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**Better
education
and care**

Healthy schools, healthy children?

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

This report looks at the contribution of education to pupils' health and well-being. It is based on visits to 18 schools selected because of their good practice in the context of health education. It is the first major Ofsted survey on the broader aspects of health and well-being since the introduction of the Every Child Matters agenda. The findings are intended to disseminate best practice and to help institutions improve this aspect of their work.

Of particular interest to:

Schools, local authorities and national bodies.

Age group

All

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Executive summary

This report is the first major survey Ofsted has conducted on the broader aspects of health and well-being since the introduction of the Every Child Matters agenda. The aim of the survey is to identify and disseminate examples of good practice which will help schools have a positive impact on pupils' health and well-being.

Between summer 2005 and spring 2006, Her Majesty's Inspectors (HMI) visited ten primary schools, six secondary schools and two special schools, selected because of their positive outcomes reported in Ofsted inspections and either their good practice in the context of health education or because they had achieved the National Healthy Schools Programme (NHSP) accreditation.¹ This was before the introduction of the new, more rigorous Healthy School Status criteria. The report refers to these as the 'survey schools'. The survey was supplemented by evidence from Ofsted's surveys of individual subjects in 102 schools during the same period. On these visits, inspectors evaluated the effectiveness of health education in relation to the subject they were inspecting. Additional information was gained from section 10 and section 5 inspections and other surveys carried out by HMI.

The survey was based on the five key objectives from the Department for Education and Skills' (DfES) *Healthy living blueprint for schools* and the criteria in the NHSP.² The aim is for all schools to make progress with:

1. promoting a school ethos and environment which encourage a healthy lifestyle
2. using the full capacity and flexibility of the curriculum to achieve a healthy lifestyle
3. ensuring that the food and drink available across the school day reinforce the healthy lifestyle message
4. providing high quality physical education and school sport and promoting physical activity as part of a lifelong healthy lifestyle
5. promoting an understanding of the full range of issues and behaviours which impact upon lifelong health.

Evidence from the survey schools and the subject visits indicated that the majority of schools were making a valuable contribution to pupils' health and well-being. Since the introduction of the Every Child Matters agenda, the schools were very aware of this area of their work and were much more active

¹ *National healthy school programme: a guide for schools*, Department of Health, 2005.

² *Healthy living blueprint for schools* (DfES 0781 2004), DfES, 2004.

in dealing with it than in the past. Some of the schools had redesigned their school improvement plans so that the outcomes framework of the Every Child Matters agenda guided many of their actions. Schools saw their responsibilities not only as teaching children about being safe and healthy, but also about helping them to adopt healthier lifestyles, enhance their self-esteem, eat and drink well, and stay safe.

The NHSP was having a positive impact in raising awareness and helping schools to put their ideas into practice. Schools welcomed the support from the NHSP and used it effectively.

The schools that contributed most effectively to pupils' health and well-being had leadership teams which recognised the link between physical well-being and the readiness to learn and achieve. They created an ethos which promoted health and which engaged pupils, parents and staff. The most successful schools were ones where the curricular messages were also borne out in practice, for example through the school fruit and vegetable scheme and through ensuring pupils had two hours of physical activity each week.

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

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

Key findings

- ❑ The NHSP had a positive impact in all the schools. Almost all the survey schools were strongly and actively committed to improving pupils' health and well-being.
- ❑ In all the schools, personal, social and health education (PSHE) played a positive role in promoting pupils' health and well-being, but effective assessment of it, linked to clear learning objectives and outcomes, was absent. Little use had been made of the assessment guidance from the Qualifications and Curriculum Authority (QCA).
- ❑ In 13 of the 18 survey schools, pupils were taught the skills and understanding to make healthy choices but a minority of the schools

focused too little on the potential impact of drugs, smoking and alcohol on pupils' lives. Schools that contributed well to pupils' health and well-being used external agencies very effectively, especially to teach about drugs, and sex and relationships education.

- ❑ Those secondary schools in the survey with specialist status used their specialism effectively to promote pupils' health and well-being.
- ❑ All the primary schools promoted the 'five fruit and vegetables a day' message effectively and put it into practice with the 'free fruit' scheme.
- ❑ In all the schools where food was not produced on the premises, there was continuing poor nutritional value in some of the school meals.
- ❑ All the survey schools provided a good range of different opportunities for pupils to be physically active, although three of them were limited by a lack of outdoor facilities, as were other schools in the wider sample. Three of the survey schools did not place sufficient value on the importance of their external environment.
- ❑ In all the schools, pupils felt bullying was, on the whole, dealt with effectively. Peer mentoring schemes were used well but, across the curriculum, mental health issues were not tackled sufficiently effectively across the PSHE curriculum.
- ❑ In all the schools, consultation with pupils and parents showed itself to be a key factor in the extent to which schools were able to promote healthier lifestyles successfully. Consultation was underdeveloped in some schools.
- ❑ Several of the secondary schools failed to build on what pupils had learnt at primary school, and did not make sufficient links across the curriculum. As a result, their work on healthy living and pupils' well-being was fragmented and its impact was therefore reduced.

Recommendations

The DfES and Department of Health should:

- channel more resources to the schools where inspection has indicated that they are not making a positive contribution to pupils' health and well-being, and support them through the National Healthy Schools Programme.

Local authorities should:

- improve the quality of school meals where these are not prepared on school premises.

All schools should:

- involve pupils and parents more closely in promoting healthier lifestyles
- set clear learning objectives for PSHE and assess the extent to which they have been met using the guidance from the QCA.
- develop strategies to maintain pupils' mental health through the National Healthy School Standard (NHSS) or the PSHE curriculum
- place greater emphasis on teaching about the negative social impact of alcohol, tobacco and drug abuse
- ensure there are two hours of high quality physical education plus extra hours of sport and physical activity available to all pupils by 2010
- recognise the importance and value of their external environments to promoting healthier lifestyles and seek local authority support where these are inadequate.

Secondary schools should:

- coordinate more effectively the transition from primary school and the different aspects of the secondary curriculum to maximise the impact of messages about healthy living.

Ethos and environment

1. The senior management teams in 15 of the 18 survey schools were strongly and actively committed to promoting healthy lifestyles; the school environment as a whole promoted pupils' health and well-being. The headteachers saw clearly the link between health and well-being on the one hand and raising standards on the other. References in the prospectus to the school's healthy approach, a good range of displays related to healthy living and physical activity, and practical changes to ensure consistent messages to pupils and parents all demonstrated their commitment. The two special schools in the survey put healthy living at the heart of their work.
2. The successful schools generally took a whole-school approach to this work. For example, several schools had set up healthy living task groups. These usually consisted of the PSHE coordinator, a governor, school nurse, members of senior staff, non-teaching staff, teachers, parents and pupils. The groups carried out audits, identified effective practice and, because they were led by senior managers, were able to bring about change quickly and efficiently.

Healthy school working group – secondary school

An ad hoc group, established before the Jamie Oliver television programmes, was set up to look at the diet of the young people at the school. The group included student representatives across all year groups, teachers from different departments, governors, parents, the manager of the kitchen and the headteacher. The group worked first on improving the quality of food offered in the canteen. A weekly menu was given to parents and a helpline provided to explain and support initiatives such as increasing fibre in school meals using wholemeal flour, reducing salt, sugar and preservatives, using skimmed milk and substituting low fat meat. Fruit salad packs were sold and there were proposals for a fruit bar to operate for after-school clubs. The vending machines were moved out. The work of the group was outstanding and demonstrated the practical commitment of students and staff in working together for health and well-being.

3. Fourteen of the 18 schools visited had been selected for the survey because they were part of the National Healthy School Programme (NHSP). This scheme was having a positive impact in bringing about change. For example, the headteacher of a large secondary school led work on the NHSP in his school. He changed the vending machines to ban fizzy drinks and improved school meals by removing chips from the menus. As a result of the criteria in the NHSP, the school was a non-smoking site, and smoking cessation groups had been set up to help staff and students give up. A special school set up a breakfast club, and its school council helped to improve the condition of the toilets because of their involvement with the NHSS.
4. The most successful schools were ones where the messages that were taught across the curriculum were also demonstrated overtly, so that pupils had plenty of opportunities to put their learning into practice. Good examples were the many primary schools that participated in the 'free fruit' scheme and the healthy snacks initiative, and the schools that ensured pupils had at least two hours of timetabled physical activity.
5. Across all the secondary schools inspected, those with specialist college status used this well to promote healthier lifestyles. For example, an arts college taught much of its PSHE curriculum through drama and dance. Other schools made good use of their sports college status to support physical activity and provide practical help and coaching for primary schools. Quality awards, Sportsmark, Activemark, Artsmark and, in

primary schools, the Social and Emotional Aspects of Learning (SEAL) work were all factors in promoting change.³

6. An outstanding feature of the schools which contributed positively to pupils' health and well-being was the involvement of the whole school community. Most of the successful schools had effective school councils. Pupils were involved in making decisions about the school in general and health-related matters in particular. They felt their views were listened to and they were involved positively in school improvements. For example, pupils worked with the school catering service to improve the nutritional value of school meals. In one primary school, lunches were labelled with flags to help pupils eat a balanced diet, a system devised by the school council. Schools which were successful in this area often involved all staff in improvements. Staff welfare was also taken seriously and staff were provided with counselling or other services. For example, in a northern high school, the care taken of staff was seen as a model for the level of care extended to pupils. The culture was supportive: staff received sessions on coping with stress, and special interviews when returning to school after sick leave.
7. Governors played an active part in creating this ethos. In half of the survey schools, governors were very committed to developing and improving health provision. They often made positive suggestions for menu ideas, and monitored PSHE and child safety issues. Other vital links were with parents, and the successful schools were skilled at establishing positive partnerships. For example, in seven of the survey schools, parents were involved actively in after-school clubs, sports coaching and organising 'walking buses'.

Excellent communication with parents – primary school

The school had built up outstandingly good relationships with parents. It realised that, in a fairly depressed area with high unemployment, it needed to win parents' support to fight unhealthy eating habits.

The school was very clear about the messages about healthy living it wished to convey and communicated these in straightforward leaflets which were sent home to parents. Regular newsletters kept them well informed about the school's progress with the NHSP. The school also ran three drop-in meetings a term to ease dialogue with parents. Governors set up a parents' forum to enable parental consultation over arrangements for sex, relationships and drugs education. Parents were invited into school every Friday to share in the celebration assembly which focused on raising children's self-esteem.

³ *Social and emotional aspects of learning – Guidance document* (Primary National Strategy, DfES 1378), 2005.

8. In the majority of the survey schools, accommodation was welcoming, clean and tidy, particularly the toilets, as were social and dining areas. Good routines ensured younger pupils developed good personal hygiene habits, such as hand washing and cleaning teeth. Playgrounds were enjoyable places for relaxation and were accessible and non-threatening for girls and boys. The internal and external environments supported the messages about healthy eating, and the personal development of self-confident and responsible pupils.
9. However, in the additional schools inspected promotion of pupils' health and well-being was not always as well coordinated, as they developed and moved through schooling. Health messages were not sufficiently reinforced through the curriculum and environment. There was little or no liaison between primary and secondary schools on the PSHE curriculum, resulting in repetition rather than planned progression. Pupils were all too aware when no links had been made between what they had learnt in primary school and what they were taught in the secondary phase. Repeating work that did not take sufficient account of pupils' ages and stage of development failed to engage them in learning. In several secondary schools, links between subjects were minimal because of the tradition for departments to work independently. Links were made in theory but were not clearly planned and mapped out. As a result the potential for mutual reinforcement was not achieved.

Curriculum

Personal, social and health education

10. All the survey schools had effective personal, social and health education (PSHE) which supported pupils' personal development. They recognised the need to teach pupils the knowledge, skills and attitudes to make informed decisions and healthy and safe choices. Through PSHE, pupils developed an understanding of and sensitivity to personal relationships. The coordinators of PSHE were well chosen, had the necessary skills to deal with the specific issues and were supported effectively by senior staff in undertaking their responsibilities.
11. Whilst PSHE was often led successfully by the subject coordinators, the weakest area in this survey, and in previous similar surveys, was the lack of formal assessment and reporting to parents on the progress their children were making.⁴ No visit provided evidence to suggest that any school was measuring pupils' progress in PSHE effectively, or how pupils' changed attitudes could be recorded and reported, despite detailed advice now available from the QCA.

⁴ *Personal, social and health education in secondary schools* (HMI 2311), Ofsted, 2004.

12. Activities within PSHE lessons and linked support programmes provided opportunities for pupils to discuss emotions and anxieties through constructive dialogue. A large proportion of the primary schools visited used 'circle time' effectively to promote pupils' emotional well-being. Pupils in schools with good provision felt confident to seek help from familiar and trusted members of staff. Where there were numbers of disaffected pupils, strategies ensured that they were supported effectively in areas such as anger management, smoking cessation, and developing social skills and personal confidence. However, mental health issues and strategies to maintain pupils' mental health were not well provided for in six of the survey schools.⁵

Drug education

13. All the survey schools had clear policies on drugs. The secondary schools often taught drugs, smoking and alcohol education as a unit of work within PSHE, frequently involving outside agencies including: the police; drug action teams; the Rotary Club; health advisers; and, occasionally, sixth formers. These agencies were used well to enhance school provision and not as a substitute for well planned lessons. Because of issues in their local communities, a few schools gave greater and more regular emphasis to drugs education. One or two of the survey schools used national initiatives, such as no-smoking day, to raise the profile of drugs-related issues.

Smoking cessation group – secondary school

The session was run by a smoking cessation worker from the local authority. A group of Year 10 girls, at risk of exclusion, were gathered together one afternoon a week. They chose the issues they wished to study in advance and the teacher organised it for them. Previous lessons had included childbirth and parenting skills. The pupils were soon involved in using a machine to detect the amount of nicotine in their bloodstream. Along the way the worker discussed with them the number of dangerous chemicals in cigarettes and their effect on the body. During the course of the session it was possible to see attitudes change; most of the girls admitted to smoking regularly and said they wished they could give up. By the end of the lesson, several of the girls had made a commitment to try to give up and the worker had agreed to run a no smoking group in order to support them.

14. The more health-aware schools were better at planning and teaching about drugs and ensuring that pupils knew about the impact of drugs on developing a healthy lifestyle. Outstanding practice took account of the views of the pupils, the various challenges they had to face and the local

⁵ *Healthy minds: promoting emotional health and well-being in schools* (HMI 2450), Ofsted 2005.

context, including a stronger focus on drinking and smoking as part of the drug education programme. These successful schools placed emphasis equally on developing pupils' attitudes to drugs as well as developing their knowledge of them.

15. Within primary schools, education about drugs was often taught at certain points of the school year, such as after national tests in Year 6. Pupils in two of the primary schools in the survey reported that they valued the way they were being treated more maturely by discussing drugs issues openly in 'circle time' activities.
16. Drug education in schools, however, continues to present a very mixed picture across all phases.⁶ While drugs education featured in most schools' planning, and there was provision for drugs education in all the schools, there was too little focus on the social implications of drug-taking. Pupils were not made sufficiently aware of the effect that drugs, smoking and alcohol might have on their lives. Schools rarely discussed the mental problems which may lead to substance abuse and there was wide variation in the support provided for teaching staff to raise their awareness of such issues through regular updating.

Sex and relationships education

17. Education relating to sex and relationships was often planned and taught well in the schools visited. Courses were structured carefully and the content was chosen sensitively to reflect pupils' age and stage of development. Activities recognised pupils' developing emotions effectively, supported their physical development and dealt with their anxieties. Well considered strategies promoted pupils' emotional well-being. Through their provision, secondary schools in the survey responded to local concerns such as teenage pregnancy.
18. The schools that were most successful in dealing with pupils' mental and emotional well-being, and sex and relationship education, tended to take a wider view overall of their role in supporting and nurturing children and young people. Teachers were confident with the subject matter and, if they were not, such as in dealing with sexual relationships, specialist support ensured confident and helpful guidance for pupils. Positive relationships between pupils and staff created a strong basis for learning.
19. Three of the survey schools took too limited a view of their responsibilities to provide sex and relationship education and support for pupils' emotional development. Resources and teaching strategies were narrow and focused on physical changes, and staff lacked confidence and expertise in dealing with aspects of sex and relationship and drug education. Work was

⁶ *Drug education in schools* (HMI 2392), Ofsted, 2005.

hampered by a lack of specialist knowledge to teach these topics successfully.

Other subjects

20. The most successful schools used the wider curriculum effectively to extend teaching on health and well-being beyond the boundaries of the PSHE curriculum. They provided valuable experiences through physical education, citizenship and science. Other subjects also featured, for example, geography, where education for sustainable development provided rich opportunities.

Using sustainable development – village primary school

The school's key focus for the year was to 'embed the principles of learning for sustainability throughout the whole school community'. Sustainability, including healthy living, was the cornerstone of the school improvement plan. It provided clear direction and a list of actions against which the school intended to measure progress, such as encouraging healthy and locally grown food, encouraging the use of fair trade products, installing a water butt, encouraging pupils to walk to school, and updating the school's Healthy School award.

21. Subjects which lent themselves well to health promotion included the arts, where pupils were able to express their feelings creatively, and English literature and drama where they developed an understanding of others through the feelings and responses expressed by characters in a novel or play.

The impact of specialist college status on provision of health education – secondary school

The performing arts team, in partnership with other subject departments, contributed a great deal to the health education programme. Examples included an integrated project in performing arts in Year 12 on domestic violence, which also involved students completing a questionnaire before and after a professional performance and workshop. A Year 8 cross-curricular project with the mathematics and science departments focused on binge drinking. A dance company performed their piece '10 Green Bottles' and then pupils explored bottle size, units, volumes and the effects of alcohol on the body. The formal curriculum was also supplemented with a wide range of extra-curricular activities including dance clubs for boys, a school-wide choreography competition and pupils working in partnership with the charity 'Friends for Leisure' which aimed to bring together able-bodied and young people with disabilities in friendship.

22. Frequently, health promotion was supported well by local and national agencies, including the local authority. Helpful published guidance from a number of sources was used widely to support this work. Only two of the survey schools did not use any external agency to support the teaching of the PSHE curriculum. Single-sex teaching groups were used successfully in two of the secondary schools surveyed to focus on specific gender-based issues in sex and relationship education.

Food and drink – the lifestyle message

23. The 14 survey schools which were part of the NHSP were aware that healthy eating forms a key area. They had discussed and written a policy on this area in collaboration with all staff, pupils and parents, reflecting a whole-school approach. For example, a headteacher in a middle school wanted to ensure that pupils, parents and carers were more involved in the school's healthier eating. She instigated a healthy school task group. The criteria from the NHSP helped the group to provide guidance on snacks and food consumed on all trips and visits.
24. School councils increasingly had a voice in developing healthier eating. In one primary school the school council had made some decisions about the choice of food served in the canteen, such as providing a 'green vending machine' and a salad bar, and had surveyed pupils as to whether biscuits cooked in school should be sold at break time or be replaced by fruit. Parents and carers were kept well informed through school newsletters. One primary school sent out a monthly school newsletter that regularly included an aspect related to healthy living. Nine of the survey schools found that, when parents were fully included in establishing a healthy eating policy, pupils brought in more healthy options for packed lunches and snacks.
25. In 17 of the 18 survey schools, pupils were taught the skills and understanding to make healthier choices. Consistent health messages were also taught across the curriculum. Classroom messages about healthy eating were reinforced by the range of food and drink available in the school. Many schools followed the advice and guidance provided in the National Healthy Schools Standard and the two White Papers on public health.^{7,8}
26. All the primary schools surveyed took part in the school fruit and vegetable scheme which began in 2000 and used this effectively to encourage pupils to try a wide range of fresh fruits and vegetables. All these schools reported that older pupils were more willing to eat fruit and vegetables, following their experience in Key Stage 1. The scheme had

⁷ *The health of the nation*, The Stationery Office, 1991.

⁸ *Saving lives: our healthier nation*, The Stationery Office, 1999.

helped the schools to develop healthy choices for break times and had reduced the consumption of cakes and sweets.

27. Schools that contributed well to pupils' understanding of healthier eating made effective use of external agencies. For example, the 'life education' bus was invited by one primary school to introduce their healthy eating topic.⁹ The work was linked closely to themes which were then developed in PSHE, 'circle time', science, art, physical education, and design and technology. Pupils were able to talk about healthy foods and make healthy choices; they could explain why certain nutrients were important to good health. The work culminated in pupils making their own healthy snacks.
28. Effective schools used food technology lessons well to make an important contribution to pupils' understanding of healthy eating and food preparation. Practical work included making healthy meals and snacks. Teachers stressed the importance of reducing fat, sugar and salt in the diet and ensuring the appropriate amounts of fresh fruit and vegetables.

Healthy eating – special school (PMLD)

Healthy eating was central to this special school's curriculum. A fully integrated approach ensured that all pupils were encouraged to eat healthily. The Accredited Life and Living Skills curriculum successfully underpinned learning at Key Stage 4 and post-16. Pupils knew about healthy foods and how to cook them. Pupils who had profound and multiple learning difficulties followed an appropriate 'bodyworks' curriculum. This enabled them to develop different sensory experiences through food and to make choices. All pupils participated in healthy eating week. This included a 'smoothie workshop' where pupils learnt about the texture, smell and taste of food. The school's effective policy on healthy food included guidance for parents on choosing snacks and food eaten on trips and visits. Drinking water was readily available in all classrooms. The school's participation in the fresh fruit and vegetables scheme had encouraged pupils to eat more fruit and vegetables.

29. The wide introduction of breakfast clubs has helped to ensure that pupils start the day with a healthy meal. A couple of the schools surveyed had been successful in enlisting the support of their local supermarkets to donate food and provide cereals, toast and ingredients for cooked breakfasts, as well as fruit juice. Breakfast clubs were also used well to provide additional time to help pupils with their reading and homework.

⁹ The 'life education' buses are provided by local authorities or other groups and tour schools to support work on the PSHE curriculum.

Breakfast club – inner city primary school

Twelve months previously the headteacher had identified pupils' emotional health as an area of growing concern. An increasing number of pupils showed behavioural problems which, in some cases, were manifesting themselves as self-harming. His discussions with the special needs coordinator, staff and the school nurse led to the implementation of several new initiatives. The school recognised that some pupils, particularly those on the special needs register, had poor eating habits. The special needs coordinator invited parents into school to tell them about the breakfast club that the school wished to start. This was supported by several supermarkets who donated the breakfast. After breakfast, the pupils had a paired reading session before school started. The effect of this provision was calmer behaviour during the day.

30. All the schools in the survey encouraged pupils to drink water. Pupils brought containers to school and were encouraged to refill them as needed throughout the day. One primary school bought water bottles for all its pupils to encourage them to drink more.
31. In March 2005 the DfES announced a number of measures to improve food in schools.¹⁰ These included training for catering staff in schools on healthy eating. In the schools that had followed the NHSS guidance most closely, the school cook was recognised as having a key role in improving pupils' diets. Thirteen of the survey schools had reduced the number of days on which chips were served. Salt was not added during cooking and, frequently, was not available on tables. School cooks were keen to introduce healthy foods and develop meals which extended pupils' choices. In one high school, the school cook was committed to developing the habits of healthy eating. The school canteen provided locally sourced fresh vegetables and meat. Imaginative food choices included raw vegetables and dips, and brown rice.

Better school food – a village primary school

The school cook had benefited from the training she had received on healthy eating and was keen to work with the headteacher to improve the quality of the school meals. The school was able to take advantage of the expiry of the school meals contract. This enabled them to join other local schools to interview prospective new meals providers and choose one that would meet the schools' healthy meals policy. The schools now have freshly prepared food, and ingredients are sourced locally as much as possible.

¹⁰ The DfES press notice can be found here: www.dfes.gov.uk/pns/DisplayPN.cgi?pn_id=2005_0044

32. Secondary and middle schools were developing 'cashless' cafeteria systems with print-outs sent automatically to parents. These also reduced the risk of money being taken or lost. Parents were very supportive about these as they were able to block certain foods and thus influence the foods their children selected. In one high school, parents were given an analysis of their child's spending at the end of each month. Monthly menus were sent home in advance.
33. In eight of the survey schools, the school tuck shop sold fruit and, in a few schools, the school cook made healthy snacks for sale. No fizzy drinks were sold in school tuck shops. One high school recognised that many pupils wanted to get out quickly at lunch times to take part in clubs and, as a result, they were not choosing a school lunch. To overcome this, they offered a selection of healthy snacks at break times which pupils could purchase to eat at lunchtime.
34. The most successful schools had been able to improve the quality of their canteens and dining rooms. In an 11 to 18 high school, the recently appointed catering manager had remodelled the three canteens to match those found in the best high street sites, transforming them into pleasant social areas where staff and pupils chose to eat. In addition, pupils were able to choose which canteen to eat in and this, together with the introduction of healthy choices, had led to almost all pupils staying for school meals. In the best of the canteens and dining rooms, staff and pupils ate together and enjoyed the opportunities to socialise. Posters about healthy food informed pupils about making sensible choices.

Physical education and school sport

35. The last five years have seen an increasing emphasis on the role of schools in encouraging pupils to be physically active. In 2002, the DfES and the Department for Culture, Media and Sport jointly launched the physical education (PE), school sport and club links strategy (PESSCL).¹¹ The overall aim was to achieve the joint public service agreement (PSA) target to increase the percentage of 5 to 16 year old school children in England who spend a minimum of two hours each week on high quality PE and school sport, within and beyond the curriculum, to 75% by 2006 and to 85% by 2008. Ofsted's report in 2005 on the PESSCL strategy noted that schools' involvement in the strategy had made a positive difference to PE and sport: more time and attention were given to PE and school sport and widening participation.¹²

¹¹ *Learning through PE and sport: a guide to the PE, school sport and club links strategy*, DfES/DCMS, 2003.

¹² *The physical education, school sport and club links strategy* (HMI 2397), Ofsted, 2005.

36. The DfES's *Healthy living blueprint for schools* in 2004 reinforced the PESSCL strategy's principles of increasing the time allocated to PE and school sport, enhancing extra-curricular provision and widening participation. This was reinforced further in 2005 by the Department of Health's physical activity action plan which recommended children and young people should spend at least 60 minutes daily in physical activity of at least moderate intensity.¹³ In 2006 the report entitled *Tackling childhood obesity* highlighted the importance of the PESSCL in achieving the PSA target, namely, to halt by 2010 the annual increase in obesity among children under 11.¹⁴
37. Almost every school visited for the survey promoted the importance of physical activity well. A central aim of the most successful schools was to encourage pupils to understand the part physical activity played in a healthy life. A strong ethos encouraged and promoted participation and fun. In almost two in three of the schools, PE departments and coordinators led the whole-school emphasis on healthy lifestyles. In the best examples, PE staff acted as good role models, encouraging participation and promoting opportunities at out-of-school clubs. The best provision in primary schools was in those that had qualified, specialist PE coordinators.
38. At least a third of the schools in the whole sample had achieved accreditation such as Activemark (primary schools) or SportsMark (secondary schools). These awards recognise and reward schools for their commitment to providing good physical activity and promoting its benefits. Schools which did this well focused not only on the quantity and range of curricular and out of hours provision but also on the quality of teaching and learning. PE lessons were led by staff who had a good command of the subject and a thorough knowledge and understanding of the pupils. They were able to structure teaching and learning so that they built on pupils' previous experiences. Schemes of work were organised into units of suitable length which allowed pupils to develop and master skills which they could then apply in more challenging contexts.
39. PE departments which took the lead in promoting pupils' health and well-being contributed to establishing effective cross-curricular links, particularly with science and PSHE. For example, PE lessons which included thorough warm-ups helped pupils to develop their understanding of the impact of exercise and human anatomy and often built on their learning in science.

¹³ *Choosing activity: a physical activity action plan* (267166), Department of Health, 2005.

¹⁴ *Tackling childhood obesity - first steps* (HC 801), National Audit Office/Healthcare Commission, 2006.

40. All but one of the survey schools had special activities such as sponsored walks, skipping or swimming which promoted physical activity and often raised funds for additional equipment. Some included special activity weeks. One school was holding a health week at the time inspectors visited it:

'Health week' activities – junior school

There was a real buzz of excitement at 8.45am as smiling pupils, parents and staff made their way into the school hall on a wet, miserable morning for before-school aerobics, led by a parent. This was just one event in the school's bi-annual health week where lively music and easy to follow movements involved everyone and helped to prepare them well for the day. All pupils and staff in the school, and a good number of parents, took part; all wore appropriate PE kit.

At lunchtimes, Year 6 pupils acted as playground activity leaders (PALS), working in groups and organising the younger pupils. Each group worked once a week in their own school and once in the adjoining infant school. PALS were trained by the PE coordinator and were tested on their skills of making up and organising games with limited equipment. PALS collected any equipment they wanted from the PE store, took responsibility for it and replaced it afterwards. They had an important role in the school and younger pupils enjoyed the games which were set up for them. This was a good way of keeping pupils active at lunchtime and involving everyone.

41. Schools which promoted physical activity well, particularly primary schools, encouraged it not only in lessons and out-of-hours clubs, but also as an integral part of the school day. Playtimes were active. Pupils enjoyed the exercise and were encouraged to take responsibility for organising their own small games. Schools realised that engaging pupils in physical activity reduced behaviour problems during breaks and, often, in subsequent lessons. In a couple of the secondary schools visited, lunchtimes were too short for formal activities, but pupils often organised their own games, in particular football.
42. Almost all the survey schools were committed to providing two hours of PE and sport each week. Generally, more time was allocated in secondary schools than in primary, and more time was provided for Key Stage 2 pupils than those in Key Stage 1. Almost every school offered pupils the chance to take part in after-school activities. The range of activities was wide and schools reported that the rates of participation were high; however, very few schools monitored these.
43. Schools with good provision usually had a whole-school emphasis on healthy living that included encouraging pupils, especially those in primary schools, to walk or cycle to school.

Increasing physical activity – primary school

The school entered the 'Golden Boot' award, a competition which aims to increase the numbers of pupils walking or cycling to school. A prize is awarded to the class in each school which scores the highest number of points. Most points are awarded for walking and cycling whilst pupils arriving in a car receive a negative score.

The school also introduced a skipping workshop. First, demonstrations were given at assembly and pupils had a chance to copy the steps. An after-school club was attended by 100 pupils from across the school. Rhymes were taught to accompany the skipping games. Morning break and lunchtimes were characterised by pupils singing and skipping.

44. Secondary schools in the survey which were keen to increase the participation of less active pupils sought their views about clubs they would enjoy. This resulted in the growth of dance and trampoline clubs and leadership courses aimed at those who were disaffected or those for whom traditional activities held little interest. However, the survey also found secondary schools where pupils with special educational needs, such as autistic spectrum disorders, rarely participated in lessons or in any out-of-hours provision. In contrast, the two special schools surveyed placed a strong emphasis on physical activity, often reinforcing it across the curriculum.

Physical activity for all in a special school

Pupils had at least two sessions each week in a hydrotherapy pool where they were supported by physiotherapists and PE staff. Some with profound and multiple learning difficulties enjoyed regular outdoor pursuits as part of their residential programme. The school employed a physical activity officer as well as a PE teacher. The activity officer organised activities such as the use of the multigym. Working with parents to promote healthy lifestyles was emphasised. An important aim of the programme was to encourage pupils and parents to participate after school and to continue after they left. Parents were encouraged to come in to school and use the equipment regularly.

45. In 8 of the 18 survey schools, the use of local community facilities encouraged pupils to enjoy physical activities. Often, the quality of facilities, in particular indoor facilities and changing rooms, were vastly superior to those belonging to the schools. Activities such as the regular use of fitness gyms or swimming pools were encouraging pupils to participate in their free time and build good habits for later life.

Using community sports provision – a group of primary schools

The community sports provision offered to primary schools by the local community centre was outstanding. A team of sport development officers were conscientiously meeting the sporting needs of neighbouring schools and their communities through a range of activities, including street football leagues played in an Astroturf cage; aerobics; tag rugby; girls' football, and basketball. There were plans to develop provision further to include outdoor pursuits and accredited coaching courses for older pupils. The centre insisted that each child should bring water and a piece of fruit to reinforce the messages about healthy eating which the schools were actively promoting.

46. The primary school teachers involved in these schemes felt that the partnerships with the local sports colleges had helped to increase the confidence, knowledge and skills of staff in teaching PE. Links with local coaches had extended the range of activities and out-of-hours provision. In the survey schools, such links had resulted in the introduction of rugby, gymnastics, dance, indoor athletics, and 'kwick cricket'. Young sports coaches acted as good role models for pupils. Pupils engaged positively with them during lessons and were keen to stay for the after-school clubs which they also led.

Lifelong health messages

47. All the schools in the survey provided good or very good care, support and guidance for pupils as they progressed through school. The class teachers in primary schools and form tutors at secondary level were key adults in providing high quality care for individuals.
48. In two of the secondary schools visited, where pupils' attitudes had improved since the previous inspection, the quality of the provision for pupils' personal development had also improved. The NHSP acted as a catalyst for health promotion and support for pupils' well-being. The schools that were part of the scheme were very sensitive to and aware of the importance of a whole-school approach.
49. In these schools, there was a close match between the health messages taught within the curriculum, their caring ethos and the school environment. The ethos was reflected in the quality and training of staff, including teaching assistants and lunchtime supervisors. Pastoral staff, including class teachers, form tutors, and heads of year or heads of houses in secondary schools, knew pupils well and, in the best instances, worked closely with parents or carers throughout a pupil's time at school. Staff had received child protection training, and were aware of the medical needs of individuals through confidential record-keeping. Careful tracking

and knowledge of family circumstances, combined with judicious use of health professionals, helped individuals through difficult times, such as bereavement, and supported their learning. Very good relationships existed between staff and other adults and pupils, who in turn felt confident to seek advice and support from adults.

50. In the majority of the survey schools, staff were mindful of the critical points in pupils' development and took these into account when planning the PSHE curriculum, as well as the socio-economic context of the families and the community they served. Their policies for teaching about sex, relationships and drugs met statutory requirements and were responsive to local issues.
51. All the secondary schools had effective mentoring schemes and, increasingly, primary schools were adopting these. Mentors from a wide variety of backgrounds, such as the Rotary Club, local businesses and youth organisations were briefed effectively and integrated into the school's pastoral systems. Mentors acted as positive role models and provided a listening ear for secondary aged pupils, whose learning was hindered, for example, by their disruptive behaviour or poor social skills.
52. Peer mentoring schemes in secondary and primary schools provided further useful support for pupils who lacked confidence and were not making progress. Peer mentors worked best as an integral part of a school's anti-bullying strategy. Pupils who trained as mentors took it seriously. 'Buddies' were effective in primary schools, for example where the playground seemed an unfriendly place for some children. Five of the survey schools used a buddy system to encourage reluctant pupils to take part in lunchtime and after school activities.

Using a circle of friends to build self-esteem and confidence – secondary school

The appointment of a school counsellor had a good impact on groups of more vulnerable pupils. As well as providing formal counselling, the counsellor developed a group who proudly called themselves the 'circle of friends'. It drew on a self-selecting group of pupils from across the school and genuinely included all who wished to be involved. They developed their own group rules. Sixth form students joined as mentors and provided excellent role models for younger students. Group work skills, speaking and listening, as well leadership and organisation were explored during weekly sessions. Pupils decided how sessions were used and new members were welcomed as long as they respected the group's confidentiality rule. Pupils explained to inspectors their reasons for joining the group and the very marked impact it had had on their confidence and self-esteem.

53. The 18 survey schools worked effectively and in collaboration with a broad range of health professionals and outside agencies to give pupils expert advice, to support individuals and promote positive messages about health across all year groups. Schools' provision often drew from good local knowledge and was responsive to the neighbourhood's immediate health needs. It included behaviour support workers, school counsellors, health advice, Connexions, youth workers, police liaison officers and the family support and educational welfare officer; these complemented in-school pastoral systems and liaised well with each other. One school acted as a hub for an extended school initiative and used its new building to host a multi-agency team to support pupils.

Implementation of the Every Child Matters agenda – secondary school

The school provided outstanding care, support and guidance, and helped its pupils to develop mental resilience. The school was fortunate in its accommodation and was able to designate a whole area of the school as a 'classroom free zone'. One corridor housed the support services for pupils where they could use health services, with 'drop-in' sessions from school doctor/nurse; education welfare officer; police community officer; learning support and mentors; Connexions, careers advice and guidance; nurture groups; girls' group meetings, and a games club.

The area provided high quality, external advice and support for pupils. Because such a variety of pupil-centred activities happened along the corridor, there was no stigma attached to being seen there. The nurture groups for vulnerable pupils, mainly for Years 7 and 8, were very successful in boosting self-esteem and easing transition difficulties.

54. School nurses, while not based at any one school, gave invaluable input to and support for the PSHE curriculum, provided 'drop in' sessions at secondary schools and often, at the request of pastoral staff, gave one-to-one confidential health advice to pupils. In one very good example, a school nurse worked in the secondary school and also in its primary schools to provide continuity for pupils. Fifteen of the survey schools used both a school nurse and community police officer regularly to support the teaching of sex and relationships and drug education. Three of the schools were disadvantaged by not having regular access to such personnel.

Barriers to improvement

55. The 18 survey schools promoted pupils' health and well-being through a whole-school approach, as well as through individual subjects. In the additional schools inspected, however, pupils' health and well-being were not always coordinated and promoted effectively. The schools did not

integrate the Every Child Matters agenda fully into their planning for development and did not reinforce sufficiently the messages about health through the curriculum and the environment. In several of the additional secondary schools, links across subjects were minimal because of the tradition for departments to work independently. Links were made in theory but were not clearly planned and executed in practice. Even in the 18 survey schools, which were selected because of their good practice, there were still areas for improvement in a very small number of them.

56. The following table summarises the key barriers to improvement which the survey identified, although by no means all of them were found in all schools:

Barriers to improvement	Impact on pupils
Insufficient consideration given to the emotional demands of the transition between primary and secondary school.	Failure to settle quickly to new environment, with consequent impact on learning.
Little or no liaison between primary and secondary schools about the PSHE curriculum.	Failure to engage pupils in learning because too much of the material was repeated from earlier work.
Insufficient links across the curriculum in secondary schools.	Fragmented work on healthy living and well-being and reduced impact of teaching.
Insufficient guidance to parents concerning healthy, balanced packed lunches.	Packed lunches provide unsuitable nutrition.
Insufficient consultation with parents or with pupils.	Parents not enabled to support and reinforce the school's health messages.
No on-site cooking facilities (a particular problem in primary schools).	Lunches cooked off site and transported in insulated containers or reheated resulted often in heavily over-cooked food; pupils gained little pleasure from, or taste for, fresh vegetables.
Cramped facilities for dining and poor quality dining area.	Pupils unwilling to eat at school, preferring 'fast food' off the school premises.
Short lunch times and long queues.	Pupils wishing to participate in lunchtime activities discouraged from choosing healthy 'set meals' and opting for 'fast' food.
Inaccessible or unclean toilets, sometimes with graffiti which was not removed immediately.	Pupils not feeling safe from low-level bullying; health messages in the curriculum not supported effectively by accommodation.
Poor quality accommodation and environment for physical education.	Restricted range of physical activities offered.
Changing rooms and showers were	Pupils, even at Year 6, changing in

poor quality or, in primary schools, entirely absent.	classrooms, often all together, with consequent lack of privacy and unwillingness to participate in exercise.
Lack of cycle sheds and lack of security for bicycles on school site.	Pupils discouraged from cycling to school, with a negative impact on the promotion of physical activity.
Lack of professional development of non-specialist PE staff in primary schools.	Insufficient emphasis on physical activity.

Notes

Between the summer of 2005 and the spring of 2006, Her Majesty's Inspectors visited ten primary schools, six secondary schools and two special schools, selected either because of their good practice in the context of health provision or because they had achieved the NHSP accreditation. The report refers to these schools as the 'survey schools'. All the schools were selected to provide a national sample of types and locations. The institutions are listed in the annex.

Inspectors observed teaching which included elements of health education. They held discussions with small groups of pupils, senior managers, subject coordinators, lunchtime supervisors and cooks. Reference was made to relevant policies and schemes of work, and pupils' work was scrutinised.

The survey was supplemented, during the same period, by evidence from Ofsted's surveys of subjects in 102 schools. On these visits, inspectors evaluated the effectiveness of health provision in relation to the subject they were inspecting. Section 10 and section 5 inspections and other surveys carried out by HMI provided further evidence.

Further information

Surveys by Ofsted

Personal, social and health education in secondary schools (HMI 2311), Ofsted, 2004.

Healthy minds: promoting emotional health and well-being in schools (HMI 2450), Ofsted, 2005.

Drug education in schools (HMI 2392), Ofsted, 2005.

The physical education, school sport and club links strategy (HMI 2397), Ofsted, 2005.

Food technology in secondary schools (HMI 2633), Ofsted, 2006.

Food for thought: a survey of healthy eating in registered childcare (HMI 2548), Ofsted, 2006.

National guidance

PSHE at Key Stages 1–4: guidance on assessment, recording and reporting (QCA/05/2183), QCA, 2005.

Social and emotional aspects of learning (Primary National Strategy guidance document) (DfES 1378), DfES, 2005.

Learning through PE and sport: a guide to the PE, school sport and club links strategy, DfES/DCMS, 2003.

www.dfes.gov.uk/pess

www.culture.gov.uk

Units of work on teaching about drugs, alcohol and smoking are available via the QCA's website under the PSHE subject heading.

Websites

Qualifications and Curriculum Authority

www.qca.org.uk

For advice to governors see

www.food.gov.uk/news/newsarchive/2005/nov/schoolgovernors

www.wiredforhealth.gov.uk

This is the website for the National Healthy Schools Programme.

www.foodinschools.org.uk

This supports the work of Healthy Schools in all aspects of food in schools, including the food partnerships programme that provides professional development for primary teachers to teach lessons in diet, nutrition and practical cooking.

www.dfes.gov.uk/schoollunches/default.shtml

This gives information about the compulsory nutritional standards for school lunches.

www.teachernet.gov.uk/pe

This gives information about physical education and school sport.

Annex

Institutions visited for this survey (the survey schools)

School	Town	Local authority
Axton Chase School	Longfield	Kent
Brewster Avenue Infant School	Woodston	Peterborough
Brunel Primary School	Saltash	Cornwall
Cranmere Primary School	Esher	Surrey
Ellesmere College	Leicester	Leicester City
Greenhill Primary School	Bury	Bury
Hollinswood Infant and Nursery School	Telford	Telford and Wrekin
Horspath Church of England Primary School	Oxford	Oxfordshire
Kents Hill Junior School	Benfleet	Essex
Malden Manor Primary and Nursery School	New Malden	Kingston upon Thames
Marlborough Primary School	Plymouth	Plymouth
Poynton High School	Stockport	Cheshire
Saltley School and Specialist Science College	Bordesley Green	Birmingham
Shepherd School	Bilborough	Nottingham
South Hunsley School	North Ferriby	East Riding of Yorkshire
St Vincent's Catholic Junior School	Altrincham	Trafford
Stowmarket Middle School	Stowmarket	Suffolk
The Alsop High School - A Technology College	Merseyside	Liverpool