

# Health in Schools Programme Plus: Health promotion for children and young people



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# Health in Schools Programme Plus: health promotion for children and young people

## Introduction

The Health in Schools Programme Plus, in partnership with school staff (teaching and non-teaching), pupils and parents/carers aims to create an environment that promotes and sustains healthier behaviours. Engaging with schools and their communities enables a Local Authority to target areas of highest health need and effectively reach a large population. Our experience of the South West Health Schools Plus pilot<sup>1</sup> demonstrated that schools, with guidance and support, can bring about healthier behaviour change by working through an outcome focused programme and more importantly, measure the impact of interventions and activities put in place.

Health in Schools Programme Plus (HiSP+) aims to deliver measurable improvements in the health and wellbeing of children and young people by bringing about healthier behaviours. It is underpinned by the following key principles:

- To integrate the recommendations from the IUHPE <sup>2</sup>
- To use a Whole School Approach<sup>3</sup>, involving children and young people, parents and carers
- To utilise NICE guiding principles when designing or evaluating actions using a behaviour change models (NICE) <sup>4</sup>

## Key aspects of HiSP+:

**1.** It offers schools a chance to enhance the existing work by targeting efforts specifically at:

- local needs (the local priority agenda)
- school needs (school priority)
- the needs of groups or individuals who fall into the category of children and young people in ‘challenging circumstances’ or CiCCs (targeted priority)

**2.** It aims to deliver measurable improvements in the health and wellbeing of school staff, children and young people and their parents / carers by bringing about healthier behaviour change.

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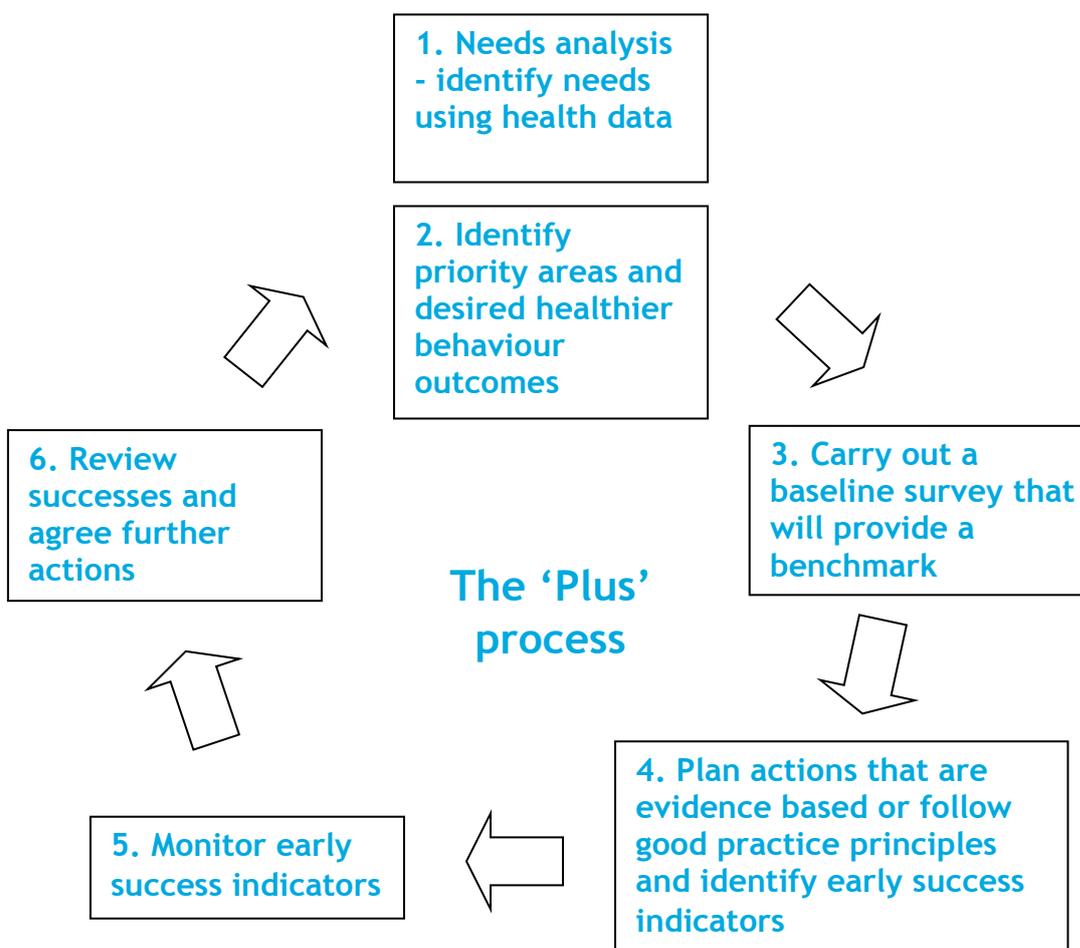
<sup>1</sup> Department of Health (2012 ) *Evaluation of the South West Healthy Schools Plus pilot Programme (SWHSP)*. NatCen. <http://www.natcen.ac.uk/media/176198/evaluation-south-west-healthy.pdf>

<sup>2</sup> International Union for Health Promotion and Education. (2008) *Achieving Health Promoting Schools: Guidelines for Promoting Health in Schools. Version 2*

<sup>3</sup> WHO. (1997). *Promoting Health Through Schools. Report of a WHO Expert Committee on Comprehensive School Health Education and Promotion*. WHO Technical Report Series 870, Geneva: WHO,.

<sup>4</sup> National Institute for Health and Clinical Evidence (NICE) (2007a) *Behaviour change at population, community and individual level*. London, NICE

## A step by step approach to Health in Schools Programme Plus (HiSP+):



### Step 1

#### Needs analysis - identify needs using health data

One vital part of HiSP+ is using school, community and local health data to identify needs. Some sources of local data are listed below. When you have gathered enough data to provide a picture of the health issues for your school community you can then using a whole school approach to decide what the key health and wellbeing priorities are for your school.

#### Examples of data sources:

- South Gloucestershire health and wellbeing survey (2014)
- School council or parent/carer focus group feedback or minutes
- School meals uptake data
- Attendance / exclusions data
- travel plan survey
- Bullying or behaviour logs in school
- Ofsted reports.
- Crime figures relating to young people e.g. knife crime
- Hospital admissions e.g. binge drinking or drugs

## 1. Prompts for carrying out a needs analysis:

- What data, including school, community and health data, do you need to collect for your school?
- Has your school taken part in the South Gloucestershire CYP health survey 2014?
- How can you improve your current techniques to capture the views of parents/carers?
- Have you looked at the South West Healthy Schools Plus Mapping Tool and the Health Profile for the area?

### **SWPHO support for Healthy Schools Plus:**

<http://www.swpho.nhs.uk/default.aspx?RID=35469>

## Step 2

### Identifying priority areas and desired healthier behaviour outcomes (or meaningful outcome)

Once you have carried out your needs assessment and analysed the data (from the CYP health survey for example) you can then identify the desired behaviour outcomes and the priority areas you wish to work in (school / targeted). Healthier behaviour outcomes can be based on a school priority or more targeted priority group and wherever possible should support the local Joint Health and Wellbeing (JHWB) Strategy priorities<sup>5</sup> e.g.

#### Healthier behaviour outcomes across different priority areas:

JHWB priorities 1 – Making the healthy choice, the easy choice 3 – Making the best start in life	School outcome as identified by needs assessment
Example:	Example:
1.1 & 1.3 healthier eating	Increase the take up of school meals
1.2 Physical activity	Overcome barriers to physical activity with year 9, 10 & 11 girls (increase take up)
1.5 Sexual health	Increase the awareness and take up of c-card scheme
1.6 Alcohol misuse by young people	Reduction of incidence in alcohol misuse amongst students identified as self harming
3.3 Emotional wellbeing and resilience	Reduced incidence of bullying, (increase in reporting?)

<sup>5</sup> South Gloucestershire Health and Wellbeing Board. (2013) *South Gloucestershire Joint Health and Wellbeing Strategy 2013 - 2016*. <http://hosted.southglos.gov.uk/oaof/documents/Health%20Wellbeing%20Strategy%20Final.pdf>

Sometimes it will be beneficial to address more than one priority area within the same behaviour change outcome. For example, a school may decide to work on healthier eating by introducing an allotment scheme for the whole school and aiming to reduce the stigma of free school meals and increase take up of those eligible. Or work on emotional wellbeing by introducing a mentoring system across the whole school and also providing (or supporting referral to) a counselling service for pupils identified as self-harming. Alternatively, it may be advisable to focus on one healthier behaviour outcome at a time within one priority area.

HiSP+ is expected to be challenging and a school will show progress through stepped changed or early success indicators, even if the desired healthier behaviour outcomes takes time to evidence. Once you have identified the priority and desired healthier behaviour outcome, then you can begin to put together the team of people who will work together on each outcome.

## 2. Prompts for selecting priority areas and desired healthier behaviour change / meaningful outcomes:

- How can you improve understanding of your school’s healthier behaviour outcomes?
- Are the healthier behaviour outcomes SMART (specific, measurable, achievable, relevant, and time-specific)?

### Step 3

#### The baseline survey

The next step is to carry out a baseline survey to provide a benchmark for the number of children or young people already displaying the desired behaviour outcome. A baseline survey will help to clarify target numbers who go on to display the desired healthier behaviour outcome. It will be used to measure progress and show impact. There are resources in this handbook, should you need them, to carry out a baseline assessment.

#### Example of a baseline survey on the issue of lunchtime arrangements:

% of children and young people who.....	Have a school lunch	Are entitled to a free school lunch	Take up their entitlement to a free lunch	Eat a packed lunch that contains fruit	Eat off site
Qualitative question	What are the barriers that prevent children and young people from opting for a school meal?				

### **3. Prompts for the baseline survey:**

- Have you carried out a baseline survey relating to each of your healthier behaviour outcomes?

## **Step 4**

### **Plan actions that are evidence based or follow good practice principles and identify early success indicators**

In order to meet healthier behaviour outcomes, you will need to carefully choose actions or interventions. Every school is different. The information in the baseline survey will help you to build up an accurate picture and confirm which actions or interventions can be taken. Your actions or interventions should be evidence based and meet good practice guidelines. For this stage an easy to use planning tool has been developed by the pilot schools and this brings steps 2, 3 and 4 together. This has become affectionately known as the PMOI sheet (Priorities, Meaningful Outcomes and early success Indicators). In the example below the priority has been identified; 'children experiencing bullying'. This is also linked to the JHWP strategy priority (3.3 - Emotional wellbeing and resilience) to further develop anti bullying policies and practice in schools.

Three behaviour change (meaningful) outcomes have been identified; these specify either a quantitative or qualitative outcome for the desired behaviour change. At this point a school may decide to work on one meaningful outcome at a time, or alternatively work through more than one if they are closely linked. Through the SWHSP pilot a number of PMOI sheets were developed and these are included in this pack for you to use and adapt. The next process in Step 4 is to begin to list the stepped changes or measurable milestones you would hope to see and these are listed under the Early Success Indicators.

### **4. Prompts for planning actions that are evidence based or follow good practice principles and identify early success indicators:**

- What other agencies can help you achieve the healthier behaviour outcomes and early success indicators?
- What additional help can you seek from the other schools locally?
- Are the actions you have selected based on good practice guidelines?
- What other early success indicators will help you reach your healthier behaviour outcomes?

# Planning our change - anti-bullying

This is an example of priorities, meaningful outcomes and early success indicators (PMOI sheets) a school could develop in response to a needs analysis at stage 2.

**Meaningful outcomes –**  
measurable health and  
well-being change

**Early success indicators (ESIs)** – one of the milestones on the way to meeting meaningful outcomes  
P = process indicator, I = impact indicator

**Meaningful outcome  
(quantitative)** – decrease the  
number of incidents of bullying  
reported at school from xx  
to less than xx

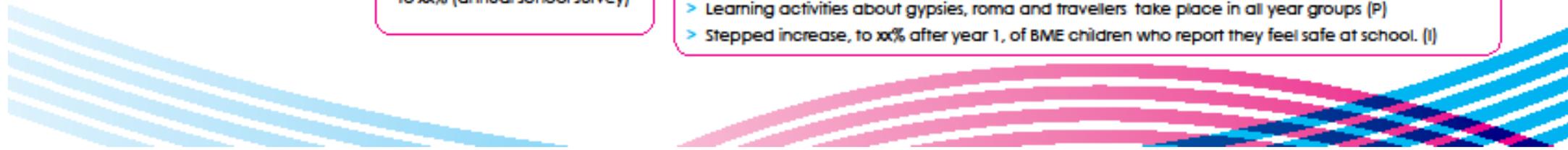
**Examples:**

- > Increased options for children, young people, staff and parents/carers to report bullying incidents
- > Improved systems to track the resolution of bullying incidents are in place (P)
- > Number of bullying incidents reported increases after year 1 to no more than xx and decreases to at least xx by year 2 (I)
- > A system is in place for the annual dissemination of a child friendly summary of the anti-bullying policy and how to report bullying (P)
- > The number of occasions when the seriousness of bullying is communicated to the whole school has increased to xx (P)
- > PSHE education has been reviewed to include SEAL (social and emotional aspects of learning) opportunities in every year group (P)
- > Most year 6 children can describe the nature of bullying and express a range of ways of responding to it (I)
- > A partnership, anti-bullying sub-group now meets to monitor progress towards reducing the number of incidents of bullying (P)
- > All staff report they are clear and confident about their role in managing bullying (P)
- > An effective peer mediation programme is provided (P)
- > Increased numbers of children report that they have been helped by peer mediation (I)
- > Stepped increase (to xx% after year 1) in the percentage of children who report they think the school deals well with bullying (I)
- > The academic progress of all BME children is tracked and additional support is provided to any individuals whose progress is stalling (P)
- > The participation of BME children in extra curricular activities at school has increased to xx (I)
- > Regular meetings take place with the families of most BME children (P)
- > Learning activities about gypsies, roma and travellers take place in all year groups (P)
- > Stepped increase, to xx% after year 1, of BME children who report they feel safe at school. (I)

**Priority** – children who have  
experienced bullying (NI 69)

**Meaningful outcome (qualitative  
- perception)** – increase the  
percentage of children, from xx%  
to xx%, who report they think the  
school deals well with bullying  
(Tell Us)

**Meaningful outcome (targeted)**  
– increase the percentage  
of BME children who report  
feeling safe at school from xx%  
to xx% (annual school survey)



## Step 5

### Monitor early success indicators

Schools can monitor how the work is progressing against the early success indicators on the PMOI sheet. This can be shared with any outside agencies involved in the work being undertaken. It may be necessary to review and revise actions if progress is not as planned. Monitoring will also allow the process to be challenged, interventions may need changing according to need and all members of the school can be kept up to date on progress, especially the young people and school stakeholders.

#### 5. Prompts for monitoring early success indicators:

- How best can the impact of the early success indicators be recognised and monitored?
- How can you involve other outside agencies in the monitoring which takes place in school?
- What new data can you collect on a regular basis to compare with baseline data?
- How can you involve children and young people in the monitoring process?

## Step 6

### Review successes and agree further actions

After a period of time, usually 12 to 18 months, you can review whether the healthier behaviour outcomes have been met. Monitoring against early success indicators should tell you whether outcomes for children and young people are improving. You may want to consider further ways you can achieve outcomes in light of the experience gained. When interventions and actions conclude a school can reassess using the same survey at Step 3 - the baseline measure, to show impact and healthier behaviour change. Using the same surveys or source of data, means that progress is measured against the original baseline.

Schools can look carefully at the impact made and assess if the intervention has been successful and if anything could be done to improve provision.

#### 6. Prompts for reviewing successes and agreeing further actions:

- How can you show progress through your early success indicators?
- How can you make sure ongoing work is clearly embedded in the school improvement plan?
- How can you work with other schools / settings and outside agencies to review your work?
- How can you ensure that this work is sustainable over time?
- Can you write up your work as action research?

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