

# THINK PIECE NO. THREE

## NOVEMBER 2016:

### DOES YOUR SCHOOL PROPERLY PROMOTE HEALTH AND WELLBEING?

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The World Health Organization's 1986 Ottawa Charter for Health Promotion has been influential in guiding the development of 'settings' based health promotion in schools. The Health Promoting School initiative was established in the UK as part of the European Health Promoting Schools network directive in 1991. By 2001 the great majority of schools in England had achieved some element of the accreditation and were pleased to be labelled as a 'health promoting school'.

It still fills me with despair that the Coalition Government in 2010 immediately discontinued the Healthy Schools programme and the move to make Personal, Social, Health and Economic education (PSHE) a statutory subject in the curriculum was scrapped.

In so doing, despite the best efforts of the PSHE Association and many others, including young people themselves, making the case for its inclusion as an entitlement for all pupils in school, taught by confident, competent and properly trained teachers, PSHE has become a check list of those topics which have grabbed attention by the media and politicians. *Schools are having to deal with an ever increasing agenda for safeguarding, mental health issues, obesity, the call for more sport, as well as the issues of alcohol, tobacco, substance misuse including the now illegal 'legal highs', and being safe.* Some of the current data is frightening. Just taking obesity as one example; The National Child Measurement Programme – England 2015-2016, show that rates have risen;

- Over a fifth of reception children were overweight or obese. In year 6 it was over a third.
- The prevalence of obesity has increased since 2014/15 in both reception and year 6.
- In reception it increased to 9.3 per cent from 9.1 per cent, and in year 6 to 19.8 per cent from 19.1 per cent.
- Obesity prevalence was higher for boys than girls
- Obesity prevalence for children living in the most deprived areas in both age groups was more than double that of those living in the least deprived areas.
- In year 6 the range was from 11.0 per cent in Richmond upon Thames, to 28.5 per cent in Barking and Dagenham.

Public Health England priorities for Children and Young Peoples' Well-being include tackling obesity, exercise, mental health, sexual health, alcohol, drugs, the development of skills (recognising and managing risk, decision-making, knowing where and how to access help, advice and services, resilience). *It is an imperative to reinvigorate a whole- school approach to health and well-being where the curriculum contributes to children and young people becoming health literate,*

rather than the piecemeal response that schools are encouraged to implement for example, through cooking and school sport to allay concerns over obesity.

The notion of 'health literacy' is not new (but the term has increasingly come to mean more than being able to read what's on the medicine label and follow the instructions). In order to achieve health literacy as an educational outcome, children and young people need, through their education and schooling, to be able to assess and evaluate information, manage risk and make lifestyle choices that develop and maintain healthy lifestyles and, ultimately, good health.

The environment in which this should take place is that of a school which promotes health and well-being in all that it does, not just through the curriculum and PSHE. The school as a setting for health promotion has long been recognised. The subtle messages that pupils receive about health from the daily life of a school are as important as those given in lessons. As long ago as 2005 the Department of Health described a healthy school as one that demonstrates a whole-school approach involving the whole community, providing a curriculum which includes sex and relationship's education, drugs education (including alcohol and tobacco), healthy eating, physical activity, and emotional health and well-being (including bullying in all of its insidious forms). This is as important for all those employed in schools as it is for the children and young people.

In 'giving children and young people the best start in life', schools, and the curriculum have to be seen as a health asset. The importance of local and national data being used to set priorities at a school/college level, as well as regionally and nationally, cannot be understated. Schools and colleges have the potential (as they have always done) to be important health-promoting settings for children, young people and their families, though not the only ones. Directors of Public Health in local authorities and local wellbeing boards should be central to this.

The difficulty is engaging with schools in a context where local authority advisers with remits for health/healthy schools have largely disappeared following funding cuts. The establishment of academies and free schools, local and national educational priorities more narrowly focussed upon attainment have not helped. However, as Professor John Newton Chief Knowledge Officer at Public Health England has stated previously, '*schools remain fabulous settings for health improvement and intervention*'.

However, all is not lost. The Department for Education (DfE) plans to host two consultation events. Over the coming months the DfE working with Public Health, will be talking with schools and potential users and understanding what they would want and need from a healthy school rating scheme. They are keen to talk further to the regional networks to identify areas with little or no healthy schools support and develop some initial thinking about how a national and regional working model can be created.

As reported by the PSHE Association, I am also encouraged by recent comments from both the Education Secretary and Minister of State Edward Timpson. During [her session with the Education Committee](#), Justine Greening recognised that the quality of PSHE (including SRE) needs to improve and Edward Timpson – the Minister with responsibility for PSHE – stated [in response to a written question](#) that "*the Secretary of State agreed that we need to look again at how schools deliver high quality PSHE*" and that they were "*considering all the options, including the need for any statutory powers and will come to a view in due course*".

The statutory duty on schools to promote well-being described in the Children's Act of 2004 has never been revoked. Now is the time to remind Government that health and well-being underpins successful learning and that they are the two sides of the same coin.

- What are you doing in your school to promote children and young peoples' health and wellbeing?
- How does this make sense to them, their learning and lives in and out of school?
- Is your school health promoting?

## References

*Compassion through development of physical and mental health and wellbeing.* John Lloyd. 2015. In Towards the Compassionate School. Editor Maurice Irfan Coles. CoED Foundation. Trentham Books/IOE Press. London 2015



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John is the immediate past President of the Institute of Health Promotion and Education (IHPE) having been the Policy Adviser for the PSHE Association. Formerly an Adviser for PSHE and Citizenship Education at the DCSF prior to which he was a senior adviser with Birmingham Advisory and Support Service. John was a member of the PSHE Advisory Group and Citizenship Working Party contributing to the development of both the PSHE Framework and statutory Citizenship curriculum in England. Co-author of *Democracy Then and Now*, *Blueprints Health Education* and co-editor of the *Health Promoting Primary School* along with other books and articles, he was Adviser to Channel 4 Schools All About Us Television series *No Bullying Here* and *Karl's Story* winning the Royal Television Society Gold Award. John contributed to the QCA Citizenship Schemes of work and the revised Citizenship and PSHE programmes of study in 2007. He chaired the Personal Development Reference Group at the QCA. Formerly a Trustee and Director of the Institute for Health Promotion and Education John is a Trustee and Director of the University of the First Age and the Alcohol Education Trust and the current Chair of RoSPA's National Safety Education Committee.