

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 PHSE 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 PHSE both at 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.

How did you go about improving your knowledge of Health Education?

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 requirement 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 counter-productive so its been a question of making sure that schools have access to appropriate external agencies to deliver those areas, which I can't.

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 in the NHSS is to ensure that it is not overburdening teachers and that it is actually supporting the good practice they are already doing. It is trying to ensure that, where there is a need for extra training, it is developed in a way that benefits the whole school community

Was there any opposition when you first went into schools?

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 need 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 embedded in the curriculum. We now are 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

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.

The HRBQ addressed issues relevant to the NHSS and the HRBQ service included delivery and training for teachers. Schools have used the results to set themselves targets within the standard.

February 2001 and we have just got the initial report. Now we have to produce an action plan and if that is approved we will gain accreditation. So we are still not officially accredited.

But you are going on with the second phase assuming it will be OK?

Yes - we have recruited another 7 schools, without any effort at all. One is a special secondary and two are secondary so that means 3 out of a possible 7 secondary schools will be on-board. 5 primary schools have also come on-board with mixed social and economic backgrounds - without having to push. We have got a total of 13 schools on-board out of a possible 38 within the Hartlepool district.

You said one of the most enjoyable things was the teachers' enthusiasm, but what about the worst aspects?

I think funding and time. I've tried to access funding for other sources and will continue to try. I have made a little go a long way in the second year but it's not going to get better as more and more schools come on-board. One of the key aspects of our action plan will be to secure funding from other agencies and to ensure the sustainability of the Standard in Hartlepool. I think people in the health sector are recognising that this is an opportunity for health education with a captive audience of young people and that if we get the messages right in schools the long-term benefits are immense.

The captive audience being the young people?

Yes - with more primary schools than secondary and it is becoming more and more obvious that we have to start at an early age. This is due to children maturing earlier and greater media pressure. You go into primary schools and see Key Stage 2 children maturing earlier. The focus of all PSH education is on raising self-esteem, whether it is sex and relationships education, drug education or emotional health and well being. The other aspect is time, schools are under pressure with other initiatives, and there are no two ways about that. I think most schools now realise the positive effect that a happy, healthy child will have on the overall raising of standards.

Why did Hartlepool choose to use the HRBQ instead of other ways of getting data?

There is a quite a lot of baseline assessment available. The HRBQ had been used by the Tees Health Authority and so I took a copy of the questionnaire to members of the steering group who were very positive. I did feel we needed a starting point particularly for the pilot schools. The HRBQ addressed issues relevant to the NHSS and the HRBQ service included delivery and training for teachers. Schools have used the

results to set themselves targets within the standard.

What other sources of information have you found helpful?

The 'Whole school - healthy school' book (produced by the Health Education Authority) is a very useful tool. There is a lot more material being produced by the HEA and NHSS - initially to begin with there wasn't that much. The HRBQ was ahead of the game very early on because it related to the themes within the NHSS and I think now a lot of documentation that is coming out is referring to the themes of the NHSS. Initially there wasn't that much around - but the 'Whole school - healthy school' was very good for us particularly on some of the auditing material for schools.

What other documentation or support resources would you want?

I've identified a few inter-active CDs because of ICT and the National Grid for Learning coming on-board, which I've sent out to schools for them to look at and assess. One of the areas for development in Hartlepool's Healthy Standard would be looking at IT within PSHE and giving schools the opportunity to access web sites and CDs that are appropriate for whatever they want to do. I have seen the latest 'Healthy School Series' books from KCP Publications and I do think they will be very popular, because schools really welcome this kind of resource. The worksheets help schools to carry out some of their own surveys on healthy eating and produce their own pie charts and histograms. The school's figures can be compared with figures from the Schools Health Education Unit's databanks i.e. how smoking links to other diseases and how 5 pieces of fruit and vegetable can lead to long healthy life. This helps to relate local figures back to classroom discussion. Resources, like the worksheets, become a very useful way of encouraging the children to participate.

What are the aims of the NHSS within Hartlepool?

If we want to quantify it, we've looked at 50% of schools being signed up by 2002. My ambition would be to see all schools working towards NHSS, and my role is to support them in the maintenance of it. The concept of the Standard is that it is never quite achieved, but that it is an on-going process, this in itself makes schools keen to come on-board, as they don't feel the time strain.

Did you say it's not an achievable standard?

It's not an achievable standard; it's an on-going programme that will change as time goes on. There will be a time when the school says we have done as much as we can but it does not

suddenly become a Healthy School. When I say it's not achievable that sounds very tough but schools will be able to achieve recognition of their successes through the Hartlepool Healthy School Award.

Were the schools surprised at any of the survey results?

I think some of the schools were surprised. For example, one where pupils put teachers at the bottom of the list of people they could approach as a source of support. This made them consider their delivery of some of the aspects of PSHE. Some of the issues on drug education particularly alcohol and smoking made teachers realise the need for the topic to be introduced earlier. We have a positive drug education team and they have been working for 3 years and put together a drug education programme at Key Stage 1 called PRIDE - 'Parents Rule in Drug Education'. It focuses on alcohol, tobacco and self-esteem and the ability to make the informed choices. PRIDE wasn't set up because of the questionnaire but schools have accessed it as a direct result of the questionnaires. One school said they had really focussed on healthy eating and they still were amazed at the amount of junk food that was eaten. I also think that it has focussed schools on their targets.

Would you repeat the questionnaire again?

Yes I would like to do it again to act as a baseline to measure progress against. I would like to track a group of children, as one of the primary pilot schools is a feeder into a secondary pilot school. To repeat it with the same children would then give us an idea of how far we have come. But I also think the possibility of repeating it in the same schools and comparing in three years time would give us the opportunity to evaluate what has happened.

What about the health of the whole school, including adults?

We provided a stress and time management-training programme in addition to the already established one for NQT's. The new programme involved a health promotion specialist who tends to work with business in the workplace and is very experienced. One school has accessed it and we have now put on a couple of half-day sessions in the continuing professional development programme for next year. As yet it hasn't been a particular target for the schools although it was a particular focus for the audit. One main issue that has arisen is that of time management and trying to make schools recognise this is not an admission of weakness. This is actually an admission of "we know we've got a lot to do, what we need to know is how can we organise our time to ensure we do it

effectively". I also think it comes down to the raising of self-esteem and the ability to say 'no' sometimes.

If you had to start all over again with the knowledge that you have now what would you do differently?

I would have looked for partnership funding right at the beginning. In the first financial year we were quite well off, then obviously in the second year we had the same level of funding for the whole year. I would have pushed for a little bit more of a contribution from the schools. I don't want to be negative about the financial aspects of it because it has been looked at and the DoH and DfEE have made funding available so we have to be positive about it. The other thing I would have looked at was a programme manual that is consistent across the nation. When I mentioned this at national training that they did it for numeracy and literacy the response was that schools didn't like it, so they weren't going to do it for this. I actually thought because they did it for literacy and numeracy, schools expected it for this. So we have had to produce our own programme manual which is proving quite a challenge.

Have you been able to bring in other agencies in the local community to support you?

Yes, the healthy school standard is written into the work programme of the school nurses and health promotion specialists in the Tees Health area. Many different agencies are represented on the steering group.

Have schools made use of them?

Yes - what we tried to do with school nurses is to make their role more formal and for them to be part of the planning process for the curriculum, and schools are very aware of this. School nurses have a lot to offer apart from their clinical duties. I'm trying to put together some training for school nurses on curriculum issues from the education department.

What kind of work have they been involved in so far with schools?

Their major involvement has been with the setting up of the task groups, which are part of the NHSS. The schools are requested to establish a task group to demonstrate the whole school and community approach. A lot of school nurses are invited to work on the delivery, particularly on sexual relationships education, so they are now involved with schools accessing training for staff. Health promotion specialists have been delivering training to teachers and providing advice on policy writing. To sum up I've been so impressed with the positive attitudes from schools working towards NHSS and how they see the role of PSHE. It is so important to educate the whole person and encourage young people to be worthwhile citizens.

I would like to track a group of children, as one of the primary pilot schools is a feeder into a secondary pilot school. To repeat it with the same children would then give us an idea of how far we have come.