



Healthy Living in the Primary School Environment

An interim report by the
Children and Young People
Policy & Scrutiny Committee

1st draft

May 2009



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Preface



I am pleased to introduce this interim report into Healthy Living in the Primary School Environment by a Task and Finish Group attached to the Children and Young People's Scrutiny Committee.

My thanks are extended to all those who helped and co-operated with our investigation; including those from the County School Meals Team, the Healthy Schools Team and Construction Teams, and the Members of the Task and Finish Group,

Particular thanks are extended to David Kirkland, Architect and to the Headteacher, staff and children of Epping Upland CE Primary School for allowing us to visit and making us all feel so welcome.

The findings and recommendations in this report are intended to help improve the health for the children of Essex, and I hope they are received in the spirit in which they have been written and lead to advances in this area for all.

Councillor A T P Durcan
Chairman of the Task and Finish Group
Essex County Council
Children and Young Peoples Scrutiny Committee

Summary of Findings & Recommendations

Findings	Recommendations
<p>Finding 1</p> <p>That the numbers of schools achieving National Healthy School Status remains too low.</p> <p>Schools need to be encouraged to achieve this status.</p>	<p>Recommendation 1</p> <p>That the Executive Director for Schools Children and Families consider further initiatives to encourage schools to achieve NHSS, and to keep the Group regularly updated regarding the progress of the number of schools achieving NHSS.</p> <p>Owner: Executive Director for Schools, Children and Families</p> <p>Implementation Review Date: September 2009</p> <p>Impact Review Date: March 2010</p>
<p>Finding 2</p> <p>That the School Meal Team have proactively improved kitchen and dining facilities throughout Essex Primary schools and provided an excellent advice and support service to</p> <p>Headteachers. This includes the influence of the Capital Programme to ensure that only kitchens and not 'serveries' are commissioned in all schools.</p>	<p>Recommendation 2</p> <p>The Executive Director is requested to commend the staff of the Healthy Schools Team for their achievements relating to school meals, kitchen and dining facilities.</p> <p>Owner: Executive Director for Schools, Children and Families</p> <p>Implementation Review Date: September 2009</p> <p>Impact Review Date: Not required</p>
<p>Finding 3</p> <p>School meal take-up is still relatively low, and below the national average.</p>	<p>Recommendation 3</p> <p>The Cabinet Member for Schools to review the case for increasing subsidies of school meals. The Group also wished to be regularly updated regarding the uptake of school meals by Primary-aged children.</p> <p>Owner: Cabinet Member</p> <p>Implementation Review Date: October 2009</p> <p>Impact Review Date: April 2010</p>

Findings	Recommendations
	<p>Recommendation 4</p> <p>The Cabinet Member to review the costs benefits of providing free school meals to all children in Key Stage1, or to consider an extension to the current eligibility criteria so that more pupils qualify.</p> <p>Owner: Cabinet Member Implementation Review Date: October 2009 Impact Review Date: July 2010</p>
<p>Finding 4</p> <p>Schools guide parents through the application process for Free School Meals but there is more that the Council could do to assist.</p>	<p>Recommendation 5</p> <p>The Executive Director for Schools Children and Families to take further steps to encourage Free School Meal take-up by all who are eligible.</p> <p>Owner: Executive Director for Schools, Children and Families Implementation Review Date: October 2009 Impact Review Date: March 2010</p>
<p>Finding 5</p> <p>Schools are not obliged to return information on the number of children eating school meals. The only data officially returned is the number of children receiving Free School Meals.</p>	<p>Recommendation 6</p> <p>The Executive Director for Schools Children and Families to introduce further measures to encourage the return of data on school meals by schools.</p> <p>Owner: Executive Director for Schools, Children and Families Implementation Review Date: September 2009 Impact Review Date: March 2010</p>
<p>Finding 6</p> <p>Funding placed into schools budgets by the Local Authority for school meals is not ring-fenced and there is no requirement for it to be used on school meals.</p>	<p>Recommendation 7</p> <p>The Executive Director for Schools Children and Families to consider ringfencing the school meals subsidy that they receive from the Local Authority.</p> <p>Owner: Executive Director for Schools, Children and Families Implementation Review Date: October 2009 Impact Review Date: March 2010</p>

Findings	Recommendations
	<p>Recommendation 8 The Executive Director for Schools Children and Families to commend the proactive and influential work undertaken by the School Meals Team.</p> <p>Owner: Cabinet Member Implementation Review Date: September 2009 Impact Review Date: Not required</p>
<p>Finding 7 Essex has been recognised locally and nationally for some of its capital programme constructions.</p>	<p>Recommendation 9 That Members view the <i>Property Matters</i> booklet, published by Asset Management, which be accessed at www.smarteast.co.uk. This contains details and photos of ECC construction projects and Members are urged to view this material.</p>
	<p>Recommendation 10 The Executive Director for Schools Children and Families to commend the staff involved in the Capital Programme for their success in this field.</p> <p>Owner: Executive Director for Schools, Children and Families Implementation Review Date: September 2009 Impact Review Date: Not required</p>
<p>Finding 8 A number of District Council Leisure Services are engaging well with communities and proactively encouraging primary aged children to participate in out of school activities and offering discounts.</p>	<p>Recommendation 11 The Director of Leisure Services for each District and Borough Council, to be encouraged to adopt the good practice identified in this report.</p> <p>Owner: Director of Leisure Services for each District and Borough Council. Implementation Review Date: Not required Impact Review Date: June 2010</p>

Findings	Recommendations
<p>Finding 9 There is scope for further examination of Healthy Living Initiatives within Primary Schools .</p>	<p>Recommendation 12 That the Children and Young Persons Scrutiny Committee consider undertaking further review into Healthy Living in the Primary School Environment. The following areas are suggested for exploration are not intended to be limiting:</p> <ul style="list-style-type: none"> • Association Primary Headteachers in Essex (ASHE) • Improvement and Development Agency • School Governor involvement in Healthy Schools • School Council involvement in healthy schools • The impact of the physical activity curriculum on health • Parental perception of and involvement with healthy schools <p>Encouragement of Walking Buses and Park & Stride Schemes as ways of encouraging exercise.</p> <p>Owner: Chairman of Children and Young Persons Scrutiny Committee Implementation Review Date: Not required Impact Review Date: Not required</p>
<p>Finding 10 There would be merit in extended the scope of the review or to establish a separate group to consider Healthy Living Initiatives in secondary schools.</p>	<p>Recommendation 13 That the Children and Young Persons Scrutiny Committee consider undertaking a further review into Healthy Living in the Secondary School Environment, conducted in a similar vein to the primary review but to take account of the wide ranging differences that exist between the age groups.</p> <p>Owner: Chairman of Children and Young Persons Scrutiny Committee Implementation Review Date: Not required Impact Review Date: Not required</p>

Introduction

One of the five outcomes of the Children Act 2004 was for children and young people to be healthy. However, the percentage of schools achieving Healthy School status was identified as an important weakness in the 2008 Annual Performance Assessment (APA) by Ofsted.

Childrens Act Outcomes

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a positive contribution
- Achieve economic well-being

Part of a programme of scrutiny established by the Children & Young People Policy & Scrutiny Committee to deal with issues arising from the APA was to appoint a Task and Finish Group to consider the current Healthy Living provision in Primary Schools within Essex.

The Group decided to focus on the following areas:

- school meals
- achievement of National Healthy School Status
- how building design (including air circulation and natural light) could affect health in schools.

The Group also considered there to be benefit in reviewing the provision for the emotional health of children.

The Group was charged with providing a report by May 2009 to include both findings and recommendations for improvement and areas for further scrutiny review post-June 2009. Due to staffing pressures within the Governance Team in supporting the new scrutiny arrangements whilst dealing with a record number of statutory school appeals, the establishment of the Group was delayed pending the appointment of additional Governance Officers.

Members of the Task and Finish Group

Councillors: A T P Durcan (Chairman), Councillor E Bishop, Councillor M Webster
Added Members: Reverend P Trathen, Mrs V Sadowsky



History of Healthy Schools

The concept of the 'health promoting school' dates back to the 1980s and is a model of school improvement, designed to encourage engagement with the whole school community, using health as a vehicle to generate the agenda. A healthy school environment should nurture young people's physical, social and emotional health and is at the core of the Every Child Matters agenda. It should encourage the modelling of behaviour and emotional well-being in addition to physical health improvement.

In 1998 the Government implemented the Healthy Schools Programme, and in 2005 updated this scheme by introducing 41 criteria that determine if a school is awarded National Healthy School Status (NHSS). These 41 criteria shifted the focus from school improvement to a health focus. Schools have to provide quantitative and qualitative evidence of their progress against a baseline assessment of each of the four themes:

1. Healthy Eating
2. Personal, Social and Health Education
3. Physical Activity
4. Emotional Health and Wellbeing

In addition to successful achievement of all 41 criteria a two year school improvement programme must also be completed in order to receive the National Healthy School Status (NHSS).

The 41 Healthy Schools criteria can be located in Appendix 1.

Transport to School

In addition to information gathered from the formal evidence sessions detailed below, the Group reviewed projects currently in place to encourage children to walk or cycle to school.

Essex County Council has a duty to promote sustainable transport, which includes walking and cycling to school. A new initiative includes purchasing a bicycle for a student to use to travel to school, providing training and safety equipment, instead of providing a County Council funded taxi.

Other schemes include walking buses of which there are over 100 in Essex; assisting 1600 pupils get to school. Whilst the school visited by the Group did not have a formal walking bus they did have a park and stride scheme. Cycle racks are also provided in schools to encourage children to cycle to school.

Leisure Centres in Essex

Of the twelve District Councils within Essex who were approached for information about the activities and services they offered to primary aged children, four responded: Basildon, Rochford, Castle Point and Tendring.

All four organise school holiday activities, after school programmes and provide brochures for these via local primary schools. Sibling discounts are offered and discounts given to those on benefits. In addition, free entry is offered to Looked After Children at some leisure centres.

Children have the opportunity to obtain a 'loyalty' card to receive discounts on admission prices for swimming, trampolining and other activities. Free multi-activity days are organised regularly and promoted both via schools and online. Partnership working between schools and leisure centres already exists, and assists in the promotion of relevant activities to schools. Sports professionals go into schools and assist children to take part in the 'Bodycare' health programme which encourages daily physical exercise, on which vouchers are earned which can be spent on further activities at the leisure centre. Discounts are also given to schools using swimming pools for block bookings.

Evidence sessions

Jason Walmsley, County School Meals Advisor

In 2004 the responsibility for providing school meals was delegated back to the Governing Bodies of schools, who could decide whether to provide meals via an in-house service (i.e. employing catering staff themselves) or via an external Contractor. Statutory requirements for both the nutritional standards of school meals and the requirement for schools to provide nutritionally balanced meals were introduced in 2006. Amendments to these requirements were made in 2008 and early 2009.



The School Meal Support Team was established to give support and assistance to schools, and there are currently 9 School Meal Support Managers, line managed by Jason Walmsley. The team do not assess the quality of meals provided by external contractors, but provide schools with the tools they need to undertake the assessments themselves. If there are concerns about an external contractor, then the team can assist in identifying improvements and advantages to bringing the service back in house, as this tends to make better use of resources and add more value. For schools that provide their own service, the team have access to a menu software package, which complies with the statutory guidance and gives suggested menus for catering staff for a 4 week period. The software enables meals to be chosen by the school and provides a variety of different meals to suit their individual needs.

In relation to the ingredients used in the meals, the team encourage the use of local suppliers as far as possible. There had been some issues with larger suppliers supplying frozen rather than fresh produce, and in the variety stock they held. The team were working with both schools and suppliers to address this by holding quarterly meetings.

Workshops to educate children in nutrition, including food groups and vitamins, are organised in schools by the team. This includes asking children to identify healthy items in their lunchboxes and the health benefits of having school dinners. Children are involved in the food they eat through gardening and growing clubs, meaning they see the food from field to plate. Some schools use the produce grown in their gardens in the meals produced.

Whilst schools are not obliged to provide a hot meal, most do. Schools are only obliged to provide a meal for children who receive Free School Meals, but all schools provide meals for children who want them. Approximately 8% of primary aged children receive a Free School Meal, at a cost of around £11 million per annum. This number has risen recently, possibly due to the economic downturn. The cost of school meals varies between schools, with the Governing Body able to set the daily price. The average price of a meal is £1.65, but can be as much as £2.25. The cost of meals can be a barrier for some families, especially if there are multiple children. The social stigma attached to Free School Meals can prevent eligible families from applying for them. Other families are just outside of the eligibility criteria, but cannot afford school meals.

A step that has been taken to address this is by the use of cashless till systems. These are more appropriate for secondary schools, although there are extra benefits that can be achieved through the purchase of these systems. These include 'bolt-on' software that can be used to monitor attendance and to monitor the food choices that are made by pupils.

Whilst meals are subsidised by the Council, this funding is not ring-fenced, and as a result some schools do not utilise all of these funds on meal provision. If funding were ring fenced this could lead to further improvements in both dining and kitchen facilities, and may encourage some schools to return their services in-house.

In 2004, the take up of school meals was 27%. This has risen to 43% in 2005. Currently, take up stands at 45%, slightly above the national average of 43%. However, this data is not guaranteed as accurate due to there being no requirement for schools to supply this data to the Council. Some schools have been resistant in providing this data even though it can affect the amount of funding they are allocated. This is due to the amount of information schools are already asked to return.

In 2004 school meal take up was 27%.

This has now increased to the current rate of 45%.

The benefits of providing a healthy school meal, especially for socially deprived children, are well documented. One area of concern for the team is the content of lunch boxes, especially for disadvantaged children, where the nutritional standard can be extremely poor. Advice and guidance on the content of a healthy lunchbox is provided by the Council on the Essex and Southend Healthy Schools website. Essex County Council and Southend Unitary Authority created a partnership to share good practice and resources. Southend had delegated all catering responsibility back to schools in 2004, but through the partnership working had been encouraged by Essex County Council's success to bring their catering back in house.

In order to encourage uptake, many schools hold sessions for parents to sample meals, which has assisted in improving the uptake, but it still remains too low.

Increased uptake impacts on childhood obesity levels, which for Essex is 12%, while the national average is 15% and further uptake could reduce this further.

The team have been proactive in assisting schools to make improvements to their kitchen and dining facilities, so that all schools have kitchens on site. Schools that only ever had a food serving area have had this replaced with a kitchen. The capital programme policy was influenced by Jason to ensure that serving areas were only replaced with functional kitchens. Only one primary school in Essex does not have the facilities to prepare meals on site and it gets its meals from another school.

Nick Boddington, Lead Senior Adviser, Health and Wellbeing and Tim Hull, Healthy Schools Consultant

Nick and Tim assist schools in gaining the National Healthy Schools Status (NHSS) and offer advice and guidance on health. There are 4.5 full time posts in the team.

A healthy school is one that understands the impact a child's experience of school has on their emotional health and wellbeing. Whilst the 41 criteria necessary to gain NHSS are a solid foundation on which to build, what makes a healthy school is wider and more complex, and included the culture and ethos of the school and its community.

At present 62% of Essex schools have National Healthy School status, just under the national average of 65%. Other schools are engaged with achieving NHSS, but there remains a small hardcore of schools that are not engaged.

In addition to the 41 criteria, the other features a healthy school would have were expanded upon. The grounds and appearance of the school should reflect the commitment to the emotional and social wellbeing of children and staff. This included well maintained grounds and a welcoming atmosphere, ideally with



Nick & Tim giving evidence to the Group

62% of Essex schools have achieved National Healthy School Status

Schools have to meet 41 criteria to achieve National Healthy School Status against the four assessment themes of:

- 1. Healthy Eating**
- 2. Personal, Social and Health Education**
- 3. Physical Activity**
- 4. Emotional Health and Wellbeing**

children greeters and home made visitor badges. Children's work should be displayed on the walls, and photos of staff. There should be a classroom charter emphasising respect and a child-led buddy/mentor system between older and younger children. A good balance should be reached between academic and emotional development and both equally celebrated. Food and physical activity were important for health, but far greater emphasis should be placed on emotional wellbeing. Engagement with emotional wellbeing could prevent social problems occurring later on in children's lives.

Jane Harper-Smith, Assistant Director Health

The main issues of concern for the health of children in primary schools related to their emotional, behavioural and mental health. There is partnership working between the Primary Care Trusts and the Council, and joint strategies and commissioning are being developed to make improvements in these areas. The health needs across the county are diverse, with an 18 year difference in life expectancy between some districts. There is partnership working between the county teams involved in health (school meals, healthy schools), the schools themselves and Jane.

There are a large number of children in Essex requiring mental health and emotional support. This is provided by the Child and Adolescent Mental Health Service (CAMHS), for which a separate review is being undertaken by the Health Overview and Scrutiny Committee. During the course of the Scrutiny, issues were raised from time to time about the CAMHS service, and therefore all comments were passed to the HOSC review.

Greg Keeling, Construction Standards Manager (ECC) and David Kirkland, Architect (EEDA affiliated)

One of the group's particular areas of interest related to how the design of a building impacts on health. Both witnesses agreed that the following elements could impact on health:

- levels of natural light
- air quality and circulation
- acoustics,
- use of natural materials for both the building and furnishings
space being utilised in the most effective way.

Colour schemes were also offered as having an impact on behaviour, and an article from a leading newspaper on this subject can be found in Appendix 4.

Greg Keeling explained about the Capital Programmes that his team have been involved in within Essex. Essex has been recognised locally and nationally for their designs and construction. His team have 5.5 full time posts. The team see all capital programmes and refurbishment work through from the design stage to the construction. The best use of the space and available resources are considered carefully to ensure the best use of both. Examples of this included library and quiet areas organised in corridors, and toilet areas designed to minimise corners where bullying could occur.

After the building starts to be used, it may be beneficial for a feedback survey to be conducted to the designers to continually improve practice further.

School Visit

On Wednesday, 4 March 2009 the Group visited Epping Upland CE Primary School.

This school does not hold NHSS and is not engaged with the Healthy Schools Team. The Group were keen to investigate the barriers to achieving NHSS, and if a school appeared less healthy if it was not engaged with the programme.

The Group asked questions in relation to some of the evidence they had gathered at the witness sessions.



The group were greeted at the school by both children and staff and made to feel very welcome. Lots of children's work was displayed on the walls all around the school and in the foyer. The best use was made of the natural light available, including floor to ceiling length windows in some of the classrooms. Air circulation was also good, and the school was not stuffy.

The school has access to two playgrounds, and there is a wilderness garden, complete with bird feeding tables.

The school hall was used as the main dining area, and the group was invited to lunch with the children. Epping Upland CE Primary School provides its meals through the direct employment of in-house catering staff. The menu of the day was a roast dinner, but there was a choice of meal, including a vegetarian option, and fresh fruit, salad and water were also available. The ingredients are sourced from local suppliers, including the local farm shop, and bread is freshly baked on site each day. The school organises a gardening club, but at present this does not produce enough to supply the kitchen for school meals.

Uptake of school meals is good, with up to 90 children out of a possible 140 eating a school meal each day. The school was not able to provide hot meals until the opening of its new kitchen in 2008. Parents and children were and continue to be widely consulted about the meals, with menus still being experimented with to provide the most variety of popular, healthy meals each week. For those children who bring a packed lunch, the school is committed to an education programme for healthy content and to improve the standard of lunches brought from home.

Approximately five years ago, the school employed a sports coach, initially to cover PPA time with football coaching and a structured activity programme. The amount of sessions purchased grew as time went on, and now the coach runs activity sessions both during and after school. He works with children who have special needs, to

improve their self-esteem and health. Emphasis is placed on the need to look after your body as a whole, and he also educated the children about food groups, muscle groups and the importance of warming up.

The school have 'thought boxes' in all classrooms for children to write down any worries they may have. The school run a park and stride scheme in the village using a local pub car park and have cycle racks on site.

The Headteacher, Mrs Sarah Hurwood explained that parents, staff and children are all very committed to the healthy school concept, and made efforts to ensure the culture and ethos of the school reflected this. It was felt that to achieve a kite mark, in the form of NHSS, would not add any value to the current arrangements.



Members also drew on the considerable experience they had of being School Governors and of having visited other schools.

Conclusions

After due consideration of all the evidence gathered as part of this review, the Group concluded that effective work was taking place to address the issues raised in the APA report in relation to the number of schools achieving NHSS. In addition, the Group were delighted to hear from the officers involved in the Healthy Schools Team and School Meals Team, and the Group believed that the achievements and progress made in these areas were extremely positive.

Lastly, the Group wish to extend many thanks to David Kirkland, an EEDA affiliated architect, who provided the group with both a comprehensive written report and attended to give evidence in person in a manner over and above the Group's expectations.

As explained in the introduction, progress with the Group's work was delayed pending the appointment of additional Governance Officers. Further work therefore remains to be undertaken to complete this scrutiny review of Health Living initiatives within primary schools.

Whilst the Group's remit was confined to reviewing healthy living initiatives within primary schools, Members recognised that delivering the 'be healthy' outcome of the Children Act requires is dependant on the commitment within secondary schools to promote health living by its pupils and their families. The CYP PSC is therefore encouraged to either extend the scope of this review or establish a separate task and finish group to achieve this.

Appendix 1 - The 41 National Healthy School Criteria

There are four themes of assessment:

1. Healthy Eating
2. Personal, social and Health Education#
3. Physical Activity
4. Emotional Health and Wellbeing

Healthy Eating	
2.1	Has an identified member of the senior management team to oversee all aspects of food in schools.
2.2	Ensures provision of training in practical food education for staff, including diet, nutrition, food safety and hygiene.
2.3	Has a whole school food Policy-developed through wide consultation and evaluated for impact.
2.4	Involves young children and parents/carers in guiding food policy and practice within the school, enables them to contribute to healthy eating and acts on their feedback.
2.5	Has a welcoming eating environment that encourages the positive social interaction of children and young people.
2.6	Ensures that breakfast club, tuck shop, vending machine and after-school food service meets or exceeds current DCSF school food standards.
2.7	Has a school lunch service that meets or exceeds current DCSF standards for school lunches
2.8	Monitors children and young people's menu choices to inform policy development and provision.
2.9	Ensures that children and young people have opportunities to learn about different types of food in the context of a balanced diet and how to plan, budget, prepare and cook meals, understanding the need to avoid the consumption of foods high in salt, sugar and fat and increase the consumption of fruit and vegetables.
2.10	Has easy access to free, clean and palatable drinking water, using the Food in Schools guidance
2.11	Consults children and young people about food choices throughout the school day using school councils, Healthy School task groups or other representative bodies of children and young people.

Physical Activity	
3.1	Provides clear leadership and management to develop and monitor its Physical Activity Policy.
3.2	Has a whole school Physical Activity policy-developed through wide consultation, implemented, monitored and evaluated for impact.
3.3	Ensures a minimum 2 hours of structured Physical Activity each week to all of its children and young people in or outside the school curriculum
3.4	Provides opportunities for all children and young people to participate in a broad range of extra-curricular activities that promote Physical Activity.
3.5	Consults with children and young people about the Physical Activity opportunities offered by the school, identifies barriers to participation and seeks to remove them.
3.6	Involves School Sport Co-ordinators (where available) and other community resources in provision of activities.
3.7	Encourages children, parents/carers and staff to walk or cycle to school under safer conditions, utilising the School Travel Plan.
3.8	Gives parents/carers the opportunity to be involved in the planning and delivery of Physical Activity opportunities and helps them to understand the benefits for themselves and their children.
3.9	Ensures that there is appropriate training provided for those involved in providing physical activities.
3.10	Encourages all staff to undertake Physical Activity.
Emotional Health and Wellbeing	
4.1	Identifies vulnerable individuals and groups and establishes appropriate strategies to support them and their families.
4.2	Provides clear leadership to create and manage a positive environment which enhances emotional health and wellbeing-including the management of the behaviour and rewards policies.
4.3	Has clear, planned curriculum opportunities for children and young people to understand and explore feelings using appropriate learning and teaching styles.
4.4	Has a confidential pastoral support system in place for children and young people to access advice-especially at times of bereavement and other major life changes-and that this system actively works to combat stigma and discrimination.
4.5	Has explicit values underpinning positive emotional health which are reflected in practice and work to combat stigma and discrimination.
4.6	Has a clear policy on bullying, which is owned, understood and implemented by the whole school community.

Emotional Health and Wellbeing cont.

4.7 Provides appropriate professional training for those in a pastoral role.

4.8 Provides opportunities for children and young people to participate in school activities and responsibilities to build their confidence and self-esteem.

4.9 Has a clear confidentiality policy.

Personal, Social and Health Education

1.1 Uses the PSHE framework to deliver a planned programme of PSHE, in line with CSF/QCA guidance.

1.2 Monitors and evaluates PSHE provision to ensure the quality of teaching and learning.

1.3 Assess children and young people's progress and achievement in line with QCA guidance.

1.4 Has a named member of staff responsible for PSHE provision with status, training and appropriate Senior Leadership support within the school.

1.5 Has up to date policies in place-developed through wide consultation, implemented, monitored and evaluated for impact covering Sex and Relationship Education, Drug Education and Incidents, Safeguarding and Confidentiality.

1.6 Has implemented a non-smoking Policy

1.7 Involves professionals from appropriate external agencies to create specialist teams to support PSHE delivery and to improve skills and knowledge, such as a school nurse, sexual health outreach workers and drug education advisors.

1.8 Has arrangements in place to refer children and young people to services who can give professional advice on matters such as contraception, sexual health and drugs.

1.9 Uses local data and information to inform activities and support important national priorities such as reducing teenage pregnancy, sexually transmitted infections and drug/alcohol misuse.

1.10 Ensures provision of appropriate PSHE professional development opportunities for staff-such as the National PHSE CPD programme for teachers and nurses offered by DH/DCSF

1.11 Has mechanisms in place to ensure all children and young people's views are reflected in the curriculum planning, teaching and learning, and the school environment including those with special needs and specific health conditions, as well as disaffected children and young people, young carers and teenage mothers.

This report is issued by

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