

How headteachers are managing their schools to help improve children's health

SCHOOL LEADERS

Report

Healthy body: healthy mind

Barry Dawson

Former headteacher, Bidston Avenue Primary School, Wirral

Colleen Taylor

Headteacher, Broadoak Primary School, Salford

Gordon Scholefield

Headteacher, Brookdale Primary School, Wirral

Marie Egerton-Jones

Headteacher, Leamington Primary School, Liverpool

Introduction

Although the greatest pressure on primary schools appears to be delivering higher academic standards, there are currently major concerns over children's physical and mental health. Concerns include: increased obesity, drug misuse, behavioural and psychological problems and teenage pregnancy. In response to the 2007 Unicef report, *Child Poverty in Perspective*, the Children's Commissioner for England, Professor Sir Al Aynsley-Green, stated:

We are turning out a generation of young people who are unhappy, unhealthy, engaging in risky behaviour, who have poor relationships with their family and their peers, who have low expectations and don't feel safe. (BBC 2007)

As attitudes and aspirations to the need for a healthy lifestyle are established when children are young, primary schools clearly have a major part to play in promoting physical and mental health and the general well-being of children, while also delivering higher standards. This study focuses on the way headteachers are managing their schools in response to this challenge.

The study aims to highlight successful strategies implemented in a variety of settings in order to enable others to adapt and reflect on practice. It also makes recommendations for school leaders' agencies seeking to improve children's health.

Methodology

Eight schools in the Merseyside region, representing a range of catchment types and characteristics, were selected for visits. All the schools were recognised as exemplars of good practice by local authorities, in Ofsted reports or through awards for health promotion. Each had successful approaches to the promotion of children's health while sustaining good levels of academic progress.

Members of staff who played a key role in health promotion were interviewed using a common framework of questions. A focus group of primary headteachers was also interviewed.

The findings were recorded, then similarities and differences in leadership analysed. Fieldwork was completed during 2007.

Key findings

Identification of need

Headteachers used a combination of strategies and systems to gather information and track children's progress and changing needs. This was then used to inform school improvement planning and the allocation of resources according to individual needs. The headteachers:

- allocated staff time to gather detailed information from pre-school settings including children's centres, the private and voluntary sectors
- gained valuable contextual information from health workers and parents, including home visits
- used the Healthy Schools, School Sports Coordinator, Travel Plan and Extended Schools frameworks to analyse current provision and direct action
- utilised effective tracking systems and intervention programmes to map children's progress

Management structures

Headteachers had identified the need to set up structures and allocate roles in order to focus directly on children's health. This was in response to the Every Child Matters agenda and increasing incidences of children's physical and mental health problems, and their impact on behaviour and achievement. Common features were:

- the leadership, vision and commitment of the headteacher was critical in developing a comprehensive and effective programme and sustaining it
- clear roles were assigned specific responsibility to promote children's health and well-being with the obvious commitment of senior managers leading aspects of health
- time was allocated for staff at all levels to support the health agenda
- staffing needs were met and appointments made to support the health agenda, with finances allocated to provide time and expertise, for example, learning mentors

- a flexible leadership model was created, based on the unique resources available within each school, with shared responsibility for addressing this agenda, thereby reducing the danger of relying on a particular individual
- there was an unrelenting focus on health across all aspects of the school and community, with the headteacher playing an active role
- there was a proactive rather than reactive approach to tackling these issues

External links

Headteachers recognised the importance of other agencies and developed links with external organisations or key personnel able to provide valuable information, support and training opportunities. These included:

- the school nurse and dental health workers who provided a vital and active link in all the schools, working with children and families, delivering programmes and giving support
- educational psychologists who gave support beyond the processing of statutory assessments, particularly with emotional and learning difficulties in some schools
- Healthy Schools, School Sports Co-ordinators and good links with secondary schools, which gave valuable support and resources as well as giving a clear criteria for the physical and emotional aspects of the curriculum
- valuable help and training offered by voluntary organisations, for example, Barnardo's and the Catholic Children's Society
- education welfare officers who supported the emotional needs of some pupils and monitored attendance

Curricula changes

Headteachers responded to children's health needs by changing the curriculum in and out of classrooms. The consistent features of effective leadership were:

- promotion of an interactive approach to learning which motivates teachers and engages pupils
- willingness to change the structure of the day to allow for more physical activity and to match learning needs

- ensuring that the Social Emotional Aspects of Learning (SEAL) programme was embedded and staff were trained
- developing themed weeks focused on health and fitness to give clear focus and engagement and giving teachers flexibility in their planning
- developing a creative learning environment indoors and outdoors
- embracing the Healthy Schools focus on food, dental health, emotional health, sex and drug education programmes
- ensuring Extended Schools provision enhanced the emotional and physical well being
- valuing the school council, engaging pupils in the life of the school and responding to their needs
- ensuring that parents were fully engaged and informed about events and opportunities for involvement

Main challenges

Respondents identified the following as the key challenges to addressing this agenda.

- Sustaining long-term leadership and a shared vision to ensure that health remains a high priority.
- Creating and sustaining management structures with roles and responsibilities which reflect identified pupil needs at any one time.
- The pressure to achieve high standards in core subjects, especially literacy and maths, meant heads felt they had to justify time spent on other areas and on their approach.
- Managing resources, human and financial, which are often based on short-term funding.
- Lack of swift action following referral to external agencies and excess demand leading to delays.
- Having to coordinate provision with a wide range of outside agencies.
- Management of the increasing numbers of children with social, emotional and behavioural problems.
- Improving provision to address the growing mental health needs of children.

Conclusion

The health of children is rightly being given high priority in schools. This research found that schools shared a number of common characteristics that supported the effective leadership and management of children's health issues. These included the following leadership and management strategies.

- Securing the total commitment of senior leaders to improving the health and well-being of the school community.
- Promoting collective ownership and engagement of the school community in decision making and the allocation of resources in health initiatives.
- Identifying time for strategic planning and communication on health matters.
- Adopting a whole school approach which implemented successful and sustainable improvements.
- Ensuring staff were trained to deliver their respective roles including special educational needs coordinators (SENCOs), learning mentors and sport coordinators.
- Ensuring clarity of roles within a structure and time to give targeted support as appropriate.
- Implementing effective systems for gathering and using health information and for tracking the changing needs of children.
- Establishing flexible intervention strategies.
- Establishing close, sustainable links with external agencies.

Leaders identified a number of issues which they felt should be addressed to promote this agenda further. These included:

- less pressure to achieve high standards measured by tests of core subjects
- better information sharing between children's services and swift action following referral to external agencies
- equality of access to support services across schools and local authorities
- improved support from speech and language services
- increased support and resources for schools to meet the demands of growing numbers of children with social, emotional and behavioural difficulties
- schools would make better provision if they could fund more human resources to address children's emotional health and special needs

References

BBC online, 2007, 'UK is accused of failing children', 14 February, available at <http://news.bbc.co.uk/1/hi/uk/6359363.stm>

Unicef, 2007, *Child Poverty in Perspective: An overview of child well-being in rich countries*, Florence, Italy, Unicef

Research associate reports available in autumn 2008

■ **Only connect**

Using a critical incident tool to develop multi-agency collaboration in two children's centres

Alison Cummings, *Policy & Practice Development, Sure Start & Extended Services, East Riding of Yorkshire*

■ **Can federations help stars to come out?**

Exploring the unique contribution of federations to the development of school leaders

George Ford and Elaine McCue, *Dual Headteachers, Federation of Abbey Schools, Darlington*

■ **Parents matter**

How can leaders involve parents in the self-evaluation process and further development of children's centre and extended school services?

Liz Klavins, *Head of Centre, Fairfield Children's Centre*

■ **Teachers into leaders: networking and leadership development**

Growing leaders of the future is becoming an accepted central responsibility of leaders of the present

Yvonne Lawrence, *Former Headteacher, Horsell Church of England Junior School*

Debbie Robins, *Headteacher, Wray Common Primary School*

Bob Twells, *Headteacher, Furzefield Primary School*

■ **Student Leadership and School Improvement**

How can school leaders involve students in the school improvement process through developing students as researchers?

Jean Watt, *School Improvement Officer, Education Bradford*

Research Associate Programme

Published: September 2008

To download this publication, please visit
www.ncsl.org.uk/publications

We welcome enquiries about the Research Associate programme. For further information about:

- current projects
- previously published reports
- becoming a research associate

Please visit the website:
www.ncsl.org.uk/researchassociates

**National College for
School Leadership**
Triumph Road
Nottingham NG8 1DH

T: 0845 609 0009
F: 0115 872 2001
E: enquiries@ncsl.org.uk
W: www.ncsl.org.uk

Disclaimer

In publishing Research Associate reports, NCSL is offering a voice to practitioner leaders to communicate with their colleagues. Individual reports reflect personal views based on evidence-based research and as such are not statements of NCSL policy.