



The European Network of Health Promoting Schools in Northern Ireland

Examples of Good Practice
in Health Promotion

Key Stages 1 and 2

Foreword

The aim of this publication, prepared by the ENHPS Regional Coordinator for Northern Ireland, is to provide examples of good practice in developing a health promoting school.

The examples are provided by the six primary and two special schools who participated in the first phase of the European Network of Health Promoting Schools project in Northern Ireland in the 1995/96 school year.

It is hoped that all those involved in developing health promotion in our schools will find it of value.

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Section I

Background to the European Network of Health Promoting Schools Project

Health Promotion in schools can be considered as a combination of health education and all the other actions which a school takes to protect and improve the health of those within it.

What is education? What is health?

The following statement from the World Health Organisation (WHO) about promoting health through schools outlines why schools are in a position to contribute to social and economic development and a better quality of life for all.¹

'People sometimes think of education as the accumulation of facts and basic skills. They sometimes think of health as the opposite of illness. But education and health are broader, richer concepts - and they are inseparably linked.'

Education is about learning. It is about the ability to combine knowledge, attitudes and skills and using that strength to shape one's life and contribute to the lives of others. Throughout the world, a higher level of education often allows people to have better jobs, lead healthier lives, and contribute to family and community wellbeing. Indeed, as noted in WHO's constitution and restated in the Ottawa Charter on Health Promotion (1986), education is a prerequisite for health.²

The Ottawa Charter recognises that:

*'Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to make decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.'*²

In almost every community, the school is a setting in which many people live, learn and work. It is a place where students and staff spend a great portion of their time. It is a place where education and health programmes can have their greatest impact because they can reach students at influential stages in their lives - childhood and adolescence.

Thus, schools are not merely one of the institutions and settings in which health can be created, but are among the most important.

The European Network of Health Promoting Schools (ENHPS) Project³

The ENHPS is a research and development initiative involving almost 40 European countries, each supporting a network of pilot schools. There are over 500 core schools involved in total, comprising around 400,000 pupils, with a further 2,000 schools linked to the network through national and regional arrangements.

The aim of the project is to demonstrate the effectiveness of schools as settings for the promotion of the physical, social, spiritual and emotional health of young people.

The development of the concept of the health promoting school can be traced back to 1984. Since then, much work has taken place and recent years have seen the expansion of a wide range of activities related to putting the concept into practice.

After an initial piloting period, ENHPS was launched in 1992 as a joint and collaborative effort between the WHO Regional Office for Europe, the Commission of European Communities and the Council of Europe.

Health Promoting Schools are a means of organising and linking all the components which shape the health of children and young people.

The approach taken by the ENHPS project is to encourage the development of policies, practices and structures which promote and protect all staff and pupils in the school setting.

To do this the coordinating committee of the ENHPS drew up 12 criteria or objectives for schools to work towards. These are:

Ethos

The health promoting school should:

- 1 Provide a safe, secure and stimulating school environment which encourages pupils to be health and safety conscious both in and out of school.**
- 2 Actively promote pupils' self-esteem and self-confidence through the provision of opportunities to contribute widely to the life of the school, successfully enabling pupils to take initiatives, make choices, exercise responsibility for their own health and that of others.**
- 3 Foster a whole school understanding and sharing of the school's aims for health education and the contribution that individuals can make through their respective skills and personal qualities.**
- 4 Create a school climate in which good relationships, respect and consideration for others flourish.**
- 5 Actively promote the health and wellbeing of all staff and pupils.**

Curriculum

The health promoting school should:

- 6 Formulate and review regularly a range of health related policies which are in accord with the school's aims, for example those concerned with nutrition, physical activity, substance misuse, smoking and bullying.**
- 7 Plan and implement a coherent health education curriculum which complies with statutory requirements and is accessible to all pupils.**
- 8 Ensure that teaching is informed, is of a consistently high quality and is based upon a positive approach which recognises the importance of starting with pupils' existing levels of understanding and experience of health matters.**
- 9 Provide stimulating challenges for all pupils through a wide range of physical, academic, social and community activities.**

Family and Community

The health promoting school should:

- 10 Develop good liaison with other schools, pupils' parents/guardians and the community on a range of health promoting initiatives.**
- 11 Use the expertise within the school to contribute to community understanding of a range of health related issues.**
- 12 Make effective use of outside agencies and specialist services to advise, support and contribute to the promotion of health, either directly or through the curriculum.**

Many of these criteria reflect the general aims of a good school and many schools are already achieving them. They are also the starting point for development as a health promoting school.

The objectives of the Northern Ireland Curriculum in relation to health education as a cross-curricular theme are:⁴

- Objective 1:** Health in the context of personal development.
Objective 2: Health in the context of social development.
Objective 3: Health in relation to the environment.

It can be seen that the criteria for a health promoting school support these objectives. A health promoting school takes action to:

- promote the adoption of lifestyles conducive to good health;
- provide an environment which supports and encourages healthy lifestyles;
- enable pupils to take action for a healthier community and healthier living conditions.

UK involvement in ENHPS

The UK entered the Network in September 1993 with the Health Education Authority (HEA) in London being designated as the national support centre for the UK initiative. Schools from England, Scotland, Wales and Northern Ireland, though with different educational structures, are involved in investigating ways in which they can contribute effectively to the health of pupils, staff and the wider school community through the development of a health promoting environment. Each country has its own procedures for the selection of schools, evaluation and the provision of support to individual school projects. The project is looking at the development and descriptive evaluation of the health promoting school and not at an evaluation of health education in schools.

ENHPS in Northern Ireland

Northern Ireland was the last of the four countries of the UK to begin operation within the European Network. Negotiations in respect of funding with the Departments of Health and Social Services (DHSS) and Education (DENI) resulted in the Health Promotion Agency for Northern Ireland (HPANI) being entrusted with the coordination of the project during the three year period commencing on 1 April 1995. The funding from the two Departments, HPANI and pro rata from the European budget for the Project is being used three-fifths directly to schools, one-fifth for evaluation and one-fifth for support and administration. Each of the 24 schools receives £2,500 for one year, mainly to support the work of the school coordinator by providing teacher cover to enable the coordinator to attend conferences and training courses and to have planning time in school.

Northern Ireland is unique within the UK in having health education as a cross-curricular theme in the compulsory curriculum of all schools since 1992.⁴ Most schools have in place a coordinator for this theme. The objectives set down for this theme, under the headings of personal development, social development and in relation to the environment, cannot be achieved solely by teaching in the classroom and, in fact, require that the school be in reality a health promoting school.

Following the introduction of this legislation a guide to the health promoting school was prepared jointly by the Northern Ireland Curriculum Council (NICC) and the HPANI and copies were provided for every school in the province in 1994.⁵ In preparing the guide it was difficult to obtain examples of good practice in schools to include as case studies, not because such did not exist but because they were not sufficiently documented. The European Network of Health Promoting Schools project now provides the opportunity to obtain such documentation and to prepare it for dissemination to all schools.

Structure of ENHPS in Northern Ireland

As the last of the countries to enter the Network, Northern Ireland was able to decide on its approach in the knowledge of the procedures adopted by the other three countries. It was decided to follow in general the model adopted in Scotland and to seek to prepare examples of good practice. The major decisions taken were to have two funding phases, each of one year duration, Phase 1 (1995-1996) for primary schools and primary age classes in special schools and Phase 2 (1996-1997) for post-primary schools and corresponding classes in special schools, and to use such funding as would be available in the third year for dissemination in the form of conferences and publications. Schools were to undertake and document one year's work with funding and to sustain development into a second year, unfunded, but with an end of year report to the evaluator.

Regional Planning Group

In order to support and advise HPANI in the operation of the project a Regional Planning Group was created, consisting of representatives of the two government departments, the Health & Social Services and Education & Library Boards, the Council for Catholic Maintained Schools (CCMS) and the Council for Curriculum, Examinations and Assessment (CCEA). This group advises on the selection of schools and receives reports on the operation of the project in schools (see Appendix 1).

Selection of schools

All schools in Northern Ireland were offered the opportunity to participate in the project and accordingly, for each phase, an invitation to submit an application together with details of the Network was posted to each school. For Phase 1 (primary schools) nine applications were received and eight were accepted. These represented a cross-section of schools by size, location, and type of management and also provided a range of different aspects of health promotion to be developed, although it was regretted that no inner-city school applied.

Elements of action

All the schools already had a range of health promoting policies in place. Their work in the project involved aspects of the school ethos, curriculum development, and family and community links in relation to the specific area of health promotion identified for development.

Management and evaluation process

A recently retired college of education tutor was contracted to act in a part-time capacity as a participant evaluator providing both formative and summative evaluation. To provide the formative element the evaluator attends each meeting of the Regional Planning Group and contributes to the discussion. He also meets with the Project Coordinator from time to time to discuss the agenda for Regional Planning Group meetings and the programmes for school coordinators' conferences and training sessions, in each of which the evaluator participates. He pays a visit to each school in each term of the funding period, the purpose of the first visit being to meet the principal, view the school and discuss any initial problems with the school coordinator. On the second visit progress in the previous term and plans for the ensuing term are discussed. The purpose of the final visit is to collect the school report on the project, the recommended structure of which is given well in advance to the school, and to discuss with the school coordinator the extent to which each of the agreed project objectives has been achieved. The summative evaluation involves submitting the overall Evaluation Report of each phase to the funding agencies, making recommendations in relation to the good practice identified, and disseminating this information through conferences and publications.

Baseline survey

To help establish the initial position of Phase 1 schools in relation to health education provision in the curriculum and health promotion strategies already in place, a baseline study questionnaire, based on that used by Health Promotion Wales, was completed by each school (see Appendix 2).⁶

Northern Ireland participated in the WHO Studies of the Health Behaviour of School Children in 1992 and 1994, which provided data in relation to post-primary aged pupils.^{7, 8} Since no similar data was available for primary aged pupils, a questionnaire on knowledge, attitude and behaviour was given to all P6 and P7 pupils (aged 9-11) in Phase 1 schools (see Appendix 3). Each school received the analysis of the responses of its pupils, which in most cases confirmed general impressions but also highlighted some areas of concern.

Operation of the project

The main operational features of the project related to the establishing of objectives for each school, advice on the keeping of records in schools, training of school coordinators and other teachers, the provision of appropriate resources and the sharing between schools at network meetings.

In the initial application each school was asked to outline its proposed aims and objectives. These indicated a wide range of experience and expertise in the preparation of such applications and formulation of aims and objectives. From these applications it was evident that there was already much to share in relation to health promotion. Because schools in Northern Ireland have been required to develop health education as a cross-curricular theme for the past four years, schools reported a range of specific policies already in place such as sex education, pastoral care, education for mutual understanding and general health policy.

All schools had identified new issues to focus on, or particular issues needing development. At the first meeting of the school coordinators for each phase, each was asked to make a presentation of their aims and objectives which were then discussed. In the light of the discussion and advice from HPANI, the Education and Health and Social Services Area Boards many aims and objectives were revised and re-submitted.

Documenting the action

In order to ensure adequate documentation of the processes in schools, each coordinator was provided with a hard-backed A4 notebook and asked to log, with appropriate comments, all activities relating to the project and to submit a copy of each term's log to the evaluator and to file copies of all documents generated during the project..

School support

A training course for school coordinators was provided to cover areas of concern identified by the schools. These included approaches to health skills in the classroom, dealing with specific areas of the curriculum, for example drugs education, and issues such as dealing with parents, including the gaining of their cooperation. Evaluation forms completed by the teachers indicated much satisfaction with the training, but also identified the need for further training in specified areas. From the project funding HPANI was able to provide a number of publications for each school, including, for example to primary schools, Health for Life Books 1 and 2 and Skills for the Primary School Child (see Section 6).

One significant feature of the project much appreciated by the school coordinators was the network meetings, for either planning or training, through which a sense of belonging to and identity with the project was generated and mutual support and encouragement resulted.

Section 2

School Projects and Results

The following summary provides a flavour of action undertaken by the schools. Selected examples of action are provided in detail in Sections 3 and 4.

Antrim Primary School (530 pupils)

Health education in the school prior to entry into the project

A health education coordinator and curriculum group were in place and there was an ongoing coverage of health education topics through the science curriculum in all year groups. There was considerable staff commitment and parental support for health education. The school already had written policies on health education and pastoral care and an extensive plan incorporating health education within the delivery of main and other school subjects as well as specifically focused efforts such as whole school involvement in a Healthy Eating Week.

Aims:

to produce a coherent health education scheme which:

- identifies current practice and matches this with the requirements of the curriculum;
- identifies topics relevant to the personal, social and environmental development of our pupils and actively promotes the health and wellbeing of everyone in our school community.

Action

- A Project Action Group to advise the coordinator was set up consisting of volunteer parents who have a professional interest and expertise in the medical and paramedical fields. A staff development day which was focused on stress management, with assistance from community psychiatric nursing staff, highlighted a number of sources of stress among the staff. The response of the Senior Management Team in the school was to organise a monthly staff meeting specifically to discuss difficulties, prioritise them and deal with them in turn. Slow progress is being made but the staff acknowledge that their anxieties are being taken seriously. A structure of groups and sub-groups has been set up to further develop aspects of the health education programme, including its coordination, curriculum content and identification and production of classroom materials.
- Contact has been made and relationships built with a wide range of outside agencies in dealing with general and specific aspects of the programme, for example NSPCC in relation to the formulation of the policy on bullying, the ELB Architects' Department in relation to health and safety.

- Arrangements are in hand to review all the school policies in relation to the general area of health promotion including those on physical education, child protection, discipline, structured play, supervision, and accident and emergency. Policies on drugs, the administration of medicines, first aid and a smoke free environment are being considered.
- Preliminary work has been undertaken to examine newly available packs and guides on aspects of health education/promotion and the Health Education Curriculum Group and the Year Group Teachers are revising topic packs for use.
- A considerable amount of work has been done towards ensuring that the physical environment of the school is conducive to the health and wellbeing of all in the school community. There has been a health and safety audit, a review of fire safety precautions and procedures, and efforts to increase the staff 'feel good' factor.
- Parkhall High School in Antrim has been accepted for Phase 2 of ENHPS and as one of its objectives related to the reception and induction of Year 8 (first year post-primary) pupils, contact was established with Antrim Primary, as a result of which documents and visits have been exchanged. The process and its evaluation will be monitored in the High School and reported in Phase 2.

Evaluation

As a result of involvement in the project health education now has a high profile with pupils, teachers and parents, confidence has been raised, communication improved, knowledge increased, staff development facilitated and resource provision enhanced.

There has been a great deal of commitment on the part of the principal, coordinators and teachers. The cooperation of parents in general and of those with professional expertise in particular has been noteworthy. Every objective has been seriously addressed and progress has been made on all. Plans are in hand to further the work. There is much evidence of good practice - perhaps the reaction of the Senior Management Team to issues revealed at the staff session on stress is particularly praiseworthy.

Erne Special School (140 pupils)

Health education in the school prior to entry into the project

Health education was already an integral part of the curriculum and a policy listing overall aims was in place. The school was placed third in the WHSS Board Health Promoting Schools Award in 1994; this reinforced the confidence that this aspect of the school's work was of appropriate standard. The main reasons for entry to the project were the desire to improve standards of health and safety, to develop stronger links with parents and outside agencies and to make contact with other schools in the project.

Aim:

to examine the contribution of the school curriculum and policies to providing understanding and support for a safe environment.

Action

- The whole junior school was involved in two main elements of the programme, personal safety and litter awareness. Class 6 worked on the Earth Caretakers' project at Florencecourt House in the summer term, following preliminary work in winter and spring in school with Classes 4 and 6.
- The personal safety programme focused on danger in relation to strangers and others using the RUC Stranger Danger Programme and Kidscape and also concentrated on improving the pupils' self-esteem. The RUC Community Police and local Fire Officer visited the school to talk about road and fire safety. These visits were followed up by extensive work in class which was displayed on notice boards in classrooms and corridors. The Litter Awareness programme resulted in a campaign to keep the school litter-free, the acquisition of new litter bins and the collection of cans and bottles for re-cycling.
- The Earth Caretakers' project involved work at Florencecourt and in school. It included the identification of common garden birds, the making and placing of bird boxes, feeding birds and work in planting trees, shrubs and flowers.
- Other health promotion initiatives during the year focused on smoking (with about 20 pupils joining Smokebusters organised by the Ulster Cancer Foundation, after one class had made a presentation in assembly on the dangers of smoking) and the introduction of Friday as Fruit Day. Following work carried out in the Senior School on healthy eating, it was agreed that the school tuck shop would sell only fruit on Friday.

Evaluation

The school recorded its appreciation of the contribution of the project particularly in providing funds for resources and to release teachers for training in basic techniques and counselling. The training was greatly valued as was the opportunity to meet with colleagues from other schools in the project. With funds still remaining, the school would hope to investigate the possibility of becoming involved in the Peer Mediation project and in the senior school with the 'Coping with Teenagers' programme for parents.

There was very good cooperation from all the staff and a willingness on the part of several outside agencies to become involved with the school. Within the overall theme of Safety, different aspects were developed with the various classes as appropriate to age and needs but there was sharing of learning across the school by displays of work and the conduct of assembly. The staff who attended the training courses not only expressed their appreciation most warmly but put the suggestions made and methods recommended into practice with their own classes and shared them with their colleagues. Although not specifically related to health promotion the school has extended the practice of Records of Achievement (which are mandatory in the senior school) to all pupils. It is finding that great encouragement is being obtained by the recognition given to small achievements in all areas of school life not only academic and sporting but in assisting the general wellbeing and good order of the school. This has made a significant contribution to the enhancement of self-esteem in many pupils who have transferred to the school with very low self-esteem.

Knockloughrim Primary School (65 pupils)

Health education in the school prior to entry into the project

A health education policy had been developed. The school had a supportive Board of Governors and there were good parent/school links. Food available in the tuck shop was strictly controlled (in respect of health).

Aims:

- to draw up and implement a school policy on medicines, drugs and harmful substances;
- to draw up and implement a school policy on healthy eating;
- to review current health education policy and schemes of work.

Action

- It was realised at a very early stage that the plans were too ambitious for one school year and an early decision was made to focus on medicines, drugs and harmful substances in 1995-96 and leave the healthy eating programme until 1996-97.
- Consultations began between staff, officers of the Education and Library Board and the School Medical Service concerning the keeping and administration of medicines in the school. When draft proposals were available the Teachers' Unions were consulted. In due course, much later than originally planned, it was possible to make presentations of the policy to the Board of Governors and then to parents.
- A special cabinet was designed for the storage of medicines in schools and the protocols necessary for the administration of medicines were drawn up.
- As the publication of the Department of Education Guidelines on Drugs in School, which was expected early in the school year, was delayed, the preparation of plans and material for teaching topics such as smoking, uses of alcohol, substance abuse, and drugs was postponed and the schedule for the introduction of the revised teaching on these topics amended.

Evaluation

The process involved in the development and implementation of the policy on medicines in school has been very carefully documented and illustrates the difficulties encountered in conducting negotiations with numbers of professionals, even when each of these is interested in and anxious to be identified with the project. The outcome has been most satisfactory. The decision to postpone consideration of revised teaching on the overall topic of substance abuse was wise pending the publication of Department guidelines on the subject. The principal and staff are committed to health promotion in the school and are determined to achieve all the objectives set out at the beginning of the project as soon as reasonably possible.

Limavady Central Primary School (595 pupils)

Health education in the school prior to entry into the project

A health education policy and schemes of work were prepared four years ago following the appointment of a coordinator (who also had responsibility for Education for Mutual Understanding) and after a lengthy process of consultation. While the staff continued to adhere to its main constituent parts, gaps appeared over the years, particularly in relation to drugs.

Aims:

- to formulate a school policy on substance misuse;
- to review the school policy on exercise and healthy living;
- to examine the relationship between exercise and healthy living in early years and health problems in later life;
- to make more effective use of relevant outside agencies in promoting good health.

Action

Before entry into the project, responsibility for Education for Mutual Understanding/Cultural Heritage and Health Education was entrusted to the present project coordinator who reports to the Senior Management Team. A three year plan had been devised and its implementation regularly monitored. In the year preceding entry the school had obtained a merit award in the Western Health and Social Services Board Health Promoting Schools Award Scheme. Following analysis of its ENHPS submission certain areas of work were identified as in need of reform.

The coordinator identified four stages in the development of the project during the year:

- **Inspiration:** initial contacts with the Health Promotion Agency, the planning conference and the two-day training sessions each contributed as did casual contacts with colleagues which led to small initiatives which pushed the project along.
- **Continuation:** special occasions when the project made measurable steps forward were noted such as the baseline survey - the participation and results - and the launch of the project with a Balloon Release in October and its attendant publicity. Keeping the coordinator's log and setting up and carrying out the policy review over two terms maintained the interest.
- **Stagnation:** at times the process appeared to drag to a standstill. The reasons for this included the build-up of priorities in other subject areas, the aims being too wide for one year and the failure to curtail the width of the project, the heavy programme already agreed for the PTA, the reluctance of the coordinator to claim too many days out of class for project work, and a period of illness in the second term.
- **Rejuvenation:** a review was carried out by the coordinator early in the summer term and about the same time some children had been offered illegal substances on an estate near the school. These led to a revised plan of action being produced and a timetable for the next school year agreed.

The focus on exercise has resulted in the following activities being added to the regular programme of physical education.

- Two Russian gymnasts visiting the area have worked with each class on a weekly basis.
- All P7 pupils have been involved in an additional swimming event.
- A mountain bike club has been established as an after school activity.
- P6 pupils have found a new interest in skipping following the annual sponsored skipathon.
- There has been an increased participation in football, cricket, rugby, hockey, orienteering and badminton.

Early in the year the coordinator and three pupils were interviewed about the project on a local radio programme.

Evaluation

It was recognised that the objectives were too extensive for one year, and a more realistic schedule for next school year has been prepared. Much has been achieved particularly in relation to exercise with an increased level of participation by many pupils in a wider range of activities.

Longstone Special School (200 pupils)

Health education in the school prior to entry into the project

The school considered health education to be of great importance because of the special needs of its pupils. A coordinated health education programme, well established pastoral care programmes, liaison with outside agencies, home/school liaison arrangements and individual counselling of pupils were already in place. A general school policy along with specific policy documents on health education, sex education and bullying were also in place.

Aims:

- to enable pupils to cope safely in their everyday environment;
- to increase awareness of what is meant by a healthy environment and the important part each pupil can play to maintain and improve it;
- to encourage our pupils to become self-sufficient and develop a sense of responsibility towards others;
- to forge close links with parents and outside agencies.

Action

- The theme for the year was 'Stay Safe' and each class (or base), as well as the Diagnostic Unit and the Behaviour Resource Unit, addressed a particular aspect of safety during one term. For example, in the Autumn Term, the Diagnostic Unit looked at safety in school and also specifically in relation to bees in the context of the Harvest Project. Base 3 looked at people who help to keep us safe, with particular attention to the school dentist and a visit to the Well Teddy Clinic at the local hospital. Base 4, which focused on safety on the roads - on foot, on bicycle and in cars - produced a video on the subject which was used with other classes. In term 2, Base 6 in addressing respect for living creatures visited the Bird Sanctuary at Castle Espie and painted a mural which is now on permanent display at the Visitors' Centre there. Base 7, in the context of personal and group safety were concerned with dog handling and the willing assistance of the Local Council Dog Warden in their work. The topic addressed by Base 5 in this term was Healthy Teeth. In the Summer Term Base 2 examined dangers likely to be encountered everyday in the home and Base 5 concentrated on a healthy diet with particular reference to fruit and vegetables and in this had the cooperation of the local supermarket. In this term all classes looked at safety in the sun.
- On Europe Day (9 May) both junior and senior sections of the school cooperated in producing a Europe Stay Safe presentation and display, which was opened by the Minister responsible for health. Tableaux, displays and pieces of drama were used to illustrate the various lessons learned from the activities undertaken during the year. Pupils from three neighbouring primary schools were present - an opportunity for peer education. In the school hall there was a series of stalls set up by voluntary organisations and local companies as well as some displays prepared by the pupils.

Evaluation

This school, with active support from the principal and the ready cooperation of all teaching and ancillary staff, showed a high level of commitment to the project. The school exhibited good practice in the organisation of health promotion, the selection of topics of particular relevance to the pupils in each age group and the sharing of that learning with others. Health promotion was frequently on the agenda of staff meetings - with one day dedicated to discussion of the project. The activities undertaken were largely of a practical nature and involved the active participation of the pupils. The presentation on Europe Day was most praise-worthy and provided excellent publicity not only for the school but also for the project. It also illustrated the willingness of many organisations to contribute considerable time and resources to the health promotion activities of the school.

St Mary's Primary School, Bellaghy (175 pupils)

Health education in the school prior to entry into the project

Before involvement in the project health education was treated strictly as a cross-curricular theme and taught mainly through religious education and science. The school had a positive and well coordinated Discipline/Pastoral Care policy.

Aims:

- to promote a healthy lifestyle in the whole school community with special reference to diet and exercise;
- to develop a healthy eating policy within the school;
- to examine the role that an unbalanced diet has played throughout history with particular reference to the Famine in Ireland in the 1840s.

Action

- A steering committee, consisting of the Chairman of the Board of Governors, the Principal, one teacher from Key Stage 1 and one from Key Stage 2, a representative of the Board of Governors (who is an Education and Library Board representative), a parent of a pupil in the school and the coordinator, was set up in January. This was delayed as the Chairmanship of the Board of Governors was vacant for most of the Autumn Term.
- A policy statement was drafted by the school coordinator, accepted by the steering committee and will be presented to the Board of Governors before being given to all teachers. Since January the coordinator has had a period of illness and the school has undergone a General Inspection, both of which delayed progress on the implementation of the programme.
- Contact has been made for advice in relation to healthy eating and exercise with various agencies and the suggestion has been made that the school canteen apply for membership of the Health Eating Circle.
- The P7 pupils have produced a drama based on the Irish Famine, which has been well received.

Evaluation

This school made a careful analysis of its aims and produced detailed objectives. These were too ambitious in terms of time scale over a year, though it is intended that development work continues for a second year towards the aims expressed.

Silverstream Primary School (116 pupils)

Health education in the school prior to entry into the project

Health education was delivered as a cross-curricular theme. The school had a no-smoking policy in place, encouraged participation in sports and organised a self-challenge athletics programme for senior pupils. The school had also begun to develop a programme to raise self-esteem among staff and pupils.

Aims:

- to actively promote pupils' self-esteem and self-confidence through the provision of opportunities to contribute widely to school life, successfully enabling pupils to take initiatives, make choices, exercise responsibility for their own health and that of others;
- to actively promote the self-esteem and wellbeing of staff;
- to create a school climate in which good relationships, respect and consideration for others flourish.

Action

The main activities relating to the project have been:

- Continued and expanded use of the concept of Circle Time to encourage the development of self-esteem with pupils of all ages.
- The use of a self-esteem questionnaire at the start and end of the year.
- A series of six evening two-hour workshops for parents, focused on the theme of self-esteem, attended by a regular core of ten parents and with an attendance ranging from 10 to 20. The workshops included:
 - discussion of the techniques used in school to promote self-esteem;
 - the meaning of abuse and the nature of abusive behaviour;
 - the effect on children of constructive and destructive adult behaviour;
 - ways in which adults respond to what children say;
 - bullying and skills children need to deal with the problem;
 - the place of 'drugs' in society.
- A series of three First Aid classes for parents given by the local practice nurse - attended by 10-15 parents.
- The use of the Ten Step Award - a self-challenging athletic programme offering standards in a wide variety of events.
- A Play Morning Session established for parents of pre-school age children.

Evaluation

The initiative was headed up by the principal. The programme was well planned and executed. The most significant outcome was probably the realisation on the part of the staff that the promotion of self-esteem is worthwhile and the collective commitment of the staff to this concept.

During the year the principal was involved in more class teaching than was originally envisaged. This resulted in less time available to visit classrooms to encourage teachers in their efforts, but provided more first hand experience of encouraging pupils' self-esteem.

The parents' workshops were worthwhile and rewarding especially in an area where many of the parents do not have a very positive experience of school. Those who attended throughout the series (10 parents out of 70 families enrolled in the school) have seen the school in a different light - a place where concern for and care of pupils is paramount.

Tirkane Primary School (66 pupils)

Health education in the school prior to entry into the project

Health education was first introduced in 1983 through the NICED guidelines and a strong interest developed among the staff. Healthy Eating Days, visits by school dentists and nurses, and participation in activity days in the local leisure centre formed an integral part of the curriculum. The strong Education for Mutual Understanding (EMU) project regularly encompassed health education work.

A new school building was nearing completion during the school year and this was the incentive to become involved in making it a health promoting school.

Aims:

- to broaden health education from limited classroom terms to include all aspects of the life of the school as a caring community;
- to develop the importance of the physical environment of the new building as conducive to a health promoting environment for both pupils and staff;
- to strengthen and further develop existing links with parents and the local community;
- to involve parents and children to ensure that the new building has a local identity and is publicly acknowledged as a health promoting school.

Action

- During the year the focus of health promotion in the school was on the new school building and how pupils, staff and parents could cooperate with builders in ensuring the best possible environment in the new building.
- The Parents' Association and the Board of Governors made extensive efforts to ensure high quality provision of play facilities beyond the minimum grass and tarmac areas provided by statute and to make these available to the children outside school hours, particularly as many of the children live in a farm environment.
- The pupils completed a questionnaire about their expectation of the new school and were taken on several visits to see the work in progress, a pictorial record of which has been compiled.
- While safety has been a principal focus, work on healthy eating and exercise was continued, with the introduction of break-time snacks, healthy alternatives at lunch-time provided by the meals service, and discussion with pupils about the design of the playground to provide a range of different exercise possibilities.
- A night of nostalgia was held which involved members of the local community both young and old sharing their memories of school life in the old school building. A healthy supper and music session followed. This event surpassed all expectation in forging links with the home, school and community.
- Plans have been put in place for Year 2 of the project which include:
 - (a) the setting up of a mother and toddler group on school premises, maximising specialist services for support in health education;
 - (b) a joint venture with Carhill Primary School to establish a toy/book library and classes for pre-school children and their parents.

Evaluation

The school values its participation in the project which provided opportunities to share with other schools, to receive excellent resources and to participate in staff training.

In spite of the change of principal and the absence of the new principal on maternity leave a great deal of work took place during the year and much was accomplished, not least the establishment of excellent relationships with parents, builders, the community and the staff of education and health boards. There is much enthusiasm among pupils about the new building - one commendable feature of the work during the year has been the emphasis that while there will be a new building there will not be a new school - the tradition and spirit built up over a century will continue and be enhanced in the new premises.

The advantages of taking part in the ENHPS Project identified by schools

Examples of the main advantages identified in school reports are:

- health education given a higher profile;
- confidence of staff raised by identifying that existing practice was comprehensive;
- improvement of communications within the school;
- increased staff knowledge about health education and resources available;
- increased staff development, including the management skills of coordinators;
- enthusiasm of teachers and pupils for health promotion increased;
- increased responsible attitudes in pupils;
- project funding;
- encouraged revision of the health education policy which now includes aims related to whole school ethos;
- greater involvement of outside agencies;
- the conviction that some of the initiatives are sustainable on a long term basis;
- enthusiasm and cooperation of staff - felt the project provided a natural assessment and evaluation without stress;
- improved links with school canteen staff;
- opportunity to set up working group and reduce the burden of responsibility on principal and coordinator;
- time to address a range of issues over an agreed time scale;
- opportunity to share experiences with other schools;
- opportunity for staff to participate in training courses;
- provision of excellent resources.

The following are some of the teachers' views expressed in the school reports:

'We found staff involved (in the project) were very enthusiastic about their individual theme and eager to show completed work, discuss it and ask for advice and comments. It was, we felt, a natural assessment and evaluation without stress.'

'Knowledge has increased - at each stage of the project staff were fully informed of all developments. Training was reported on and discussed.'

'Communication has improved - an open forum exists within the curriculum group and clear lines of contact developed between this group and other staff.'

'Resources have improved and staff are aware of new materials.'

'Here were innumerable occasions during the year when quite casual approaches to colleagues in school led to small initiatives that pushed the project along.'

'We found our training days very, very informative and thoroughly worthwhile. We returned to school full of new ideas and enthusiasm.'

'As teachers and pupils became more aware of the project their enthusiasm grew, teachers became more actively involved by sharing ideas at regular staff meetings, reviewing targets, assessing the progress and planning future activities.'

'Highlighted awareness of health education both inside the school and in the wider school community.'

'As staff we feel we have benefited considerably in terms of confidence building.'

Section 3

Developing School Health Policies

This section highlights how the process of creating school policy was approached and cites examples. It should be noted that the process of developing policy will result in different outcomes in different schools. Examples given are therefore pertinent only to the schools involved in this project. Schools must take into account direction given by their Education and Library Board with regard to policy.

Introduction

The aim of any Health Promotion Policy is to facilitate the promotion of the health and wellbeing of everyone in the school community.

The purposes of a policy are:

- to give individuals in a school community a clear idea of the school stance on health education and specific issues such as smoking, safety, and healthy eating;
- to clarify who is responsible for what in promoting health in the school;
- to ensure consistency in how individuals can work together for a comprehensive approach to health in a school;
- to establish a clear standard that can be used for measuring effectiveness;
- to give individuals connected with the school (teachers, pupils, parents, outside agencies) information as to the approach the school intends to take on the subject and its expectations of those who may be involved in the delivery of the policy.

It should be noted that a policy is not intended to be a fixed statement but should be held in regular review.

Policies should be developed from the specific aims relating to health contained in the general statement of aims of the school.

School health aims

Usually a school's aim for health is quite general and incorporates as many school health issues as possible. Some examples are:

'Our school aims, through all our activities and structures, to assist students, staff and other members of our school community to experience mental and social wellbeing.'

Health Promoting Schools, WHO, 1996

'Health education aims:

- 1 *to provide our children with relevant information examples and experiences which will fit them to live in the changing world and environment that surrounds them in the most positive and healthy way possible.*
- 2 *to provide individual children with support, understanding and counselling in coping with serious illness, eg leukaemia, kidney failure and to adopt health programmes to fit their immediate needs.*
- 3 *to develop pupils' understanding of their physical, emotional, intellectual, ascetic needs and the needs of others which change throughout life according to circumstances.*
- 4 *to develop critical thinking and decision making on matters relating to home and family.'*

ENHPS Special School

'Health education aims:

- 1 *to identify current practice and match this with the requirements of the curriculum;*
- 2 *to identify topics relevant to the personal, social and environmental development of our pupils;*
- 3 *to actively promote the health and wellbeing of everyone in our school community.'*

ENHPS Primary School

'The aims of health education are:

- 1 to enable pupils to achieve their physical, psychological, and social potential and to improve their self-knowledge and self-esteem;*
- 2 to promote positive attitudes towards health;*
- 3 to promote a sense of responsibility in respect of individual, family and community health;*
- 4 to encourage a healthy lifestyle;*
- 5 to enable pupils to acquire skills in decision-making, in managing and handling situations of stress in relation to health;*
- 6 to provide a knowledge base and to enable pupils to acquire an understanding of this knowledge and the skills to interpret it.'*

Cross-Curricular Themes, NICC, 1989

All of these aims share the following features:

- All describe health education as a wide and inclusive subject and go beyond the curriculum in understanding that the structures of the school also promote health.
- Each involves not just pupils but teachers and members of the school community.
- Each recognises an 'holistic' view of health promotion ie the physical, social, emotional and spiritual development of an individual.
- Each is, to some extent, child focused and clearly acknowledges the rights of young people to lead a healthy lifestyle and the role of the school in developing this concept.

In summary a health promoting school should:

- *'..... formulate a range of health related policies which is in accord with the schools' aims. For example, those concerned with nutrition, physical activity, substance misuse and bullying.'*
- *Implement the health related policies and monitor any changes in pupils' knowledge, skills, attitudes and behaviour.'*

ENHPS Criteria

Policy development in schools

Most schools had policies on health education but found that these had to be revised to incorporate the wider concept of health promotion.

To be relevant and pragmatic any policy should relate to guidelines from DENI or the local ELB - especially in relation to topics such as sex education and illicit drug use.

Schools which had developed a health related policy followed a practical process to identify, create and implement it. This consisted of:

a Identifying need

In establishing a general health promotion policy the school needed to ask if there were any gaps within the programme delivered and the school aims.

b Draft policy

An individual or working group (made up of representatives of the school community) undertook to assess the needs of staff and pupils as well as the expectations of parents and incorporated these results in a draft policy.

c Consultation

The policy was then presented to the Board of Governors, Senior Management Team, teachers and parents for consultation. In some cases this also involved specialist agencies or individuals such as ELB staff or health promotion coordinators in Health and Social Services Trusts. Feedback was written into the final draft.

d Final draft

The final draft was formally adopted by the Board of Governors and established within the framework of the school. This involved:

- policy awareness;
- policy implementation;
- policy resourcing.

In relation to identifying need, questionnaires developed by the school in association with other agencies were important in highlighting issues of concern, such as bullying, which can result in policy and programme development.

By assessing the needs of pupils and the school community in order to define policies on health, the following benefits were found:

- ownership of the policy for those involved in the school community;
- clear, concise guidelines relating to the health work undertaken by the school;
- established patterns of communication for all those involved (parents, teachers, outside agencies).

The following are examples of policy development provided through the ENHPS project. It is important to note that the process of policy development can not be stressed highly enough, and individual schools will necessarily differ in their policies according to their school needs.

Policy on health education from Antrim Primary School

Principles

‘We, in Antrim Primary School, feel that health education includes all those planned or incidental learning opportunities which can be used to develop behaviour which is conducive to good health. Responsible attitudes and the skills necessary to make informed decisions in matters relating to health are the intended outcomes of our health education programme.

Rationale

In Antrim Primary School we feel it is essential to promote the health and wellbeing of everyone in our school community. Our school will work towards enhancing the individual’s ability to manage effectively the physical, social, psychological and spiritual aspects of life within the context of both the human and physical environments.

Aims:

- 1 to enable pupils to achieve their physical, social, psychological and spiritual potential and to improve their self-knowledge and self-esteem;
- 2 to promote positive attitudes towards health;
- 3 to encourage a sense of responsibility in respect of individuals, family and community health;
- 4 to enable pupils to acquire skills in decision making, in managing and handling situations of stress in relation to health and emotional wellbeing;
- 5 to encourage a healthy lifestyle;
- 6 to provide a knowledge base and to enable pupils to acquire an understanding of this knowledge and the skills to interpret and hopefully fulfill it;
- 7 to ensure that health education is planned and developed throughout all the subjects in the curriculum;
- 8 to develop our school as a Health Promoting Institution within the European Network of Health Promoting Schools.

Objectives

The three main aspects of health education relate to:

- 1 Personal development
- 2 Social development
- 3 The environment.

1 Personal development:

- a Physical fitness and relaxation;
- b nutrition;
- c uses of and problems related to drugs and other potentially harmful substances.

2 Social development:

- a Relationships within the family;
- b relationships with peers;
- c relationships with others.

3 The environment:

- a Personal safety in the environment;
- b a healthy environment.

Summary of content

Based on the Health Education Order of Northern Ireland we will endeavour to enhance the individual's ability to manage effectively the physical, psychological, social and spiritual aspects of life within the context of both the physical and human environments.

Health Education will be integrated with other subjects including English, Mathematics, Religious Education, Geography, Science, Expressive studies including the cross-curricular themes.

Liaison will take place with other subject coordinators in order that the learning opportunities will be meaningfully developed.

Role of the teacher and classroom organisation

As teachers, we appreciate the unique position we have in the lives of our pupils and through knowing each child and hopefully cultivating mutual respect, we may create an atmosphere where children 'feel free' to discuss personal and social matters on a class basis or individually. We would also aim to:

- a encourage each pupil to develop confidence and competence;
- b create a learning environment to facilitate a participatory approach in which each pupil is actively involved;
- c teach children that everyone's contribution is valued;
- d involve children in continuing evaluation of their learning so as to guide them in the recognition of their own development and responsibility for their own learning.

Progression and continuity

There will be one teacher who will coordinate the teaching of health education issues. The coordinator will meet regularly with the health education curriculum group to ensure continuity and progression. There will be on-going meetings with Key Stage groups and year groups.

Resources

Through discussion and pilot schemes the coordinator would hope to have selected resources available to each year group to aid teaching and learning situations. Children at Key Stage 1 will develop by using active learning strategies as well as structured play.

At Key Stage 2 development will be through delivery of the main subjects and through our health education programme.

Special education needs

Children with special education needs will have the opportunity to experience as far as possible the full range of the health education curriculum. Less able children will be able to work with more able children and each benefit from the exchange of ideas. Health education will aim to enforce the principle that everyone has a valuable contribution to make.

Gender

We will endeavour to avoid stereotyping where possible and to provide the same experiences to both sexes.

Evaluation and assessment

There will be on-going meetings of the Key Stages and of the year groups to ensure that there is continuity and progression within the Health Education Scheme. Advice, if and when necessary, will be sought from the Health Education Field Officer and other outside agencies.

Our environment

We will aim to promote a healthy and happy school environment for all our pupils by providing pleasant and stimulating learning surroundings. We will ensure that all members of the school community are aware of, and adhere to, the school policy on safety. We will encourage our pupils and staff to develop an awareness of conservation issues.

Policy review

This policy will be kept under review and amended when appropriate. Consultation with the school community will be continual in the formative years.'

Policy on administration of drugs and medicines in school from Knockloughrim Primary School

a Identifying need

This policy was developed because of an increase in the number of pupils using medicines and inhalers and because of staff concern in relation to their role and the welfare of pupils on medication.

b Draft policy

The principal became the project coordinator, and a timetable of events was drawn up. This included consulting parents and obtaining parental support, establishing a working relationship with the school medical officer, teaching unions, local Health Promotion Specialist, school nurse and relevant staff within the school.

The draft drawn up included a Medicine Policy, forms for record keeping and request/consent forms for the administration of drugs to children.

c Consultation

The draft policy was then discussed with a Board of Governors sub-committee with some co-opted parents. A further presentation was given to parents and this was also an opportunity for the school doctor to talk about her work. Copies were sent home with pupils so that the final result was given to each family connected to the school.

d Implementation

A range of various health professionals in the community gave training and advice to teachers.

e Specific outcomes

For this school, the pupils and the parents, the outcomes have been:

- specific guidelines on drugs and medicines;
- clear networks with a range of medical and non-medical health professionals;
- a working relationship with outside agencies, parents, teaching unions, teachers, the local Education and Library Board and the school medical staff.

The major drawback for the school was the time spent waiting for the responses from each of the agencies/individuals contacted.

As the Department of Education will be issuing guidance on the administration of medication in schools later this year the policy developed by this school will be reviewed.

Figure 1: Asthma protocol produced by Knockloughrim Primary School

Name of child: _____

Medication: _____

If the above child suffers an asthma attack at school please give him/her ___ puffs of _____

If his/her condition still does not respond please contact (please tick in order of preference):

the parents/guardian _____ phone: _____

the family doctor _____ phone: _____

the hospital _____ phone: _____

In a severe attack or emergency please contact (please tick in order of preference):

the parents/guardian _____ phone: _____

the family doctor _____ phone: _____

the hospital _____ phone: _____

Signed: _____ Date: _____

Policy statement on bullying from Longstone Special School

Introduction

'This policy has been formulated by Heads of Department and Senior Staff in response to concerns that some bullying has been witnessed or reported in areas of school. The team held a series of meetings, discussed existing disciplinary structures already in operation, read current literature and met with House Leaders and other members of staff.

Our first discussion involved defining what exactly is meant by bullying. Bullying is a very complex problem and a definition from 'Bullying' by Delwyn Tatum and Graham Herbert gives a fairly explicit meaning. 'Bullying is a willful conscious desire to hurt, threaten or frighten someone'. Bullying may take many forms - it can be physical or verbal or both. Physical assault in any degree is very distressing but verbal abuse is also upsetting. Verbal abuse includes name calling, taunting, sexual and racial harassment and other forms of bullying include intimidation, extortion and rude gestures.

Aim of the policy

To prevent bullying by raising an awareness with pupils, staff and parents about bullying, its forms and consequences.

Organisation

Immediate structure for all members of staff to follow:

- 1 If you find someone bullying report them without delay to their class teacher;
- 2 The class or form teacher must take a note of this in a note book kept in their room for this purpose;
- 3 The person who saw the bullying must record it in the house book thus using the house system to deal with the situation;
- 4 More serious bullies will be looked at in each department by the senior management team.

Internal structures

Our pastoral care programme involves all members of staff and forms an integral part of our school programme. The following aspects of this system will support the bullying policy.

- a Our school discipline policy and house system will support children who are being bullied and the structures laid down will assist in dealing with the bully.
- b Individual counselling is available for all children in the school and is arranged by staff, children and parents through the Vice Principal responsible for this area.
*This route should be used immediately by victims.
- c Visits to parents and parent/staff meetings help families and children with worries and concerns. Parents of new children are visited and parents may request a home visit or visit the school to meet members of staff.
*This route may be used to discuss bullying with parents.
- d Parents of children involved in continual bullying will be informed of the situation by the Principal or Vice Principal and appropriate measures will then be taken.
- e A withdrawal system is used for children who continue to be disruptive at school. A senior teacher has responsibility for this. During this time a child spends the first period daily with the senior teacher. He/she is placed on a report book which is monitored daily and signed by parent or guardian. The child is deprived of all privileges. The length of withdrawal is determined by the pupil's behaviour.
- f Key areas of school where children could be most easily bullied are constantly monitored by staff. These areas include the cloakrooms, corridors, playground and dining room. Classroom assistants have responsibility in these areas and a weekly update and monthly meeting are held to review and discuss children suspected of being bullied. Suspected bullies are closely observed, recorded and reported directly to the appropriate member of staff.

Through the curriculum children have the opportunity to discuss, listen and partake in aspects of anti-bullying education.

- 1 The Health and Social Education programme provides work sheets, topics on bullying, and television programmes provide follow-up materials.
- 2 English, Art and Drama give opportunity for expressive work. Role play acts out situations children may be experiencing thus highlighting situations staff may be unaware of.
- 3 Education for Mutual Understanding and morning assemblies also highlight the need for understanding and forgiveness with us all.

Additional support and information available

- 1 Monthly meetings of senior team will continue to monitor the situation regarding bullying and offer advice and support to members of staff. This team will also be involved in dealing with the persistent bully and with each individual case.
- 2 Books and literature will be available for members of staff to read.
- 3 Suggested books for children will be ordered from the schools library service.
- 4 Videos and programmes on bullying will be made available for staff to use in school.

Policy on pastoral care from Antrim Primary School

Principles

‘As schools are the only rational places where sectors of the community can be reached regardless of class, ability or circumstances, personal and social education can only be effective if it is found in an exploration of values and attitudes which can affect our behaviour in later years. While recognising that the school plays a major role, personal and social education can only be fully effective if it has the support of the parents and outside agencies. As written in our School Policy we, as a staff, believe that if we all work together successfully as a team, the children will have fun learning, will gain confidence and will develop the positive attitudes of sharing, cooperation and trust.

Rationale

We, in Antrim Primary School, believe that the pastoral dimension of the school involves both teachers and pupils. For pupils, this will involve encouraging them to set and achieve personal, social and academic goals through a planned development approach. For teachers it will involve providing them with opportunities for professional development. The pastoral dimension should contribute to the creation of a supportive atmosphere in the school for both teacher and pupil.

The pastoral dimension within Antrim Primary School takes two forms:

- a The general focus which requires all teachers in the school to care, guide and advise our pupils on personal and educational matters either formally or informally.
- b The specialised focus ensures that one teacher, ie the class teacher, has a detailed knowledge of the needs, interests, aspirations and academic progress of each pupil.

Objectives

Our objectives for personal and social education are:

- 1 to develop in children self-confidence and a positive image;
- 2 to enable children to understand the stages of physical and emotional growth;
- 3 to encourage the development of attitudes such as cooperation, tolerance, commitment, consideration for others, honesty and integrity;
- 4 to help children to cope safely with their environment - to understand what is meant by a healthy environment, and their responsibility for its maintenance;
- 5 to enable children to make a positive contribution to family life, relationships with peers and with others in the community.

Needs of pupils

Although our Pastoral Dimension Policy will be included in all aspects of the curriculum, we must be aware of the needs of our pupils. We have divided these needs into three areas – physical, emotional and social.

Physical needs

- to develop large muscle control and improve coordination;
- to be protected from hazards and learn to anticipate them;
- to establish basic health practice such as eating, dressing, toileting;
- to have sleep, rest and a well-balanced diet;
- to have regular health, sight, hearing and dental checks;
- to have healthy competitive activity with children of comparable size.

Emotional needs

- to build a sense of identity and uniqueness of personality leading to developing of self-confidence;
- to receive encouragement, recognition and praise;
- to express inner feelings and anxieties and to learn to talk about problems;
- to feel secure, loved and protected;
- to learn to exercise self-control.

Social needs

- to be accepted by peers;
- to learn to share, plan work and play together and to have opportunities to make decisions and act independently, eg school prefects and other dependable senior pupils assist with supervision on occasions ie bringing groups of young children to photographer, nurse, dentist etc. These small duties help to develop a sense of responsibility and trust;
- to develop confident relationships with adults;
- to develop appreciation of others and their rights.

Pupils' files

A formative record of progress and achievement in the form of a pupil file has commenced with P1 in 1991/92. This file contains tangible and intangible evidence and will be on-going from P1-P7.

The file includes:

- parent application form (personal details);
- pre-school experiences;
- progress records;
- parental consultation records;
- copies of reports;
- samples of pupil's work.

All information is strictly confidential between school and parents.

Special needs register

A register of names of children with special needs, either physical, emotional or educational has been compiled for Antrim Primary School. This gives the names, class, description of need and relevant action taken or to be taken. It provides the teacher and principal with immediate, accurate information when required. The register will be updated each September. All information is strictly confidential between school and parents.

Liaison with past/next teacher

To ensure continuity of the needs of our pupils, the teachers in Antrim Primary School have developed a policy of liaising with the previous teacher. Although this often involves a written record of progress, groupings etc, it is the informal approach as the year progresses that teachers have found to be invaluable.

Liaison with wider school family

In Antrim Primary School we have always endeavoured to maintain good working relationships with everyone who has contact with our children. We are proud of the standard everyone strives for and feel our children benefit greatly from this commitment. Our office staff, caretaker, supervisors, patrolmen and cleaners all have a vital role in our school.

Liaison with parents

We in Antrim Primary School, see parental involvement as being essential to the education of our pupils. We include as many opportunities as possible for parental involvement, eg:

- meeting with all PI parents at beginning of child's school career;
- regular letters home - informing parents of events;
- open house policy - parents always welcome;
- Parents' Evenings;
- verbal contact - phone calls;
- parents as helpers - library, outings, dressmaking;
- PTA - very active involvement through social evenings, fund raising and talks.

Liaison with external agencies

A range of services from external agencies are available and may be utilised after consultation with the principal:

- Educational Psychologist;
- Education Welfare Officer;
- Social Worker;
- School Nurse and Doctor;
- Guidance Advisers;
- Local Police;
- Department of Health and Social Services;
- Health Promotion Agency;
- Other members of community as appropriate.

Range of pastoral activities

Throughout the year a variety of activities will be arranged to extend the pupils' experiences and social skills through:

- individual subjects;
- cross-curricular themes - particularly Health Education and Education for Mutual Understanding as these subjects give opportunity to explore the complex world and nature of relationships;
- clubs and teams: orchestra, choir, rugby, football, hockey teams etc;
- visits - day and residential experiences;
- social and fund raising events - orchestra, visiting a local church, quiz teams with other schools;
- a separate unit of work may be used if appropriate, eg drugs education with P7 pupils.

Policy review

This policy will be kept under review and amended, after consultation, when appropriate.'

Policy statement on sex education from Longstone Special School

Defining sex education

The school staff discussed their views of sex education and defined it as follows:

‘Sex education is part of the overall provision of personal and social education in the school. It is concerned not only with the knowledge of facts but also with the development of attitudes and values.

Sex education is developmental, beginning in infancy and is delivered by peer groups and the media as well as by parents and teachers. It is about relating to other people, respecting the rights and feelings of others and about developing responsible and caring relationships.’

Aims:

The aims for the curriculum were then discussed. These included reference to:

- the complementary role of parents and the need to liaise with them;
- moral values;
- the idea of responsibility and communication in relationships;
- the need to promote a positive self-image in pupils so that they respect themselves and others;
- the need for pupils to understand changes in growth and development;
- the need to provide an acceptable vocabulary and sensitive handling of the subject.

The location of sex education in the curriculum

The school believes that any aspect of the curriculum which leads young people to have a sense of their own worth, a belief that they have some control over their lives and the confidence to act responsibly in society, contribute to sex education.

Within the junior school, topic areas within the health education curriculum were identified as being appropriate areas for beginning such work, eg My family, My baby, Growing and Changing.

The school believes that:

‘Sex education should form part of a spiral curriculum – one in which topics are reported and presented in a variety of ways increasing in depth as young people increase in age and maturity.’

A programme has been planned throughout the school from the diagnostic unit to fifth form. Bearing in mind that the children have mild to moderate learning difficulties, work sheets are specific with the minimum of reading. The programme includes elements of assertiveness training to help young people to resist pressure and determine their own patterns of behaviour.

Among other teaching methods identified are videos, group work, visitors, projects, role play and individual counselling where necessary.

Involvement of those with parental responsibility

Parents are encouraged to help and support the teaching of personal, social and moral education and each parent is informed by letter of areas covered in the programme. Parents are asked to return this permission slip to school. The school believes there are great benefits to be gained through a process which involves teachers, governors and parents. Such a process helps the school to take account of the cultural, religious and moral stand points of its parent body.

Section 4

Developing the School Curriculum for Health

School projects provided examples of practical ways to develop the curriculum for health in relation to a whole school curriculum and to specific aspects of it.

Developing a whole school curriculum

Antrim Primary School

The project coordinator in this school provided a detailed account of the process undertaken in developing the school curriculum. In her own words this process is outlined as follows:

‘In view of the considerable work which was already going on in the field of health education we, in Antrim Primary School, found no difficulty in considering ourselves a Health Promoting School. We were, however, well aware that although policy statements existed and there was much evidence that health education was ‘happening’ in our school and classroom, we had no written school scheme to show planning and progression.

As a curricular group we had already identified as our next goal to match what we were doing in health education to DENI requirements, to fill in any ‘gaps’ and to devise a whole school plan which would cover all the elements, match with existing year group topics and build in progression through the creation of a spiral effect. We recognised that this would not be achieved quickly. The consultation process alone in a large Primary School can be lengthy!

The invitation to apply for selection to the ENHPS Project came as we wondered when and how to begin. In primary schools teachers rarely have the opportunity to focus on one subject area or initiative to the exclusion of others. However, it was clear that in order to achieve our aims, health education would have to become a high priority area for development. As always ‘time’ was a major problem - the offer, therefore, of receiving some out of school support and financial assistance for our project was significant.’

Our aims were:

To produce a coherent Health Education Scheme which:

- identifies current practice and matches this with the requirements of the curriculum;
- identifies topics relevant to the personal, social and environmental development of our pupils;
- actively promotes the health and wellbeing of everyone in our school.

Our objectives were:

- 1 to communicate with and involve pupils, parents, staff and Board of Governors at all stages of the project.
- 2 to assemble working groups, as required, to suggest issues, advise on topics, produce materials and monitor progress of the project.
- 3 to establish contact and build relationships with outside agencies and professionals who could help further our development as a Health Promoting School.
- 4 to undertake a review of all existing health related school policies and identify others which need to be formulated.
- 5 to produce topic packs to assist class teachers in the delivery of our Health Education Scheme.
- 6 to ensure that the physical environment of our school is conducive to the health and wellbeing of its community.'

Responsibilities of staff members, including the principal and the curriculum group were allocated to various tasks, methods of action whether by letter, meeting, displays or presentations were agreed for each task and timescales pencilled in.

The tasks for each objective are outlined next.

Figure 2: Antrim Primary School's tasks for each objective

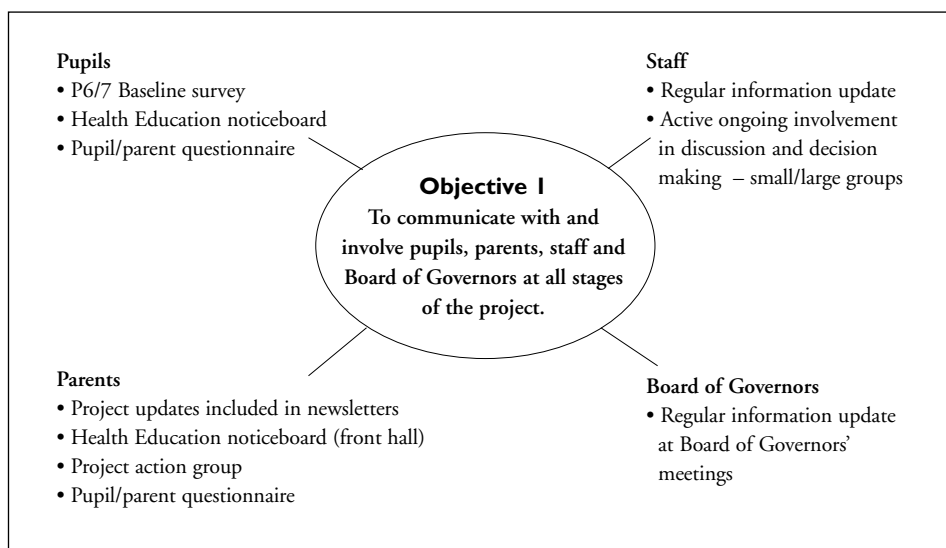


Figure 2: continued

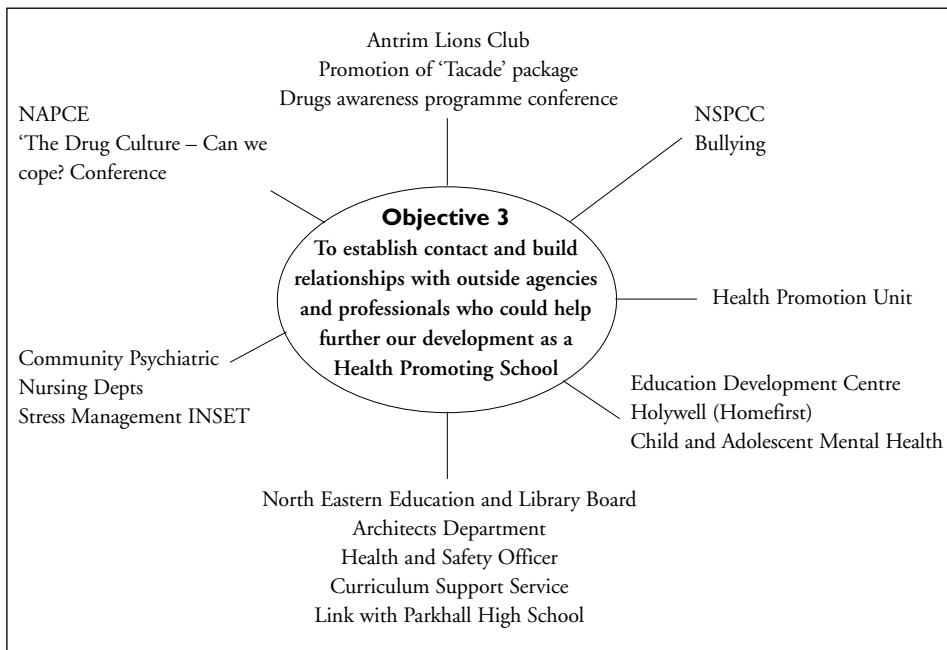
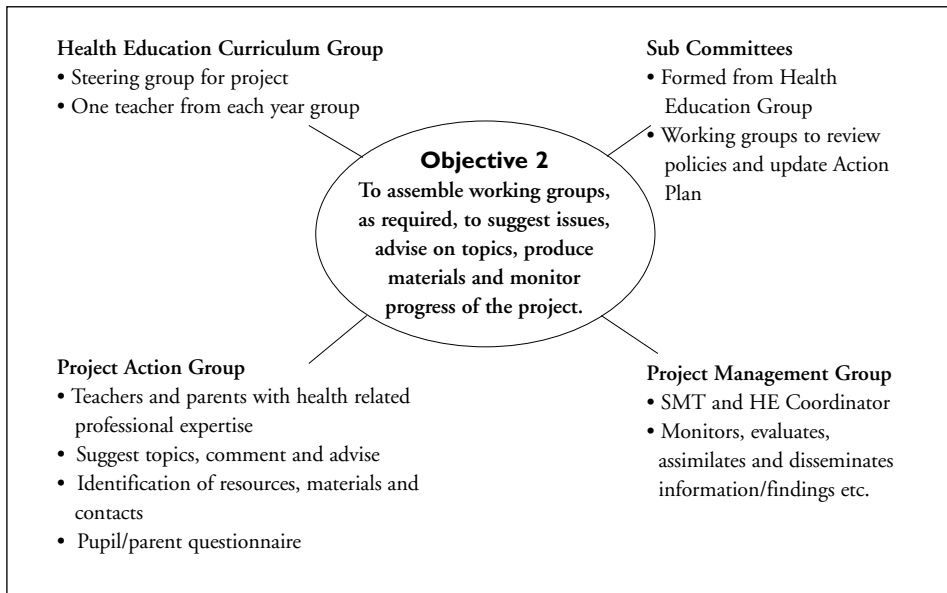
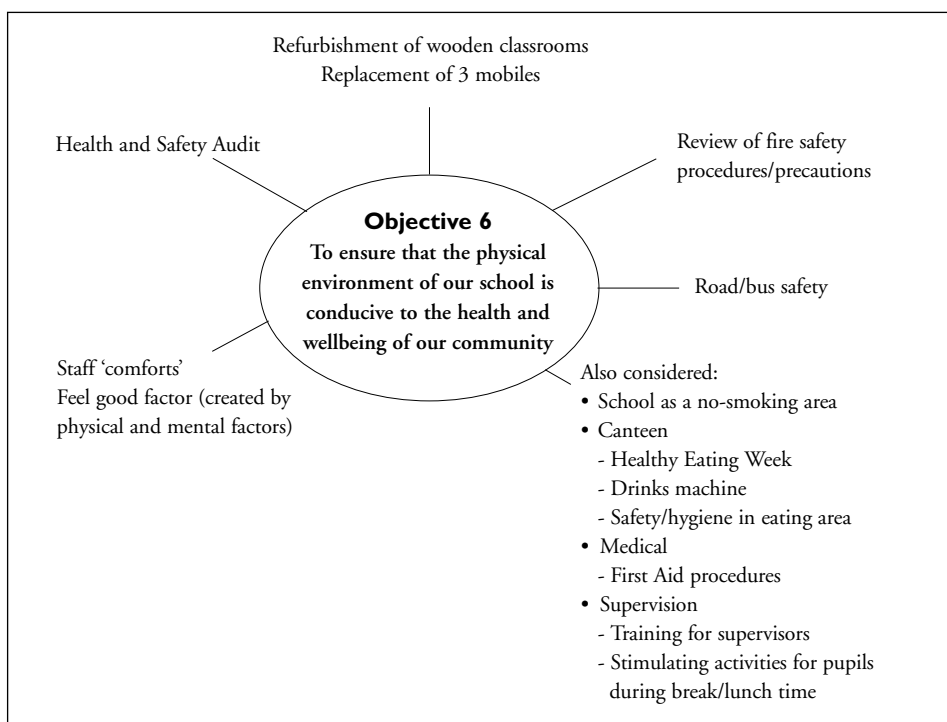
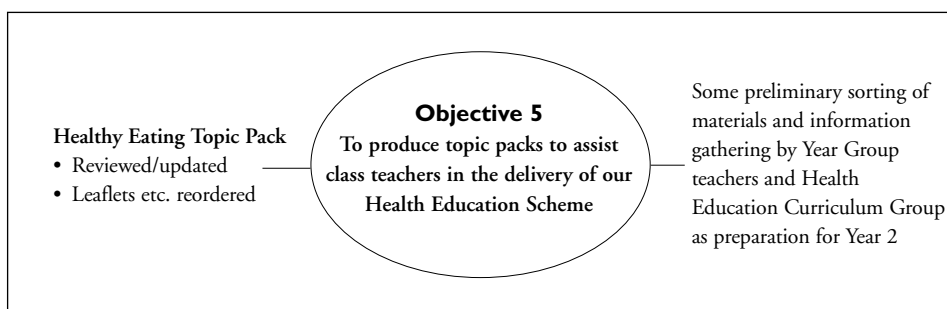
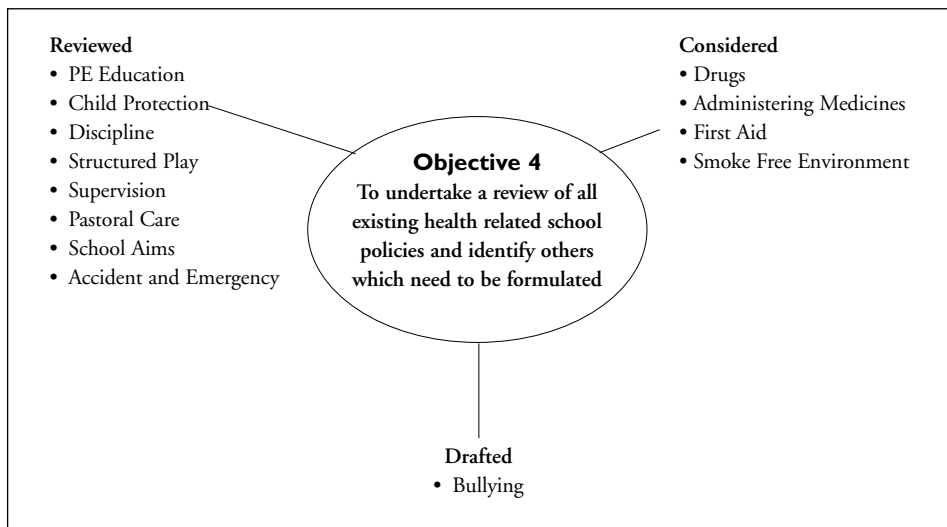


Figure 2: continued



Antrim Primary School plans for Year 2

'Before we had even submitted our proposal we were clear that what we were suggesting could not be achieved within the first or second year of the project. Our commitment, however, was to develop a Health Education Scheme with appropriate support materials, whether this took 2 or 5 years to achieve.

We do not, therefore, have an outcome as such at the end of this first year. What we do have is a clear statement of our achievements within each of the Project's objectives. In addition we have a very clearly defined route to follow - a route which is thoroughly supported by the extensive mapwork that has taken place in Year 1.

Our plan is to continue to address each objective and achieve our aim as outlined. It is on this basis that we move forward into Year 2.'

Table I: Health Education Scheme which was revised – Antrim Primary School

	Objective 1: Health in the context of personal development	Objective 2: Health in the context of social development	Objective 3: Health in relation to the environment
P1	Personal hygiene - cleanliness - toilet routine	'Myself and My School' - People who help us in/out of school	Road safety Beach safety Home safety School safety (incl 'strangers')
P2	Personal hygiene - teeth - healthy eating - rest/exercise - naming body parts - appropriate clothes	Families Growth Feelings	Road safety Uniforms Rubbish disposal/recycling Endangered species
P3	Nutrition Milk/dairy products Misuse of tablets	The extended family Respect for others Qualities of a good friend Differences and similarities	Road safety - safety in the dark Electricity Toy/farm/outing setting
P4	Personal hygiene - general Self-esteem Responsibility	Team work Feelings	Road safety Water safety Safety during P.E.
P5	My Body - skeleton, teeth, skin, nutrition, healthy habits Self-confidence	Classroom relationships Peer pressure - good and bad Friends and families Developing good leisure habits	Road safety Home safety Classroom/school safety Caring for our environment (woodland study)
P6	Major organs and functions Circulatory, respiratory and digestive systems. Diet, food, hygiene. Medicines. Harmful effects of tobacco and alcohol	People - similarities and differences Rules for classroom behaviour Customs of other countries	Road safety Chemicals in the home Pollution, litter, pesticides, effect on our health
P7	Physical fitness, health and exercise. Harmful substances. 'Changes' (of school, body, self-esteem) Oral hygiene	Relationships with peers - behaviour - bullying, anti social attitudes, relationships with others - behaviour in/out of school	Road safety Water safety (river study) Healthy environment (pollution, recycling etc) Conservation Healthy school environment

Example of how Objective 1 from Table 1 was developed by Antrim Primary School

Table 2: Health in the context of personal development for Key Stage 1.

	Awareness of Body	Care of Body	Keeping Body Healthy
P1	Appearance, different parts, similarities/differences. Things a healthy body can do - win, play, laugh.	Personal hygiene. What goes into my body, eg food, medicine. What goes onto my body, eg soap, ointment, sun.	My health day - what do I do, eg eat, sleep, play?
P2	My body: - naming body parts, - parts I can see, - differences from my body to your body, - differences baby, toddler, me. What I can do now?	Personal hygiene. Care of teeth. Using appropriate clothes.	What do I think healthy people do or don't do? Who helps to keep me healthy?
P3	My special body - face, - size, - shape, - colour.	Personal hygiene. It's what I do to my body that makes and keeps it healthy - eat, sleep. What do I put - in my body? - on my body? Needs of drugs when I am sick.	What do I like to eat and drink - value of dairy products? What meals do I eat? - Where? - When? Who helps me choose?
P4	Feeling good about my body - enjoy what I do, - what can I do well?	Personal hygiene: what I can do myself, eg bath, wash teeth.	What do I think I do to keep my body healthy? What happens to my body when I exercise? What do I think happens inside me when I exercise?

Table 3: Health in the context of personal development for Key Stage 2.

	Awareness of Body	Care of Body	Keeping Body Healthy
P5	My body and how it works The skeleton (bones, joints and muscles), skin and teeth.	What are its everyday and occasional needs? (oral hygiene/dental check ups). What can be my responsibility? Protecting and looking after my body. Other things I take into my body - accidentally or on purpose - and how my body reacts to them eg germs, drugs/medicines.	A healthy lifestyle. What do I do to make and keep myself healthy? Healthy eating and what my body does with the food I eat. Exercise and what happens to my body when I exercise.
P6	Identification and use of major organs. Body system - circulatory, respiratory, and digestive. How my heart works and stays healthy.	Substances I put into my body (including food, drink and medicines) and how they affect how healthy I am now and in the future.	How do sleep, rest, fresh air and personal hygiene affect how healthy I am? Exercise and enjoyment - Why do I need to exercise and how does it help my body and the way I feel? Food - healthy eating (enjoying my food, choosing my food and feeling good about food choices).
P7	Changes and coping with body changes. Differences and similarities.	Substances I take into my body and their effects both positive and negative (food, drink, medicines, drugs, injections, inhalants). What do I need to know and where can I get information?	Personal hygiene. Developing a healthy lifestyle and making healthy choices about food, exercise and use of leisure time. Avoidance of harmful substances (nicotine, alcohol, illegal inhalants) and why.

Health Education Scheme - Action Plan for Antrim Primary School

1 Review of current situation - where are we now?

- baseline survey;
- topics listed under the 3 objectives P1-P7 classes.

2 Bench marking - where do we want to be?

- compared our list of topics against model in Health for Life (see Section 6);
- gaps/weaknesses highlighted;
- spiral effect reinforced;
- consultation with pupils, parents, teachers and Board of Governors.

3 Development - how do we get there?

- Project Management Group to organise substitute teacher cover to facilitate Year Group meetings;
- Project Management Group to draw up content of scheme;
- Project Management Group to 'package' scheme.

4 Delivery - what would help?

- topic packs to be introduced by Year Group Teachers (mostly Year 2);
- identification of relevant outside agencies.

5 Assessment and evaluation - continuous!

Longstone Special School

Longstone Special School has a detailed health education curriculum throughout the school.

Table 4: Longstone Special School's Health Education Curriculum for the Junior School.

	1 Personal and Social Development		2 Health and Use and Abuse of Drugs	3 Physical Fitness and Relaxation	4 Nutrition	5 Health and Safety
Junior School	Understanding ourselves	Myself and others	Looking after our health	Keeping healthy for our own lifestyle	Food and Health	Safety in our lives
Diagnostic Unit	Hello, I'm me?	My home, my school, my friends	Things that are good for me and my body Toilet training	What I like to do	Food I know	Do's and Don'ts
Base 2	More about me, my body, my senses	Things I like	Keeping myself clean	My day and routine	Food I like and how to eat it – spoon, knife, fork, cup	Danger for me. Do not touch
Base 3	More about me. Small, tall differences	Things my friends enjoy and I can share	Caring for myself each day	Healthy routine each day	Food that is good for me	People who help to keep us safe
Base 4	How did I begin? Mothers and babies	My home and family (other homes and families)	My clothes – correct type for weather and activities	Things I enjoy doing. Exercise, recreation	Trying new foods	Learning to play safely
Base 5	My feelings and emotions	Love and care	My teeth	Rest and why we need it	My meals Going shopping	Road safety
Base 6	How I grow	People change and grow	Medicine we use	Clean air, dirty air, keeping fit and healthy	Keeping our food clean, free from germs	Accidents
Base 7	My feelings and emotions	My school	Self-care routine	My daily activities and patterns and physical fitness routine	Food I like now I am older	School safety

Table 5: Longstone Special School's Health Education Curriculum for the Middle/ Senior School.

	1 Personal and Social Development		2 Health and Use and Abuse of Drugs	3 Physical Fitness and Relaxation	4 Nutrition	5 Health and Safety in the Environment
Health Ed. Middle/ Senior School	Understanding ourselves	Myself and others	Looking after our health	Keeping healthy for our own lifestyle	Food and Health	Safety in our lives
S1	Health – all about my body and how to look after it. (Last term of year) Where do babies come from?	Homes and Families Art English RE HE	(a) Dental care and hygiene (b) Exercise and the body PE Health	Things we like to do English Health	Eating patterns Health HE	Say NO to strangers Health
S2	How people grow Science	My friends French English	Rest and sleep History/English	Hobbies and Interests English	Going shopping Art HE	Home safety Technology and Design
S3	Growing and changing English	Likeness and differences English	Smoking and its harmful effects Art English	Choice and decisions RE RE	Keeping food clean HE	Basic First Aid English
S4	Myself and feelings RE	Join our club English	Medicines we use. Drugs: use and abuse	Alcohol Its use and abuse	Party food and drink	Road safety Traffic education HE
S5	Becoming an adult English	Friendships Family influence The other sex English	Careers Going to the Doctor Finding out what Public Services are available to help us with personal, social and economic implications	Keeping clean and the need for social acceptance – PSE Smoking – the consequences and 'Kick the Habit' example/pressure groups Art	What we eat Feeding a family What food costs (Links with life skills) English	Leisure safety City and Guilds Technology – Leisure Module Bikes and Cycling Motor bike safety Coping with emergencies Traffic Education Technology and Design

Increasing physical activity

Limavady Central Primary School examined the links between exercise and healthy eating.

In P7 pupils took part in a fitness test* and their fitness level was noted. A pulse meter reading was also taken for each pupil. Children undertook circuits of simple aerobic exercises during PE. The circuits were followed by a short stretching and mobility period. At the end of term the fitness test and pulse meter readings were repeated.

At breaktime pupils were encouraged to use class skipping ropes. The school was involved in a skipathon to raise money for heart research. The skipping proved a very popular activity. Records of personal fitness were entered by each pupil onto a Junior Database file on the classroom computer.

As part of the energy science topic, pupils collected the nutritional information from a range of foods used in their own homes. The calorific value for each food item was recorded onto a database and comparative graphs were drawn. Different calorific requirements for children, male and female adults were examined as well as calorific output for various types of exercise and healthy growth.

* Multistage Fitness Test administered by the National Coaching Foundation.

Silverstream Primary School involved children from P4-P7 in the 10 step self-challenging athletics award as part of the sports and PE programme.

Children do not compete with others. Rather, they undertake a number of events and the best five scores are recorded and marked to arrive at an award ranging from a 1-step to a 10-step. This allows for a year on year improvement over the four years of this school stage. Children learn to achieve and are rewarded with a certificate.

Tirkane Primary School involved pupils and parents in designing a health promoting playground. The aim was to increase participation in active games and play, reinforce and support classroom teaching particularly in relation to PE, geography and health education and to stimulate positive social behaviour, interaction and cooperation between children.

Pupils received a map of the new playground area, drew their ideas and discussed these at home with their parents. Parents were invited to become involved in painting the results, making templates etc.

The staff, a small number of parents and the local Community Association, visited play-parks, looked at designs, and made applications to various bodies for funding. An area to the front of the school building has been acquired and partially prepared, with fund raising continuing. Already a number of items of free standing equipment (Balou the Bear Frame, Alligator Stepping Stones) have been purchased for the Key Stage 1 playground.

Skipping ropes have been purchased for use at breaktimes, as well as an element of the P.E. programme. A pulseometer was also purchased for use with these classes.

P6/7 pupils participated in a Health and Fitness Day using the local High School facilities. A key element of Year 2 of the project is liaising with the local Youth Officer employed by the Community Association. This will involve regular physical activities two or three days per week during break and lunch times led by the Youth Officer.

The Erne School also took up the idea of playground marking for health.

Schools in the project were provided with a very useful manual produced by Health Promotion Wales called *The Health Promoting Playground*.⁹ The publication is based on work tested in a pilot school which aimed to increase participation in active games and play, stimulate positive social behaviour, interaction and cooperation between children and reinforce and support classroom teaching in relation to health education and physical education. It outlines games, ideas and PE skills that are based on imaginative playground markings.

Healthy eating

St Mary's Primary School, Bellaghy used drama to examine the causes of the Irish Famine, diet changes since the 1840s, the nature of a healthy diet and how it might change in the next 50 years.

Tirkane Primary School had a Healthy Eating Day each week when the concept of healthy eating was reinforced.

The Erne School made Fridays 'Fruit Day' when fruit was on sale to pupils at breaktimes.

All schools were made aware of the Healthy Eating Circle Award scheme as a means of ensuring that school meals supported the curriculum. The scheme which is managed by the Health Promotion Agency in association with health promotion staff, the environmental health departments of local councils and community dietitians, aims to reward the provision of:

- smoke-free dining areas;
- excellent food safety and hygiene practices;
- healthy eating choices on the menu.

Details of how to apply to join the Circle are available from the Health Promotion Agency. At present 337 schools in Northern Ireland are members of the Healthy Eating Circle.

A safe environment

Erne School considered the theme of a 'safe environment' especially relevant for the needs of the pupils. One of many activities on this theme was a recycling initiative undertaken as part of a litter awareness project. Pupils also designed and named a litter monster from recycled packaging.

Tirkane Primary School involved their pupils both in and out of the classroom.

- Pupils produced playground designs.
- Pupils engaged in drawing up guidance for a safe and happy playground.
- A rota was drawn up for use of the playground as space was at a premium. Alternative activities were available for the other pupils – computer club, table games, music club.
- Key Stage 2 classes submitted litter bin designs to their peers.
- A tidy playground competition was held for the duration of a term. All classes participated on a rota basis with points making prizes.

Year 2 plans include the requisition of two 'Froggy' bins and participation in the local district council 'tidy environment' project.

To ensure a safe environment two separate playgrounds have been planned for the new building with the Key Stage 1 playground adjacent to the staff room. This will necessitate two members of staff being on break duty daily.

A pupils' survey with reference to the new playgrounds will be carried out in Year 2 of the project.

Longstone Special School drew up a year's programme called 'Stay Safe' with relevant issues to be dealt with over three school terms.

The school presented the work of each class on Europe Day (9 May 1996). The Minister for Health and Social Services attended, as did neighbouring primary schools and parents. The pupils presented songs and sketches related to their work. The school mounted a health and safety exhibition which involved pupils' work and also information and activities from the Police, Fire Brigade, St John's Ambulance, Northern Ireland Electricity, Castlereagh Borough Council and ROSPA. Wellworths provided fruit to taste, and healthy tinned juices to buy.

Table 6: Longstone Special School's Stay Safe Programme

Term one	Term two	Term three
Diagnostic Unit Do's and Don'ts <ul style="list-style-type: none"> • safety in school activities • safety during visits Harvest project - safety with honey bees	Base 6 Respect for all living creatures Natural resources available to us from our environment	Base 2 Keep myself safe <ul style="list-style-type: none"> • electrical appliances • road safety with Tufty • animals - wild and pet • natural vegetation
Base 3 People who keep me safe Recognise strangers	Base 7 School safety <ul style="list-style-type: none"> • playground • classrooms, corridors, dinner hall • taxi/bus travel to and from school • fire drill • simple first aid Dogs for safety	Base 5 Healthy living <ul style="list-style-type: none"> • conservation and recycling in our school • what we can do at home • a healthy diet and lifestyle
Base 4 Play safe - <ul style="list-style-type: none"> • playground • at home (and video) Sport - <ul style="list-style-type: none"> • field • water Emergency procedures	Behaviour Resource Unit Healthy eating and healthy habits – what we need for the body to be safe, healthy and strong	

Summary of Longstone Special School's 'Stay Safe' Programme**Term one**

- **Diagnostic Unit (DU)**

Do's and Don'ts - The new class became familiar with the general routine within school for personal and group security and safety.

Honey Bees (Harvest Project) - We saw bees visit flowers, tasted honey on porridge, encouraged respect for them - 'Don't touch and they won't sting' - this involved songs, rhymes, RE, art and craft, among other subjects.

- **Base 3**

People who keep me safe - we found out about the school dentist. We also talked to some of the teachers in the school about their jobs.

Personal safety, safety in school was explored.

- **Base 4**

Play Safe - we explored safety crossing and using roads, the need to wear seat belts and cycle helmets. Also playing safely in the park - games, on skates or bicycles, and keeping safe from strangers. The class made a video of this to help other classes.

Sport - field and water safety was covered.

Staff and children discussed how to deal with all types of emergencies.

Extra

- **All classes**

Before half-term - *The Fire Story and video from the Northern Ireland Fire Service.*

Term two

- **Base 6**

Respect for living creatures - After visits to Castle Espie Bird Sanctuary the class painted a mural to be on permanent display in their Visitors Centre. They also studied natural resources available from our environment and ways of conserving them.

- **Base 7**

School safety - The basic rules of personal and group safety.

Dog handling - Many people own dogs but do not necessarily control them properly, Base 7 examined the problems caused by strays and dogs who foul in public places.

- **Behaviour Resource Unit**

Healthy eating and healthy habits - We started with teeth - their structure, number and care, eg avoiding sugar, visiting the dentist and regular brushing. This led on to healthy eating, spotting hidden sugars, learning about food groups and designing healthy balanced meals.

Extra

- **Base 3** – *Well Teddy Clinic at the Ulster Hospital.*
- **Diagnostic Unit (DU), Base 2, Base 3 and Base 5** - *Healthy eating*
- **Base 5** - *Healthy teeth*
- **All classes** - *Dental care and new fire drill routine.*

Term three

- **Base 2**

Keep myself safe - We took 'Stay Safe at Home' as our topic. Mainly through talking and listening we explored the dangers which can be encountered in our everyday environment and the ways we can make our homes safer.

- **Base 5**

Healthy living - This emphasised the importance of eating more fruit and vegetables and having wholewheat cereal. The class had a healthy breakfast and took part in fruit tasting. They also visited Wellworths Supermarket to discover where fruit and vegetables come from.

They began to consider *others in the world* who have next to nothing, because their classroom assistant is a voluntary worker in the Oxfam shop. They visited and donated items to the shop.

- **European Stay Safe Day - 9 May 1996**
- **Diagnostic Unit (DU)** - *Safe Play* using large outdoor toys and climbing apparatus.
- **All classes** - June 1996 - *Safety in the Sun*

Self-esteem

Silverstream Primary School concentrated on ways to raise pupils' self-esteem.

*'Self-esteem is the total evaluation a person makes of himself and the degree of respect with which he regards himself. If self image is poor and incompatible with an ideal self which seems unattainable then self-esteem suffers. High self-esteem provides a child with the confidence to attempt difficult things without an incapacitating fear of failure. A pupil with low self-esteem finds it difficult to try new strategies. He protects what he has and continues to behave in a manner consistent with his poor view of himself. If he feels rejected and views himself as unacceptable and valueless then he doesn't regard disapproval as a reaction to his behaviour but to himself. Children with low self concept will look for information to confirm their poor view of themselves.'*¹⁰

The valuing of self is an essential part of being healthy. There are fewer constraints on behaviour if a person thinks badly of themselves. An improved picture of oneself might reduce inappropriate behaviour.

The school had been involved in Circle Time PSE activities, supporting children's development. Each class had their own structured programme of topics and activities which ranged from basic listening skills with the youngest children to celebrating what we're good at, skills we would like to have, feelings, managing anger, looking at differences, prejudices etc and this was built on during the project. The children's self-esteem was tested at the beginning of the school year and again towards the end of the third term. It was recognised by the school that it is only one of the environments in which children exist and that what is done in school may be only part of what is needed to counteract what the child may experience adversely outside the school. The children were tested using a simple self-esteem questionnaire and scoring system which has been on trial in schools.¹⁰

The school worked on a number of fronts during the year to improve children's self-esteem, including working with parents, developing a positive marking policy and providing workshops for staff to further develop the concept of Circle Time and its related activities.

A sample of boys and girls aged 6-8, and 9-11 years were selected. Twenty four per cent of the children showed low or very low self-esteem, and 35% demonstrated high or very high self-esteem. Twice as many boys as girls suffered very low self-esteem, while the situation was reversed in the category of low self-esteem.

When children were re-tested in the third term, the number displaying very low self-esteem had been halved, while the number of those displaying very high self-esteem had almost doubled. A number of cases had lower self-esteem due to particular individual circumstances. As the principal reported 'This brings home the realisation of how fragile a young child's self esteem is!'

Section 5

Family/Community Involvement

Introduction

Most sources advocating schools as a medium for promoting health recommend family and community involvement.

'Health in the context of social development

- *Relationships within the family*
Pupils should be able to make a positive contribution to the life of the family unit based on their knowledge and understanding of the concept of family.
- *Relationships with peers*
Pupils should be able to manage relationships with peers in a variety of situations.
- *Relationships with others*
Pupils should understand the nature of relationships with others and, as they mature, be able to establish responsible relationships within a widening community.'

Cross-Curricular Themes, NICC, 1989

'Schools should seek to ensure that the positive health messages being promoted within the school are supported by parents and the wider community. By developing a network of partnerships, the school can increase its effectiveness as a health promoting institution. This requires establishing channels of communication to:

- *raise awareness of parents, the relevant agencies and the wider community to the health messages being promoted within the school;*
- *enlist the support of parents to reinforce health messages being promoted;*
- *establish good working relationships with the community agencies which promote health;*
- *enlist the support of those in the wider community who have a direct influence on young people, such as leisure centres, youth services and tobacco and alcohol retailers.'*

The Health Promoting School - A Guide for Teachers, NICC, 1994

Within the twelve criteria of the ENHPS there are some directly related to family and community involvement. These include:

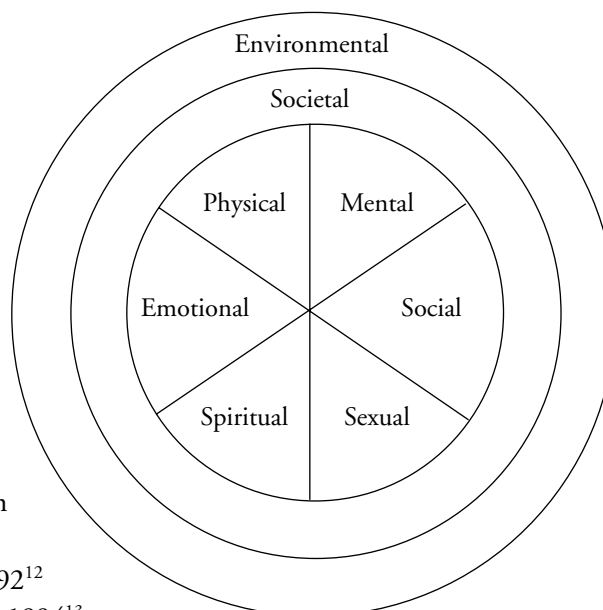
- *The development of good relations between staff and pupils and among pupils in the daily life of the school.*
- *The development of good links among school, home and community.*
- *The realisation of the potential of specialist services in the community for advice and support in health education.'*

It is the experience of the schools involved in the Northern Ireland ENHPS that by developing links with the community the value of any health project is enriched.

This is best explained in terms of the school being a medium through which members of the school community can interact. The physical resources of the school (in terms of classrooms etc) can be used as a focus for different groups to meet. The school can be used as a link between different groups.

The following diagram illustrates a community model, where the individual pupil's health is by way of the school connected to the greater community. The school can also be seen to have a role in making the voice of the pupil heard to a greater audience.

Figure 3: Dimensions of Health



Adapted from Aggleton and Homans, 1987¹¹,
Ewles and Simnett, 1992¹²
and Naidoo and Wills, 1994¹³

The two outer circles refer to general influences on health which affect the individual. The inner segments refer to individual aspects. Each segment can communicate with another segment through the medium of a health promoting school.

The recent Children (Northern Ireland) Order 1995 makes it clear that parents have a wide range of rights and responsibilities. They may even participate in the management of their children's school and vote for representatives on the governing body.

Parents can bring 'added value' in terms of skills and resources to a school's health promotion aims. They also have a right to know what is happening in the school. Ideally, parents should be viewed as partners in this work.

It may also be argued that pupils live in several 'environments'. These may consist of the home, school, street and youth club environments. If health promotion is a priority in only one environment, the impact is less than if it is a priority in several.

Action that encourages the school to involve those with parental responsibility will hopefully make the school and home environments healthier. This will not only increase the ability of the pupil to adhere to a healthier lifestyle but could encourage the family unit to do likewise.

The school can act as an 'access point' to preventative services and primary care. It should be remembered that the school has a range of medical staff involved - such as the school nurse, visiting dental hygienists and many others.

The following case study suggests an approach to working with parents, and using the school as a medium in which to improve parenting skills.

Parental involvement (Silverstream Primary School)

In establishing self-esteem programmes, the school staff realised that a major part of any child's life was the issue of parenting and the impact this may have on a young person's life. Teachers made the observation:

'that children are not well socialised when coming to school initially, that some are unaware of colours, nursery rhymes etc and that they had not been read to or stimulated by talk with their parents.'

Also there was a realisation that the situation was often exacerbated by:

'the lack of a consistent approach to parental discipline among some families.'

The issue of parenting skills was raised among teachers and at school governors meetings.

It was as a result of these that the local health centre (which had previously helped in a Health and Safety Week) was approached. It transpired that concerns about parenting from a health perspective were voiced by local Health Centre staff. It was decided to initiate a joint early years programme. The project envisaged is a long term cross-community one which is intended to make an impact on the future development of the children in the area. A series of play mornings, increasing home/school visits and a toy and book library are being developed. One-to-one contact with parents should enable patterns of contact to be set, a heightened awareness of good practice, the identification of early problems and consideration of the school in a positive light as somewhere help and advice could be given. Staff involved in the play mornings were an Early Years Field Officer, a Primary 1 teacher and two assistants.

The school also initiated a series of workshops for parents. The principal conducted these meetings. He describes the outcomes:

'Term 2 began with the series of workshops for parents. The first of these looked at the techniques which could be used and ways in which school and parents could work in partnership with each other to improve children's self-esteem. In this workshop we set the ground rules for the subsequent workshops and got to grips with the experiential nature of the workshops.

Workshop 2 explored the meaning and components of abuse in general terms and attempted to identify patterns of abusive behaviour common in everyday life. It also began to look at the place of self-esteem in helping to protect children.

Workshop 3 looked at constructive and destructive adult behaviour and explored their effect on children.

The workshop focused on behaviours and conditions which will enhance children's self-confidence and promote a strong self-image as well as identifying practical ways of building children's self-esteem.

Workshop 4 considered ways in which adults respond to what children say. It identified kinds of behaviour and situations which make listening difficult and explored the components of good listening. It also gave an opportunity to review and practise good listening.

Workshop 5 considered bullying as a significant and common form of child abuse. It explored commonly held stereotypes of bullies and the bullied and identified some common characteristics. The workshop went on to identify the skills that children need to protect themselves and drew up some preventative strategies for children.

The workshop also explored the meaning of the word 'drug' and began to look at the place of drugs in society and the implications for children.

The workshops worked very well and were, generally, well attended with up to 20 people at each session. The topics were really only touched upon in the evenings, but the group were very open and were challenged in terms of examining their own attitudes and behaviours. The sessions were usually of a two hour duration, but most evenings it was difficult to get the group out of the building.

The workshop on defining abuse was held quite early in the programme and looking back now, this was probably a mistake as there was a marked downturn in attendance. Comments were made to me about the fact that some who had attended previously could not deal with the sensitive nature of the material. Perhaps if the group had had a longer time together and built up a closer rapport those who did not attend might have gained enough confidence to face the issues that were to be raised. However the lesson was learned!

Use of outside agencies/individuals

A recommended strategy for Health Promoting Schools is the use of agencies or individuals within the community to add expertise to certain subjects or topics. While many such agencies or individuals are professional in their approach, to ensure the suitability of what they offer, the Health Promoting School will find it useful to ask the following:

- **Does the agency/individual have a specified Child Protection Policy?**
If so, ask to SEE a copy and, if necessary, question any points that are unclear.
- **How will the issue of confidentiality be dealt with?**
The school may wish to consider situations where confidentiality may be an issue. In such cases the outside agency/individual should be clear as to what can and what cannot be kept confidential.
- **Are resources such as videos/tapes/role plays appropriate?**
A member of the school staff should look at what resources are being used and judge the appropriateness of such materials for the pupils.
- **Does the agency/individual have a Code of Conduct?**
This would in most cases be included in any Child Protection Policy operated by the agency or individual but the school may wish to consider a specific contract for use by that school. This Code of Conduct may include the school's expectations on issues of confidentiality, types of language to be used with pupils etc.
- **Has the agency/individual worked with any other schools?**
A simple and effective way of checking the ability of any outside agencies or individuals is to contact schools that have used them in the past. If this is done, the person making contact should specifically ask if there are any reasons why the agency or individual should not work with children. Schools contacted in this way should voice any concerns they may have.

- Does the agency/individual have a clear set of aims and objectives as well as lesson plans?
Schools should ask to see these and question any items they may think inappropriate.
- Do parents know that the outside agency/individual is being used by the school?
Contacting parents and explaining what type of course is taking place may avoid any objections when it is too late. It has the added effect of letting parents know what is going on.
- Will the input by the outside agency or individual be monitored?
It is useful to have a nominated teacher to meet with the agency or individuals after each session/class and ask how it went and whether or not there were difficulties and any issues that they may need to be aware of.
- Will the pupils be asked how the session/class with the outside agency/individual went?
A nominated teacher should check with the pupils that they are not uncomfortable with the topics being dealt with, and the methodologies used.
- Can the school terminate the contract at any time if the classes or sessions are deemed inappropriate?
It should be made clear to outside agencies or individuals that the school may wish to end any contact with them if the school thinks it appropriate to do so. This could be a reciprocal agreement.
- Are evaluations carried out and if so will the school have access to them?
The schools may wish to see what impact the outside agency or individual has had - especially if there is a financial arrangement. The school may want to measure the effectiveness of any such programme with its own evaluations.
- Will teachers be present?
The attendance of teachers in some classes or sessions may be felt to stifle pupil involvement. However, schools do have a responsibility as to the content of any lessons. In such cases a clear contract between the school and an agency or individual would be useful. This contract should stipulate the schools expectations concerning conduct, confidentiality etc.

Schools would be advised to ask the same questions if they are going to visit places outside the school.

Use of questionnaires

The pupil baseline questionnaire used in each school by the ENHPS evaluator provided information about its pupils. Several schools used the results of the questionnaire at parents' evenings to highlight the issue of children's health and to engage parents in discussion about the school policies and curriculum which could support health, with parents help at home. School health staff and health promotion staff from Health and Social Services Trusts were invited to support the school staff. The questionnaire is provided in Appendix 2.

Section 6

Resources

Schools were provided with a number of key resources and made aware of others that may benefit them in developing as a health promoting school. The following resources were found to be useful. Commentary is from the project coordinator at Antrim Primary School who used several of them in reviewing and developing a whole school curriculum.

Health For Life – Books 1 and 2

A Teacher's Planning Guide to Health Education in Primary School. ISBN 0-1742-3111-3
 A Teacher's Guide to Three Key Topics: The World of Drugs; Keeping Myself Safe; Me and My Relationships, T Williams, N Wetton, A Moon, ISBN 0-1742-3113-X.
 Health Education Authority, 1989.

Thomas Nelson and sons Ltd, Nelson House, Mayfield Road, Walton-on-Thames,
 Surrey KT12 5PL.

Book 1 is a planning guide to health education. It provides a lifestyle approach to health education which includes action planners to assist teachers to plan appropriately for each key stage. Book 2 concentrates on three key topics: the world of drugs; keeping myself safe; and me and my relationships. It provides a wide range of classroom strategies and activities on these topics with suggestions for classroom teaching. Action planners are also included.

"An excellent resource which has been of benefit at the planning stage of our project and will continue to provide us with material right through to the Topic Booklet stage."

Skills For The Primary School Child

Tacade, 1990, reprinted 1993. ISBN 0-9059-5443-2.

Tacade, 1 Hulme Place, The Crescent, Salford M5 4AQ. Re-Solv, St Mary's Chambers, 19 Station Road, Stone, Staffordshire ST15 8JP.

The material is a collection of ideas and current theories intended to stimulate thinking and the planning and implementation of personal and social education (PSE) in the primary school. It contains four sections: manual; schools' workshops; parents' workshops; lesson cards.

"This package contains some useful material - so far as reference only but information could be adapted for use with pupils."

Tackling Bullying

F Howe and J Tuthill, NSPCC, 1994. ISBN 0-9050-73100-X.

NSPCC, Publications Unit, NSPCC National Centre, 42 Curtain Road, London EC2A 3NH.

“This publication was invaluable as an aid to writing an anti-bullying policy. Easily read - contains lots of practical tips and techniques for dealing with bullying.”

Health Education Key Stage 1 and 2

J Lloyd and R Morton, 1992, National Curriculum Blueprints.

Stanley Thornes Ltd, Old Station Drive, Leckampton, Cheltenham GL53 0DN and

Forbes Publications Ltd, 2 Drayson Mews, London W8 4LY.

A practical and comprehensive resource covering all curriculum areas in Key Stages 1 and 2.

Each set contains a teacher’s resource book and photocopiable pupil resource.

Health Education Key Stage 1 Teacher’s Resource Book. ISBN 0-7487-1473-1

Health Education Key Stage 1 Photocopiable Pupil Resource. ISBN 0-7487-1474-X

Health Education Key Stage 2 Teacher’s Resource Book. ISBN 0-7487-1475-8

Health Education Key Stage 2 Photocopiable Pupil Resource. ISBN 0-7487-1476-6

“Excellent pupil’s worksheets - attractively laid out and supported by detailed Teacher’s Notes. Will be very useful in Year Group production of Topic Packs.”

Feeling Good - Raising Self-Esteem in the Primary School Classroom.

Noreen Wetton and Peter Cansell, 1993. ISBN 0-901762-93-8.

Forbes Publications Ltd, 2 Drayson Mews, London W8 4LY.

“This book contains ideas to help address this important area in the classroom situation.”

Health for Life – a Guide for Health Promoting Schools.

Noreen Wetton and Jenny McWhirter 1995. ISBN 0-901762-98-9.

Forbes Publications Ltd, 2 Drayson Mews, London W8 4LY.

“Useful for ideas to consolidate school scheme.”

Special Health

G Combes and A Craft, 1989. ISBN 1-8544-8055-3.

Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX.

A professional development programme in health education for teachers of pupils aged 5-15+ with mild or moderate learning difficulties. Part 1 has a teachers' section containing self-study materials and assignments. Part 2 is the programme coordinator's section containing exercises for group meetings.

“Although this publication was designed as a development programme in health education for teachers of pupils with learning difficulties, it contains much useful advice of interest to all teachers. It was of particular use at the preliminary planning stage - in our Curriculum Group we used some of the suggested techniques to help us reflect on current practice.”

The Health Promoting School: A Guide for Teachers

Developed jointly by the Northern Ireland Curriculum Council and the Health Promotion Agency for Northern Ireland, 1994. ISBN 1-85885-040-1.

Northern Ireland Curriculum Council (NICC), Stranmillis College, Belfast BT9 5DY.

“Essential reading - we obtained a copy for each member of staff!”

Schools should note that these resources may be available on loan from their local Health Promotion Departments.

Sensitive issues and children's literature

This paper was published by Noreen Wetton in 1993 and is reproduced here with her kind permission.

Our research has shown us that what children see as sensitive issues affecting their wellbeing differs considerably from what adults see. For many adults, sensitive issues in the field of health education centre on human sexuality, misuse of substances, child abuse. Children's sensitivities stem from their need to be unique while not being, in any way, different from others, to be valued as valuable people, to be secure and unthreatened, to be listened to. We learned from them that they want to talk about their feelings, about growing and growing up, about separation, parting, loss, death, about leaving childhood behind, about love, loving, in love, out of love. We listened to them struggling for words which they could use to describe frustration, empathy, delight, jealousy, hope, isolation, uncertainty, conflict, remorse, fear, joy. For some the language was limited to words such as bad, mad, sad, glad, yet their real desire was to share every shade of every feeling.

How can we help our children to develop the language of their feelings so that they can use the language confidently and fearlessly, so that in talking and sharing with others they may come to a greater understanding and appreciation of how they - and others - feel and express those feelings?

Children's literature can provide us with a unique setting for enabling this move, especially when, as an adult we share in reading a book with a class or group of children. As we, the readers set out with the children through a book, whether a picture book, picture story book or story book, we are sharing not only the narrative but a whole range of basic human emotions. We experience together the characters' feelings and relationships, we get inside their problems, applaud (or not) their decisions. We discover what the characters have learned about themselves and/or the world around them as they reach the final page. We see something of ourselves reflected there.

Together, in a book we can be taken into situations beyond our day-to-day lives, where we might never dare to go. We can be afraid with - and for - the characters, laugh and cry with them, hold our breath from them, be surprised or angry about the way they behave. We can be a step ahead of the characters, seeing the dangers before they do, knowing how the story will end before they do. We can experience it as if it was happening to us, safe in the knowledge that it is 'only a story', that the book will be closed and we will be back to reality.

And then - we can re-explore together the storyline, the characters' feelings, our feelings, how outcomes might have been different if ... or when ... how we might have behaved.

We can, together and individually, go back to the book again, perhaps to peel off yet another layer of meaning. We can use it as a starting point to talk with the children about other sensitive situations, feelings and relationships, inviting them to lead this part of the conversation for their needs. We have resisted pressure to set out our suggested booklist under heading such as sibling rivalry, night fears etc. Each teacher, each group of children we have worked with seems to find something different, something new in the books and that, we believe, is the strength of children's literature in exploring sensitive issues, not to have the issue predetermined. Choose the book which is meaningful to you, for its story line, for the quality of the language and presentation. Look with great care at books which have all too obviously been written in order to tackle a sensitive issue. It takes an outstanding author to do this successfully! Look with care at books which present, through a story line, a specific health or safety message. How good a story line is it? How good is the characterisation? Remember children take no more than 30 seconds to recognise a would-be edifying tale, a book contrived to put across an adult message. In that 30 seconds we may have lost them. Give them the best in children's literature and they will come back for more - and more.

Primary schools project book list

Picture Story Books

Author	Title	Publisher
Abercrombie B	Charlie Anderson	Viking
Ahlberg J & A	'Peepo'	Picture Puffins
Ahlberg J & A	Funnybones	Mammoth
Ahlberg J & A	Burglar Bill	Mammoth
Alexander S	Leila	Hamish Hamilton
Aliki	We are Best Friends	Bodley Head
Aliki	Feelings	Pan
Aliki	Manners	Methuen
Anholt C	Aren't You Lucky	Red Fox
Armitage R & D	One Moonlit Night	Picture Puffin
Baum L & Varley S	After Dark	Mammoth
Blakely P	Christmas Present for a Friend	Black
Brown A	Willy the Wimp	Mammoth
Brown A	Zoo	J Macrae
Burningham John	Aldo	Red Fox
Burningham John	Grandpa	Picture Puffins/Red Fox
Burningham John	Time to get out of the bath, Shirley	Picture Lions
Burningham John	Oi, get off our train	Cape/Red Fox
Butterworth Nick	My Mum is Fantastic	Walker
Butterworth Nick	My Dad is Brilliant	Walker
Carle Eric	The Very Hungry Caterpillar	Picture Puffins
Cole B	The Hairy Book	Mammoth
Cole B	The Smelly Book	Picture Lions
Cole B	Three Cheers for Errol	Little Mammoth
Cole B	The Trouble with Mum	Picture Lions
Daly Niki	No So Fast, Songololo	Picture Puffins
De Paula T	Oliver Button is a Sissy	Methuen
Dupasquier P	Dear Daddy	Picture Puffins
Foreman Michael	Dinosaurs and all that Rubbish	Puffin
Fox M & Vivas J	Wilfrid Gordon McDonald Partridge	Picture Puffins
Flourney Valerie	The Patchwork Quilt	Picture Puffins
Glen Maggie	Ruby	Red Fox

SECTION 6

Resources

Mayer M	There's a Nightmare in my Cupboard	Dent
McKee D	Not Now Bernard	Red Fox
McKee D	Tow Monsters	Red Fox
McKend Heather	Moving gives me a Stomach Ache	OUP
McPhail David	Something Special	Picture Puffin
Moore I	Six Dinner Sid	Simon & Schuster
Murphy J	Five Minutes Peace	Walker
Murphy J	Peace at Last	Macmillan
Oakley	Would you be angry?	Andre Deutsch
Oakley G	The Church Mouse	Macmillan
Oram H	Just Like Us	Corgi
Oram H	In the Attic	Red Fox
Oram H	Ned and the Joybalo	Red Fox
Oram H & Ross T	Jenna and the Troublemaker	Andersen Press
Oram H	Anyone seen Harry lately?	Red Fox
Oram H & Rees M	Mine!	Frances Lincoln
Ormerod J	Dad's Back	Walker Books
Ormerod J	Sunshine	Picture Puffin
Ormerod J	Moonlight	Picture Puffin
Petty Kate & Crossland C	Princess Terrible and the Wellington Boot	Walker Books
Roches P K	Goodbye Arnold	Puffin
Ross Tony	I'm Coming to Get You!	Andersen Press
Ross T	Oscar Got the Blame	Red Fox
Ross T	The Three Pigs	Red Fox
Ross T	The Boy who Cried Wolf	Red Fox
Scieszka J	The True Story of Three Little Pigs	Picture Puffin
Spier P	Rain	Collins
Talbot John	Hasn't he grown?	Andersen Press
Thomas Iolette	Janine and the New Baby	Mammoth
Thomas Iolette	Basil, the Loneliest Boy in the Block	Picture Puffins
Tulloch R	Stories from our Street	Cambridge UP
Varley S	Badger's Parting Gifts	Picture Lions
Waddell Martin	Once There Were Giants	Walker Books
Waddell Martin	Can't you Sleep, Little Bear?	Walker Books
Waddell Martin	The Park in the Dark	Walker Books

SECTION 6

Resources

Fine A	Flour Babies	Hamilton
Gardan J Gleitzman M	A Few Fair Days Two Weeks with the Queen	Puffin Piper
Howker J Huddy D	Badger on the Barge The Nearly Terrible Birthday	Collins Collins
Kaye G	Comfort Herself	Mammoth
Laird E	Red Sky in the Morning	Piper Books
Mark J Mark J Maurois A Miller M Monney B Morpurgo M	Trouble Half-Way The Dead Letter Box Fattypuffs & thinifers What Size is Andy? I Don't Want To Tom's Sausage Lion	Puffin Young Puffin Young Puffin Methuen Mammoth Yearling
North-Olson A	Hurry Home Grandma	Pocket Puffin
Parker R Parker R Pascal F Paterson K Pearce P	He is Your Brother Lion at Large The Hand-me-Down Kid The Great Gilly Hopkins A Dog so Small	Hodder & Stoughton Brock Books Fontana Gollanz Puffin
Robinson J G Rogers G	Charley David and His Grandfather	Fontana Lions Young Puffin
Stevens C Storr C Storr C	Anna, Grandpa and the Big Storm Clever Polly and the Stupid Wolf Lucy	Young Puffin Young Puffin Fontana Lions
Tomlinson J	The Owl Who Was Afraid of the Dark	Mammoth
Ure J	The You-Two	Red Fox
Waddell M White E B Wilson J	The House Under the Stairs Charlotte's Web Suitcase Kid	Mammoth Puffin Yearling
Young H	What Difference Does it Make, Danny?	Andre Deutsch

Section 7

Becoming a Health Promoting School

The following checklists are offered as measures which schools may use as they develop health promotion in school. The checklists are a guide only - schools are encouraged to develop their own measures in relation to the twelve criteria outlined in Section 1.

- 1 Provide a safe, secure and stimulating school environment which encourages pupils to be health and safety conscious both in and out of school.**

Checklist:

- regular safety audits of buildings and equipment undertaken;
- safety procedures;
- safety education for pupils;
- procedures for school visitors;
- orderly movement around the school;
- healthy food available and promoted;
- litter arrangement;
- first aid training for staff;
- traffic speed control on school grounds;
- display of pupils work evident;
- a no-smoking policy.

- 2 Actively promote pupils' self-esteem and self-confidence through the provision of opportunities to contribute widely to the life of the school, successfully enabling pupils to take initiative make choices, exercise responsibility for their own health and that of others.**

Checklist:

- pupil surveys/involvement;
- pupil attendance;
- positive marking policy;
- anti-bullying policy;
- extra-curricular activities;
- effective school reward system;
- records of achievement;
- use of active learning methods;
- school atmosphere of care, trust and friendliness.

- 3 Foster a whole school understanding and sharing of the school's aims for health education and the contribution that individuals can make through their respective skills and personal qualities.**

Checklist:

- staff consultation about and commitment to health promotion;
- a school planning team for health promotion;
- pupils' and parents' awareness of the aims of the school health promotion programme.

- 4 Create a school climate in which good relationships, respect and consideration for others flourish.

Checklist:

- importance given to pastoral role of staff;
- involvement of ancillary staff;
- staff and pupils treat each other with respect;
- involvement of those with parental responsibility in the life of the school;
- confidence of parents, pupils and staff to approach each other.

- 5 Actively promote the health and wellbeing of all staff and pupils.

Checklist:

- analysis of pupils' needs;
- curriculum activities involving children working with their families;
- pupil participation;
- developmentally appropriate learning experiences and skills for children;
- a range of school health policies to support the curriculum;
- staff training on health issues;
- support for staff is available.

- 6 Formulate and review regularly a range of health-related policies which are in accord with the schools aims.

Checklist:

- a system for review;
- additional policies introduced where gaps are identified;
- an implementation plan to record how policies are communicated and put into action within the school.

- 7 Plan and implement a coherent health education curriculum which complies with statutory requirements and is accessible to all pupils.

Checklist:

- active support of Senior Management for the coordinator;
- development of a spiral curriculum;
- a regular review of provision to develop the curriculum;
- teaching resources identified and accessible.

- 8 Ensure that teaching is informed, is of a consistently high quality, and is based upon a positive approach which recognises the importance of starting with pupils' existing levels of understanding and experience of health matters.

Checklist:

- surveys of pupils' awareness and needs;
- teachers use of the information to plan programmes;
- teachers use a range of interactive teaching and learning styles to engage pupils;
- support for teachers in relation to the handling of sensitive issues;
- in-service training for teachers in relation to their needs;

- a mechanism for the sharing of teacher learning and experience from in-service courses;
- help for pupils to acquire skills in problem-solving, communication, decision-making, interpersonal relationships and coping with emotions and stress for their own wellbeing.

9 Provide stimulating challenges for all pupils through a wide range of physical, academic, social and community activities.

Checklist:

- rewards for non-academic achievements;
- involvement of pupils in planning for extra-curricular activities related to health.

10 Develop good liaison with other schools, pupils, those with parental responsibility and the community on a range of health promoting initiatives.

Checklist:

- awareness of school plans by those with parental responsibility;
- workshops on health-related issues organised by school;
- home/school liaison;
- involvement of those with parental responsibility in extra-curricular activities;
- joint health related initiatives with other schools in an area eg joint INSET;
- school links with local organisations for joint activities and the involvement of pupils.

11 Use the expertise within the school to contribute to community understanding of a range of health related issues.

Checklist:

- the school's knowledge of pupils' needs can influence the development of appropriate assistance if required from community organisations;
- inform the local community of the school's health initiatives, eg through the use of local media, displays at community events or school open days;
- participation in local events or festivals as appropriate;
- encourage local groups linked to child health and health organisations to associate with school activities.

12 Make effective use of outside agencies and specialist services to advise, support and contribute to the promotion of health, either directly or through the curriculum.

Checklist:

- work with outside agencies to design health promoting activities;
- provision by outside agencies and specialist services of relevant in-service training for staff.
- outside agencies and specialist services complement the work of teachers by participating in the delivery of relevant health education for staff and/or pupils.
- support from local health agencies in implementing local health campaigns.

Section 8

Conclusion

The work and commitment of the eight schools in the project deserves praise. The school coordinators in particular showed great willingness to cooperate with the project in keeping a detailed log of all dealings relating to the project and in producing school reports of a high standard in both content and presentation.

Much good practice has been identified and there is a sincere commitment to continue with the work of the project beyond the end of the funding period. All the schools have agreed to a final visit by the Evaluator in June 1997 for an overall assessment of the involvement in the project.

The links with pastoral care and education for mutual understanding programmes in schools were evident in the thinking of schools about health promotion. This relates back to the curriculum policy in Northern Ireland which requires health to be considered in the content of personal, social and environmental development.

Phase 1 highlighted the need for realistic objectives to be set. The need for support from the principal and other staff, to enable the coordinator time to plan, meet and take action was also identified as these tasks were found to take much longer than was initially envisaged.

As a result of the project, which involved primary schools of different types, sizes and location, it has been possible to identify the likely general needs of many primary schools in relation to health promotion. These include:

- Assistance with self-evaluation of the current state of school's health education/promotion policies and their implementation.
- Assistance in the creation or revision of health promotion policies and the preparation of action plans for their implementation and in ensuring that teachers, pupils and parents feel an ownership of these.
- The appointment of a school coordinator for health promotion (and a small support group of staff) and the allocation of time to the coordinator for that work.
- Increased cooperation with statutory and other agencies which can assist in the process of health promotion in the school.
- Advice on the involvement of parents and other members of the community in the health promotion activities of the school.
- The provision of adequate resources, physical and financial, to implement the policies.

It is hoped that this good practice report will further assist primary schools in Northern Ireland to become health promoting.

Section 9

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Section 10

Appendices

Appendix I: Members of the Regional Planning Group

Regional Coordinator

Linda Barclay, *The Health Promotion Agency for Northern Ireland*

Ian Rendle, *Assistant Coordinator (from Aug 1996). The Health Promotion Agency for Northern Ireland*

Health

Mary O'Neill, *Homefirst Community Health and Social Services Trust (until Sept 1996)*

David Porter, *Homefirst Community Health and Social Services Trust (from Sept 1996)*

Dr Bernadette Cullen, *Department of Public Health Medicine, Eastern Health and Social Services Board*

Fionnuala McKinney, *Health Promotion Department, Westcare Business Services (until Sept 1995)*

Sheila Gamble, *Health Promotion Department, Westcare Business Services (from Sept 1995)*

Rosemary McAnerney, *Southern Area Health Promotion Unit, Armagh and Dungannon Health and Social Services Trust (until Sept 1996)*

Rosemary Daly, *Southern Area Health Promotion Unit, Armagh and Dungannon Health and Social Services Trust (from Sept 1996)*

Education

Sean Doran, *Belfast Education and Library Board*

Jim McCoo, *South Eastern Education and Library Board (until Sept 1997)*

Helen Boyd, *North Eastern Education and Library Board*

Tom Doherty, *Western Education and Library Board*

Patricia Henry, *Southern Education and Library Board*

Lorna Doherty, *Northern Ireland Council for the Curriculum, Examinations and Assessment (from Sept 1995)*

Una O'Kane, *Northern Ireland Council for the Curriculum, Examinations and Assessment (until Sept 1995)*

Eddie McArdle, *Council for Catholic Maintained Schools (until Sept 1996)*

John Donnelly, *Council for Catholic Maintained Schools (from Sept 1996)*

Departments

Peter Lowry, *Department of Education Northern Ireland*

Dr Eddie Rooney, *Department of Health and Social Services*

Independent Evaluator

Dr Sam McGuffin

Appendix 2: Initial primary school survey

This survey is to provide background information about the school at the outset of the project.

Name of School: _____

Health Related Policies

1. Does your school have a policy on the following? (Please tick one box for each line).

	Written policy	Informal policy	No policy	Don't know	Not applicable
Pupils smoking on school premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricting teachers smoking in the staff room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricting teachers smoking on the rest of the school premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricting visitors smoking on the school premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nutritional content of school dinners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nutritional content of food available from a school tuck shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricting teachers drinking alcohol (on or off the premises) during school hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricting other school staff drinking alcohol (on or off the premises) during school hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupils bullying other pupils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your school have a written or informal policy on sex education?
(Please tick one box only).

Written policy	<input type="checkbox"/>
Informal policy	<input type="checkbox"/>
No policy	<input type="checkbox"/>

2. Which of the following best describes the sex education policy held by your school? (Please tick one box only).

That no sex education will be taught in the school
 That sex education will be taught, but with no detailed policy on how/when etc
 That sex education will be taught, including specific details on how/when etc

3. Who usually receives copies of policy documents or statements on health education/promotion? Please tick.

All teachers
 Student teachers
 Supply teachers
 Classroom assistants
 Meals supervisor
 Kitchen staff
 Caretaker
 Cleaners
 Secretarial staff
 Officials of PTA
 All parents
 Governors
 Education and Library Board
 CCMS

Health Education Curriculum

4. Below is a list of content areas. Please tick the response which you think best describes the degree to which these subjects are currently covered by the present curriculum. (Please tick one box for each line).

	More than adequate	Adequate	Less than adequate	Inadequate	Not taught to any pupils	Don't know
Alcohol use and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug use (incl solvents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity (including personal hygiene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment and health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary heart disease prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident prevention/safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How important do you think health education is for pupils in your school in developing the following? (Please ring the number closest to your view for each line).

	Not important at all			Very important		Don't know
Knowledge about health	1	2	3	4	5	6
Skills for healthy living	1	2	3	4	5	6
Positive attitudes towards health	1	2	3	4	5	6

6. Which of the following best describes the way health education is taught in your school? (Please tick one box).

As a separate health education lesson/course	<input type="checkbox"/>
As a major topic which is health education led	<input type="checkbox"/>
Using opportunities within the Northern Ireland Curriculum	<input type="checkbox"/>
Not planned	<input type="checkbox"/>
Not taught	<input type="checkbox"/>
Other (Please specify) _____	<input type="checkbox"/>

7. Which of the following best describes the way sex education is taught in your school? (Please tick one box).

As a separate health education lesson/course	<input type="checkbox"/>
As a major topic which is health education led	<input type="checkbox"/>
Using opportunities within the Northern Ireland Curriculum	<input type="checkbox"/>
Not planned	<input type="checkbox"/>
Not taught	<input type="checkbox"/>
Other (Please specify) _____	<input type="checkbox"/>

8. List the publications which were used in your school during the last academic year in the teaching of health education.

My Body	<input type="checkbox"/>
Health for Life	<input type="checkbox"/>
Skills for the Primary School Child	<input type="checkbox"/>
Other (Please specify) _____	<input type="checkbox"/>

Health Education Training

9. During the last academic year, has all or part of an INSET day been devoted to health education issues? (Please tick one box only).

Yes No Don't know

10. During the last academic year, has all or part of an INSET day been devoted to sex education issues? (Please tick one box only).

Yes No Don't know

11. What additional training has any of your staff received during the last academic year?

Health Education Resources

12. During the last academic year, have outside agencies or other professionals been involved in: (Please tick one box for each line. For the purpose of this question, school governors are not considered as outside agencies or other professionals.)

	Yes	No	Don't know
Developing the health education curriculum within the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training teachers in health education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actually teaching health education by giving talks and showing films etc in the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The development of health related policies for the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing general advice and consultancy about health education and health related policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for your help.

The questionnaire should be given to the Evaluator during his initial visit.

Appendix 3: Primary school baseline survey

In this paper there are three kinds of questions all about health: questions about what you know, about what you think or feel and about what you do. This is not a test or examination and you do not have to put your name on the paper.

We want you to answer the questions as best you can and honestly. It will help us to find out about people of your age. Your teacher has been asked not to look over your shoulder as you answer. When you have finished you will put your paper in an envelope and seal it. No one in the school will see it.

Tell us about yourself:

Are you a boy or a girl ?

What age are you? _____ years _____ months

What class are you in? P6 P7

SECTION ONE

In this section there are questions to do with health. In questions 1-4 put a tick at what you think is the best answer to each question.

1. **Why is fluoride added to toothpaste?**
 - a. To strengthen the teeth
 - b. To keep the teeth white
 - c. To give a good breath

2. **Why are boiled potatoes but not chips included in a healthy diet?**
 - a. Chips are eaten with fish
 - b. Chips are cooked in fat
 - c. Boiled potatoes are easier to prepare

3. **Which of the following is the 'healthiest' packed lunch?**
 - a. Ham and tomato sandwich in brown bread, apple, milk
 - b. Beefburger, Mars bar, Coca-cola
 - c. Potato crisps, digestive biscuits, orange, milk

4. **Why is chlorine added to water in swimming baths?**
 - a. To give a pleasant smell
 - b. To make the water salty
 - c. To kill germs

5. If you woke up during the night when the rest of the family is asleep and thought there was a fire in the house what should you do first?
- a. Waken everyone
- b. Call the Fire Brigade
- c. Run outside and shout

In questions 6-7 there may be more than one answer. Tick ALL the answers you think are right.

6. Smoking can damage health by:
- a. Causing lung cancer
- b. Making breathing more difficult
- c. Decreasing the appetite
7. When sunbathing on holiday you should:
- a. Use a sun screen cream
- b. Sunbathe at mid-day
- c. Sunbathe for short periods at first

In questions 8-11 fill in the blanks.

8. In a sentence say what you think alcohol is.
Alcohol is _____
9. In a sentence say what you think a drug is.
A drug is _____
10. Name up to four types of beer or lager you have heard of.
(i) _____ (ii) _____ (iii) _____ (iv) _____
11. Name up to four types of cigarette you have heard of.
(i) _____ (ii) _____ (iii) _____ (iv) _____

In questions 12-13 tick as many answers as you need.

12. Which of the following substances do you think contain any kind of drug?
- a. Beer
- b. Cannabis
- c. Coke (Cola or Pepsi)
- d. Coffee
- e. Glue
- f. Medicine or tablets
- g. Salt
- h. Tea
- i. Whiskey
- j. Wine
13. Why do you think people take drugs which are against the law?
- a. To give them bigger muscles
- b. To help them forget their problems
- c. To make them feel good
- d. To help them run faster
- e. To make them relax
- f. To please their friends

SECTION TWO

In this section there are questions about your health and about how you think or feel about health?

14. How would you describe your health in general?

- | | | | |
|----|-------------|--|--------------------------|
| a. | Very good | | <input type="checkbox"/> |
| b. | Good | | <input type="checkbox"/> |
| c. | Fairly good | | <input type="checkbox"/> |
| d. | Poor | | <input type="checkbox"/> |
| e. | Very poor | | <input type="checkbox"/> |

15. Can you do these things?

- | | | | |
|----|-------------------------------------------------------|------------------------------|-----------------------------|
| a. | Things which need a lot of energy like games | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | Moving in or out of bed or a chair | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. | Taking care of yourself - eating, dressing or bathing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

16. Do you have asthma? Yes No 17. Do you have eczema? Yes No 18. Do you have diabetes? Yes No 19. Do you wear glasses? Yes No 20. Do you have a hearing aid? Yes No

21. Have you been to hospital for tests, examinations or treatment during the past year but did not stay overnight?

- | | | | |
|----|--------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | If you have been to hospital during the day, on about how many times during the past year? _____ | | |

Why did you go to the hospital? Please tick as many as you need.

- | | | | |
|----|----------------------------------------|------------------------------|-----------------------------|
| c. | To be examined | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. | To get injections | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. | To be bandaged or plastered | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. | To have physiotherapy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. | Any other reason, please explain _____ | | |

22. Have you been in hospital overnight in the last year?

- | | | | |
|----|-------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | If you have been to hospital overnight, how many times in the last year? _____ days | | |

For how long altogether in the last year?

- | | | | |
|----|------------------------------|------------------------------|-----------------------------|
| c. | Less than a week | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. | Between a week and a month | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. | Between one and three months | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. | Between four and six months | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. | More than six months | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Why were you in hospital? Tick as many answers as you need.

- | | | | |
|----|----------------------------------------------|------------------------------|-----------------------------|
| h. | An injury after an accident | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i. | For an operation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j. | Because I was ill (but not for an operation) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| k. | Any other reason, please explain _____ | | |

23. How would you say you get on with your family?

- | | | |
|----|-------------|--------------------------|
| a. | Very well | <input type="checkbox"/> |
| b. | Well | <input type="checkbox"/> |
| c. | Fairly well | <input type="checkbox"/> |
| d. | Not well | <input type="checkbox"/> |

24. How would you say you get on with people of your own age?

- | | | |
|----|-------------|--------------------------|
| a. | Very well | <input type="checkbox"/> |
| b. | Well | <input type="checkbox"/> |
| c. | Fairly well | <input type="checkbox"/> |
| d. | Not well | <input type="checkbox"/> |

25. How would you say you feel about school?

- | | | |
|----|--------------------------------------------|--------------------------|
| a. | I like it all the time | <input type="checkbox"/> |
| b. | I like it most of the time | <input type="checkbox"/> |
| c. | I like some things about it but not others | <input type="checkbox"/> |
| d. | I don't like it sometimes | <input type="checkbox"/> |
| e. | I don't like it at all | <input type="checkbox"/> |

26. Were you ever bullied or made fun of at school during the last year?

- | | | |
|----|------------------------------|-----------------------------|
| a. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----|------------------------------|-----------------------------|

If you have, where did it happen? Please tick.

- | | | |
|----|-------------------------------------------------|--------------------------|
| b. | In the classroom during class | <input type="checkbox"/> |
| c. | In the classroom when the teacher was not there | <input type="checkbox"/> |
| d. | In the playground | <input type="checkbox"/> |
| e. | On the school bus | <input type="checkbox"/> |
| f. | When walking or cycling to school | <input type="checkbox"/> |

If you have, how often were you bullied or made fun of last year?

- | | | |
|----|--------------------|--------------------------|
| g. | Only once or twice | <input type="checkbox"/> |
| h. | Only sometimes | <input type="checkbox"/> |
| i. | Fairly often | <input type="checkbox"/> |
| j. | Very often | <input type="checkbox"/> |

27. If you were playing in the park and a friend offered you a cigarette, what would you do?

- | | | | |
|----|-----------------------------------|------------------------------|-----------------------------|
| a. | Say 'No thanks!' | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | Try a puff to see what it is like | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. | Smoke it | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

28. If you were visiting a friend's house and someone offered you some alcoholic drink, what would you do?
- | | | | |
|----|-----------------------------------|------------------------------|-----------------------------|
| a. | Say 'No thanks!' | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | Take a sip to see what it is like | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. | Drink it | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
29. If you were somewhere and you were offered a drug which is against the law, what would you do?
- | | | | |
|----|--------------------------------------|------------------------------|-----------------------------|
| a. | Say 'No thanks!' | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. | Say 'No thanks!' and tell my parents | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. | Try it to see what it is like | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
30. In your opinion how important is it to you to: (tick one box in each line)
- | | very
important | of average
importance | not
important | |
|----|----------------------------------------|--------------------------|--------------------------|--------------------------|
| a. | Go to the dentist every 6 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Know your body and how it works | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Have a good nights' sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Eat a healthy diet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Be a non-smoker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Exercise regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Not be fit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | Have friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. | Not be worried | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. | Not to drink alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. | Know about fitness and how to stay fit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
31. In the following list tick ALL the things which you think are important in a 'healthy' school.
- | | | |
|----|------------------------------------------------------------------------------------|--------------------------|
| a. | Choice of food in the dining hall | <input type="checkbox"/> |
| b. | Clean toilets | <input type="checkbox"/> |
| c. | Friendly teachers | <input type="checkbox"/> |
| d. | No bullying allowed | <input type="checkbox"/> |
| e. | No homework given | <input type="checkbox"/> |
| f. | No litter lying around | <input type="checkbox"/> |
| g. | No smoking allowed | <input type="checkbox"/> |
| h. | Plenty of space to play | <input type="checkbox"/> |
| i. | Simple rules easily understood | <input type="checkbox"/> |
| j. | Tuck shop with a variety of sweets | <input type="checkbox"/> |
| k. | Add one other thing of your own which you think is important in a 'healthy' school | <input type="checkbox"/> |
-

SECTION THREE

In this section there are questions about the things you do which might affect your health.

32. How often did you clean your teeth yesterday?
- a. Not at all
 - b. Once
 - c. Twice
 - d. More than twice
33. How did you travel to school this morning?
- a. By public bus
 - b. By school bus
 - c. By car
 - d. By cycle
 - e. By train
 - f. Walked - all the way
 - g. Walked - part of the way
34. What time did you go to bed last night?
- a. Before 8 o'clock
 - b. Between 8 and 9
 - c. Between 9 and 10
 - d. After 10 o'clock
35. What did you have to eat or drink before you came to school this morning?
Tick everything that you had.
- a. Biscuits or chocolate bars
 - b. Bread or toast
 - c. Butter or margarine or reduced fat spread
 - d. Cereal
 - e. Crisps or salty snacks
 - f. Egg
 - g. Fried bread
 - h. Fruit or fruit juice
 - i. Jam or marmalade or peanut butter
 - j. Milk (to drink or on cereals)
 - k. Tea or coffee
 - l. Sugar (in tea/coffee or on cereals)
 - m. Anything else: please write down _____
36. At lunch time today will you:
- a. Go home for a meal?
 - b. Go home for a snack?
 - c. Have a packed lunch in school?
 - d. Have crisps and a fizzy drink in school?
 - e. Have school dinner?
 - f. Not eat anything?
 - g. Do something else, please explain?

37. Do you eat meat?

a.

Yes No

If you eat meat, tick in the following list only the types of meat you ate yesterday.

- b. Bacon
- c. Beef
- d. Chicken or turkey
- e. Fish
- f. Ham
- g. Lamb
- h. Liver
- i. Mince meat or mince steak or beefburger or sausage
- j. Pork

38. Tick in the following list any of the foods you ate yesterday.

- a. Cheese
- b. Eggs
- c. Ice cream
- d. Milk
- e. Yogurt
- f. Beans
- g. Lentils
- h. Peas
- i. Apple
- j. Banana
- k. Grapefruit
- l. Grapes
- m. Kiwi fruit
- n. Melon
- o. Orange
- p. Peach
- q. Pear
- r. Pineapple
- s. Tomato
- t. Any other fruit, please name _____
- u. Baked beans
- v. Broccoli
- w. Brussel sprouts
- x. Cabbage
- y. Coleslaw
- z. Celery
- aa. Green beans
- ab. Leeks
- ac. Lettuce
- ad. Onion

- ae. Parsnip
 af. Peas
 ag. Turnip
 ah. Any other vegetable, please name _____

- ai. Bread
 aj. Pasta (lasagne, spaghetti, pizza etc)
 ak. Potatoes or chips
 al. Pudding (custard, semolina etc)

39. If you had potatoes yesterday, how were they cooked? Tick as many as needed.

- a. Baked
 b. Boiled or mashed
 c. Chips
 d. Fried
 e. Roasted
 f. Did not eat any

40. If you ate bread yesterday, which kinds of bread did you eat? Tick as many as needed.

- a. Brown bread
 b. Scones
 c. Soda bread
 d. Potato bread
 e. Wholemeal bread
 f. White loaf

41. Did you have any snacks between meals yesterday?

- a. Yes No

b. If you had, how many times yesterday did you snack? _____

Which of the following did you eat in snacks between meals yesterday?

Tick as many as needed?

- c. Biscuits
 d. Chocolate bars or chocolate sweets
 e. Crisps
 f. Fizzy drinks
 g. Fruit
 h. Ice cream
 i. Lollies
 j. Petit filous
 k. Sweets
 l. Yogurt

42. Have you taken any exercise in the last week? Tick as many as needed.

In School

- a. Indoor games
- b. Outdoor games
- c. PE

Out of School

- d. Dancing
- e. Gymnastics/aerobics
- f. Indoor games
- g. Jogging
- h. Outdoor games
- i. Swimming
- j. Walking
- k. Any other, please name

43. a. Have you ever smoked even one cigarette? Yes No
- b. If yes, what age were you then? _____
- c. Have you smoked a cigarette in the last week? Yes No
- d. If yes, how many cigarettes did you smoke in the last week? _____
44. a. Have you ever tasted any alcoholic drink, even a sip? Yes No
- b. If yes, what age did you first taste it? _____

Which of the following have you ever tasted? Please tick.

- c. Beer
- d. Champagne
- e. Cider
- f. Gin
- g. Irish Coffee
- h. Port
- i. Sherry
- j. Vodka
- k. Wine
- l. Wine with water in it
- m. On how many days in the last week have you had an alcoholic drink, even a sip?

- n. Who did you get this drink from? Please tick.
- An adult friend
- An adult relation
- A parent
- A teenager
- No one - I took it
- o. Do you ever drink alcohol at home? Yes No

- p. If yes, do your parents know when you drink it?
- Always
- Sometimes
- Rarely
- Never
45. a. Have you ever been offered a drug which is against the law? Yes No
- If yes, who offered it to you? Please tick.
- b. An adult I know.
- c. A friend of about my own age.
- d. A teenager I know.
- e. Someone I didn't know.
- f. Where were you when you were offered it? _____
- g. Which drug were you offered? _____
46. a. On how many days during the last week have you watched television for more than one hour? _____
- How long did you spend watching television yesterday?
- b. None
- c. Under one hour
- d. Between 1 and 2 hours
- e. Between 2 and 3 hours
- f. Over 3 hours
47. Now a final question. Please write down:
- a. Three things that make you feel HAPPY.
1. _____
2. _____
3. _____
- b. Three things that make you feel SAD.
1. _____
2. _____
3. _____

Thank you very much for answering these questions