding]
- reviewing and updating scheme of work based on responses from children/young people and staff
- providing continuing professional development to staff delivering the new scheme of work
- purchasing quality resources
- activities to emphasise personal safety – internet, and who/where to go to for help
- activity groups for targeted girls with low self esteem
- actions to increase the uptake of the HPV vaccinations

APPENDIX 3

Healthy Schools Plus – Outstanding Schools

Group 1 = outstanding throughout Group 2 = specific outstanding interventions

AREA	GROUP	SCHOOL	HEALTH THEME
EXETER	1	Ellen Tinkham School	EHWB
	1	Ide Primary School	HE / PA
	1	Ladysmith Junior School	HE / PA
	1	St Peter's Church of England Aided School -	EHWB - D & A
	2	Pinhoe Church of England Primary School – Intervention 2 – Implementing new SRE programme	SRE
	2	St Leonard's Church of England Primary School – Intervention 4	EHWB [Family SEAL]
MID & EAST	1	Axminster Community Primary School	D & A
	1	Bickleigh-on-Exe Church of England Primary School	EHWB HE / PA
	1	Branscombe Church of England Primary School	EHWB HE / PA
	1	Mill Water School	EHWB HE / PA
	1	St Joseph's Catholic Primary School	HE / PA
	1	Tiverton High School	EHWB
	1	Two Moors Primary School	HE / PA
	2	St John's Catholic Primary School – Intervention 3	EHWB
NORTH	1	East Worlington Primary School	HE / PA EHWB
	1	Forches Cross Primary School	HE / PA
	1	Holsworthy Church of England Primary School	HE
	1	Ilfracombe Church of England Junior School	EHWB Thrive
	1	Northam St George's Church of England Infant & Nursery School	EHWB
	1	Pilton Bluecoat Church of England [VA] Junior School	EHWB
	1	Pynes Community Infant School & Nursery	HE / PA EHWB
	2	Pathfield School – Intervention 2	HE
	2	Ilfracombe Infant & Nursery School – Supporting a whole Learning Community approach	EHWB Thrive
SOUTH & WEST	1	Inverteign Community Nursery & Primary School	HE
	1	Dartington Church of England Primary School & Nursery	EHWB
	1	Manor Primary School	HE / PA
	1	Marldon Church of England Primary School	EHWB
	1	St Michael's Church of England Nursery & Primary School, Kingsteignton	HE EHWB
	2	Princetown Primary School – Intervention 1	HE – Involvement of Parents

Case Study

CHEF IAIN THOMPSON & THE 'KIDS KITCHEN' at Two Moors Primary School, Tiverton

The Healthy Schools Plus health theme chosen by Two Moors Primary School was **Maintaining a Healthy Weight**, through interventions relating to healthy eating and increasing physical activity.

Intervention 1 focused on increasing the intake of fruit and vegetables, encouraging more children to have their 5 A-Day. The school implemented a variety of measures to promote this, including creating raised gardens for the Foundation Stage children, increasing the children's access to the Kitchen Garden and selling produce to parents as well as using it in the school meals, setting up the 'Let's Get Cooking' clubs and developing the 'Kids Kitchen' programme.

The Kids Kitchen has been designed and delivered by a professional Chef and former Governor of the school, Iain Thompson.

In an interview and observation of the Chef in the first of his six session programme, it was clear why the cookery programme is such a success.

As it was the introductory session, Chef Thompson spent time establishing the ground rules regarding hygiene and also health and safety. The potential dangers of each process were highlighted so that the children could be mindful of taking responsibility for their own safety and also for the others in the group.

Chef Thompson's clear philosophy when it comes to cooking is to start by believing that children can cook and, in doing so, they are very capable of using sharp knives. 'We live in a culture that is risk averse and this does permeate the children's attitudes'. The group watched and listened attentively to his demonstrations of the two cutting positions – the 'Bridge' and the 'Pinch'. The Chef's use of repetition, both in terms of language and the hand actions, helped the children to understand the difference, to copy what they had seen being done and to encourage their partner to use the correct knife positions when they took it in turn to prepare the different vegetables.

Although the practical result of this first session was a pasta salad, the Chef said that the cooking experience was 'an excellent vehicle for reinforcing cross curricular themes' and, as a result, maths [fractions], science [changes of state in water], Latin [origins of the word 'decimal'], history [Roman army], Italian ['al dente'], French [instructions] were all covered in the session.

The enthusiasm for the task was huge and so was the children's respect for their tutor. The chorus of 'Yes Chef!' to each instruction given showed how much they were listening and responding to him. Another member of staff spoke of the benefits of a professional chef coming into the school [in his chef whites] and working with the children, 'He is not only an inspiration but he raises their aspirations too'.

For the group that cooks in the morning session, it is divided into two parts. The first part is the children having the practical cookery experience – a very focused session with the children responding to lots of instructions to create their dish. The second part is when the Chef cooks for the children. It is a ‘quieter’ time where the children observe the demonstration but are encouraged by the Chef to participate fully in the discussion. The children were eager to do so! The demonstration section provides Chef with an opportunity to reinforce the key learning messages and core practical skills that the children have practised earlier. It is a time to develop social skills re: listening to each other and sharing food. It is also a time when Chef can introduce the children to new food ideas and combinations, with a chance for them to taste his cooking at the end. No child is forced to taste the food made during the programme but there are ground rules regarding those that refuse...very few do. For the group that cooks in the afternoon, they do the practical session only but as the groups alternate throughout the programme, they benefit from the Chef session the next time.

When asked about what he wanted the children to learn from the programme, Chef Thompson listed a number of important skills but, primarily, it was about helping the children to become more open-minded regarding food and to be able to fully use their senses to become more ‘intuitive’ about the whole cooking process.

Judging from the results of the session, all of the children had made an excellent start in this. The pasta salads made were of a very high standard and the Chef told them so. All of the children agreed that they had learnt something new and were so proud of the salad that they tasted and were able to take home to share with their families. Initial anxieties expressed by some of the children during the session were overcome with positive ‘can do’ encouragement. A highlight was when a boy spoke of his concern at adding pepper to his salad but, after negotiating with his partner, he added some to the dish and when the final result was tasted he was delighted with the result!

Chef Thompson was clear about the importance of all children being able to experience the cooking programme and the value it has of being part of curriculum time. The Head Teacher is very supportive of new opportunities and the Chef has ‘not had any barriers’ to the programme; ‘the school is about giving experiences to the children’. The ‘Kids Kitchen’ is definitely one of them; an experience that has been promoted not just within the school community – school fete, family evenings, Year 6 barbeque, cookery competitions etc - but also into the wider community via cookery demonstrations at the local Pannier Market, as part of the TivvyFest and Devon Week, and at the Healthy Schools Plus – Celebration of the Outstanding event.

All of the elements of the improved food culture at Two Moors Primary helped it to not only achieve but significantly exceed its [50%] target of children eating at least three to four portions a day. At the end of the Healthy Schools Plus actions, 97% of the children in Year 6 [Year 5 when baseline measure was originally taken and prior to them experiencing the full ‘Kids Kitchen’ programme] were eating three to four portions a day.

Details of the 'Kids Kitchen' Programme

'Kids Kitchen' programme

- **programme is inclusive – ALL Year 5 children**
- for **Year 5** children – age at which children have developed level of fine motor skills able to cope with the recipes
- **six sessions** spread throughout the academic year. Booked in the diary in discussion with the class teacher and links are made with the curriculum themes planned to be covered by the class so that Chef can incorporate these within the recipe choices
- approximately **15 children** per group [half class] - Group 1 and Group 2
- **organisation** – two groups alternate over the six sessions. Session 1 Group 1 all morning [children cook in first part and Chef cooks in second part], Group 2 has afternoon [children cook only]. In Session 2, Group 2 cooks all morning and Group 1 has the afternoon slot
- **only vegetable dishes** cooked, e.g. pasta salad, tomato sauce etc. No cakes or meat dishes
- **children pay £5 for the ingredients** for the whole year. **School pays Chef a daily rate**
- **no weighing and measuring** – children deal in fractions and phonics e.g. 'a splash', 'a pinch' etc. and encouraged to understand what frying sounds like and how this differs to sauteing

LEARNING PRINCIPLES THAT UNDERPIN THE PROGRAMME

- **to learn new skills and increase confidence in cooking** – knife skills, sauce making etc
- **to learn a new vocabulary around cooking & eating** – including phonics
- **to increase understanding of the cooking process** – using their senses
- **to reinforce the healthy eating messages** – concept of 'balanced diet', salt consumption, increasing vegetable intake etc
- **to practise social skills** – taking turns, eating together, sharing, manners etc
- **to promote personal responsibility** – for themselves and the others in the group e.g. health & safety but also broader issues such as food waste, energy consumption etc
- **to encourage an understanding of how the world/curriculum links together** – maths, science, geography, foreign languages, food growing, sustainability etc

Challenges Overcome

Staff

- convincing the Head Teacher how the programme would work
- presentation to the Governors because of the costs involved
- explaining to the Year 5 teachers how it would support them – allowing them to have 1 day x 6 when they would have half the class to do some focused work

Organisation

- access to a room [with sink] large enough to do practical food work with a group of 15 children
- co-ordinating use of this room if it is a multi-purpose space - leaving it clean and tidy for other users
- due to the nature of the practical activities, the class is noisy and will produce cooking smells – it is important that others understand this

Set Up Costs

- programme initially sponsored by a local fruit and vegetable shop
- local supermarket also provided some of the ingredients
- chef purchased half of the gas cookers used by the children
- each year the children produce a 'Barbeque Recipe Book' which is sold in the summer term and raises funds for the following year's programme



APPENDIX 6

Ingredients [serves 4]

- 1 medium sized red onion, peeled and cut into medium slices
- 2 cans chopped tomatoes
- Big blob of tomato purée
- 2 cloves of garlic, finely chopped
- Small bunch fresh coriander leaves, roughly chopped
- Splash of olive oil
- Little bit of salt and pepper

How to make it - ALWAYS GET AN ADULT TO HELP YOU

1. Heat the oil in a pan, add the onions and cook gently for 2 - 3 minutes, then add the garlic and cook for a further 2 minutes at a gentle heat.
2. Stir in the tomato purée then add the chopped tomatoes.
3. Simmer gently for 2 minutes then add the coriander leaves.
4. Cook for a further 2 minutes then remove from the heat and leave to cool.
5. TIP: Add a few drops of fresh lemon or lime juice after cooking to give the sauce 'zing'.

How much does Salsa cost for 4 people?

- 1 medium sized red onion
- 2 cans chopped tomatoes
- Big blob of tomato purée
- 2 cloves of garlic
- Small bunch fresh coriander leaves

Total p

What is the cost for each person?

p

For video tips on cooking with children please go to www.delishack.com



STIR FRIED VEGETABLES

Ingredients [serves 4]

- 3 small peppers, sliced and seeds removed
- 1 medium sized onion, peeled and cut into thin slices
- 1 small can of pineapple rings in own juice, drained and chopped up.
- Small pack of baby corn on the cob, cut into rings
- Small pack of sugar snap peas, cut in half
- 4 big handfuls of bean sprouts
- 1 clove of garlic, peeled and chopped up
- Little bit of finely chopped ginger
- 2 heaped tablespoons of sesame seeds
- Juice of 1 lemon mixed with pineapple juice
- 1 pack of dried egg noodles
- Splash of vegetable oil, a little bit of salt and pepper

How to make it - ALWAYS GET AN ADULT TO HELP YOU

1. Place a pan of water over a medium heat and bring to the boil - REMEMBER THAT THE PAN SHOULD NOT BE FILLED MORE THAN HALF WAY.
2. Place the egg noodles in the pan, cover with a lid and turn off the heat.
3. Prepare the vegetables - REMEMBER THE SECRET OF CHINESE COOKING IS TO CUT EVERYTHING THINLY.
4. Place the frying pan over a medium heat and add the sesame seeds, using a wooden spatula to move them around until they are a golden brown colour. Then remove them and put into a bowl.
5. Put the frying pan back onto a medium heat and add a splash of oil.

6. Using a metal spoon add the peppers, onion and pineapple and cook on a medium heat for 2 minutes stirring all the time using a wooden spatula.
7. Then add the baby corn, sugar snap peas, ginger and garlic and cook for a further 2 - 3 minutes stirring all the time.
8. Using a sieve, drain the egg noodles and add to the vegetables along with the sesame seeds.
9. Finally, flavour with a couple of teaspoonfuls of the lemon and pineapple juice and add a little bit of salt and pepper.

How much does a meal of stir fried vegetables cost for 4 people?

3 small peppers	£1.28p	1.28
1 medium sized onion	.10p	0.10
1 small can pineapple slices	.44p	0.44
Small pack baby corn	.99p	0.99
Small pack of sugar snap peas	.99p	0.99
4 handfuls bean sprouts	.50p	0.50
1 clove garlic	.05p	0.05
Finely chopped ginger	.10p	0.10
2 heaped tbsps sesame seeds	.20p	0.20
Juice of 1 lemon	.20p	0.20
1 pack egg noodles	.95p	0.95
	Total	£

What is the cost for each person?

[Try dividing the total in half and then half again]

£

Prices will vary according to the availability of vegetables

For video tips on cooking with children please go to www.delishack.com

APPENDIX 8

Feedback from Schools that Attended the Celebration Event

'...it was a great event and I felt lucky to be part of it ... The children that came along with us enjoyed telling the rest of the school about the morning in our assembly this afternoon'.

**Healthy Schools Plus Lead
Ide Primary School, Exeter**

'... kids came back buzzing!!!!'

**Head Teacher
Two Moors Primary School, Tiverton**

'We all really enjoyed it yesterday and came away with lots of ideas and made a few contacts that we are going to help... We have already a section on our new website and will add some additional bits in the near future'.

**Deputy Head
Pinhoe CE Primary School, Exeter**

'Tuesday was such a treat. We all felt rather spoilt – wonderful food and the children were so delighted with the balloons'.

**Healthy Schools Plus Lead
St Joseph's Catholic Primary
School, Exmouth**

'We really enjoyed our day and it was great to get ideas from other people!'

**Healthy Schools Plus Lead
Pynes Infant & Nursery School,
Bideford**

'The children and I came away feeling incredibly proud and keen to share our success with our school community'.

**Healthy Schools Plus Lead
St Leonard's CE Primary School,
Exeter**

Media information

27 September 2011



Devon

A celebration of the Outstanding – Devon’s children develop healthy habits!

Children at almost 200 schools identified as the most deprived in Devon are benefiting from a unique programme to improve their health and wellbeing.

As part of the Healthy Schools Plus programme, which has been run over the past two years, teachers have been given the opportunity to target which areas of health education best meets the needs of the children and their families at their particular school.

Based on their own research, schools chose to focus their efforts on one of four key areas of health: preventing teenage pregnancy, reducing drugs and alcohol misuse, maintaining a healthy weight and promoting physical activity, or improving emotional health and wellbeing.

NHS Devon provided funding to half of all schools in Devon, based on need – this meant that children in 187 schools benefited from the programme. Each school was given £2,000 to run creative health initiatives based on one of the four areas. Schools eligible for the funding were selected according to the [Income Deprivation Affecting Children Index \[IDACI\]](#).

Today NHS Devon held a special celebration event for those schools whose work was identified as ‘outstanding’. They all received special certificates in recognition of their achievement.

Dr Virginia Pearson, NHS Devon’s joint executive director of public health, congratulated the schools on their success.

“We want Devon children to be as healthy as possible so I congratulate all the schools that took part in this programme.

“Any initiative which supports the physical and emotional wellbeing of young people and tackles health inequalities should be applauded and the improvements will not only have an enormous benefit to the child but also to the whole school community.

“This programme has given schools the chance to be creative in their choice of health interventions and we have had positive feedback from this, from parents and teachers alike.

“Schools will now build on the good practice and experience they gained during the programme so they can continue to improve the health of their children and young people.”

Councillor Andrea Davis, with Cabinet Remit [Health] from Devon County Council, said

“Our Healthy Schools Plus initiative has achieved incredible success not only in addressing more immediate health-related risks but also in providing a life-long understanding of the benefits of healthy eating, exercise and emotional wellbeing.

“It is well documented that areas where incomes are lower are more prone to health problems and a lower mortality rate, and targeting communities in these areas should lead to greater health equality across the county.”

Ends

For more information or interviews contact Paul Hopkins on 01392 267 647 or 0797 133 0491.

Reflections on Healthy Schools Plus

MANOR PRIMARY SCHOOL – Ivybridge

Mrs Eleanor Loveday, the PSHE Coordinator, is delighted for everyone at Manor. *"We are thrilled to have achieved the new Healthy School Plus status. This award reflects the determination and commitment of our school community towards achieving a happy and healthy lifestyle".*

Out of the three health interventions that we have worked on at Manor over the last two years we are most proud of our meal time improvements. Nearly 90% of our pupils are now bringing a healthy packed lunch that contains a good balance of healthy foods, including two or more pieces of fruit and vegetables. This is a fantastic achievement and mostly due to a very successful and effective collaboration between teaching staff, meal time assistants, parents and pupils.

We are also immensely proud of our achievements in getting all our children, especially our target groups of Year 6 pupils, to participate in sport outside of lessons. Sport is now a way of life here at Manor and it is wonderful to see those children who would not normally get involved being eager participants. The 'Active in School' programme has given our target group of exercise-shy children an extremely intensive fitness boost that has been both fun and influential in their everyday life. Children who normally do not join clubs have been active in and out of school, trying sports as diverse as body combat, yoga and water polo, while making new friends along the way. It is especially pleasing to see the children becoming a greater part of their community and using local facilities, whilst forming friendships with their role models - the coaches and sports tutors. Also pleasing is the fact that fitness levels of the children in both the 1st [2009-10] and 2nd cohorts [2010-11] has improved.

It is not just our target groups who have benefited from the increased physical activity – Manor Primary won first prize at Brickfields Athletic Championships in July 2010, and many of those participating were from our target groups. Parents have been full of praise for the scheme and have said they've also taken up sports and are using the Leisure Centre more. Whole families are playing sport together and enjoying it too!

Having coaches and students from our local comprehensive, Ivybridge Community College [ICC], has been beneficial to both pupils and teachers – many staff have gained excellent teaching ideas and activities from supporting sessions and have benefited from ICC sharing their sports equipment. Manor continues to provide a huge range of sports clubs, thanks to staff, parents and local community. The children and parents always praise the sports clubs at Manor in pupil and parent questionnaires and Ofsted was especially impressed by the sporting opportunities on offer for pupils.

Probably the most obvious and pleasing change to the target children is that their self confidence and body image has improved and they are making more of their lives – both in and out of the classroom. As one Year 6 girl said, "I wish I'd known I was so good at running. I thought they were all better than me and it was me who was the best!"

Mr Ian Hemelik, Manor Primary's Head Teacher, thanked the staff, parents and pupils for all their hard work and added, *"I am always amazed by the enthusiasm and passion that our children put in to every area of school life. I am very pleased with the success of the three health interventions and we will continue to build upon our achievements."*

Healthy Schools Plus – ‘Outstanding’ Display

MANOR PRIMARY SCHOOL, IVYBRIDGE

‘Thank you for the photos, I’ve just been given a HUGE board to make my display so I’ve printed them out as big as they can get! We all enjoyed the Celebration event last week - it was a very smart occasion and the food was delicious!’

Eleanor Loveday – PSHE Co-ordinator and Healthy Schools Plus Lead Teacher

Photograph 4: Manor Primary School, Ivybridge, display board

