

**OBESITY GUIDANCE  
FOR  
HEALTHY SCHOOLS COORDINATORS AND THEIR PARTNERS**

**January 2007**

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<b>Circulation List</b>	
<b>Description</b>	The purpose of this guidance is to help Healthy Schools Coordinators and their partners provide support to primary and secondary schools in addressing the prevention issues around obesity. The guidance sets out approaches that work when tackling obesity and appropriate actions to consider.
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<b>For Recipient's Use</b>	

# **OBESITY GUIDANCE FOR HEALTHY SCHOOLS COORDINATORS AND THEIR PARTNERS**

## **INTRODUCTION**

### **Purpose**

The purpose of this guidance is to help Healthy Schools Coordinators and their partners provide support to primary and secondary schools in addressing the prevention issues around obesity. The guidance sets out:

Page 1-2	Background
Page 2	Tackling Obesity – Approaches That Work
Page 3-5	Actions to Consider on Obesity
Page 6	Appendix A – The Balance of Good Health Plate
Page 7-11	Appendix B – Healthy schools criteria that supports obesity prevention
Page 12	Appendix C - Good practice example for working with schools

### **Audience**

The guidance is relevant to:

- Local Healthy Schools Programme Coordinators
- PCT Obesity, Healthy Eating and Physical Activity Leads
- Partnership Development Managers, School Sport co-ordinators, Primary Link Teachers
- School Nurses
- School Travel Advisors
- Extended Schools

### **Background**

#### The Problem and Obesity PSA Target

Rates of obesity have dramatically increased in England over the last decade. If no action is taken, one-in-five children aged 2-15 in England will be obese by 2010. Obesity has been linked to a variety of health problems, such as cancer, type 2 diabetes and psychological disorders.

In March 2004 the Government set the Obesity Public Service Agreement (PSA) target to 'halt the year on year rise in obesity among children aged under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole'.

Delivering the PSA target is a challenge. Obesity is a complex phenomenon that requires a sophisticated response combining prevention, treatment and maintenance of healthy lifestyles. Whilst parents have a significant influence over children's lifestyle habits, schools have an important part to play.

#### Weighing and Measuring Data

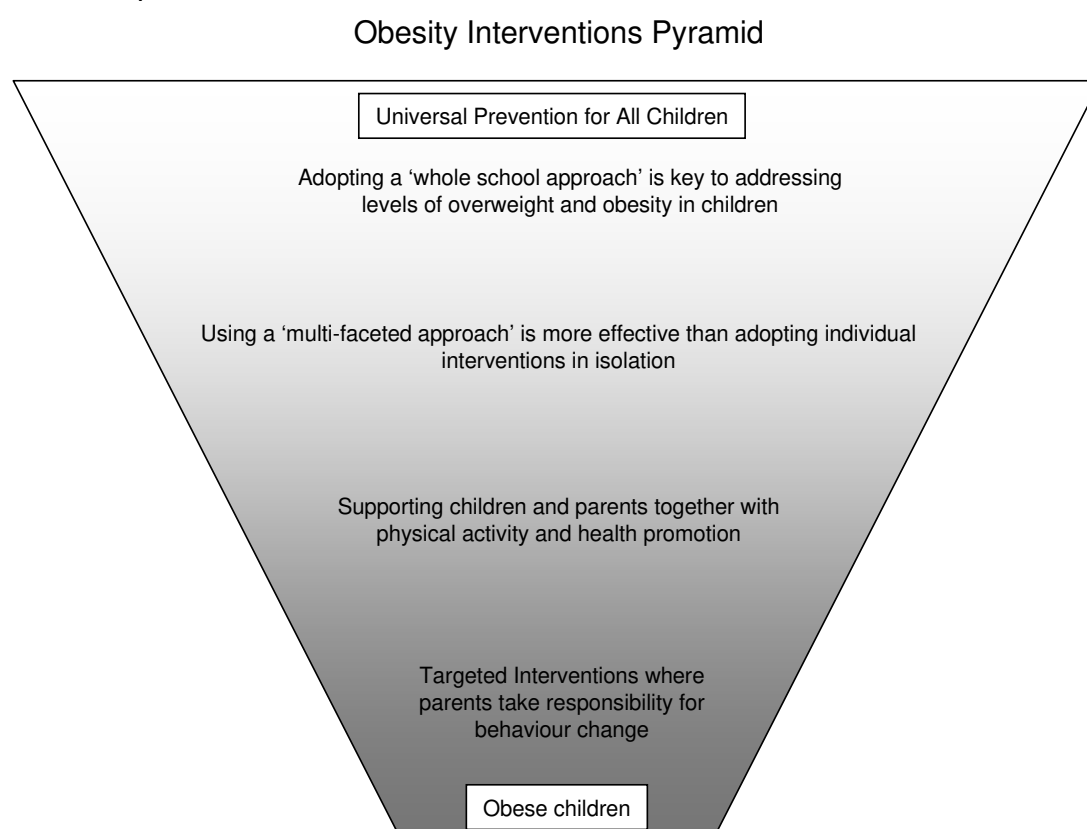
In January 2006, the Department of Health published guidance to Primary Care Trusts (PCTs) on how to weigh and measure children in Reception Year and Year 6.

The first annual measurement exercise by PCTs has now been completed. Those PCTs and schools that have worked together to weigh and measure children appropriately have reported success in the process and the resulting momentum in tackling obesity. For example, Westminster PCT measured ~ 90% of children, primarily because of good working relationships with all schools in the PCT. Their high response rate and subsequently large data return allow them to target schools in the PCT with the highest levels of obesity prevalence.

Weighing and measuring response rates, however, still need to be improved in most areas. This guidance provides an opportunity to talk to, and engage, local partners in the weighing and measuring exercise and to initiate a discussion about issues relating to obesity and overweight.

## TACKLING OBESITY- APPROACHES THAT WORK

A number of recent documents and reports (examples include the recent NICE guidance and Obesity Toolkit<sup>1</sup>) have considered the evidence around tackling obesity and overweight, and have published guidance. These reports highlighted a number of factors for intervention in schools. The Obesity Toolkit is a valuable resource for partnership working on obesity. The following pyramid provides a visual representation of the main principles from these recent reports:



<sup>1</sup> 'Obesity: the prevention, identification, assessment & management of overweight and obesity in adults and children', NICE, published Dec 2006; 'Lightening the load: tackling overweight and obesity', Faculty of Public Health and National Heart Forum, May 2006.

## **ACTIONS TO CONSIDER ON OBESITY**

Using the recently published NICE guidance, and other sources of good practice information, we have established that healthy schools coordinators and their partners should concentrate their efforts on the areas discussed below. Appendix C provides an example of the process you may choose to take to implement any of the actions below.

It is important that the first two actions are well established and a school has an appropriate 'whole school approach' as a base, before exploring additional actions on obesity. The additional actions are provided as suggestions only – implementing them will depend on the particular challenges faced by the school and the resources available.

### **1. Ensure the Language and Core Messages are Appropriate**

It is important to ensure a school promotes a culture where pupils, staff, parents/carers are encouraged to help each other adopt a healthier lifestyle. Schools are advised to:

- Stress the importance of a balanced diet rather than discussing 'good foods' and 'bad foods'. A positive pictorial form-'The Balance of Good Health' is attached in Appendix A. This identifies those foods and drinks that should be consumed regularly, and those that are high in fat, salt and sugar that should be limited.
- Understand that a healthy lifestyle is not just about eating healthily. Tackling obesity requires ensuring that calories in (food and drink) do not exceed calories out (physical activity). It is important that schools facilitate both a healthy diet and increased physical activity. In addition, these two aspects need to be supported by an environment that promotes positive emotional health and wellbeing.
- Physical activity is not only about sport. The school should ensure that the school culture encourages a wide range of opportunities to be active.
- Children/young people, staff, and parents/carers should feel enabled to make positive changes and adopt a healthy lifestyle. Avoid a blame culture that stigmatises those who are obese and overweight.
- Always stress the positive - 'be healthy', 'get active', 'feel better', 'enjoy being active'.

### **2. Achieving Healthy School Status**

Schools should be encouraged to achieve Healthy Schools Status using a whole school approach. Two of the four healthy schools themes – healthy eating and physical activity - are widely recognised as being key to contributing to the Obesity PSA. The emotional health and wellbeing and PSHE<sup>2</sup> themes, however, are arguably as important in ensuring the activity is

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<sup>2</sup> Personal Social and Health Education

both beneficial and appropriate and these underpin the development of a healthy lifestyle. As you can see in Appendix B, 34 out of 41 of the Healthy Schools criteria directly contribute to obesity prevention. Achieving Healthy Schools status is a process whereby schools can structure their work and provide effective prevention and support to young people, staff and parents/carers, offering benefits for both health and achievement. Healthy School Status should be the core first step in obesity prevention.

### **3. Ensuring 'Universal' Prevention**

The Healthy Schools Programme is frequently referred to as the key 'universal' prevention programme - i.e. it provides opportunities for all school children to engage in healthy lifestyles. This, however, does not mean that all children are actually involved in or adopt a healthy lifestyle. We all know of examples where children and young people, often those most at risk of overweight and obesity, choose not to be involved in physical activity and/or do not consume healthier food choices. There are a number of ways that schools can ensure their preventative work is in fact 'universal'. For example:

- Adopt a school food policy that all food/drink brought into school has the same nutritional standards as the new compulsory school food standards and/or promote school meals over packed lunches (e.g. through taster sessions, healthy meal deals);
- Ensure an engaging PE curriculum is on offer and a wide variety of extra curricula activities are available to encourage participation of those marginalised by traditional sport (e.g. dancing, tables tennis, walking to school, aerobics);
- Develop opportunities for children and young people to build their physical literacy and personal safety skills (e.g., pedestrian, cycling etc) to enable them and their parents to feel confident in their active participation;
- Encourage all children and young people to take part in a healthy lifestyle challenge (e.g., identify a positive change they will make, such as reducing intake of crisps to one packet a week or walking to school three times a week etc).

### **4. Engaging Parents/Carers**

Parents are the main influence on their children's lifestyle. A key aspect of the whole school approach is engaging parents and carers. The Healthy Schools programme already involves parents in a number of areas, such as the development of healthy eating and physical activity policies. We know that parents/carers have an important role to play in a child's/young person's health and a school's activities need to be supported by a healthy home life and visa-versa. For example:

- Engage children and young people and parents/carers in the changes being made to school food, and highlight the potential benefits of these changes (e.g., improved health, concentration and behaviour). Help families understand that school meals are only a

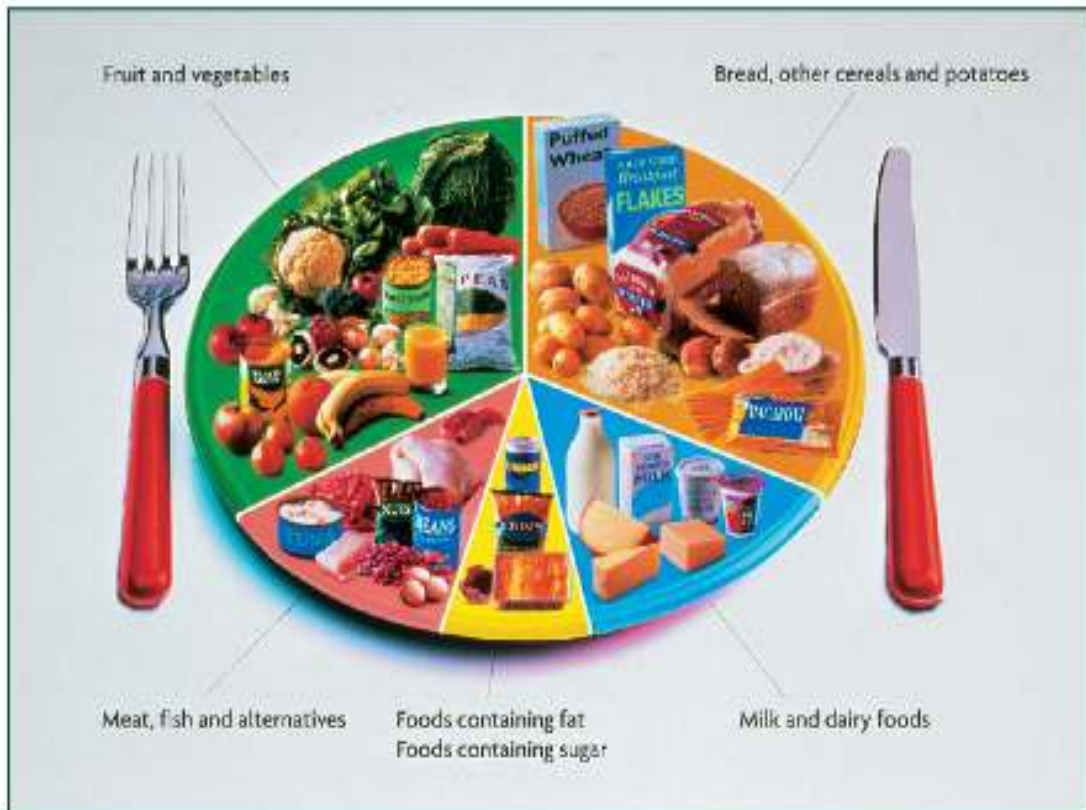
- fraction of their child's overall intake and encourage them to make similar changes at home;
- Work with the community to ensure that tuck shops/vending machines in leisure and community centres (that engage families) promote healthy options;
  - Help families to understand that 'calories in' need to be balanced by 'calories out' (i.e., – healthy eating and physical activity);
  - Encourage parents/carers to be involved in physical activities with their children during the school week and on weekends e.g., walking to school, kicking a ball at the local park, and identify local activities for family participation;
  - Get parents involved in the development of their school's active travel plan;
  - Arrange activities for children and young people and families to do together, such as vegetable growing clubs, sports afternoons, packed lunch preparation sessions and cooking clubs;
  - Use the activities, such as those suggested above, to highlight the range of ways families can help adopt a balanced diet at a reasonable cost e.g., frozen and tinned fruit and vegetables are as nutritionally beneficial as fresh options and can reduce waste, and children regularly tasting new 'healthier' foods and being influenced by positive role models can bring about positive dietary changes;
  - Ensure behaviour and rewards policies in schools do not use food as a reward or treat and encourage parents to adopt similar policies e.g., a family trip to a skating rink rather than fish and chips;
  - Organise family events to celebrate the positive 'Healthy Lifestyle Challenges'.

## **5. Exploring Additional Activities for Obese/Overweight**

Schools and local programmes are likely to be approached by a range of external providers offering obesity, nutrition and/or physical activity-based interventions or advice. It is essential to ensure that the advice and product they offer is in line with the principles and processes of the National Healthy Schools Programme and are evidence-based and respects children's rights to protection and privacy. Programmes should not provoke bullying or stigmatisation. All decisions must assess the physical or psychological implications for the child/ren and young person .

If you are considering exploring additional activities specifically for obese/overweight children and young people, it is advisable that you speak to your local/regional Obesity Lead and Regional Healthy Schools Coordinator first.

## APPENDIX A – THE BALANCE OF GOOD HEALTH



Reproduced with kind permission of the Food Standards Agency.

The Balance of Good Health plate model is a pictorial representation of the types and proportions of foods needed to make up a healthy and well-balanced diet. It aims to help people understand and enjoy healthy eating. It shows that people don't have to give up the foods they most enjoy for the sake of their health – just eat some in smaller quantities or less frequently. Variety and a change towards more vegetables, fruit, bread, breakfast cereals, potatoes, rice and pasta are what matters. Snacks as well as meals count towards a healthy balance.

Visit: <http://www.food.gov.uk/multimedia/pdfs/bghbooklet.pdf#page=1>

## APPENDIX B – HEALTHY SCHOOLS CRITERIA THAT SUPPORT OBESITY PREVENTION

Below are the Healthy Schools themes, criteria and minimum evidence that directly support obesity prevention.

### HEALTHY EATING

Healthy Schools Criteria	Minimum evidence for Healthy Schools Status
<p><b>2.1</b> Has an identified member of the senior management team to oversee all aspects of food in schools <a href="#">Ofsted self evaluation 6a</a></p>	<ul style="list-style-type: none"> <li>○ There is named member of the Senior Leadership/<i>Management</i> Team</li> <li>○ The person's role (re healthy eating) is known to staff</li> </ul>
<p><b>2.2</b> Ensures provision of training in practical food education for staff, including diet, nutrition, food safety and hygiene <a href="#">Ofsted self evaluation 6a</a></p>	<ul style="list-style-type: none"> <li>○ This criterion should directly support 2.9</li> <li>○ The school's CPD file evidences how staff needs regarding practical food education are identified</li> <li>○ Staff (such as Food Technology and PSHE teachers) can discuss their experience of appropriate CPD – examples might include the local training by community dietitians, DfES Food Partnerships Programme, food safety and hygiene courses etc.</li> </ul>
<p><b>2.3</b> Has a whole school food policy – developed through wide consultation, implemented, monitored and evaluated for impact <a href="#">Ofsted self evaluation 2a, 2b, 6a</a></p>	<ul style="list-style-type: none"> <li>○ Parents/carers, governors, caterers and pupils are/have been involved in policy development and can describe their involvement</li> <li>○ A policy is available covering all aspects of food and drink at school, including appropriate curriculum links, reference to policy regarding packed lunches/food bought into school and pupils going off-site to purchase foods</li> <li>○ The policy is referred to in the school prospectus/profile</li> <li>○ The policy is regularly communicated to the entire school community</li> <li>○ The policy is reviewed on an ongoing basis (at least yearly)</li> </ul>
<p><b>2.4</b> Involves pupils and parents in guiding food policy and practice within the school, enables them to contribute to healthy eating and acts on their feedback <a href="#">Ofsted self evaluation 2a, 2b, 6a</a></p>	<ul style="list-style-type: none"> <li>○ Pupils and parents are/have been involved in guiding the school's food policy and can describe their involvement</li> <li>○ Pupil and parents agree that their feedback has been appropriately considered</li> </ul>
<p><b>2.5</b> Has a welcoming eating environment that encourages the positive social interaction of pupils (see Food in Schools guidance) <a href="#">Ofsted self evaluation 6a</a></p>	<ul style="list-style-type: none"> <li>○ The school has developed healthy/welcoming aspects of the dining room environment - including display and labelling of food, promoting healthy eating, availability of water, appropriate queuing arrangements, adequate time available, non-stigmatisation of FSM pupils, social dining and cleanliness</li> <li>○ Pupils and staff feel that the dining area makes a positive contribution to the dining experience – including adequate time available to eat meal and avoiding stigmatisation of FSM pupils</li> </ul>
<p><b>2.6</b> Ensures that breakfast club, tuck shop, vending machine and after school food service (where available in school) meets or exceeds DfES school food standards <a href="#">Ofsted self evaluation 6a</a></p>	<p>Where service is provided:</p> <ul style="list-style-type: none"> <li>○ Breakfast club meets or exceeds the DfES standards</li> <li>○ Tuck shop meets or exceeds the DfES standards</li> <li>○ Vending machine meets or exceeds the DfES standards</li> <li>○ After school food service meets or exceeds the DfES standards</li> <li>○ The governing body, the named member of the SLT (and head caterer where involved in service provision) agree that the standards are being met and review this regularly</li> </ul>
<p><b>2.7</b> Has a school meal service that meets or exceeds current DfES School Meals standards <a href="#">Ofsted self evaluation 6a</a></p>	<ul style="list-style-type: none"> <li>○ The school meal meets or exceeds the current DfES School Meal Standards</li> <li>○ The governing body, the named member of the SLT and head caterer agrees that the standards are being met and review this (at least termly)</li> <li>○ Healthy options are promoted e.g. tasting sessions, menu boards, sampling</li> <li>○ The caterer can say how minority ethnic and medical/allergy needs have been considered/incorporated in menu planning</li> </ul>

	<ul style="list-style-type: none"> <li>○ There is appropriate guidance (promoting healthier options) given to pupils/parents who have packed lunches</li> </ul>
<b>2.8</b> <b>Monitors pupils' menus and food choices to inform policy development and provision</b> <a href="#">Ofsted self evaluation 2a, 2b, 6a</a>	<ul style="list-style-type: none"> <li>○ The school has developed a system for monitoring menus and choices</li> <li>○ The governing body, the identified member of the SLT and the school caterer can demonstrate that they use data and how it influences developments</li> </ul>
<b>2.9</b> <b>Ensures that pupils have opportunities to learn about different types of food in the context of a balanced diet (using the Balance of Good Health), and how to plan, budget, prepare and cook meals, understanding the need to limit the consumption of foods high in salt, sugar and fat and increase the consumption of fruit and vegetables</b> <a href="#">Ofsted self evaluation 5b</a>	<ul style="list-style-type: none"> <li>○ This curriculum <i>can</i> be found in <i>Schemes of Work for Food Technology</i>, PSHE and other subject areas.</li> <li>○ The Schemes of Work and/or out of hours activity incorporates age and ability appropriate lessons on a balanced diet, planning, budgeting, preparing, and cooking skills, for ideas and support</li> <li>○ The curriculum considers the emotional aspects of food, the nature of eating disorders, the role of the media and is appropriately connected to aspects of Emotional Health and Well-Being.</li> <li>○ A curriculum map is being developed or is in place</li> </ul>
<b>2.10</b> <b>Has easy access to free, clean and palatable drinking water, using the Food in Schools guidance</b> <a href="#">Ofsted self evaluation 4a, 6a</a>	<ul style="list-style-type: none"> <li>○ Children/young people and staff say they have access to free, clean and palatable drinking water at lunch time and throughout the day, and have been consulted about where it is located</li> <li>○ The school is monitoring the availability of water and ensures it is being used by children/young people</li> <li>○ Water consumption is encouraged and promoted</li> </ul>
<b>2.11</b> <b>Consults pupils about food choices throughout the school day using school councils, Healthy School task groups or other representative pupil bodies</b> <a href="#">Ofsted self evaluation 2a, 4d</a>	<ul style="list-style-type: none"> <li>○ Children/young people say that they are regularly (at least termly) and appropriately consulted about food choices – including school meals and food and drink other than lunch</li> </ul>

## PHYSICAL ACTIVITY

Healthy Schools Criteria	Minimum evidence for Healthy Schools Status
<b>3.1</b> <b>Provides clear leadership and management to develop and monitor its physical activity policy</b> <a href="#">Ofsted self evaluation 6a</a>	<ul style="list-style-type: none"> <li>○ There is a named person in the school who leads policy and practice development on physical activity within the school and is known to all staff in that role</li> </ul>
<b>3.2</b> <b>Has a whole school physical activity policy – developed through wide consultation, implemented, monitored and evaluated for impact</b> <a href="#">Ofsted self evaluation 2a, 2b, 4d, 6a</a>	<ul style="list-style-type: none"> <li>○ A physical activity policy is in place</li> <li>○ Clear monitoring procedures are in place to review and amend the policy</li> <li>○ Parents/carers, children/young people were/are actively involved in the development and review of the policy and can describe their involvement</li> <li>○ The policy supports the curriculum for PE and wider programme for Physical Activity and School sports</li> </ul>
<b>3.3</b> <b>Ensures a minimum 2 hours of structured physical activity each week to all of its pupils in or outside the school curriculum</b> <a href="#">Ofsted self evaluation 4a, 4f, 5b</a>	<ul style="list-style-type: none"> <li>○ The curriculum for PE includes health related fitness</li> <li>○ Children and young people can access a range of activities that add up to a minimum of 2 hours structured physical activity each week</li> <li>○ The school's Inclusion Policy refers to how it is addressing the needs of all its children/young people with reference to physical activity</li> </ul>
<b>3.4</b> <b>Provides opportunities for all pupils to participate in a broad range of extra curricular activities that</b>	<ul style="list-style-type: none"> <li>○ Children/young people and staff are aware of the extra-curricular physical activity opportunities that are available to them</li> <li>○ The school has a range of activities for individuals and groups</li> </ul>

<b>promote physical activity</b> <a href="#">Ofsted self evaluation 5b</a>	
<b>3.5</b> <b>Consults with children/young people about the physical activity opportunities offered by the school, identifies barriers to participation and seeks to remove them</b> <a href="#">Ofsted self evaluation 2a, 2b</a>	<ul style="list-style-type: none"> <li>○ Children/young people say they are consulted about what types of physical activities they would like to be offered to them.</li> <li>○ The school can specify the activities that have been introduced, influenced and adapted as a result of consultation</li> <li>○ The school has a system in place to monitor the increase in participation of pupils in physical activity</li> </ul>
<b>3.6</b> <b>Involves Schools Sport Coordinators (where available) and other community resources in provision of activities</b> <a href="#">Ofsted self evaluation 5b, 6a</a>	<ul style="list-style-type: none"> <li>○ The school attends SSC network meetings.</li> <li>○ The school uses PESS/CL materials</li> </ul>
<b>3.7</b> <b>Encourages children/young people, parents/ carers and staff to walk or cycle to school under safe conditions, utilising the school travel plan</b> <a href="#">Ofsted self evaluation 4a, 5b, 6a</a>	<ul style="list-style-type: none"> <li>○ The school is engaged with representatives from the Safe Routes to School programme and School Travel Plan (STP) Scheme</li> <li>○ The school has a School Travel Plan in place or is working towards one being in place</li> <li>○ Parents/carers have received information regarding the School Travel Plan via newsletter articles/letters etc.</li> <li>○ The school has used STP surveys to develop the broader physical activity agenda</li> <li>○ Throughout the school year there is a planned promotion of walking and cycling to school</li> <li>○ Pedestrian and cycle skills training are available for children/young people and staff</li> </ul>
<b>3.8</b> <b>Gives parents/carers the opportunity to be involved in the planning and delivery of physical activity opportunities and helps them to understand the benefits of physical activity for themselves and their children</b> <a href="#">Ofsted self evaluation 2a</a>	<ul style="list-style-type: none"> <li>○ Parents/carers are aware of the opportunities to learn about the benefits of physical activity</li> <li>○ Parents/carers say they are actively encouraged to take part in the planning and delivery of physical activity</li> <li>○ Most parents/carers report that they know why physical activity is good for them and their children</li> </ul>
<b>3.9</b> <b>Ensures that there is appropriate training provided for those involved in providing physical activities</b> <a href="#">Ofsted self evaluation 6a</a>	<ul style="list-style-type: none"> <li>○ There is a planned annual programme of CPD for appropriate staff</li> <li>○ Staff involved in providing physical activity for pupils can evidence that they have received appropriate training/CPD. (These may be teachers, lunchtime, breakfast or after school supervisors and coaches and others from the community)</li> <li>○ The school operates an appropriate visitors' policy, which addresses risk management and relevant training/qualification</li> </ul>
<b>3.10</b> <b>Encourages all staff to undertake physical activity</b> <a href="#">Ofsted self evaluation 6a</a>	<ul style="list-style-type: none"> <li>○ Staff are aware of the opportunities they have to increase their levels of physical activity</li> <li>○ Staff have been involved in informing and developing opportunities for them to increase their levels of physical activity</li> </ul>

Two of the four healthy schools themes highlighted above – healthy eating and physical activity - are widely recognised as being key to contributing to the Obesity PSA. The remaining two themes - emotional health and wellbeing and PSHE - are arguably as important in ensuring the activity is both beneficial and appropriate. The themes, criteria and minimum evidence below help to form an environment that promotes positive social and emotional health, and therefore supports healthy lifestyle choices.

## EMOTIONAL HEALTH AND WELLBEING

Healthy Schools Criteria	Minimum evidence for Healthy Schools Status
<p><b>4.1</b> Identifies vulnerable individuals and groups and establishes appropriate strategies to support them and their families Ofsted self evaluation 4b, 4f, 5b, 5c</p>	<ul style="list-style-type: none"> <li>○ Drawing on relevant DfES guidance, schools are able to identify children/young people experiencing or at risk of experiencing behavioural, emotional and social difficulties</li> <li>○ Vulnerable children/young people have individual support plans</li> <li>○ The school has examples of planned and structured intervention work to address the issues of identified children/young people</li> <li>○ The school has plans and protocols in place for working with other agencies to support individuals and their families</li> <li>○ Vulnerable children/young people report feeling supported</li> <li>○ Children/young people with specific behavioural, emotional or social difficulties have planned and structured interventions matched to their needs</li> </ul>
<p><b>4.2</b> Provides clear leadership to create and manage a positive environment which enhances emotional health and well-being in school – including the management of the behaviour and rewards policies Ofsted self evaluation 4b, 4f, 5b, 5c</p>	<ul style="list-style-type: none"> <li>○ The school has a behaviour policy that strikes a healthy balance between rewards and sanctions and clearly explains how positive behaviour is promoted</li> <li>○ The Vision/Mission Statement, Aims and Prospectus refer to the emotional health and well-being of the children/young people</li> <li>○ The Senior Management Team demonstrate an effective leadership role emotional health and well-being</li> </ul>
<p><b>4.3</b> Has clear, planned curriculum opportunities for children/young people to understand and explore feelings using appropriate learning and teaching styles Ofsted self evaluation 4a, 4b, 4c, 4f, 5a, 5b</p>	<ul style="list-style-type: none"> <li>○ The school can demonstrate that teaching social and emotional skills is an integral part of its curriculum for PSHE</li> <li>○ The school ensures that there is a planned and comprehensive programme for teaching social and emotional skills and either uses, is planning to use or has considered using the DfES recommended SEAL programme</li> <li>○ The school has a Teaching and Learning policy which considers the effect of teaching on emotional well being and the promotion of social and emotional skills</li> <li>○ Children/young people can describe how they learn to explore, express and manage their feelings and are able to empathise with others</li> </ul>
<p><b>4.4</b> Has a confidential pastoral support system in place for children/young people and staff to access advice – especially at times of bereavement and other major life changes – and that this system actively works to combat stigma and discrimination  Ofsted self evaluation 4b, 4f, 5c</p>	<ul style="list-style-type: none"> <li>○ Children/young people say they understand the pastoral system and are able to easily access it</li> <li>○ The school has identified routes of referral for children/young people and staff</li> <li>○ Children/young people and staff report they know how to seek help if they are upset or troubled</li> <li>○ Children/young people and staff are aware of and can identify how the school is actively combating stigma and discrimination</li> </ul>
<p><b>4.5</b> Has explicit values underpinning positive emotional health which are reflected in practice and work to combat stigma and discrimination Ofsted self evaluation 5b, 6a</p>	<ul style="list-style-type: none"> <li>○ The school has clear values in its prospectus or in another appropriate public place that can clearly be linked to the promotion of positive emotional health and the development of social and emotional skills</li> <li>○ Children/young people and staff can identify practice and activities, which actively combat stigma and discrimination</li> <li>○ The school has clear policies setting out its position on stigma and discrimination</li> </ul>
<p><b>4.6</b> Has a clear policy on bullying, which is owned, understood and implemented by the whole school community Ofsted self evaluation 2a, 2b,</p>	<ul style="list-style-type: none"> <li>○ The school signs the Anti-Bullying Charter and uses it to draw up an effective Anti-Bullying Policy</li> <li>○ Staff know and understand the policy on bullying including their role within it</li> <li>○ Staff feel supported and are able to identify and manage bullying</li> <li>○ Children/young people and parents/carers know and understand the policy on</li> </ul>

4b, 6a	<p>bullying and feel that they have the opportunity to regularly discuss its implementation</p> <ul style="list-style-type: none"> <li>○ The school has a system that ensures prompt reporting back to parents/carers on any concerns raised</li> <li>○ The school has a system for recording bullying incidents and a follow up process to monitor children and young people involved in bullying incidents</li> <li>○ Children/young people report that they feel safe in school</li> </ul>
<p>4.7 Provides appropriate professional training for those in a pastoral role</p> <p>Ofsted self evaluation 6a</p>	<ul style="list-style-type: none"> <li>○ The school has a planned CPD programme for all staff linked to personal and social development and to support the teaching of social and emotional skills</li> <li>○ Staff are aware of their role in responding to emotional issues e.g. children/young people and bereavement</li> </ul>
<p>4.8 Provides opportunities for children/young people to participate in school activities and responsibilities to build their confidence and self-esteem</p> <p>Ofsted self evaluation 4d, 5b</p>	<ul style="list-style-type: none"> <li>○ Children/young people can specify opportunities they have to participate in e.g. year, class and school councils; PSHE lessons / SEAL lessons; circle time; focus groups and questionnaires</li> <li>○ The school has regular celebration activities and displays reflecting achievement</li> </ul>

## PERSONAL AND SOCIAL HEALTH EDUCATION (PSHE)

Healthy Schools Criteria	Minimum evidence for Healthy Schools Status
<p>1.1 Uses the PSHE framework to deliver a planned programme of PSHE, in line with relevant DfES/QCA guidance</p> <p>Ofsted self evaluation 4a, 4b, 4c, 4e, 5a, 5b, 5c</p>	<ul style="list-style-type: none"> <li>○ The Programme of Study (PoS), and supporting Schemes of Work (SoW) within the school clearly reflect the QCA/DfES guidance in particular social and emotional aspects of learning</li> <li>○ Schemes of Work also include the involvement of external agencies</li> </ul>
<p>1.8. Has arrangements in place to refer children/young people to specialist services who can give professional advice on matters such as contraception, sexual health and drugs</p> <p>Ofsted self evaluation 4b, 4f, 5c, 6a</p>	<ul style="list-style-type: none"> <li>○ The school has clear protocols that are understood by staff</li> <li>○ The school has clear protocols that are understood by staff</li> <li>○ In secondary schools, children/young people and staff are aware of how to access specialist services</li> <li>○ In primary schools, staff are aware of how to access specialist services</li> <li>○ Information for staff and children/young people from appropriate support agencies is promoted</li> <li>○ Children/young people report that they have accessed specialist services when required</li> </ul>
<p>1.9. Uses local data and information to inform activities and support important national priorities such as reducing teenage pregnancies, sexually transmitted infections and drug/alcohol misuse</p> <p>Ofsted self evaluation 4a, 4b, 4c, 4f, 5b, 6a</p>	<ul style="list-style-type: none"> <li>○ The school uses local data to inform curriculum provision, where appropriate, and takes advice from health professionals such as a member of the school nurse services or local PCT about how the activities of the National Healthy Schools Programme supports national priorities</li> </ul>
<p>1.10 Ensures provision of appropriate PSHE professional development opportunities for staff – such as the Certification Programmes for teachers and nurses offered by DH/DfES</p> <p>Ofsted self evaluation 6a</p>	<ul style="list-style-type: none"> <li>○ There is a planned programme for CPD linked to PSHE</li> <li>○ This programme is accessible to all teachers of PSHE and, where appropriate, is well attended</li> <li>○ Staff report effective impact on their professional development by the programme</li> </ul>
<p>1.11 Has mechanisms in place to ensure all children/young people's views are reflected</p>	<ul style="list-style-type: none"> <li>○ The school has well-embedded mechanisms, such as a school council, year or class councils, circle time or structured and collated consultation, sessions that allows both consultation and feedback</li> </ul>

<p><b>in curriculum planning, teaching and learning and the whole school environment, including those with special educational needs and specific health conditions, as well as disaffected children/young people, young carers and teenage parents</b></p> <p><a href="#">Ofsted self evaluation 2a, 2b, 4c, 4d, 4f, 5a, 5b</a></p>	<ul style="list-style-type: none"><li>○ The school can demonstrate what has changed in aspects of curriculum planning, teaching and learning and the school environment as a result of children/young people's views</li></ul>
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## APPENDIX C - GOOD PRACTICE EXAMPLE FOR WORKING WITH SCHOOLS

If you are using this guidance to help support schools address obesity/overweight, you may like to follow this good practice example:

### **Identify the people in your community that are key to addressing the obesity issue and arrange a meeting:**

- a) Are there groups already established that you could use/involve? (e.g., Obesity/Healthy Eating/ Physical Activity groups? Health Education Partnership? School Sport Partnership? Local Children and Young Peoples Strategic Group?)
- b) What individuals could you involve? (e.g., Physical Activity/Healthy Eating/Obesity Lead? School Sport Co-ordinator? School Nurse? Local Dietician? Head Teacher representative? School Governor representation? Health Promotion Specialist?)
- c) Are there other key people able to make decisions about resources who need to be engaged? (e.g., senior PCT/LA staff)

### **Consider the local obesity PCT data:**

- d) If local obesity data is available, you may like to consider how it could be used to focus activity. You could compare your data with regional and national obesity prevalence data.
- e) Discuss how you might engage schools that didn't participate in weighing and measuring exercise.
- f) There is some evidence that obesity/overweight prevalence correlates with levels of deprivation. Are there schools with higher levels of FSM eligibility and in spearhead areas that you could engage first?

### **Other matters for consideration (at the meeting):**

- g) Determine how you might focus activity. Consider:
  - o Would you like to work with schools separately or in groups?
  - o What resources do you have available from your wider partnerships?
  - o What time do you have available? What skills do you have available? What resources can be obtained locally?
- h) Review the 'Actions to Consider on Obesity' to determine the suitability of your schools.
- i) Agree steps to take, by whom, and within what timeframe.

### **Talk to identified schools/clusters about how you could work together to tackle the problem:**

- j) Introduce the 'Actions to Consider on Obesity', discuss the opportunities, and together identify actions to be taken.
- k) Make sure that staff (in particular the PSHE and PE teachers), school nurse, children and young people, School Sports Coordinator, catering staff etc are engaged in any proposed actions.
- l) Ensure links with any targeted activities already in place.
- m) Support the schools in making changes.