Health Promoting School Handbook
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INTRODUCTION TO THE GUIDE

In recent years, schools in the Argyll and Clyde Health Board area have been active in the development of approaches to improve the health of young people. In 1990, the Health Board funded a major project on the development of the Health Promoting School. This resulted in intensive support being offered to secondary schools. Latterly the project work broadened to include some associated primary schools. This “cluster based” approach has many benefits since the development of the Health Promoting School results in work which focuses on establishments, not only as centres of learning, but as workplaces, and includes issues such as staff health and well-being. The role of the wider community, parents and health and caring services are seen as critical elements.

The document, “Scotland’s Health: A Challenge to us all”1 stresses the importance of the school as a setting within which to promote health. Thus it states, “Schools are singularly important because of their role in shaping habits and behaviours of young people.”

Whilst it is often quoted that pupils spend only around 5/9ths of their time in school, it is recognised that this may provide the only opportunity for them to participate in structured programmes within which many of the issues affecting their health can be explored. In addition, it is the only setting in which it is possible to develop systematic approaches which can reach the vast majority of young people.

This is not to say that school is the only setting which influences young people. It is one of several separate but interdependent settings which will influence their health. Other settings include the community, workplace and the National Health Service. Health related behaviours will take place in environments and cultures which may or may not be supportive to positive decision making in relation to health. Thus the development of activities at the interface of the other settings will enable the development of approaches which will reinforce and consolidate efforts in the education setting.

Approaches to the Development of the Health Promoting School

Support was initially offered to a sample of schools in the Health Board area during the life of their health projects. This looked at development of the Health Promoting School as a vehicle to deliver HIV/AIDS education. The Health Education Development Officer, in conjunction with the Educational Development Service and the Health Promotion Unit offered a training and consultancy service to staff and parents and addressed a number of key issues.

Currently, widespread support on a range of health issues and projects is offered by the Health Promotion Unit using methods which are outlined later in the guide.

The development of the Health Promoting School has additionally been influenced by the publication of a number of reports referred to throughout the guide. We are grateful for the
permission granted by Strathclyde Region, Health Teachers and Parents which enabled pupils
to participate in two major surveys of their Health Related Behaviours. The results of these
surveys have been used to plan for appropriate interventions.

Other factors which influence planning include targets set for the population in "Scotland's
Health: A Challenge To Us All". Targets for young people have also been agreed in
collaboration with the Education Department of Strathclyde Region.

Why Produce This Guide?

Over the past few years several texts have been written to support the development of the
Health Promoting School. Discussion with teachers, parents and professionals has revealed a
need to both review and share existing practice and initiatives. In addition it was felt that
providing schools with examples of good practice would enable people to develop and adapt
approaches to the Health Promoting School in accordance with the school’s available
resources and individual needs.

The manual is also viewed as a means of communicating with schools. Many schools will
recognise that some of the examples of good practice illustrated here are evident in their own
establishments. This will enable them to acknowledge the quality of work which is already
taking place. Schools will recognise that they have already travelled far on their journey of
developing a Health Promoting School. We hope the guide will also inspire schools to let us
know of innovative work and further examples, so that their work may be disseminated and
help others work towards their goal of achieving a Health Promoting School environment.

Who Is The Guide Aimed At?

This guide is intended for staff, parents and members of the health and caring services who
work and are associated with:

- Pre-5 Establishments
- Primary Schools
- Secondary Schools
- Special Schools
- Residential Schools
CONTRIBUTIONS & ACKNOWLEDGMENTS

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CHAPTER ONE

DEVELOPMENT OF THE HEALTH PROMOTING ESTABLISHMENT
Chapter One

Development of the Health Promoting Establishment
INTRODUCTION TO CHAPTER ONE

This chapter outlines the development of the health promoting establishment in two secondary schools. Park Mains High and St. Luke’s High were both part of the pilot project on the development of the health promoting school by Argyll and Clyde Health Board. There are similarities and differences in their approaches, the similarities demonstrating key processes, necessary in all establishments to ensure development of a coherent and holistic approach to health promotion. For example, both emphasise the key role of the senior management team. The differences highlight innovation in each of the schools. Approaches have been developed to meet specific needs of the school and its community and make effective use of the skills of the staff involved.

The first school, Park Mains High in Erskine, describes the school and its immediate environment thus providing a context in which to describe and provide a rationale for the development of health promotion activity.

The context for the description of health promotion in schools is that of the three components:

- Health Education in the formal curriculum
- The hidden/informal curriculum
- The role of health and caring services

Key issues relate to the organisation and management of health education and approaches to ensure successful development of the informal/hidden curriculum are outlined. The importance of partnerships with parents is not overlooked and a section is devoted to the key issue of evaluation.

The case study within the second school, St Luke’s High School in Barrhead, illustrates how innovative approaches can ensure participation and effective role development of all partners in the development of the Health Promoting School. In particular it highlights the important role which can be provided by Health and Caring staff.

The strong emphasis in this school of the development of effective partnerships demonstrates the commitment of all potential contributors to holistic approaches to health promotion. The senior management team is to be commended for the vision and determination to achieve worthwhile developments.

Both schools are shining examples of good practice which demonstrate that development of the health promoting school is no flight of fancy, but a realistic and achievable task which contributes to health gain for all involved in a school community – pupils, all staff, parents and the wider community.
CHAPTER ONE

Introduction...
Case Study One

Park Mains High School: The Journey to Health Promotion
INTRODUCTION

Within the Health Promoting School there are three distinct elements as follows:

1. A specific time allocation is given to health education in the formal curriculum, through social education subjects and multi-disciplinary courses
2. Health will permeate the hidden curriculum.
3. The health and caring services will provide support through their input.

Health Education has been delivered in schools for many years. However, it has only been identified as a major priority since the 1980s.

Indeed, in the last five years, the concept of the health promoting school has assumed great importance. As stated by M. Devine (1993)²

"The concept of the health promoting school, which is increasingly being encouraged by local authorities as a means of developing awareness of health in young people, has been identified as a major priority by the Health Education Board for Scotland and Area Health Boards."

Dialogue between support agencies and schools is essential to ensure that teachers get the best possible guidance from the most appropriate source.

The reasons for the much greater interest being expressed in this subject are many and varied. In part, it is due to parental concerns about how to prevent, or overcome, the potential health dangers of today's teenage culture. In part it is due to staff, parents and pupils seeing health education as relevant to the everyday lives of youngsters. It is also because schools have a duty to prepare pupils to take their place in society as responsible adults. In the Health Promoting School, health education is reinforced by what permeates the hidden curriculum, and may be further supported by the work of Health and Caring Services.

The following case study attempts to highlight the steps taken by a large comprehensive school in Scotland to move towards becoming a health promoting organisation.

Park Mains High School

(I) Background
Park Mains High School is an 11-18 non-denominational Comprehensive School, situated in the town of Erskine. It serves Erskine, Bishopton and Inchinnan. Pupils also attend by placing requests from other areas.
The school opened in 1974 in a purpose built complex, which includes a community wing and a theatre.

It is one of the largest secondary schools in the country with a roll of over 1500 pupils and 100 staff.
It is the only secondary school in Erskine, and being a community school, has close links with the town.

All day, and every day, various groups and organisations use the school complex. There are playgroups, youth clubs, sports clubs, adult associations and evening classes. The 400 seat theatre is widely used by the community.

The close co-operation with community groups enables the staff and pupils to play a part in the life of the community, by working for the benefit of others. Pupils and staff are frequently engaged in projects involving community service.

Indeed in 1987 and 1992 Park Mains High gained a National Curriculum Award in recognition of the successful involvement of the school with the local community.

(II) Rationale for Health Promotion at Park Mains
Park Mains High can reach a large number of youngsters at a time in their lives when it is recognised that approaches to the development of health related knowledge, attitudes and behaviour can influence their present and future health.

Today, many agencies in the community are involved in promoting health. Schools are just one of the organisations attempting to impart knowledge and information about health matters to enable pupils to take more control over their lives and to make well informed judgements and decisions.

The health education programme at Park Mains is about choice, and provides the opportunity for our pupils to develop attitudes and values which will enable them to adopt healthy lifestyles.

The ultimate choice is up to the pupils. They have to be convinced enough to develop lifestyles which will allow them to lead healthy lives.

Park Mains aims to provide an environment which enables pupils to make healthy choices.

Delivery of Health Education Within Park Mains

(I) Social Education Programme
At Park Mains, an element of Health Education is taught within the Social Education Programme. The aims of this programme are to:

- Improve pupils' decision making skills
- Improve pupils' self esteem
- Develop pupils' self confidence
- Improve pupils' communication skills
- Increase pupils' abilities in making and dealing with relationships
- Increase their ability to assess evidence and problem solve
- Make pupils aware that they have a responsibility for their own health.
With a change in Senior Management remits three years ago, an Assistant Head Teacher was given responsibility for the re-writing of the Social Education Programme. He was assisted by a Senior Teacher, and two members of the guidance team. The process involved examining the existing programme to avoid duplication and identify gaps in the provision, and to look for ways to fill them. This major task took one year to complete.

The basic core curriculum of the Social Education Curriculum is covered during the years S1-S4. The Social Education programme is an integral part of the pupils' education. From time to time topics dealt with in the early years of secondary are revisited for reinforcement and expansion at a later date. Health Education is also covered by existing subject departments, for example: Home Economics, the Sciences and Physical Education. These subjects consolidate particular aspects of health that are taught within their own syllabus. Therefore, health education is not a particular subject in the school, but an approach that allows pupils to view school life and life outside the school from a broader health perspective. Instruction in health education is cross-curricular and should be coordinated at senior management level.

**Organisation**

All pupils from S1 to S6 receive one fifty minute period of Social Education a week. The size of the tutor groups can vary from the low twenties to the mid-twenties.

**Materials and Methods**

Materials are provided for each lesson. Due to the numbers in each group the materials are worksheet based. They involve the pupils in role playing, discussion, writing and reading. Therefore the methods employed are student centred, participatory and interactive. The materials are provided by a senior teacher, whose remit is to assist the Assistant Head Teacher in this area.

**Staffing and Accommodation**

75% of the staff are group tutors and are involved in the delivery of the course. This is appropriate as health education is the responsibility of every member of staff at the school. There is also an input from Guidance Staff. The group tutors come from a variety of different backgrounds, and are not specially selected. The drawback to such an approach is that the teachers may not be adequately prepared for dealing with personal issues with pupils in groups. However, the strength of this approach is that it allows for a closer relationship between the teacher and the pupil, as group tutors see the pupils every day at registration. Therefore the pupils may feel that they can approach staff with problems/questions on sensitive matters. The Social Education Programme is taught in a variety of departments within the school. Therefore accommodation will vary in size and suitability. Occasionally, the whole year group will be brought together in the main theatre for a film or a talk.

The work of the social education programme and the subject departments is reinforced by the work of the Health Education Group within the school. This committee responsibility for staging a number of health promotion events throughout the year.

An effective personal and social education programme, with health education and a caring pastoral system, all contribute to the promotion of health.
(II) The Health Education Co-ordinator
At Park Mains High, a member of the Senior Management Team was nominated by the Rector to act as the Health Education Co-ordinator. With the support of Senior Management, he has been closely involved in working with the local Health Board, other health professionals and key departments within the school. He is also responsible for addressing the issues of the content and delivery of Health Education, by implementing a strategy for it's co-ordination and management across the curriculum. The key functions of his role are outlined below:

The Role of the Co-ordinator
- Identify priority areas for development
- Raise the profile of health education within the school and community at large
- Set targets in moving towards a health promoting school
- Co-ordinate a range of activities comprising health promotion
- Seek involvement in the organisation of new health promotion initiatives
- Disseminate important information to colleagues
- Liaise with outside agencies
- Liaise with associated primary schools
- Liaise with Senior Teacher
- Attend courses
- Encourage all interested parties to work in partnership towards greater awareness of what constitutes good health
- Report to the Head Teacher

(III) Designated Senior Teacher
In 1989, a Senior Teacher was also given the remit of developing and co-ordinating health promotion events in the school.

Working with like-minded colleagues in the health education group, their brief was to raise staff, pupils and parents awareness about the wider contributory factors that constitute good health. The Health Education Group (H.E.G.) at the school, therefore want everyone to ‘be all they can be’. The role of the Health Education Group as defined by its members is shown in appendix 1.

This work, along with the new social education programme has increased awareness of health education among staff, pupils and parents. Health events reinforce the work that takes place in the curriculum. Therefore, positive steps have been taken in a number of areas to promote health. The move towards becoming a health promoting school can only take place if such a partnership approach is adopted. (See appendix 2)

(IV) The Health Education Group
In Park Mains the H.E.G. is the catalyst for decisive action in the area of health promotion within the school. The success of health promotion in any school will depend upon an enthusiastic, hard working and dedicated committee. With the co-operation and commitment of the staff on the H.E.G., and support of the staff in general, much has been achieved in the field of health promotion. There is a growing awareness of the H.E.G. within the school and community at large, through the activities it offers.
The H.E.G. wants to continue to enhance this side of health promotion. There is a desire to do much more work within the school. However, resources are inevitably limited. Also, it must be remembered that time is a crucial factor, as members have to achieve a balance between their departmental and health education group commitments. Still, the H.E.G. is determined to build on its achievements to date, by becoming more responsive to the needs and wishes of the staff, pupils and parents. There is no reason why the H.E.G. cannot continue to successfully stage events within the school by continuing to maximise the available resources.

The main health promotion events organised by the H.E.G. are listed below. All aim to promote and encourage the development of healthy behaviours among the pupils and staff, through their involvement in the planning, organisation and participation in health events. It is hoped that pupil participation will lead to greater interest in health and increased knowledge about health related matters.

*Health Promotion Events*
- Health Education Day
- No Smoking Day
- Staff Fitness Assessments
- Health Newsletters

Further events being considered by the H.E.G. at the time of writing are:

- The re-introduction of coded menus in the canteen
- Fit-Kid for S1 pupils

*Partnership With Parents*

Health Education in schools is enhanced by close partnerships between staff, pupils and parents where the home can reinforce what is taught in school. Where there is shared responsibility there is greater chance of ensuring clarity in the messages young people receive about the development of healthy lifestyles.

At Park Mains our role as a health promoting school extends to the development of good relationships with parents.

Due to the sensitive nature of some aspects of health education, we seek to ensure a dialogue with parents where their views are sought and used to develop the programme and any new initiatives. The promotion, by the school, of programmes of Personal and Social Education, including sensitive issues can be enhanced by parental support. Research evidence also points to parental involvement increasing the effectiveness of the programme. Where there is a dialogue between staff, pupils and parents it is also envisaged that the benefits of the health education programme will extend to the whole community. There are a variety of ways in which Park Mains maintains good links and open dialogue with parents:

- The Head Teachers' Monthly Newsletter
- Communication by letter relating to specific initiatives
• Parents evenings
• Parent drop-in times where parents can raise concerns with teachers
• Contact with Guidance Staff
• Health Education Newsletter

At Park Mains we stress the value we attach to the contribution of parents in the decision making process. It is also important for parents to realise that contact with the school is a two way process. Parental views are also listened to when policies are being formulated. Therefore, at Park Mains, we consider parental support as central to the concept of the health promoting school.

Existing Examples Of Good Practice at Park Mains High

1. School Audit/Review of results of Audit
2. A.H.T. appointed Health Education Co-ordinator
3. Health Education Committee Established
4. Senior Teacher appointed Health Promotion Co-ordinator
5. Awareness raising sessions with staff on Health Promoting Establishment
6. Review of social education programme S1-S6
7. Rewriting of the social education programme
8. Liaison with School Board
9. Liaison with outside agencies
10. Staff development on HIV/AIDS
11. Staff welfare and well-being – social events, fitness testing and exercise programmes
12. No-Smoking Day Events
13. Health Education Day – "Be all you can be".
14. Publication of monthly Health Education Newsletters
15. Healthy Eating Events
16. Canteen offering breakfast for staff and pupils
17. Anti-litter campaign
18. Bullying initiative
19. Sign-posting – different languages
20. World AIDS Day

Whilst this is not an exhaustive list it will give the reader a flavour of what goes on at the school, and provide schools who wish to encompass the concept of the health promoting school with helpful ideas which they may wish to develop.

The Way Forward

Although the school has taken a number of positive steps towards becoming a Health Promoting School, further action is still required. Following a recent reassessment of needs, the Health Education Co-ordinator presented the following points in a paper to the Senior Management Team and Health Education Group.
1. Health Promotion should become one of the main strands of the school development plan.
2. A "Cluster" approach to health promotion should be developed (i.e. ensuring involvement of associated primaries and developing the role of health and caring staff). This will enable development of health initiatives in Erskine, Bishopton and Inchinnan.
3. Consideration should be given to linking health promotion with National Records of Achievement.
4. The expertise of the Health and Caring services should be more widely developed, especially in dealing with sensitive topics. This expertise should be used to support pupils and enhance the role of the teacher.
5. There should be continued and greater use of the hidden curriculum to promote positive behaviour.
6. There should be continued and greater use of Peer Education. Senior pupils are already involved in helping on the P7 day, for example. This involvement should be extended to include a buddy system, giving talks on various topics to S1, helping S1 at the Student Representative Committee meetings and so on. Cognisance should be taken of findings of research in this area, and used to further develop this activity.
7. There should be greater involvement of parents, through various workshops, for example, on bullying.
8. Staff should be valued and Health Promotion targeted at staff as well as pupils. A staff welfare group could be set up and a rest room created.

A number of issues can successfully be addressed through the setting of targets, a time scale and identified activity.

**Evaluation**

At Park Mains, evaluation is carried out in the subject based elements, by exam and continuous assessment. It is also carried out in the social education course and following health events by the means described below. The methods used serve to illuminate critical activities and measure progress in this area.

(I) **Evaluation of the Social Education Course**

1. Staff opinion and attitudes to the social education course are sought by the AHT responsible for this area. Evaluation forms are distributed to staff to seek their views on the materials used, topic suitability and individual lessons.
2. The A.H.T. responsible for the programme consults with the group tutors at meetings held during the in-service programme. Meetings are also held with the guidance staff throughout the year. These meetings and formal minutes assist in highlighting the perceptions of staff involved in the programme. This formal feedback is reinforced by informal meetings with staff.
3. Group tutors discuss the content of the course with pupils and report back to the A.H.T. This again provides qualitative assessment of perceptions.
4. There is no formal testing of pupils within the social education programme.
The following points demonstrate the type of feedback received from the above attempts at evaluation:

1. Staff have highlighted the need for more training in issues concerned with sensitive topics.

2. Staff requested more regular meetings and consultation with Principal Teachers of Guidance, which staff viewed as essential if Social Education was to be developed and encouraged.

3. There were differing perceptions on the spiral curriculum, with some staff viewing it as being unnecessarily repetitive, and others viewing the revisiting of topics as being a strength of the programme.

4. A number of suggestions have been made to improve the content and methods used, for example developing a more practical approach to First Aid.

At the time of writing, a major review of social education is underway. The organisational problems of running the course are being examined as are teaching methods, course materials and accommodation.

(II) Evaluation of Health Promotion Events

The evaluation of health promotion events indicates an awareness of health issues. A number of methods have been employed to measure the success of our Health Promotion Events as outlined below:

1. Questionnaires completed by our pupils designed to elicit their views on the Health Education Day held every May.

2. Maintaining a record of the number of pupils attending the No Smoking Day Event – over 50% of junior pupils visited our stalls.

3. Evaluation of the newsletter takes a number of forms. This includes monitoring the level of participation in competitions and asking opinions of the newsletter from a representative sample of pupils. The newsletter has been altered to reflect results of the evaluation, for example it is now less wordy and more visual.

4. Views on canteen food have been elicited via questionnaires at a healthy eating promotional event.

5. Requests from staff for fitness assessment led to some staff requesting individual training programmes.

The above efforts at monitoring and evaluation demonstrate that whilst there are many constraints on large scale evaluation, efforts can be made and programmes altered in light of the evaluation.
Conclusions

Since the 1980s, Health Education has been viewed as an area of priority. When moving away from traditional delivery of health education, a conscious decision has to be made at Senior Management level to move towards becoming a Health Promoting School. In the last decade considerable steps to promote health have been taken at Park Mains. The following steps are not prescriptive, but serve to guide schools towards this concept:

- Discussion at Senior Management level leads to support for the concept
- The appointment of a member of the Senior Management Team to act as Health Education Co-ordinator
- The establishment of a Health Education Group
- The appointment of a Senior Teacher with responsibility for developing Health Promotion Events within the school
- Responsibility for initiating the rewrite of the Social Education Programme being taken by a member of the Senior Management Team, and assistance in the rewrite from appropriate members of staff
- Meetings with staff to gain support
- Comprehensive school audit and review of audit results. This give tangible information across the three components of the health promoting school from which to plan
- Identify pupil/parental needs in relation to health education
- Consult parents
- Review resources
- Review and if necessary improve links with outside agencies

A further key step includes the setting of short and long term targets. Examples of short term targets at Park Mains include:

- Whole School Development of HIV/AIDS
- Promote Staff Well-being
- Strengthen links with the Health Board

Long term targets include:

- Policy development on healthy eating
- Enhancing the physical environment of the school
- Continued and closer involvement of parents and the community in school life.

It is important to maintain the momentum already established. It should be pointed out that the progress to date did not happen overnight. A process of evolution over a number of years led to the changes described in this case study. In moving towards out goal of becoming a health promoting school we have received continued support from the Health Promotion Unit of Argyll and Clyde Health Board.

Promoting good health is a continuing process which requires careful review, update, monitoring and evaluation. This is best achieved by working in partnership, as shown
in the diagram below.

Therefore, at Park Mains we like to view our school as being a health promoting one which aims to enhance the physical, social and mental well-being of our whole school community by providing them with an environment which facilitates the selection of choices which lead to the development of a healthy lifestyle.

We try to make our school a welcoming and caring organisation which fosters positive links with the parents and wider community.

The development of the school as a community is encouraged in a number of ways, for example through weekly assemblies with pupil participation, through the involvement of senior pupils in community service work, and in helping younger pupils through our departmental assistance scheme. We also have an active extra-curricular programme and activities week. To help achieve the developments outlined above, the school is involved with a number of outside agencies both statutory and voluntary.

The health education programme in the school is developed in terms of the pupils needs and interests. The health education activities that are offered by the Health Education Group are planned and implemented in harmony with national or community promotional events. The Health Education Group also organise events that are particular to the needs of the school. Park Mains High School is therefore, not only concerned with the prevention of ill-health, but also with the promotion of positive health and a holistic approach to development of personal health.

Closing Remarks

The challenge for schools wishing to develop and consolidate their health promoting role is to develop stimulating, positive and coherent programmes of health promotion for all involved in the school community. This will contribute greatly to moving towards the World Health
Organisation's target of "Health for All" by the year 2000. In many schools health education programmes have changed greatly in recent years. Park Mains is no exception to the rule. At Park Mains we have moved away from the traditional delivery of health education, to one which emphasises the development of personal and social skills for the health and well-being of our pupils.

For schools wishing to move from a more traditional structure of health education to a Health Promoting School the checklist by SHEG/SCCC (1990), is valuable. For those wishing to take the Park Mains route to a Health Promoting School, it is hoped that this case study will be a source of encouragement.
Appendix 1

PARK MAINS HIGH THE ROLE OF THE H.E.G.

Diagrammatic Representation

- Multidisciplinary collaboration
- Collect health prom. information
- Review each H. prom. event
- Liaise with outside agencies
- Plan, organise, manage
- Summative review of health proms.
- Prepare health prom. programme
- Co-ordinate health prom. events
- Raise awareness to health issues
- Partnership approach
- Identify priority areas for health promotion events
- Professional presentation
- Report to head teacher
Appendix 2

The Health Promoting School

The Partnership Model

The above model highlights that the Health Education Group are the catalyst for decisive action in the area of Health Promotion within the school. The success of Health Promotion within any school relies on an enthusiastic, hard working and dedicated H.E.G. They are the spark that can ignite the pace of change in any school. They are the heart of a successful Health Promoting School.
Case Study Two

St. Luke’s High School
Sc Pukes High School
INTRODUCTION

In 1991, St Luke’s High School joined the Argyll and Clyde Health Board/Education Department joint initiative in Health and AIDS Education. The school was one of eight selected to be representative of the wide variations of the Health Board area geographically, socially, denominationally.

Four main aims were set out for the development work that was to take place:

- To improve the quality and effectiveness of Health and H.I.V./A.I.D.S Education delivered through the formal curriculum.
- To achieve a positive shift in staff attitudes and perceptions of themselves as health educators and health promoters.
- To improve the level of communication and consultation with parents and community agencies on health issues.
- To move the schools away from traditional health education methods towards whole school approaches to health promotion.

Development of Health Promotion at St. Luke’s

(I) Background

As St Luke’s High School set off on its journey to health promotion the first task was to determine the current position of the school in terms of the three identifiable features of the ‘Health Promoting School’:

- What is happening in the curriculum?
- What factors permeate the hidden curriculum?
- What part is played by the Health and Caring services?

This task was undertaken by a newly formed volunteer committee with an elected Coordonator. A Full school audit took place using resources from the ‘S.H.A.P.E.’ (‘Strathclyde Health and Aids Project in Education) package and ‘Promoting Good Health’ (SHEG/SCCC 1990)’. This was followed up by the Health Education Development Officer, who visited all departments to obtain more detail. When all the relevant information was gathered the process of negotiation began. This involved:

- Clarification of current position
- Identification of gaps/overlaps/good practice
- Negotiation of priorities for development
- Establishment of a ‘Development Plan’

(II) Setting Targets

A range of targets was set by the school to enhance its position relating to the three elements of the ‘Healthy Promoting School’. Some examples are as follows:
Curriculum
- Review of PSD Provision
- Development of ‘H.I.V./A.I.D.S’ education.

Hidden Curriculum
- Improvements to School Environment
e.g. Signposting, Health Notice Boards. Promotion of Staff well-being
e.g. Workshops time/stress management, and relaxation techniques.

Health & Caring Services
- Organisations of a school health fayre supported by a range of professionals.
- Development of links with the curriculum, and involvement of the Health and Caring Services.

The appendix illustrates a variety of ways in which school and group action plans have been developed at St. Luke’s. Layouts vary as thinking has developed, and we hope the variety of headings and approaches used in target setting provide other schools with a pool of ideas for this area of work.

For the next 2 years the school continued to make progress in all areas of Health Promotion. Support was provided by the Health Education Development Officer, the Health Promotion Unit of Argyll and Clyde Health Board and Strathclyde Education Department.

At the end of each year the school Health Education Committee made a full evaluation of the targets and tasks they had established. They shared the developing good practice with the other project schools and in return gained from their experiences. Very soon it became evident that the way forward was to establish more formal links with all those involved in the community of St Luke’s - Associated Primary Schools, Health Professionals, Parents.

(III) A Health Promotion ‘Cluster’ Approach
In 1993 a ‘Cluster’ approach was adopted. Initially the ‘Cluster’ was made up of staff representatives from St Luke’s High School, St John’s Primary School, St Mark’s Primary School, St Thomas’ Primary School, our school doctor and nurse, the local health visitor and oral health promoter. This group spent a considerable amount of time identifying the roles they had to play in the developing ‘Health Promotion Cluster.’ They set out their ideas in a development plan which complimented the plan established by the school. The success of this group was due to the enthusiasm, commitment, time and effort offered by all involved. During the next 2 years membership of the group was extended to include parents and pupils thus providing full representation of the Community of St Luke’s High School. In addition, a number of external agencies were co-opted on to the group to assist and advise in the specific task of setting up a S.N.A.G. group. These included the Community Dietician, Catering Direct and our school Catering Managers.

(IV) Key Groups Established
From 1994 onwards the ‘Health Promoting School’ has become a main priority for the School Development Plan (please see appendix). The scope of Health Promotion activity has spread into all areas of school life and the personnel involved in development work has increased greatly. The groups which are now established and working are as follows:
• ‘The Health Promoting Cluster’ – this steering group oversees and supports developments and ensures that all the schools, health professionals, parents, pupils and external agencies are working together.

• ‘The Health Promoting School’ Team line - this staff group determines priorities, targets and tasks within St Luke’s High School, and undertakes the development work.

• ‘The Health Promoting School’ Parents Group - This parents group works with the Head Teacher, Assistant Head Teacher and Health Education Co-ordinator to identify issues for the parents of all the schools - St Luke’s High School, St. John’s Primary School, St. Mark’s Primary School and St. Thomas’ Primary School and takes on board the organisation and delivery of relevant events (e.g.) Workshops, ‘Come and See and Try’ sessions, dissemination of information and questionnaires.

• ‘The Peer Education Group’ - this group of S5 and S6 students work in a peer led way for the pupil population of St Luke’s H.S. Their main activities have involved providing classroom support for the S1 & S2 PSD Curriculum, supporting S1 & S2 pupils in a range of classes, contributing to S1 & S2 year group assemblies, ‘mentoring’ individual S1 & S2 pupils.

Closing Remarks

As we continue on our journey to Health Promotion we will strive to refine our model of the ‘Health Promoting School’ and with the continued support and enthusiasm of all our partners – Staff, Pupils, Parents, Health Professionals, External Agencies, Education Department, Health Promotion Unit of Argyll and Clyde Health Board, we hope to make a valid contribution to the good health of our wider community.
# St Luke's High School

## Appendix – Target Setting

<table>
<thead>
<tr>
<th>TARGETS</th>
<th>TIMESCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion Committee (with help and advice from HEDO) to look at 2 areas:</td>
<td></td>
</tr>
<tr>
<td>• staff well being</td>
<td>Session 1991/92</td>
</tr>
<tr>
<td>• school canteen and eating policies</td>
<td></td>
</tr>
<tr>
<td>AHT (TVEI) and Health Education Co-ordinator and HEDO to review PSD provision and develop improved course covering gaps shown by audit. Related staff development needs identified and training delivered – implementation.</td>
<td>August Session 1991/92</td>
</tr>
<tr>
<td>Primary Liaison - Health Education Co-ordinator research. Review of what is presently being done?</td>
<td>1992</td>
</tr>
<tr>
<td>Health Promotion Committee Examine Health Education Audit with a view to inserting Health related topics in SI/2 – SE and/or.</td>
<td>Re Session 1992/93</td>
</tr>
<tr>
<td>Organise a School Health Fayre – Term 3</td>
<td>Session 1992/93</td>
</tr>
<tr>
<td>Formulate Eating Policy</td>
<td>Session 1992/93</td>
</tr>
<tr>
<td>Improve liaison with School Canteen e.g. SI Menu Competition.</td>
<td>Session 1991/93</td>
</tr>
<tr>
<td>Improve School Environment – Signposting Staff Notice Board SI/3 Curriculum Questionnaire</td>
<td>June 1992</td>
</tr>
<tr>
<td>Promote staff well being through initial Needs Analysis then provide appropriate activities during PAT/In service Days. (e.g.) HIV/AIDS Awareness Workshops – Time/Stress Management Relaxation/Aromatherapy/Water Aerobics etc</td>
<td>June/August 1992</td>
</tr>
<tr>
<td>Health Education Committee to hold regular meetings, especially near major events.</td>
<td></td>
</tr>
<tr>
<td>Evaluation of Project</td>
<td>March 1993</td>
</tr>
<tr>
<td>Develop Healthy Eating Policy including:</td>
<td>Draft proposals for discussion June 1993</td>
</tr>
<tr>
<td>• Canteen</td>
<td></td>
</tr>
<tr>
<td>• Tuck Shop</td>
<td></td>
</tr>
<tr>
<td>• Drinks Machine</td>
<td></td>
</tr>
<tr>
<td>TARGETS</td>
<td>TIMESCALE</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Address Staff welfare:</td>
<td></td>
</tr>
<tr>
<td>Issue News Letter</td>
<td>June 1993</td>
</tr>
<tr>
<td>Needs Assessment Questionnaire</td>
<td></td>
</tr>
<tr>
<td>Notice Board</td>
<td></td>
</tr>
<tr>
<td>Act on results</td>
<td></td>
</tr>
<tr>
<td>Develop links between existing curriculum and related health services</td>
<td>August–December 1993</td>
</tr>
<tr>
<td>linked to the school (dental health, immunisation etc.)</td>
<td></td>
</tr>
<tr>
<td>Monitor and review S 1 – S4 S.Ed. in light of project</td>
<td>As results become available</td>
</tr>
<tr>
<td>(questionnaire) results</td>
<td></td>
</tr>
<tr>
<td>Liaise with associated primaries in the light of primary audit</td>
<td>Now initial contact has been made – development will be ongoing.</td>
</tr>
</tbody>
</table>
### St Luke's High School

**Appendix** – Cluster Action Plan

<table>
<thead>
<tr>
<th>TARGET 1</th>
<th>PERSONNEL</th>
<th>TASKS</th>
<th>TIMESCALE</th>
<th>RESOURCES</th>
<th>STAFF DEVPT/ SUPPORT</th>
<th>SUCCESS CRITERIA</th>
<th>MONITORING &amp; EVALUATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of Cluster</td>
<td>SHLS staff</td>
<td>Include as an item at HT's meeting</td>
<td>March 95</td>
<td>Time</td>
<td>Support from Health Professionals</td>
<td>Established as an agenda item</td>
<td>Agenda and minutes</td>
</tr>
<tr>
<td></td>
<td>Rep. from associated primaries</td>
<td>Hold regular meetings</td>
<td>First meeting planned 15.5.95</td>
<td>Time to attend meetings</td>
<td>Money for photocopying</td>
<td>Produce a calendar of meetings</td>
<td>Information disseminated to all concerned</td>
</tr>
<tr>
<td></td>
<td>Area health professionals</td>
<td>To develop an action plan for the cluster for session 95–96</td>
<td>September 95</td>
<td>Time for discussion</td>
<td></td>
<td>Remits specified</td>
<td>Action plan implemented with ongoing review</td>
</tr>
</tbody>
</table>

MAY 95
### St Luke’s High School

**Appendix – Health Promotion Action Plan**

<table>
<thead>
<tr>
<th>TARGET 1</th>
<th>PERSONNEL</th>
<th>TASKS</th>
<th>TIMESCALE</th>
<th>RESOURCES</th>
<th>STAFF DEVPT/SUPPORT</th>
<th>SUCCESS CRITERIA</th>
<th>MONITORING &amp; EVALUATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness raising</td>
<td>P. Festorazzi, C. Sheppard</td>
<td>Produce a calendar of events</td>
<td>For session 95–96</td>
<td>Cash for photocopying</td>
<td>Relevant In-service</td>
<td>Calendar produced disseminated to line members</td>
<td>Calendar disseminated to line members</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Organise a limited number of events relevant to the needs of pupils, parents and staff</td>
<td>As appropriate throughout the session</td>
<td>Cash to organise events</td>
<td>HEBS</td>
<td>A limited number of events to take place throughout the session</td>
<td>Members of health promotion line to oversee events</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Promotion Week</td>
<td>May 95</td>
<td>Cover for staff to attend relevant In-service</td>
<td></td>
<td>Parental awareness. Informal dialogue and information</td>
<td></td>
</tr>
</tbody>
</table>
### St Luke’s High School

**Appendix** – Health Promotion Action Plan

<table>
<thead>
<tr>
<th>TARGET 2</th>
<th>PERSONNEL</th>
<th>TASKS</th>
<th>TIMESCALE</th>
<th>RESOURCES</th>
<th>STAFF DEVPT/ SUPPORT</th>
<th>SUCCESS CRITERIA</th>
<th>MONITORING &amp; EVALUATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Well-being</td>
<td>A. Morrison</td>
<td>Construct a staff needs questionnaire. Conduct a survey of staff needs</td>
<td>March 95</td>
<td>Time, cash for photocopying</td>
<td>Health Promotion Unit</td>
<td>Survey completed and action on results</td>
<td>Information disseminated to all staff</td>
</tr>
<tr>
<td></td>
<td>B. McHugh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase the number of social events</td>
<td>On going</td>
<td>Time and cash necessary to</td>
<td></td>
<td>A number of events attended by staff</td>
<td>Staff well-being/social commit to oversee events</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>throughout</td>
<td>organise events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>session</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SEPTEMBER 95**
## St Luke's High School

**Appendix** – Health Promotion Action Plan

<table>
<thead>
<tr>
<th>TARGET 3</th>
<th>PERSONNEL</th>
<th>TASKS</th>
<th>TIMESCALE</th>
<th>RESOURCES</th>
<th>STAFF DEVPT/SUPPORT</th>
<th>SUCCESS CRITERIA</th>
<th>MONITORING &amp; EVALUATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Nutrition Action Group</td>
<td>J. Stead</td>
<td>Identify group members</td>
<td>August 94</td>
<td>Time</td>
<td>Training and relevant In-service</td>
<td>Associated professionals give their support.</td>
<td>Agenda / minutes</td>
</tr>
<tr>
<td></td>
<td>P. Scott</td>
<td>Identify parent/pupil members</td>
<td>May 95</td>
<td>Contact parents, arrange let,</td>
<td></td>
<td>Parents and pupils joining the SNAG</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disseminate information</td>
<td>June 95</td>
<td>hospitality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arrange SNAG meeting</td>
<td>September 95</td>
<td>Cash for photocopying, postage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Formulation of draft policy</td>
<td>February 96</td>
<td>time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consultation with all concerned</td>
<td>March/April 96</td>
<td>Time to collate, distribute, Cash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eating policy document produced</td>
<td>June 96</td>
<td>to photocopy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy implemented</td>
<td>Session 96 / 97</td>
<td>As above</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SEPTEMBER 95**
### St Luke’s High School

**Appendix – Health Promotion Action Plan**

<table>
<thead>
<tr>
<th>TARGET 4</th>
<th>PERSONNEL</th>
<th>TASKS</th>
<th>TIMESCALE</th>
<th>RESOURCES</th>
<th>STAFF DEVPT/SUPPORT</th>
<th>SUCCESS CRITERIA</th>
<th>MONITORING &amp; EVALUATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discipline</td>
<td>All Staff</td>
<td>To produce a working policy as an outcome of In-service day</td>
<td>Feb–May 95</td>
<td>Time</td>
<td>EDO – L. Scott for guidance</td>
<td>Integrated policy</td>
<td>Departmental meetings</td>
</tr>
<tr>
<td></td>
<td>H. De Felice</td>
<td>In-service day 17.2.95</td>
<td>Time for group leaders to prepare</td>
<td>EDO – L. Scott for guidance</td>
<td>Procedures made known to all staff</td>
<td>Overview of referrals / punishment ex</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L. Scott</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Overview of exclusions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group leaders for In-service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17.2.95</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**SEPTEMBER 95**
St Luke’s High School

**Appendix** – Health Promotion Action Plan

<table>
<thead>
<tr>
<th>TARGET 5</th>
<th>PERSONNEL</th>
<th>TASKS</th>
<th>TIMESCALE</th>
<th>RESOURCES</th>
<th>STAFF DEVPT/ SUPPORT</th>
<th>SUCCESS CRITERIA</th>
<th>MONITORING &amp; EVALUATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Involvement</td>
<td>H. De Felice</td>
<td>Invite parents to join parents group</td>
<td>March 95</td>
<td>Time, cash for photocopying, postage and hospitality Arrange let</td>
<td></td>
<td>Action plan produced and distributed to parents and staff</td>
<td>H. De Felice to oversee</td>
</tr>
<tr>
<td></td>
<td>P. Scott</td>
<td>Involve parents in producing an action plan</td>
<td>August 95</td>
<td>Typing, cash for photocopying</td>
<td></td>
<td>Associated activities take place</td>
<td>Agenda and minutes</td>
</tr>
<tr>
<td></td>
<td>J. Stead</td>
<td>Implement action plan</td>
<td>Session 95–96</td>
<td></td>
<td></td>
<td>Evaluation forms completed</td>
<td>P. Scott to collate materials and parents views</td>
</tr>
<tr>
<td></td>
<td>Parents steering group</td>
<td>Organise parent workshops</td>
<td>May–Dec 95</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SEPTEMBER 95**
## St Luke’s High School

### Appendix – Health Promotion Action Plan

<table>
<thead>
<tr>
<th>TARGET 6</th>
<th>PERSONNEL</th>
<th>TASKS</th>
<th>TIMESCALE</th>
<th>RESOURCES</th>
<th>STAFF DEVPT/ SUPPORT</th>
<th>SUCCESS CRITERIA</th>
<th>MONITORING &amp; EVALUATING</th>
</tr>
</thead>
</table>
| PSD      | Neil Roarty  
B. Festorazzi  
P. Scott          | Audit  
Identify gaps, prioritise needs and produce new course  
Promote peer education within S5 / S6  
S5 / S6 Health Conference planned | August 95  
On going  
December 95 | Cash for photocopying  
Time, cash for photocopying  
Time to produce materials  
Time | Training for staff developing and delivering materials  
Time to train peer group trainers | Audit forms complete  
Course produced  
Peer education activities take place | Forms distributed and collated  
Regular meetings  
Feedback from staff and pupils  
Evaluation from pupils and contributors |

**SEPTEMBER 95**
CHAPTER TWO

THE ROLE OF THE HEALTH & CARING SERVICES
Chapter Two

The Role of the Health & Carind Services
INTRODUCTION TO CHAPTER TWO

This chapter outlines an approach to the development of the role of health and caring services staff in two Paisley secondary schools.

A working group was established in Merksworth High School to identify how staff from the health and caring services could be used more effectively to reflect their specialist skills and knowledge, and also the specific needs of the school. The recommendations produced by the working group were then used to develop and implement an action plan within the school. As with any initiative it is important to disseminate findings and replicate the results elsewhere.

A description is therefore provided of how effective use of health and caring services staff has been developed at Castlehead High School. Also included in this chapter are descriptions of the role of two key members of the health and caring services – the School Nurse and the Health Visitor.

Health Care Trusts will vary on how health and caring services staff are deployed in schools and so individual schools should check the local position with their own Health Board/Trust. As will be seen, much can be achieved by careful consideration to and investment of a little time in developing the role of health and caring staff.
INTRODUCTION TO CHAPTER 2
Case Study Three

Merksworth High School
Pilot Project
McKernan High School
Pilot Project
INTRODUCTION

Merksworth High School was one of the eight schools participating in the pilot project on the development of the Health Promoting School. The head teacher agreed to participate in a further pilot to develop the third component of the health promoting school - the role of health and caring services.

A working group, “The Merksworth Health Group” was set up and contained representation from both the Education Department and the Health Board. The group was set up prior to major reforms in the Health Service in Scotland, and many of the Health Board staff are now employed by a Health Care Trust.

Representation on Merksworth Health Group

<table>
<thead>
<tr>
<th>Education Department</th>
<th>Health Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>• School Health Co-ordinator</td>
<td>• Health Promotion Unit Manager (Chair) and subsequently the newly appointed</td>
</tr>
<tr>
<td>• Life-skills Co-ordinator</td>
<td>• Senior Health Promotion Officer with responsibility for Education</td>
</tr>
<tr>
<td>• Health Education Development Officer</td>
<td>• Senior Clinical Medical Officer</td>
</tr>
<tr>
<td></td>
<td>• Health Visitor</td>
</tr>
<tr>
<td></td>
<td>• Dietician</td>
</tr>
<tr>
<td></td>
<td>• School Dentist</td>
</tr>
<tr>
<td></td>
<td>• School Nurse</td>
</tr>
<tr>
<td></td>
<td>• Representative from community project</td>
</tr>
</tbody>
</table>

Aims of the Pilot

<table>
<thead>
<tr>
<th>School Aims</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To establish a greater understanding of the health and caring services</td>
</tr>
<tr>
<td>• To identify school needs</td>
</tr>
<tr>
<td>• To identify community needs</td>
</tr>
<tr>
<td>• To establish effective links</td>
</tr>
<tr>
<td>• To develop a structure for the appropriate involvement of the health and caring services staff in schools</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Service Aims</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To identify current practice</td>
</tr>
<tr>
<td>• To produce guidelines for good practice</td>
</tr>
<tr>
<td>• To pilot the guidelines</td>
</tr>
<tr>
<td>• To disseminate guidelines</td>
</tr>
</tbody>
</table>

Opportunities and Constraints

School staff were familiar with the concept of the Health Promoting School and there had already been many developments within the school. However, staff were already involved in a major evaluation of the health promoting school initiative as well as dealing with demands of producing school and departmental development plans and in implementing the 5–14 curriculum.
From the Health Board side, many of the staff involved were due to move to new posts and were replaced during the life of the project.

The Process

<table>
<thead>
<tr>
<th>AIM</th>
<th>TASK</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>To establish a greater understanding of the health and caring services/to establish effective links</td>
<td>Exchange information on job descriptions of all members of the group</td>
<td>Newsheet on role of health and caring services collated and circulated to all departments and parents</td>
</tr>
<tr>
<td>To identify school/community needs</td>
<td>Semi-structured discussions with parents, guidance team, departmental staff and pupils</td>
<td>Areas of concern identified (see results of group discussions in following tables)</td>
</tr>
<tr>
<td>To identify current practice</td>
<td>Literature review</td>
<td>Results collated, circulated and discussed</td>
</tr>
<tr>
<td>To produce guidelines for good practice</td>
<td>Decide on recommendations</td>
<td>Production of report</td>
</tr>
<tr>
<td>To Pilot Guidelines</td>
<td>Develop Action Plan for School</td>
<td>Action Plan implemented and results disseminated</td>
</tr>
</tbody>
</table>

The main areas of concern are detailed in the following table and illustrate the different but equally valid priorities of those interviewed.

<table>
<thead>
<tr>
<th>Parent’s Group</th>
<th>School Staff</th>
<th>Pupils</th>
<th>Health and Caring Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work to be developed in the following areas: * Combating harassment * Involvement of community police * Workshops for parents to increase knowledge * Staff development for primary teachers * Life-skills for primary pupils/drugs education</td>
<td>Support from the school nurse in * life-skills classes * Closer liaison between health staff and guidance team * Health staff to attend guidance meetings</td>
<td>More detailed information on a range of health issues, particularly sex/drugs education * Earlier introduction of these health issues * Opportunity to discuss these issues with a credible source of information</td>
<td>Setting up lunch clubs run by school nurse but attended as appropriate by other members of health and caring staff Agenda to be set by pupils Entry to classroom prior to medicals to assuage fears and provide pupils with appropriate information Developments of methods to consolidate and further develop work commenced in primary school.</td>
</tr>
</tbody>
</table>

Recommendations

It is recognised that considerable expertise can be contributed by the health and caring services. This will permeate the three components of the Health Promoting School. The involvement of the health and caring services should have the following objectives:
<table>
<thead>
<tr>
<th>Curriculum</th>
<th>Hidden/Informal Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To participate in the identification of pupil needs taking into consideration the local situation.</td>
<td>• To support parents by providing information, workshops, resources and opportunities for discussing concerns.</td>
</tr>
<tr>
<td>• To participate in curricular planning relevant to the health needs of the pupils.</td>
<td>• To support pupils by providing information, opportunities for discussing personal/general issues and exploring issues through group work, e.g. stop smoking group.</td>
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<td>• To support the teacher in delivering health education through staff development, provision of resources and team teaching.</td>
<td>• To support staff by attending staff meetings, e.g. guidance team. By providing information on individual pupils at transition from primary to secondary. To contribute to school policy development. To promote staff well being.</td>
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<td>• To identify appropriate situations in which health and caring staff have the lead role in the classroom, e.g. sex education.</td>
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<td>• To ensure that staff/pupil ratios reflect recommended health promotion practice of working in small groups.</td>
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The above will complement the statutory role of health and caring staff.

Co-ordination of activities should ensure:

• appropriateness of content, timing and method
• adequate preparation and planning
• skill development

The pace of implementation should reflect the current situation within the school and its partners within the health and caring services.

Individual establishments should recognise the necessity to invest time and personnel in developing the model to meet their own specific needs.
Case Study Four

Castlehead High School
Health Group
INTRODUCTION

Castlehead Health Group was formed following a request from the school to the Health Promotion Unit for support in delivering a lifeskills programme.

Castlehead has a very widespread catchment area and a large school role making the delivery of Lifeskills a huge logistical challenge.

The Education Setting in the Health Promotion Unit suggested that a way of addressing this challenge initially would be to convene a Health Group comprising teaching staff and other agencies from outwith the school who would be prepared to deliver the programmes as a team.

The Health Group

The following professionals were invited to join the Health Group:

- Health Visitors
- School Nurses
- Community Dietitian
- School Doctor
- Community Health Project
- Oral Health Promoter
- Family Planning Co-ordinator
- School staff

There was an excellent response and everyone who was contacted attended the first meeting of the Health Group.

The Health Promotion Officer from the Education Setting of Argyll and Clyde Health Board chaired the group and it was agreed that meetings would take place approximately every two months.

The first priority for the group was to identify aims. The following actions were agreed as being appropriate for health and caring services staff:

- **Identification of pupil needs taking into consideration the particular local situation.**

- **Curricular planning relevant to health needs of pupils.**

- **Support each other in delivering health education through:**
  - Staff development
  - Resources
  - Team teaching
• Support parents in a range of health issues by:
  – Providing information
  – Parent workshops
  – Providing resources
  – Opportunities for discussing concerns

• Support pupils in a range of health issues by:
  – Providing information
  – Opportunities for discussing personal/general issues
  – Exploring issues through group work

• Support staff in a range of issues by:
  – Contributing to school policy development
  – Promoting staff well-being

• Identify initiatives to progress school towards becoming a health promoting school such as:
  – Setting up School Nutrition Action Group
  – INSET on Health Promoting School for staff

Once the group had identified general aims it was agreed that the first priority would be to address the curriculum and delivery of the Lifeskills programme. The group identified the following members who agreed to deliver the programme as a team:

• 3 Health Visitors
• 1 School Nurse
• 2 Community Health Project workers
• 1 Family Planning Co-ordinator

Contribution to delivery

Delivery of this programme has begun and although only in existence for 7 months the group has contributed to the delivery of the Lifeskills programme including topics such as puberty and contraception, for the full school year. The group encouraged teaching staff to sit-in on class session for at least first five minutes and the last five minutes so that teaching staff are aware of what has been delivered during these sessions. Lesson plans and materials used have also been given to teaching staff. The group saw this as an important issue both from the point of view of teaching staff having to “deal with” questions arising from the sessions delivered by members of the Health Group and also from identifying good practice. Working alongside the health and caring services staff may also increase teacher confidence in delivering Lifeskills programmes.
Other activities which have been discussed by the group and are in their very early stages are:

- Provision of drop-in session for pupils
- Directory of services and support which the Health Group can offer - this directory will be distributed to the staff and parents.

The group has also supported a Parent/Teachers Health Evening. The Health Promotion Officer gave a presentation on the Health Promoting School and members of the Health Group were available to answer questions and show materials used in the classroom for topics such as sex education, puberty and drugs.

The Health Promotion Officer will also be involved in INSET for staff on sex education.

It is envisaged that with continued support from within the school and the various outside agencies involved that this group will have a long term role in supporting Castlehead High School.
The Role of the School Nurse
The Role of the School Nurse
INTRODUCTION

School Nurses are experienced fully registered nurses with additional certificates i.e. School Nurse Certificate/Diploma and Family Planning Certificate.

The Health Visitor records from the pre-five stage are incorporated into the school record thus ensuring continuity when the child goes to school.

Every school has a named school nurse, who is responsible for the health needs of children from 5 years–18 years. This is a large population who do not often attend the General Practitioner.

The school nursing service liaises closely with

- **School staff** – Head teachers, A.H.T., G.T
- **Health Visitors**, Senior Clinical Medical Officers, Clinical Medical Officers, Speech Therapists, Physiotherapists, hospital staff.
- **Social Workers**, Reporter to children’s’ panel.
- **Parents** and extended family.

**Aims of the School Nursing Service**

To ensure children are physically and emotionally healthy enabling them to benefit from their education and:

- **Achieve their full potential**
- **Prepare them for parenthood**
- **Ensure optimum health in adult life**

**The Role of the School Nurse**

- **Health Surveillance**

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<td>Primary 1, 3, 5 and 7</td>
<td>Secondary 3</td>
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57
• Immunisation  —  BCG/Skin testing  2nd year
  —  Diptheria,Tetanus and Polio  3rd year

School Nurses do not conduct hygiene or hair checks. A School Hygienist is currently available to conduct such work within their Renfrew area.

**Health Promotion**

School nurses can support young people throughout their time in school on a one to one basis. More often class talks are provided and there is support for delivery of the 5–14 curriculum. The importance of close liaison with teachers cannot be over emphasised.

The service responds to the health needs of the whole school population. This has developed in recent years to include support issues such as HIV, AIDS, drugs, teenage pregnancy, alcohol, relationships, sexually transmitted diseases, contraception and puberty.

Examples of work the school nurse might also be involved in is providing Drop-in Sessions at lunchtime and supporting initiatives such as the Shift Clinic (Sexual Health and Information Clinic for Teens and Twenties).
The Role of the Health Visitor
The Role of the Health Visitor
INTRODUCTION

A brief summary of the role and function of the Health Visitors provided, followed by a description of their input to health-promoting schools.

Firstly, all Health Visitors hold a basic nursing qualification, usually Registered General Nurse, although some also hold other qualifications, such as in midwifery or psychiatric nursing. All have undertaken a further one year of study at college or university, resulting in a Diploma in Health Visiting, or, more recently a degree in Community Nursing.

Their role and function consists of:

(a) searching for health needs among the well population
(b) stimulation of awareness of health needs
(c) influencing policies affecting health
(d) facilitation of health-enhancing activities

In this capacity they visit families in their homes, as well as run clinic sessions in GP surgeries for child health/child development; well woman; ante-natal; weight control.

The Health Visitors' Role and Function in Schools

As part of the Patients Charter issued by Argyll & Clyde Health Board, there is a named Health Visitor/School Nurse for each school. Health Visitors work, in conjunction with the school nurse, as part of a multi-disciplinary approach to health care. This will usually involve attending the health promotion meetings at the named secondary school or liaising with school staff informally.

Health Visitors have a fund of knowledge about many of the families in their area, and thus of the background/home circumstances of the local children. They are therefore aware of problems prevalent in an area, and can use this specialist knowledge constructively within the health promotion group in their local secondary school.

This can occur:

(1) formally, by Health Visitors contributing to a structured part of the curriculum e.g. in lifeskills topics, such as Puberty in S1 or Relationships/AIDS in S3, or in such areas as Child Development and Parentcraft.

(2) informally, on a less structured basis; for example, in the service offered at Merksworth at lunch times – the Q-Zone – where support and advice is provided in extra curricular time (over the lunch break) when pupils can be offered help on confidential issues on a one-to-one basis as required. Pupils can also attend as a group in which the Health Visitor will facilitate peer learning. This provides an excellent opportunity to explore beliefs and attitudes.
Benefits of Health Visitor Involvement

There are a number of benefits arising from Health Visitor involvement within the school.

Firstly, they can help integrate an inter-agency approach to health and well-being within the school, being equipped to offer specialist knowledge in appropriate areas, and bridge the gap for the teacher between his/her role as educator in his/her own discipline, and secondary role as health educator/promoter within the health areas of the lifeskills programme.

Secondly, Health Visitors and the teachers are working from a common approach using the resources available, e.g. the lifeskills material currently in use in secondary schools. Also, they are able to provide, or have access to, current research and policies in relation to public health issues, such as infection control, contraception, etc. and can be used as a resource by both teachers and pupils.

They are competent in identifying the needs in the community which the school serves. This often reflects the concerns identified within the school community.

Finally, they can act as facilitators within the classroom, during delivery of sensitive material, encouraging a democratic approach to learning.

Model of Working in Paisley

Firstly a group of Health Visitors in the Paisley area were already involved in looking at issues relating to teenage pregnancy rates in the area, and were keen to try to help implement measures which would cut down on the number of early teenage pregnancies. Thus, a health need had been identified, and meetings between interested health personnel had taken place.

Next, the relevant literature and research was searched, to see if strategies had been set up in other areas and check on existing policies and guidelines, both legal, moral and ethical.

Also, an approach was made to the Health Promotion Unit, to view current available material, and to those working within the Family Planning Clinics, for literature and current trends within the area, and services already provided, or about to be provided; e.g. the imminent opening of the S.H.I.F.T. Clinic (Sexual Health Information for Teenagers) in Ferguslie.

As already stated, the Patient’s Charter for Argyll & Clyde specifically quotes the involvement of Health Visitors and school nurses in promotion of health in schools, but the position was clarified with nurse management as to the input which could be offered in schools.

Several Health Visitors attended a two-day workshop on health promotion in schools, set up by the Health Promotion Unit, where they had the opportunity to prepare material which could be used in schools. Two Health Visitors also attended a two-day course on Sex Education for those working with young people, run by the Family Planning Association, where legal, moral and ethical issues were debated and attitudes challenged.
Meetings were attended at local secondary schools, both formal within the health promotion group at the particular schools, and informal, with the teachers with responsibility for lifeskills topics in the curriculum. It was felt to be important that all of those involved in delivering the material met, to ensure that the same messages were being portrayed to each class, and, indeed, the same teaching plan and resources were used, a copy of which was usually left with the class teacher.

A commitment was made that material would be delivered on set dates and times, with backup cover from health visiting colleagues in the event of illness, holidays etc.

Following delivery of some of the material within the classrooms, an evaluation form was issued to pupils, so that feedback could be obtained on the relevance of the material discussed, and of the resources used, e.g. a video. (Example of evaluation form used is appended).

Feedback on the evaluation was then taken to the next health group meeting at the secondary school.

In summary, the Health Visitor/School Nurse has a clearly defined role within the health promoting school which reflects and reinforces the concept of his/her role as a family visitor.
CHAPTER THREE

DEVELOPMENT OF SCHOOL HEALTH POLICIES
Chapter Three

Development of School Health Policies
INTRODUCTION TO CHAPTER THREE

An increasing number of schools have sought assistance from staff in the Health Promotion Unit over the last few years. In part this seems to reflect awareness of the concept of the health promoting school. In other cases it appears that school development planning has consolidated the importance of whole school approaches to health.

To support schools in policy development, a brief paper was produced and is included in this chapter. It lists key issues which should be considered to ensure development and implementation of a successful health policy.

Also included is an example of a policy from Glenburn School, Greenock. This school caters for pupils with special needs which include physical disability as well as moderate learning difficulties. As well as the general policy, the school’s policy on drug education is also included. This highlights the importance of ensuring that the school explicitly states how it deals with sensitive topics.

As in other aspects of the health promoting school, wide consultation and involvement ensured development of a policy which considered the views of all key partners. Controversial and sensitive topics and ethical issues cannot be avoided and will almost certainly be raised by pupils. Discussion with pupils is essential to ensure that there is a balance between what is discussed with peers, what pupils receive via the media and to avoid confusion. This may be the result if they do not have access to opportunities to explore issues which will influence their own value systems in a safe and informed environment.

Also included in this chapter is an outline of the curriculum which relates to the policies.

The senior management team at the school have invested considerable effort in developing these documents. They do not view health as a “Tick the box” phenomenon and as a result continue to build on and develop good practice.
INTRODUCTION TO CHAPTER THREE

[Text continues on the page]
Towards a Policy for Health Education
INTRODUCTION

Many schools within the Health Board Area have formulated, or have shown interest in formulating, a policy or guidelines for Health Education, or the development of the Health Promoting School.

In response to these requests, and in order to facilitate further development of the partnership between the Education Divisions and the Health Board this paper was developed.

As with other areas of the curriculum, policies are more likely to succeed if they are developed by a concerned group, and with support from appropriate personnel within the local education authority and health agencies.

Policies, or guidelines should be reviewed at regular intervals and made known to new members of staff. Once a policy has been developed it is important to ensure that effective mechanisms for monitoring, evaluation and policy review are in place.

Guidelines are likely to be fuller than a policy statement, and include suggestions for a sequenced programme of Health Education.

Suggested Content for a School Policy Statement/Guidelines on Health Education

1. Introduction – Rationale for having a policy
2. Outline who has drafted the policy/contributed to its development
3. Any recent legislation about aspects of Health Promotion
4. Recent Reports of relevance HMI, SOED Reports, SCCC reports etc.
5. Why Health Education/Promotion is considered important
6. What is meant by Health Education/The Health Promoting School
7. Aims of the Health Education Programme
8. Where and how it will be taught
9. Parents/School Board – how they will be involved
10. Implications for staffing/training
11. Equal opportunities of access and careful, sensitive consideration of multi-faith and multicultural issues
12. Sensitive areas/areas requiring special consideration – HIV/AIDS, special needs, teaching about sexuality, child sexual abuse etc.
13. Primary/pre-5/special needs - how individual teachers can contribute to the policy
14. Secondary schools - how individuals/departments can contribute to the policy
15. How the policy relates to the philosophy and ethos of the whole school
16. How the policy relates to Local Authority Guidelines/ Requirements/School Aims/Development Plans
17. Identify specific recommendations in the policy
18. Possible year by year content of the programme
19. Examples of teaching methods related to content
20. Resources for teaching – school based, health promotion unit, other agencies
21. Statement on role of Health and Caring Services
22. Use of local and national agencies
23. Role of the wider community
24. Examples of good practice
Case Study Five

Glenburn School

Draft Policy Statement: Health Education
Clayton School

Drug Policy Statement

Health Education
INTRODUCTION

Health Education is perceived by both staff and parents to be an essential component in the individualised curriculum offered to the young people attending Glenburn School.

The nature of our pupils needs necessitates considerable emphasis being placed on this aspect of the curriculum, if the pupils are to develop knowledge, skills and attitudes which will prepare them for independent adult life. They must be encouraged to develop positive attitudes to their personal and social development, and although positive esteem and self image are encouraged across the curriculum, health education provides the ideal curricular vehicle to teach strategies which will enhance physical and emotional well being.

This policy statement communicates the school’s commitment and approach to the subject, documenting explicitly our intent to other professionals and parents. The policy provides a focus for teaching/learning and a framework within which to further develop practice.

It should also go some way to answer questions already being asked by parents and pupils and clarify the school’s areas of responsibility in promoting the pupils’ personal and social development.

Policy Development

Given the multidisciplinary involvement in the school, this statement will identify and promote opportunities for a team approach, by clarifying the roles of the many professionals involved with the pupils.

This draft policy was prepared by key members of teaching staff involved in the delivery of health education, nursing staff, educational psychologist, a member of the senior management team and staff from the Health Promotion Unit (Argyll & Clyde Health Board).

Parents will be consulted, individually and collectively as will be all teaching staff when the complete policy has been documented.

Many recent reports and publications have contributed to the policy’s development and the 5–14 guidelines underpin the development of both policy and practice. In particular, the Health Education section of SOED, Environmental Studies (1993)4 which outlines key features of the Health Education curriculum. Strands and attainment targets appropriate to teaching/learning from 5–14 are documented.

‘However, at all stages, pupils should be encouraged to learn, understand and use the language terminology and symbols appropriate to the area of study and to their stage of development’.4

The above document also recognises that many ‘health education’ learning experiences can be set in the context of other areas of the 5–14 curriculum (e.g.)
• In Expressive Arts, Physical Education: in the strands investigating and Developing Fitness and in Observing, Reflecting, Describing and Responding.
• In Religious Education: in the strands Moral Values and Attitudes, The Natural World, Relationships and Moral Values.
• In Personal and Social Development.

Promoting Good Health (SCCC 1990) identified the concept of the Health Promoting School and the three main elements which are:

1. Health Education has specific time allocation in the formal curriculum through social education, topics, subjects and multidisciplinary courses.
2. Consideration of health will permeate what is known as the hidden curriculum which includes the caring relationships developed between home and school and the physical environment and facilities of the school.
3. The health and caring services play their part in providing health screening and immunisation as do the psychological services and social work services in the support which they provide.

These elements are consistent with the aims of Glenburn School and will be expanded upon in this policy in particular relation to the needs of Glenburn’s pupils.

Appendix I identifies all relevant literature consulted in the process of policy development.

Aims and Objectives

The importance of health education in Glenburn cannot be overstated as it is seen as an important and integral part of the P.S.D. curriculum and has a direct influence on the quality of our pupils’ lives by providing skills, knowledge and enabling the development of attitudes necessary for adult life. As a school we must address the need to reduce the vulnerability of our young people with SEN and to support the parents in this responsibility. We must also provide opportunities for self advocacy and the right to make informed decisions.

The special school is particularly suited to develop this area of the curriculum as the expertise is available in the SEN sector due to the particular methodologies and multidisciplinary nature of staffing.

Although Health Education is a cross curricular subject, a more focused approach needs to be adopted at key stages of pupil development. Essential elements must be taught specifically to enable pupils to assimilate, generalise and internalise essential knowledge, skills and attitudes.

The policy should also reflect national health targets, particularly the targets set within this Health Board relating to the health behaviours of young people (Appendix II).

Therefore the aims of the Health Education Programme will be:
1. To raise awareness of health issues
2. To increase knowledge of health issues
3. To improve the quality of our pupils' lives
4. To enable the development of positive attitudes
5. To empower pupils to deal with challenging situations which will arise throughout their lives.
6. To enable young people to adopt healthy behaviour
7. To enable informed decisions to be made
8. To develop skills relating to personal safety
9. To promote an appreciation of individuality
10. To promote the development of self esteem and self confidence

Course Content

The course will consist of both cross curricular practice and specific components at key stages of development.

The teaching and learning approaches will at all times be pupil centred and interactive, using local community resources whenever possible.

The course content and resources will be relevant, attractive and credible to pupils and staff must feel secure in their ability to deliver the curriculum. This will require staff training and a programme of in-service will be devised to meet the needs of staff, using divisional and in-schools courses.

The course content will also be systematic, structured and based on the spiral curriculum. It will be appropriate to the range of need within the school and accessible to all.

The individual approach adopted to meet the needs of all pupils reflects our continuing commitment to provide equal access to information relating to health issues and their impact on the quality of life. Recognition is also given to the basic human need to understand and explore human emotion, especially when there are barriers to learning.

The Role of Parents

Parents will be consulted about specific elements of the course and invited to discuss any concerns they may have with appropriate members of staff. As always the wishes of individual parents will be taken into account and respected, as will religious beliefs and ethnic backgrounds.

The faith and culture of individual pupils will be recognised and respected. Within the framework of the Health Education Programme special consideration will be given to areas of particular sensitivity such as H.I.V. etc.
The issue of understanding special needs is particularly relevant to Glenburn pupils, both in terms of the awareness of the special needs of others and also how their special needs manifest themselves and affect their ability to function in the community.

Pupils must be supported in the development of coping skills to enable them to challenge stigma which may be directed towards themselves.

All staff in Glenburn will be involved in the policy development and in the implementation of the policy. Staff will have opportunities to develop skills necessary for the implementation through discussion, staff development and in-service training.

The Health Education Policy, in principle and practice, is supported by a positive ethos within Glenburn School and an overt educational philosophy which seeks to maximise the individual’s potential, recognising the strengths of all pupils.

The importance of the individual within Glenburn School cannot be overstated. Meeting the individual needs of pupils, staff and parents is seen as being of paramount importance and a management structure has been developed to support this.

Positive and open relationships between pupils, staff and parents are apparent and parents are encouraged to contribute to the life of the school and particularly to their child’s education. Parents should be made to feel valued and welcome. At all times, the high quality of education within Glenburn must be overtly stated and communicated to the wide community as there persists an attitude which continues to view pupils with special educational needs as second class citizens – in some way ‘less’ and therefore requiring ‘less’. This attitude does not support parents, staff or pupils and should be challenged whenever possible.

The practice within Glenburn reflects the statement made on the Health Promoting School and Health Education, as part of Personal and Social Education is seen as a priority in the School Development Plan (Session 93–94).

The health and caring services have an important role in the life of Glenburn School. Medical staff in particular, are involved on a daily basis and often provide informal counselling to pupils and parents.

Within the health and education curriculum, the school nurse will play an active part in development and delivery. Other medical personnel will be involved when necessary as will representatives from S.W. Department, the Careers Service, Psychological Services and the police. The Role of the health and caring services is expanded upon elsewhere in this chapter.
Appendix I

BIBLIOGRAPHY – SCHOOL POLICY STATEMENT/GUIDELINES

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Appendix II

Local Targets for Young People in Health Promotion

We have developed targets for input and process (service) and outcome. The outcome targets can be divided further into behaviour and health status.

The behaviour targets have the classical four components of achievement: increased awareness, increased knowledge, changed attitudes and changed behaviour. The health status targets can be divided into reduction of incidence, complications and mortality together with increased quality of life.

Most of the local behaviour targets will use 1992 as the baseline year using information from the adult and children’s lifestyle surveys carried out in that year. Other information will come from the University of Strathclyde’s work in eight schools which particularly concentrates on HIV/AIDS issues. Other targets will use other years depending on the availability and accuracy of baseline data. Other epidemiological data will also be used such as teenage conceptions.

All targets detailed below are local targets.

Alcohol

Increase the knowledge levels about sensible drinking in children, parents, teachers and health professionals who work with young people.
Reduce the number of children (S1–S3) who consume alcohol above recommended weekly limits by 30% between 1992 and 2000 (14 units per week for women and 21 units per week for men – it is estimated that the safe limits for children should be about two-thirds of the adult limits).

Drugs

Increase knowledge levels about drugs in children, parents, teachers and health professionals to 90% by 1997 (1992 baseline).

Reduce the numbers of children who use drugs by 10% by 1996 and by 20% 2000 (1992 baseline).
**Diet**

Increase number of teenagers who eat vegetables on most days from 45% to 65% by 2000.
Increase number of teenagers who eat fresh fruit on most days from 50% to 75% by 2000.
Decrease number of girls who do not have breakfast from 25% to 15% by 1998.
Increase number of children who eat bread most days/more than once a day by 10% to 2000.
Increase number of children who eat potatoes on most days from 35% to 50% by 2000.
Decrease number of children who eat chips on most days from 35% to 25% by 2000.
Decrease number of children who eat confectionery on most days/more than once a day by 10% by 2000.

**Dental Disease**

By the Year 2000, 40% of 12 year olds to have no cavities or fillings and the average DMF Index to be 2.

*(please note targets for diet)*

**Sexuality and Relationships**

To increase the amount of knowledge gained from parents and teachers about sex and relationships from an average of 30% to 70% as indicated by the young people by Year 2000.

Conception rates in girls aged 15 should be reduced by half in 15 year olds and in girls of less than 15 to zero by Year 2000.

Increase the knowledge levels about HIV especially in the younger age group by Year 2000.

Reduction in the number of sexually transmitted diseases including HIV (No percentages given as we expect the numbers to increase initially as a local service is provided and there is better reporting).

**Exercise**

To increase the percentage of children who take part in sport outside of school by 15% by 1996 and by 30% by Year 2000 for both girls and boys (on average 65% in 14-15 year olds at present).

**Accidents**

To reduce the number of accidents in children by 30% by the Year 2000 (1986 baseline).

To reduce the death rate from accidents by 20% by 2000 (1993 baseline).

**Self Esteem**

To increase the self esteem rating of children by 10% using the HRBQ rating scale by year 2000.

*Dr. Anne I. Wright 21st May 1993.*
GLENBURN SCHOOL DRUGS EDUCATION POLICY
(to be integrated into the overall Health Education Policy)

INTRODUCTION

It is a well established fact that drug misuse is a serious and escalating problem in Scotland:—
"It is a major social problem which society as a whole needs to tackle."\(^5\)

"The response needs to be multi-agency and multidisciplinary. vigorous, imaginative and co-
ordinated action is required at local and Scottish level."\(^5\)

In the above report\(^5\) many recommendations were made in an attempt to address the problem
of drug misuse. One of the recommendations outlined in the report stressed the need to
increase drug prevention education delivered to pupils and young people in schools and
colleges. This reinforced statements made in the 1993 report by the Advisory council on the
Misuse of Drugs\(^6\):—

"A child spends only a ninth of its time in school but the influence that a school has on the
development of a child can be very far-reaching. Drug education must be an essential element
of a comprehensive health education programme"

"Recent research suggests that school based drug education which starts early in a child’s
school career, which is delivered with optimum persistence and intensity and which uses
multiple techniques and seeks actively to involve pupils, has good evidence to support its
impact."

General Aims

Glenburn School fully recognises the importance of providing drug prevention education and
has developed this policy while at the same time extending the existing drug education
element presently contained in the Personal and Social Education Programme.

The overall aim of the school’s programme is:—

To enable pupils to make healthy informed choices about drugs

The objectives are:—

- To enable pupils to acquire knowledge and understanding about the dangers of drug misuse
- To enable pupils to be equipped with the attitudes and skills they need to avoid the misuse
  of drugs
- To delay the age of onset of first use of those who do experiment at any time
• Minimise the proportion of users who adopt particularly dangerous forms of misuse
• To persuade those who are experimenting with or misusing drugs to stop
• To enable any pupils who are misusing drugs or who have concerns to seek help
• To increase knowledge of personal and social issues relating to 5-14 year olds
• To enhance young people’s decision-making skills, using drug education as a vehicle
• To enhance later parenting skill in relation to prevention of drug misuse

Programme of Study

The drug education programme will cover all aspects of substance misuse including tobacco and alcohol. It will be provided in the broader context of health and personal and social education.

As with all elements of health and personal and social education it will be systematic, structured and based on the spiral curriculum. The programme is appropriate to the age and stages of development of the pupils and all units of work have been adapted to meet the range of special educational needs of pupils presently within the school.

Fuller details of the content for each year group are contained elsewhere.

The outline programme is as follows:

• S1 Drugwise Too 10–12 (adapted within the school)
• S2 Smoking, alcohol and drug misuse
• S3 Drugwise Too 12–14 (adapted within the school)
• S4 Legal drugs: alcohol and tobacco
• Post 16 Drugwise Three (to be adapted within the school)

In addition to this pupils are involved in the annual National No Smoking Day activities and take part in the competitions and events organised in the community.

Learning and Teaching Approaches

The learning and teaching approaches will be pupil centred and interactive. Individual, pair, small group and class activities are included in the programme. As well as helping to develop knowledge and understanding of the full range of drugs, pupils will be provided with opportunities to learn and practise the skills which will help them deal effectively with the many demands made on them in their lives, in particular, developing the ability to refuse an offer of drugs. These skills include:

• decision making
• communications
• listening
• assertiveness
• critical thinking
• co-operation
• negotiation
Resources

Up to date, attractive and relevant material is kept in the room of the Principal Teacher of Guidance. This includes books, leaflets, games, videos and teaching kits. As new material becomes available it will be assessed in order to establish its suitability.

The health promotion unit at Ross House, Paisley contains a wealth of material, which can be borrowed, and these will be used whenever necessary.

The divisional resource centre at St Mary’s in Paisley will also be used. An index of resources presently used is outlined elsewhere.

The Role of Parents

Parents will be informed, during parents evenings, of the content of the drug education programme and will be encouraged to view the material and support through reinforcing the work done in class. The community involvement branch of the police run workshops and parents will be advised of details of local venues and dates of events.

Liaison

External agencies will be encouraged to become involved at certain points during the programme as they have an important role in supporting both staff and pupils. Those who will be involved are:

- Health Promotion Unit (Argyll and Clyde Health Board)
- Community involvement police
- School nursing sister
- Inverclyde community drug team
- Inverclyde alcohol advice group

Responsibility for the programme

The responsibility for planning, delivering and evaluating the drug education programme lies with the PT guidance. From time to time others, both from within and outwith the school, may adopt a supporting role at specific times.

Time allocation

At present 2 hours per week is allocated for delivering specific topics within the Personal and Social Education framework. The drug education element will be delivered to all pupils during the summer term. The number of weeks varies with each stage. Each lesson is planned to last about one hour.
Staff development

It is important that staff feel secure in their ability to deliver this part of the curriculum. This will require staff training and a programme of in-service will be devised to meet the needs of staff, using in-school and divisional courses.

Forward planning

Forward planning will be based on the PSE Programme devised for each year group. It will be in keeping with the school policy of forward planning and will outline a description of the work to be covered each term and the desired objectives.

Monitoring and evaluation

Throughout the course pupils will be encouraged to comment on each lesson. Comments will indicate their enjoyment of the lesson and what they have learned regarding knowledge and skills. This will be recorded formally onto the pupil record sheets and informally through discussion. At the end of the course pupils will make a ‘final’ evaluation using the review sheet.

Teacher monitoring and evaluation will be done through observation and questioning. This will be recorded onto the assessment section of the forward plan sheets.

Reporting

The information gathered using the above procedures will be reported to parents during parents evenings and through the schools reporting forms.
### P.S.E. in Secondary Dept.

#### Overview of Topics

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>Careers (8)</td>
<td>Group Building (6)</td>
<td>Physical Devel (8)</td>
<td>Personal Health &amp; Safety (inc. drug ed) (16)</td>
</tr>
<tr>
<td>S3</td>
<td>Careers (8)</td>
<td>Social Devel (8)</td>
<td>Emotions (10)</td>
<td>Personal Health &amp; Safety (inc. drug ed) (12)</td>
</tr>
<tr>
<td>S3</td>
<td>Careers (8)</td>
<td>Relationships (9)</td>
<td>Sexual Devel (9)</td>
<td>Personal Health &amp; Safety (inc. drug ed) (12)</td>
</tr>
<tr>
<td>Post 16</td>
<td>Sexual Development (8)</td>
<td>Helping With Coping (10)</td>
<td>Assessing The Risks (8)</td>
<td>Drug Education (10)</td>
</tr>
</tbody>
</table>

### Drug Education in Glenburn School

(Integrated into PSE programme)

<table>
<thead>
<tr>
<th>S1 April–June</th>
<th>S2 April–June</th>
<th>S3 April–June</th>
<th>S4 April–June</th>
<th>Post 16 April–June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Education (10 weeks) Drugwise 10–12 Group work activity Sharing an experience Sharing Knowledge Increasing Knowledge Our attitudes and feelings Drugs related incident Drug users Drug pushers Drugs in children's lives Review</td>
<td>Drug Education (4 weeks) Keeping safe from drugs Smoking, alcohol and drug misuse</td>
<td>Drug Education (10 weeks) Drugwise 12–14 How much do you know The police lesson Changing ideas Drugs in my community Have your say Saying no – easy or difficult Saying no-say what you mean Saying no – practice the skills Review</td>
<td>Drug Education (3 weeks) Legal drugs alcohol and tobacco</td>
<td>Drug Education (10 weeks) Drugwise 14–18 Drug topic focusing on alcohol, tobacco and drugs</td>
</tr>
</tbody>
</table>

Each stage will be involved in activities associated with National No Smoking Day (March)

* Input from Sister Elgey
<table>
<thead>
<tr>
<th>S1 Resources</th>
<th>S2 Resources</th>
<th>S3 Resources</th>
<th>S4 Resources</th>
<th>Post 16 Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugwise Too Pack 10–12 (adapted)</td>
<td>Drugs And The Primary School Child</td>
<td>Drugwise Too Pack 12–14 (adapted)</td>
<td>A Snapshot of Alcohol Smoking</td>
<td>Drugwise Three Pack (adapted)</td>
</tr>
<tr>
<td></td>
<td>Drugs, smoking and alcohol misuse (v)-hooked (game)</td>
<td>Community Police Leaflets and posters</td>
<td>&quot;It's Your Choice&quot; (video)</td>
<td>Or</td>
</tr>
<tr>
<td></td>
<td>&quot;Puff of Smoke&quot; (video)</td>
<td></td>
<td>In the Park (video)</td>
<td>The Really Useful Guide To Alcohol (pack)</td>
</tr>
<tr>
<td></td>
<td>&quot;Drink Drunk Drunk&quot; (video)</td>
<td></td>
<td>Hooked (game)</td>
<td>suckers (video)</td>
</tr>
<tr>
<td></td>
<td>Good Health Drugs Unit</td>
<td></td>
<td></td>
<td>The Party / The Fairground (video)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>What Do You Know (cards)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>drugs and alcohol</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Think Inform Decide (cards)</td>
</tr>
</tbody>
</table>

National No Smoking Day material provided by Argyll and Clyde Health Board (Health Promotion Unit)
CHAPTER FOUR

PARENTAL INVOLVEMENT
CHAPTER FOUR

PARENTAL INVOLVEMENT
INTRODUCTION TO CHAPTER FOUR

As has been stated elsewhere in this manual, successful development of the health promoting school requires the involvement of all partners. This brief chapter outlines the role of parents in two schools.

Schools who involve parents by adopting the approaches outlined here will be participating in genuine consultation. The incorporation of the rich experiences and skills of parents can only enhance the value of health promotion in a school. It can contribute to the development of the pupils, teachers and parents themselves.

There are many examples of parental involvement throughout the health board area. Some schools provide rooms specifically set aside for the use of parents. Others provide a range of certificate and vocational courses. Parent workshops, as described here, and the provision of libraries all contribute to developing the school as a health promoting community. Events do not need to be specifically health events, since any parental involvement serves to improve the ethos of the school and helps make it a more welcoming environment.

Both schools who have contributed to this chapter have a long history of involvement with the Health Promotion Unit and to the development of the Health Promoting School. The first, Renfrew High has done pioneering work on the Development of Quality Daily Physical Exercise Programmes. A full evaluation of this can be seen elsewhere. The parental involvement described here concentrates mainly on that developed and supported by the PE department. It is important to point out that there is an ethos which supports parental involvement throughout the school.

The second describes one event in St Luke’s High School, and adopts a different focus. In this event, parents not only participated in the evening, but contributed by providing and leading workshops.
CHAPTER FOUR

Introduction to Chapter Four

The purpose of this chapter is to provide an overview of the research methodology and data analysis techniques used in the study. This chapter is divided into three sections: theoretical framework, research design, and data analysis. The theoretical framework outlines the conceptual framework and the research questions. The research design describes the sampling strategy, data collection methods, and measurement instruments. The data analysis section details the statistical methods used to analyze the data and interpret the results.
Case Study Six

Renfrew High School
Quality of Life Project
QUALITY OF LIFE PROJECT

Project Outline

The Quality of Life Project has been established at Renfrew High School for many years. The project takes a holistic view of health and aims to improve physical fitness and to enable pupils to develop a preference for positive behavioural choices with regards to health. Previous evaluation of the project has demonstrated significant progress in terms of physical fitness and self-esteem.

As parents have a great influence on the lifestyle of their children, the project places a big emphasis on parental involvement and has developed a number of mechanisms to enable parental participation.

A very important group, which has been established for many years is the adult aerobic class. Originally operating three times a week, the class involves mothers of pupils in the school and runs alongside the curriculum. Pupils therefore see adults taking part in physical activity during the day.

The head of the P.E. department also involves parents in a Saturday morning class for pupils with special needs. Parents work alongside specialists and teachers with parents actively seeking involvement in the programme.

As in many schools, parents and pupils from the associated primaries organise football sessions. Parents are also very willing to assist with coaching and transporting of pupils to sporting events. This is aided by ensuring close links with the Parent/Teachers Association and the School Board.

The school also utilises anniversaries and other milestones to involve parents. Open evenings, including one specifically on health have been organised. One evening, “Living 2000”, aimed to communicate with parents on a range of health issues, including drugs. Parents were involved in “taste and try”, and a number of workshops. Evaluation was very positive and a follow-up has been organised.

Regular communication about health issues takes place through the school newsletter, and the head teacher has a regular column in a local newspaper. Parental achievements are not overlooked either, with many parents receiving certificates for coaching in a variety of sports.
Case Study Seven

St. Luke’s High School
Parental Involvement
Case Study Seven

St Luke's High School

Parent Involvement
PARENTAL INVOLVEMENT

St. Luke’s High School

St Luke’s High School has worked on all aspects of the health promoting school. The success of the school in ensuring a health promoting environment is possible because of the involvement of all those who can influence the health of those associated with the schools, not least the parents.

The parents group is supported by school staff, and the partnership has resulted in positive benefits and the development of alliances with professionals who can provide additional support where and when necessary. The parents group is active in the school and develops and organises a number of events. One such event was an open evening for parents on the topic of drugs.

The evening started with parents being able to talk to a number of key professionals including the police, health promotion and a local G.P. In addition, curricular materials were displayed and school staff were on hand to answer questions.

This was followed by workshops, led by parents, where those involved explored a range of issues in relation to drugs. This resulted in parents and all involved identifying key concerns and exploring a range of solutions. Inevitably, more questions were raised, and the workshops were followed by parents being able to ask questions of the panel of professionals who were present.

The discussion which followed highlighted the need to maintain partnerships and utilise the skills of everyone who can contribute in a community, including young people themselves. The opportunity for parents to get together in a supportive environment and with genuine commitment from all involved made it possible to explore a range of issues and to share concerns.

The parents group at St Luke’s continues to flourish and to develop and maintain dialogue with and involvement of other parents. This is possible because of a willingness by senior management in the school to embrace the concept of shared responsibility and true partnership. The importance of good communication and the value of listening to the views of parents are stressed and the result is the ability to move forward in a positive and constructive manner.
CHAPTER FIVE

PUPIL INVOLVEMENT
CHAPTER FIVE

PUBLIC INVOLVEMENT
INTRODUCTION TO CHAPTER FIVE

Young people are central to the concept of the health promoting school. There are some underlying principles and values which we attempt to ensure underpin all our activities. These are:

- Equity
- Empowerment
- Participation
- Collaboration
- Accessibility

To claim that we adhere to the above principles, involvement of pupils in developing the concept of the health promoting school is essential.

There are many good examples of pupil involvement. Some involve pupils in peer support, in others pupils have organised and run health conferences and in some, pupils are involved in projects in the wider community. The two examples which are described relate to pupil led health fairs in a primary and secondary school. They were chosen because they are realistic projects which could be undertaken in any school. Indeed the education setting, with support from the resources team, spends a lot of time providing support to run health fairs.

In each case described, the move towards pupil autonomy was possible because of appropriate support from adults. In both cases, pupils impressed with their ability to make decisions and accept responsibility.
Case Study Eight

Gryffe High School
Sixth Year Social Education Programme
Health Awareness Fair
Chryse High School
Sixth Year Social Education Programme
Health Awareness Fair
HEALTH AWARENESS FAIR

Background

A group of eleven pupils opted to organise a health awareness fair for second year pupils as part of their weekly social education programme.

The students met once per week with a member of staff, from June 1995 to March 1996. Second year pupils were targeted as the year group most likely to benefit from such an event.

The date selected was Valentine’s Day. In the first few week pupils negotiated with each other, contributing ideas and deciding on a basic framework for the day. Once this was agreed, senior management in the school were consulted.

Implementation

The group then adopted different roles depending on expertise and the initial organisation began. This involved:

- Negotiating with Principle Teachers on use of working areas
- Identifying contributors and writing to them
- Planning use of space
- Enlisting the help of home economics staff, technicians, janitors and kitchen staff
- Art Work
- Letters to parents
- Information to school staff
- Pupil timetables for the day

On the day second year pupils visited five “Areas” during the morning. These were:

- Drug Prevention Seminars
- Drug Prevention Workshops
- Fitness Monitoring Workshops
- Step Aerobics
- Various stalls highlighting health issues e.g. food safety, dental health, first aid

It was a very busy but successful day enjoyed by participant and organisers alike. The day was, of course, evaluated and lessons learned were recorded. For example, most people who were involved felt that a full day would have been better, with more time spent at each “Area”.

The remaining few weeks were spent writing letters of thanks and reviewing the exercise. It was felt that the exercise was worthwhile, particularly as it had been organised by pupils, and there are plans to repeat it in future.
Case Study Nine

Arkelston Primary School

Health Fair
HEALTH FAIR

Project Outline

The Health Fair at Arkelston Primary was geared towards all pupils and parents. It ran for the full school day from 8.30am–3.30pm.

In Arkelston Primary, the event followed the “Healthy Living” topic. This looked at eating habits, diet, fitness, mechanics of the body. All aspects of the curriculum were covered – maths, language, art, sciences and so on.

To encourage whole school participation a “catchy slogan” was designed. Primary seven children were to use information learned/gathered through the health topic to inform children and parents about health issues. Those wishing to plan an event may wish to consider an appropriate context to ensure that the event can have maximum impact.

A “Business Health Breakfast” was set up on the morning of the fair to reinforce the duties of the primary children who were to guide staff, pupils and parents round the different displays and activities. Staff were also invited.

A “Healthy Lunch” was organised for all participating members of Primary seven, staff and invited guests.

Primary seven children were allocated to class groups to show and explain items in the Health Fair and also to meet and escort guests and parents.

Displays were set up as described below:

1) Classroom displays of topic work – graphs etc.
2) Use of computers to assess healthy eating through databases.
3) Taste & try displays of healthier option; sweet and savoury.
4) “Fitness centre” – to test levels of fitness for young and old.
5) Sainsbury’s healthy eating options
6) Tesco’s health eating options
7) Smolerlyser machine
8) Resuscitation machine \{ Aided by school nurse
9) Blood pressure monitors
10) Healthy issues, i.e. smoking, teeth, drugs
11) “Supercat” display

The following tables illustrate how the Health Fair was planned and organised as part of a wider school development plan.
Arkleston Primary School – Development Plan

**Target – Health Fair**

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Personnel</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target 1:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Staff implement Health Education Topics.</td>
<td>Primary 1–7 staff or Spr. term 94.</td>
<td>Aug. term 93,</td>
</tr>
<tr>
<td>ii. Use Shape Document and Drugwise Too, if appropriate</td>
<td>Police/Staff</td>
<td>As Above</td>
</tr>
<tr>
<td>iii. Involve school nurse and doctor and Ross House Personnel.</td>
<td>School nurse, doctor, and Ross House Personnel.</td>
<td>As above</td>
</tr>
<tr>
<td>iv. Assessment of topic</td>
<td>Staff</td>
<td>As above</td>
</tr>
<tr>
<td>v. Display of pupils' work</td>
<td>Staff</td>
<td>As above</td>
</tr>
<tr>
<td><strong>Target 2:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Draw up pupil and parent questionnaire.</td>
<td>Health Ed. Co-ordinator</td>
<td>December 93</td>
</tr>
<tr>
<td>&amp; Primary 7 teacher.</td>
<td>Pr. 7 staff &amp; pupils</td>
<td>February 94</td>
</tr>
<tr>
<td>ii. Compile graphs, charts and database from</td>
<td>Pr. 7 teachers</td>
<td>April 94</td>
</tr>
<tr>
<td>iii. Display of above.</td>
<td>Pr. 7 staff and</td>
<td>April 94</td>
</tr>
<tr>
<td>iv. To organise Fitness Test questionnaire statistics.</td>
<td>Renfrew High P.E. staff</td>
<td>April 94</td>
</tr>
<tr>
<td>v. Instruct pupils in administering and interpreting test results</td>
<td>Pr. 7 staff</td>
<td>April 94</td>
</tr>
<tr>
<td>vi. Comparison and discussion of results.</td>
<td>Pr 7 staff, Renfrew</td>
<td>April 94</td>
</tr>
<tr>
<td>High P.E. staff and pupils</td>
<td>Health Ed. Co-ordinator</td>
<td>May 94<em>N/A</em></td>
</tr>
<tr>
<td>vii. Devise a fitness programme for 10–12 year olds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Target 3:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Liaise with Home Economics Dept., Renfrew High.</td>
<td>Health Ed. Co-ordinator</td>
<td>April/May 94</td>
</tr>
<tr>
<td>ii. Collect suggestions for sta.</td>
<td>As above</td>
<td>Feb. 94</td>
</tr>
<tr>
<td>iii. Approach and liaise with Catering Direct Supervisor</td>
<td>As above</td>
<td>February 94</td>
</tr>
<tr>
<td>iv. Contact Tesco.</td>
<td>Head Teacher</td>
<td>March 94</td>
</tr>
<tr>
<td>v. Collect suggestions for a Healthy Eating Tuck Shop</td>
<td>As above</td>
<td>March* N/A*</td>
</tr>
<tr>
<td>vi. Contact Police to organise input on drugs.</td>
<td>Head Teacher</td>
<td>January 94</td>
</tr>
<tr>
<td>vii. Go through Drugwise Too package with class.</td>
<td>Pr. 7 staff</td>
<td>March 94</td>
</tr>
<tr>
<td>viii. Seek voluntary contributions from staff for tuck shop.</td>
<td>Head Teacher</td>
<td>April 94</td>
</tr>
<tr>
<td><strong>Target 4:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Catchy Slogan competition.</td>
<td>Primary 7 staff</td>
<td>February 94</td>
</tr>
<tr>
<td>ii. Set up hall.</td>
<td>Pr. 7 &amp; Staff</td>
<td>May 94</td>
</tr>
<tr>
<td>iii. Instruct pupils in manning stalls and relaying information.</td>
<td>As above</td>
<td>April/May 94</td>
</tr>
<tr>
<td>iv. Liaise with Catering Direct to provide lunch.</td>
<td>Health Ed. Co-ordinator</td>
<td>April/May 94</td>
</tr>
<tr>
<td>v. Issue invitations to guests and press.</td>
<td>Pr. 7 staff</td>
<td>April/May 94</td>
</tr>
<tr>
<td>vi. Organise a timetable for the day.</td>
<td>Health Ed. Co-ordinator</td>
<td>April 94</td>
</tr>
<tr>
<td>vii. Newsletter to parents.</td>
<td>As above</td>
<td>April 94</td>
</tr>
<tr>
<td>viii. Compile and evaluate sheet for pupils and parents.</td>
<td>As above</td>
<td>May 94</td>
</tr>
</tbody>
</table>
# Arklestone Primary School – Development Plan

## Priority 5 – Health Fair (1–2)

<table>
<thead>
<tr>
<th>Target</th>
<th>Implementation</th>
<th>Success criteria</th>
<th>Resources &amp; S.D</th>
</tr>
</thead>
</table>
| 1. To heighten the awareness of pupils to healthy living. | 1a. Use health education topics to inform pupils of various aspects of a health lifestyle.  
1b. Use Shape document, Drugwise Too.  
1c. Use Health Service Personnel, eg. School Nurse, School Doctor, Ross House. | Pupils’ work and displays show evidence of knowledge gained through Health Education topics.  
Evidence of this in forward plans.  
Enrichment of Health Education through input from health service personnel. | School Health Education topic packs.  
Drugwise Too, Shape Document.  
| 2. To make parents & pupils more aware of the advantages being fit | 2a. Use parent and pupil surveys to gather information on diet, and levels of fitness.  
2b. Use charts, graphs, posters and database to illustrate and disseminate information gathered.  
2c. Use Renfrew High fitness test to determine level of fitness; be able to administer test and interpret results. | A positive response from parents and pupils.  
Evidence of displays in school.  
Pupil awareness of own levels of fitness and understanding of test procedures & outcomes. |
<table>
<thead>
<tr>
<th>Target</th>
<th>Implementation</th>
<th>Success criteria</th>
<th>Resources &amp; S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. To heighten risk awareness in connection with diet, drugs, smoking</td>
<td>3a. Involve Renfrew High Economics Dept. in preparing tempting healthy diets for children.</td>
<td>Positive pupil attitude to healthy eating.</td>
<td><em>Not available therefore not tackled</em></td>
</tr>
<tr>
<td></td>
<td>3b. Set up a Taste &amp; Try stall on day of Fair.</td>
<td>Provision of, and active participation in Taste &amp; Try stall.</td>
<td>Tesco</td>
</tr>
<tr>
<td></td>
<td>3c. Involve Catering Direct in providing healthy lunch for primary 7 and helpers on day of fair.</td>
<td>Pupil appreciation of the social aspects of healthy eating.</td>
<td>Catering Direct</td>
</tr>
<tr>
<td></td>
<td>3d. Organise primary 7 to provide a healthy tuck shop once weekly, for 4</td>
<td>Active participation by whole school.</td>
<td>Primary 7 staff, parents, and pupils.</td>
</tr>
<tr>
<td></td>
<td>3e. Contact Tesco Supermarket to furnish a stall on day of Health Fair.</td>
<td>Involvement of Tesco.</td>
<td><em>Time factor did not allow for this</em></td>
</tr>
<tr>
<td></td>
<td>3f. Use Drugwise Too, &amp; Police to educate on drug abuse.</td>
<td>Evidence of knowledge through posters, work, and discussion.</td>
<td></td>
</tr>
<tr>
<td>4. To organise and hold a Fair in the school.</td>
<td>Health Education Co-ordinator to involve staff and other agencies to in setting up fair. (18th May)</td>
<td>Co-operation of staff and other agencies.</td>
<td>Part of October In-Service Day. P.A.T. – April 94</td>
</tr>
</tbody>
</table>
CHAPTER SIX

HEALTH PROJECTS
Chapter Six

Health Projects
INTRODUCTION TO CHAPTER SIX

Health Projects are very important to development of the concept of the health promoting school. They enable awareness raising on a number of issues and contribute to health gain by stimulating the positive action required to achieve progress.

Successful projects are developed where all in the school community have a clear understanding of the concept of the health promoting school. Where positive steps have been taken to develop the concept, support mechanisms can be identified and barriers to implementation minimised or eliminated.

However, it is important to point out that sometimes projects arrive prior to development work on the health promoting school. This is often the result of a health problem having been identified in a community, and the involvement of concerned, enthusiastic and committed individuals who wish to address the issue. In such cases the health project can be a catalyst to the development of the health promoting school, and may serve to raise awareness of important health issues. Such projects may have a rougher journey to health promotion, but the result can be health gain which has a dramatic effect on a community.

The first project to be described falls into the latter category. Oral health had been identified as an issue in the community, but development of the concept of the health promoting school had not been identified in school development plans as an issue. Awareness raising had been offered to all schools via the in-service programme for schools in the area, and though some staff had received training this had not been a priority area for the schools concerned.

Once established, the oral health project was catalytic in progressing the issue of health promotion. Staff varied in their response to the project. Greatest health gain was achieved in the establishments where ownership was taken.

The second type of project described is the School Nutrition Action Group (SNAG). The numbers of schools adopting this approach to nutrition are still small in Argyll and Clyde. There is no doubt that to adopt such an approach is challenging. However, schools can move at their own pace and can implement change over a period of time.

A healthy diet is a significant contributory factor to well being and prevention of ill-health and as such, development of SNAGS is to be recommended. Schools which have adopted this approach are to be commended.
Case Study Ten

Ferguslie Park Schools

Oral Health Project
ORAL HEALTH PROJECT

Background

When the Community Dentist involved in this project first came to work in Ferguslie Park, in February 1993, she was shocked by the high level of dental decay found in nursery and primary school children in the area. Fear of the dentist was prevalent and dental attendance occurred all too often only when necessitated by pain. This was stressful for all concerned, including dental staff. It was essential to try and do something positive to improve dental health in the area. This was partly to preserve the sanity of the dentist concerned, because dealing with frightened people all the time is difficult and depressing. Dental staff were also spending a lot of time in the clinic waiting for people with appointments who often didn’t turn up.

It was obvious that more outreach was required. After discussion with the Director of Dental Services, Renfrewshire Healthcare NHS Trust, it was decided to initiate a programme of toothbrushing in nursery schools in Ferguslie Park and also a programme of fluoride rinsing in the local primary schools. It was felt that the toothbrushing would raise awareness of oral health; fluoride rinsing had been taking place in some Greenock primary schools for several years with encouraging results, and indeed had been used in several studies, world-wide, with significant reduction in dental decay.

At around the same time (September 1993), the Community Dentist attended a meeting of the Health Group at Merksworth High School, which was a pilot Health Promoting School. Also present was the Senior Health Promotion Officer (Education Setting), Argyll and Clyde Health Board. The group were informed that the Health Education Board for Scotland (HEBS) were inviting bids for funding for Health Promoting Schools projects, in relation to the role of the Health and Caring Services.

A bid for funding was prepared and submitted to HEBS. The bid was successful - £1500 was requested, £3000 was awarded! The project became one of five Health Promoting Schools pilot projects in Scotland, and the only Oral Health project. Further funding was obtained from HEBS following successful bids over the next two years. For Year 2, £3500 was requested, and £5000 awarded; for Year 3 £7000 was requested, but only £3000 awarded. While it was disappointing not to receive the full amount requested for year 3, this was the only project to receive funding from HEBS for a third year.

Project Aim

The aim of the project is to reduce dental decay in 5-year-old school entrants and ultimately in 12-year-olds.

This aim fits in with the 1992 Scottish Office Policy Statement “Scotland’s Health – A Challenge to Us All”, which set a target of “60% of 5-year-old school entrants to have no cavities, fillings or extractions by the year 2000”.

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It also fits in with Argyll and Clyde Health Board’s local target:
“By the year 2000, 40% of 12-year-olds to have no cavities or fillings and the average
DMF Index to be 2.” (DMF – Decayed, Missing, Filled (teeth))

Objectives

Year 1
1. Institute a programme of daily toothbrushing in the nursery schools in Ferguslie Park.
2. Institute a programme of weekly fluoride rinsing in the primary schools in Ferguslie Park.
3. Increase dental health education and links between community Dental Staff and Teaching Staff.
4. Increase links between Community Dental Staff and dietitians in the promotion of healthy eating as part of the Health Promoting School ethos.
5. Increase contact between between Community Dental Staff and parents especially in nursery schools with a view to encouraging them to take an interest in their children’s oral health and to register them with a general practitioner or attend the Community Dental Service.

The above objectives were framed to meet the HEBS requirements for Health Promoting Schools pilot projects. The main “buzz” word was “links”. This made us look closely at how we were doing things and to realise the importance of working with other agencies.

When HEBS awarded funding for the first year of project, £3000 was awarded instead of the £1500 requested, on condition that Merksworth High School was included. A further objective was therefore added:

6. Develop Oral Health Promotion at Merksworth High School

Objectives (Continued)

Year 2
Two additional objectives were added:

7. Link with School Nutrition Action Groups (S.N.A.Gs.) where possible.
8. Form partnerships with the children in order to involve them and give them ownership as far possible.

Year 3
A further two objectives were added:

10. Provide Dental Health Education materials and resource support for teaching staff.

The additional objectives for years 2 and 3 were formulated as the project developed to meet needs as they arose.
Implementation of the Project

The simplest way to describe this is under the headings of the different objectives.

Toothbrushing In Pre-Five Establishments

This was initiated in February 1994. It was intended that four nursery schools would be involved and the CDO approached the nursery headteachers. Of these, two were very enthusiastic, one was apprehensive but willing to co-operate up to a point, and the fourth was initially keen, but withdrew on the day arranged for the dental therapist to go in and start the programme. The nursery which withdrew is not strictly within Ferguslie Park, and its absence from the project has not created a problem. Two new nurseries have opened in Ferguslie Park and they are now participating in toothbrushing. Toothbrushes and toothpaste are provided by the Community Dental Service for participating establishments.

The nursery which is regarded as the most successful as far as the project is concerned has 75 children of whom only 20 (those who were there all day) brushed their teeth at nursery. Now they all brush daily, it is part of their routine and a social event! At the outset the dental therapist went in and spoke to the children and staff and showed them how to brush. Emphasis was placed on hygiene and prevention of cross-contamination of toothbrushes. Storage and identifying of toothbrushes, and dispensing of only a small amount of toothpaste proved to be problematic. The nursery staff proved to be ingenious in solving these problems and we now provide toothbrush racks. The success is due mainly to the nursery staff (and the children) and the way they have taken ownership. Children attending this nursery are encouraged to be as independent as possible and once a system has been established, they will carry it out.

Even at this nursery it took about two months for the toothbrushing to get off the ground properly. They now require minimal supervision from the Dental staff. The headteacher feels that there are fewer children having to be comforted due to toothache!

The other nursery where their headteacher was enthusiastic is run on a different basis, with the children much more dependent on staff. Toothbrushing takes place but not so frequently, and more input from dental personnel is required.

Both of the new pre-five establishments in the area would be toothbrushing anyway, but are very appreciative of the dental input and provision of toothbrushes and toothpaste, and are happy to be part of the project.

The dental therapists who started the nursery toothbrushing left in July 1995. Prior to that a new post of Oral Health Promoter was created for Renfrewshire. The Oral Health Promoter now oversees the nursery side of the project. Four out of the five participating pre-5 establishments have since changed to safer snacks for teeth!

Fluoride Rinsing In Primary Schools

This began in February 1994 with P1 classes only. A letter went out to parents of all P1 pupils advising them of the weekly fluoride rinsing programme and including a tear-off slip for opting out of those not wishing their children to participate. Initially 2 children were opted out. Under
supervision, the children brush with the rinsing solution for 1 minute and then rinse for 1 minute. Where possible, with enthusiastic teachers, the children brush their teeth on days when they are not rinsing. This is regarded as a bonus. Shortly after the start of the programme, the CDO spoke to all the staff at one of the schools involved, explaining what was happening and giving them screening figures and national and local dental health targets. Following this talk the two P1 teachers became even more motivated, and began to have class projects on Oral Health.

From August 1994, P1 and P2 classes were involved in rinsing. Since August 1995, P1, P2 and P3 have participated. Now only 1 child out of the 3 schools is opted-out. By August 1999, all Primary classes will be included.

Toothbrushes, toothpaste and toothbrush racks are provided and left at the schools for use in between rinsing days.

**Oral Health Education And Links With Teaching Staff**

Oral health education in the pre-5 and Primary establishments is ongoing as part of the programme. Both children and teaching staff are constantly hearing the main dental health message of restricting sugar to meal-times while toothbrushing and rinsing are going on. Links between dental and teaching staff have been forged as a direct spin-off of the brushing and rinsing programmes.

During the first year of the project the CDO gave presentations on dental health to S1 Lifeskills classes, and their teachers. This role is now covered by the Oral Health Promoter. Toothbrushes and toothpaste are provided for S1 pupils in the participating secondary schools.

**Links With Dieticians**

The CDO and the Oral Health Promoter have been working with the Community Dietician in various ways:

- Merksworth High School Health Group members
- Involved in community and Merksworth health events
- Members of School Nutrition Action Groups Co-ordinating Team for Renfrewshire
- Involvement in Health Promoting Schools Training days
- OHP is a member of SNAGs in two schools.

Working alongside the Community dietitian and other nutritionists, e.g. teachers of Home Economics, Catering Direct, is essential, in order to get over the dental health message, which is: Reduce the amount and frequency of sugar consumption i.e. avoid sugar between meals. It is also important when advising sugar-free alternatives to bear in mind that crisps etc. have high fat and salt content. Dental staff should be careful not to give advice which may conflict with messages from other nutrition advisers.

**Contact With Parents**

During the first year of the project, parents were invited to attend at nursery dental screenings. This was discontinued due to poor uptake.
The Oral Health Promoter, appointed in May 1995, has a remit for “Prevention from Birth”, which means that parents of young babies are receiving dental health advice. When oral health talks are given at pre-5 establishments, parents are invited and things are timed so that they can be seen when children are collected.

**Oral Health Promotion At Merksworth School**
This has been developed by means of dental personnel belonging to Merksworth Health Group which has led to involvement in School Health Events and input by the CDO and OHP to the S1 Lifeskills classes. The OHP is also involved in the Merksworth SNAG, but this may be about to fold due to lack of parental support. It should still be possible to influence nutrition within the school via the Health Group.

**Links With SNAGS**
See above under **Links With Dietitians and Oral Health Promotion At Merksworth High School**.

**Partnerships With Children**
These have been formed with the pre-5’s and Primary children as a result of the brushing and rinsing programmes. Development of partnerships with Secondary pupils is not so simple as dental staff are not visiting so often. Peer education is envisaged as a possible means of developing this.

**Training Day**
A Health Promoting School Training Day focusing on the Oral Health Project was held in May 1995. Delegates included staff from participating establishments, School Health, local Health Visitors, HEBS Evaluation Co-ordinator, Senior Registrar in Dental Public Health Health Promotion and Community Dental personnel.

The aim of the day was to raise awareness of the project and the reasons for it. It was also a forum for exchange of ideas and experiences. Two main points were highlighted during the day:

- The need for Toothbrushing Guidelines
- The lack of suitable Oral Health teaching resources for Primary classes.

Two more objectives were added to the Project:

Provide guidelines for toothbrushing especially in relation to hygiene
Provide Dental Health Education materials and resource support for teaching staff.

Toothbrushing Guidelines have now been produced by the Oral Health Promoter. Some of the HEBS money was used to provide supply teachers to release two P1 teachers for four days to work with the Oral Health Promoter and a Health Promotion Officer (Education Setting) on the production of resources and visual aids.
School Nutrition
Action Groups
INTRODUCTION

School Nutrition Action Groups (SNAGS) have been described by their founder, Joe Harvey, as “Powerhouses for Change”. This phrase recognises that to achieve positive changes in eating behaviour takes time and the commitment of a number of key people. An important determinant of success is that the SNAG needs to be owned and managed by the school, and a bottom-up approach adopted. The ultimate aim is behaviour change, which can be achieved through a number of strategies. These strategies should be integral to the overall development of the school as a health promoting establishment.

Suggested Aims

- The aims of such strategies might include:
  - To provide a health promoting environment
  - To offer children an opportunity to voice their concerns about the provision of healthier, attractively priced, more interesting foods
  - To establish, monitor and evaluate a consistent food policy with health as the main objective
  - To market and promote healthy choices
  - To ensure that consumers and providers are involved in and have ownership of all food provision throughout the school day
  - To empower children and staff to make improved choices about food

A number of schools in the health board have received training and tried to implement SNAGS. It was evident to those in contact with schools that many faced initial problems during implementation, therefore some work was commissioned to identify potential problems and highlight factors which schools themselves had faced. This work also identified some actions which schools had implemented and which had been successful in achieving progress.

Potential Problems

- The process can take a while to get started – all those involved are busy so realistic time scales have to be agreed. It is better to make small changes over a longer period of time, to see results and keep those involved enthusiastic when success is achieved.
- A committed team is needed to ensure action. The workload needs to be spread.
- Time commitments need to be recognised – having only one agenda at a time makes the tasks seem more achievable.
- When implementing change the time of year is important – change is more acceptable after a holiday break.
- It has to be recognised that behaviour change takes time – a term may not be long enough.
- Staff changes can cause havoc - it needs more than one committed staff member to ensure continuity.
- There needs to be a debate about health and income and thought needs to be given to those working on a budget.
Essential Components

- Good communication links are necessary between all involved
- Good working relationships need to be developed with caterers
- Senior management team involvement is essential
- Support is required from health and caring professionals
- Health should be a priority on the school development plan
- Consideration needs to be given to the layout of the dining room
- Parental involvement is essential – not a bonus
- Incentives for change need to be supplied.

Possible Action

- Gather baseline information
- Decide priority areas e.g. invite parents for iHealthy Lunch
- Purchase bread and food baskets to improve food display
- Gradual introduction of new foods

It is hoped that the above suggestions will result in an increased number of schools developing SNAGS. To assist the process it is suggested that typical membership should include:

- School senior management
- Health Education Co-ordinator
- Catering manager
- Pupils
- Parents
- Dietician
- Health Promotion Officer
- Dental Health Adviser
- School Nurse

By enlisting the above a range of skills will be represented and enhance the possible achievements of the SNAG.
CONCLUSIONS

The case studies within this guide provide some examples of how schools might begin to move towards becoming a Health Promoting School. The approaches and interventions described fall within the three main elements of the Health Promoting School concept:

- Health Education being given a specific time allocation through the formal curriculum
- Consideration of health as permeating the hidden curriculum including consideration of the physical environments and developing caring relationships
- Active involvement of the health and caring services

Some aspects of traditional health education are essential and should not be viewed in negative terms, but should be seen within the broader model of the Health Promoting School. Table 1 at the end of this section helps summarize the main distinctions between the more traditional approach to health education and the move towards adopting a Health Promoting School approach.

The case studies provide practical, working examples of how schools have attempted to make that transition, and serve to illustrate the importance of key factors in the process. Central to the approach is the active involvement of pupils in the process, and the importance of good communication. This includes developing good communication within the school environment, but also the need to foster links between schools and parents. This aspect is essential if the school is to reinforce to parents the importance of their role and involvement, and develop a meaningful partnership with parents.

Several of the projects have also illustrated the need to establish good management and organisation of the process, and the need for positive leadership from the Head Teacher. The following key steps have been highlighted as being central to the process of managing this work within the school:

1. The school should be encouraged to appoint a health education co-ordinator and senior management team member to have overall responsibility for health, if this structure is not already in place. A school committee can then be formed from this base.
2. This committee should develop and complete a comprehensive audit identifying the ‘where’ ‘what’ and ‘how’ of health education across the formal curriculum, hidden curriculum and use of health and caring services. This audit will give the committee a clear overview of their schools present position.
3. Results of the audit will enable the committee to highlight areas of priority and negotiate realistic targets to be implemented as part of a School Development Plan.

The school committee should set clear targets which reflect the steps which the school is taking to promote good health. Once these targets have been negotiated and agreed upon, a clearly defined action plan should be drawn up identifying the contributions everyone can make, and describing how targets can be achieved within a clearly defined time scale.
Becoming a Health Promoting School can seem like a daunting prospect, but the process of identifying priorities, setting targets and regularly reviewing progress allows staff to see progress being made. Part of recording progress lies in monitoring and evaluating work. Evaluation must be considered at an early stage, as part of the planning process, and is made easier if clearly defined and measurable objectives have been agreed at the outset. Several schools have described how they addressed the issue of evaluation and used the results to plan future work.

It must be recognised that staff may identify training needs when working towards developing the Health Promoting School, and arrangements for staff support should always be considered.

The Health Promotion Unit of Argyll & Clyde Health Board have a key role in offering professional advice and support for schools developing a programme. They can also provide further reading on the subject as well as a range of training and teaching resources.

**Table 1**
Moving from traditional school health education towards the health promoting school

<table>
<thead>
<tr>
<th>TRADITIONAL HEALTH EDUCATION</th>
<th>THE HEALTH PROMOTING SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>considers health education only in limited classroom term</td>
<td>takes a wider view including all aspects of the life of the school and its relationships with the community eg developing the school as a caring community</td>
</tr>
<tr>
<td>emphasises personal hygiene and physical health to the exclusion of wider aspects of health</td>
<td>is based on a model of health which includes the interaction of physical mental social and environmental aspects</td>
</tr>
<tr>
<td>concentrates of health instructions and acquisition of facts</td>
<td>focuses on active pupil participation with a wide range of methods and on developing pupil skills</td>
</tr>
<tr>
<td>lacks a coherent, co-ordinated approach which takes account of other influences on pupils</td>
<td>recognises the wide range of influences on pupils’ health and attempts to take account of pupils’ pre-existing beliefs values and attitudes</td>
</tr>
<tr>
<td>tends to respond to a series of perceived problems or crises on a one-off basis</td>
<td>recognises that many underlying skills and processes are common to all health issues and that these should be pre-planned as part of the curriculum</td>
</tr>
<tr>
<td>takes limited account of psychosocial factors in relation to health behaviour</td>
<td>views the development of a positive self-image and individuals taking increasing control of their lives as central to the promotion of good health</td>
</tr>
<tr>
<td>recognises the importance of the school and its environment only to a limited extent</td>
<td>recognises the importance of the physical environment of the school in terms of aesthetics and direct physiological effects on pupils and staff</td>
</tr>
<tr>
<td>does not consider actively the health and well-being of staff in the school</td>
<td>views health promotion in the school as relevant to staff well being and recognises the exemplar role of staff</td>
</tr>
<tr>
<td>does not involve parents actively in the development of a health education programme</td>
<td>considers parental support and co-operation as central to the health promoting school</td>
</tr>
<tr>
<td>views the role of school health services purely in terms of health screening and disease prevention</td>
<td>takes a wider view of the school health services which includes screening and disease prevention but also attempts actively to integrate services within the health education curriculum and helps pupils to become more aware as consumers of health services</td>
</tr>
</tbody>
</table>

Ref: SHEG & SCCC: Promoting Good Health – Proposals for Action in Schools (1990)
REFERENCES

REFERENCES

[No specific references listed]