Evaluating healthy schools: perceptions of impact among school-based respondents

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Abstract

Schools are important settings in which to promote children’s and young people’s physical and emotional health. An evaluation of the National Healthy School Standard in England showed that education and health professionals have implemented a range of projects and activities to improve pupils’ health. Although these were generally well received by parents and pupils, they were not uncritical of them. Perceptions of the value of health-related work were influenced by the contextual characteristics of schools—whether primary or secondary, the quality of social relationships, the quality of teaching, and the extent of pupil and parental involvement in the life of the school. With local responsibilities for children’s services in England being reorganized in response to the Green Paper, Every Child Matters: Next Steps, there are new opportunities to develop a coherent set of outcome measures that pay due regard to pupils’ and parents’ views, and which inform collaborative reviews of healthy school programmes, in particular, and local services, more generally.

Health-related work and schools

Schools have long been recognized as important settings in which to improve the health and emotional well-being of children and young people. The 1920s, for example, saw the development of open-air nursery schools in which infants would be tended, fed, washed and taught (Rose, 1999). In the late 1960s and early 1970s integrated children’s centres were established in London and beyond, bringing together education, care and health in an effort to care for the whole child (Tizard et al., 1976).

Building on the definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, embedded in the WHO’s Constitution, the WHO Expert Committee of School Health Services argued in 1951 that comprehensive health curricula programmes be developed for schools (St Leger, 1999). This was followed by efforts to create a health-promoting schools movement in Europe and elsewhere, organized around a social model of health. This emphasized that education and health are inextricably linked—school organization, broader community and individual factors all work to influence physical and emotional well-being, and intellectual achievement (European Network of Health Promoting Schools, 2003).

By the 1990s, the European Network of Health Promoting Schools (ENHPS) programme had established pilot projects in a wide range of countries, and sister networks in Australia, New Zealand and Canada had been established. In 1996, a series of articles appeared in the Health Education Journal outlining the development and evaluation of the

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ENHPS in the UK. In England, Northern Ireland, Scotland and Wales the programme aimed to demonstrate that ‘...schools, as settings, can be powerful agents for the promotion of health, through the adoption of whole-school approaches to health promotion’ [Health Education Board for Scotland et al., 1996], p. 448.

However, evaluations of the ENHPS (Jamison, 1996) and other school health work (Hamilton with Saunders, 1997) suggest that programmes can, but do not necessarily, contribute to improved health-related outcomes among pupils and staff. Just as importantly, poor-quality environments constrain learning. More positively, comfortable, well-ventilated and well-lit environments can contribute to pupils’ safety; comprehensive health programmes can influence pupils’ health-related knowledge and behaviours—with experiences at school having an influence on health practices in later years; and schools perceived by pupils to be enjoyable and peaceful can promote health and educational outcomes (Hamilton with Saunders, 1997; St Leger, 1999, Denman et al., 2002).

The National Healthy School Standard (NHSS)

Government reports in England, including Excellence in Schools (Department for Education and Employment, 1997), Saving Lives: Our Healthier Nation (Department of Health, 1999) and the Independent Inquiry into Inequalities in Health (Acheson, 1998) continue to highlight the important role that schools can play in promoting health, and in reducing health and other forms of social inequality.

Responding to these concerns and building on the success of earlier ENHPS work, local healthy schools programmes and a pilot project conducted in eight sites in England, the NHSS was launched in October 1999. It forms part of the Healthy Schools Programme led jointly by the Department of Health and the Department for Education and Skills.

Similar in purpose to the ENHPS, in that health and education professionals seek to promote the health and well-being of those in school communities, the NHSS was broader in scope than earlier initiatives with a target to set up healthy schools in each of the 150 English Local Education Authorities (LEAs). It also more explicitly recognized the need to address issues of social inclusion as part of a healthy schools agenda.

Strategically, and in tandem with other efforts, the NHSS has sought to reduce health inequalities, promote social inclusion and raise pupil achievement. With the support of national advisers and local coordinators, members of accredited local partnerships in every LEA have encouraged individual school participation in the NHSS. (Participation is open to maintained and independent nursery, primary, middle and secondary schools, as well as special schools and pupil referral units. Accreditation was gained where partnerships met quality standards in three fields: partnership, programme management and working with schools. For further information see: National Healthy School Standard—Guidance, available online at http://www.wiredforhealth.gov.uk/cat.php?catid=845 and docid=7479.

A whole-school approach has been taken to the identification, development and implementation of healthy schools activities—these being chiefly locally determined, at school and partnership level, but with regard to national priorities. There are three levels at which a school might be involved in the NHSS:

- Level 1 indicates a general awareness of the NHSS and its goals.
- Level 2 requires schools to have accessed training and/or support through the scheme.
- Level 3 requires schools, in addition, to have begun the detailed process of auditing, target setting and action planning. (Accreditation was gained where partnerships met quality standards in three fields: partnership, programme management and working with schools DH/DfES (Wired for Health, 2005).

In December 2002, the Department of Health and the Department for Education and Skills commissioned the Thomas Coram Research Unit at the Institute of Education, University of London and
the National Foundation for Educational Research to jointly conduct an evaluation of the impact of the NHSS. The evaluation had two components: the first examined processes of implementation at national, regional, local and school-based levels through in-depth interviews; the second aimed to identify pupil-level outcomes through an analysis of secondary datasets.

This paper reports on findings drawn from the evaluation of the process of implementing the programme. Its focus is on school-level perceptions and responses to well-established Level 3 programmes. A parallel paper (Schagen et al., 2005) reports on the impact of the NHSS.

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**Methods**

Through semi-structured interviews the evaluation team sought to identify perceptions of (1) the work of local programmes and their impact on the recruitment of, and work in, schools; (2) the nature of, and activities associated with, healthy schools work; (3) the processes of carrying out healthy school activities in schools among staff and with pupils; and (4) whether, and in what ways, healthy school activities have had an impact on the school, among pupils and staff, and among other school-community members such as parents and carers, and health professionals. (Data were also collected from respondents at national and regional levels as well as those in local partnerships. However, interviews with school-based respondents are chiefly reported here. At the national level, information was collected from 12 key respondents working in health, education and children’s/young people’s services. At the regional level, information was collected from the nine NHSS Regional Coordinators. At the local partnership level, information was collected from respondents in 31 partnerships spread across the nine NHSS regions.)

**Settings**

In order to strike a balance between depth and breadth of coverage, schools were sampled from one local partnership within four of the nine NHSS regions. Within each partnership, visits were made to two Level 3 secondary schools, two Level 3 primary schools and one special school or Pupil Referral Unit (PRU). In addition, telephone interviews were conducted with two to three schools at Level 1 and/or Level 2 in this same partnership.

Information was collected from 31 schools in total. Visits were made to 20 Level 3 schools and telephone interviews were carried out with 11 Level 1 or Level 2 schools. For the selection of primary and secondary schools, members of local partnerships selected one that was said to be ‘struggling’ and one that was doing well according to recent Ofsted reports.

**Respondents**

During visits to schools, interviews were conducted with the healthy school coordinator, a member of the senior management team, an external health professional working with the school (including school nurses and health promotion specialists), and, where possible, one or two parents/governors and two groups of pupils (around six to eight pupils in each group). To help identify a range of perspectives among children and young people, teachers were asked to identify one group of pupils most likely to know about activities and projects related to healthy school work, and another group of pupils least likely to know about these. For telephone interviews with Level 1 and 2 schools, the person ‘most likely to know’ about the local healthy school scheme was contacted.

**Interviews**

Schedules for use in schools were piloted. Schedules for Level 3 schools included one for teachers, members of the senior management team and health professionals attached to the school, one for parents/governors, and one for pupils. In special schools and PRUs, pupil schedules were adapted for use in each school in consultation with the healthy school coordinator. Separate schedules were developed for telephone interviews with Level 1 and Level 2 schools.

**Analysis**

To develop a shared understanding about the issues for which prompts would be required during
interviews the research team discussed the back-
ground to the NHSS, its aims and intended outcomes.
During fieldwork, interviews were tape-recorded 
and/or comprehensive notes taken. Tapes and notes 
were written up as close to the interview as possible 
with key themes identified according to the aims of 
the evaluation, and with regard to the context, inputs, 
processes and outcomes of NHSS-related activities.

Data were analysed by way of successive approxi-
mation (Neuman, 2003) to identify commonalities 
and differences across interviews, elucidate the 
evaluation aims, and identify unexpected themes, 
issues and concerns. Prior to analysis of interview 
data, members of the research team met to identify 
emerging themes from the interviews. Prior to the 
development of a final set of themes the near to final 
analysis of interview data was discussed once again 
to check for accuracy and omissions.

**Findings**

Respondents were invited during interview to talk 
about the nature and outcomes of healthy school 
activities as well as the factors that helped and hindered them identify, develop and implement 
their work. We report here on the findings from 
interviews with pupils, staff, parents and governors 
about the nature of health-related work in schools; 
in particular, their perceptions about health and 
healthy school activities, diet and physical activity, 
social relationships, and overall involvement in 
school life.

**The nature of healthy school activities**

School staff were asked to identify the range of 
activities developed as part of their healthy school 
work. Pupils were invited to outline what they 
understood both ‘health’ and a ‘healthy school’ to 
be, whether they knew about healthy school activ-

PSHE curricula; from the establishment of new 
medicines policies to anti-bullying measures. They 
made reference to tangible changes that had come 
about, such as a new policy, the setting up of 
a school council and changes to playground sur-
faces or provision of new playground equipment. 
They also spoke of changes that were harder to pin 
down, such as those that related to the ‘feel’ of the 
school, to pupils assisting others within a calm 
environment, to listening more, to improved atten-
tion and to pupils ‘looking forward’ to events.

**Perceptions of health and healthy school activities**

Overall, pupils generally understood ‘health’ to 
encapsulate physical and emotional well-being and 
‘healthy schools’ as places in which such well-being 
would be promoted or at least not compromised. For 
pupils, health included:

- How you feel—feeling positive
- Eating well, not smoking, having a healthy 
  mind—being tolerant and open-minded
- Good diet, good nutrition—eating fruit
- Not too much fizzy pop as it rots your teeth
- Not hurting people and not hurting yourself

[Combined quotes from schools]

Healthy schools were places in which:

- They have a range of healthy foods available
- There is a non-bullying environment
- There are people to talk to about your problems
- Areas should be clean and litter free
- There are playground games
- There are after-school clubs

[Combined quotes from schools]

On the whole, pupils valued the changes that had 
taken place as a result of healthy school activities. It 
was rare that they spoke of these activities as part 
of a whole-school approach to improving health,
tending to talk of them instead as specific initiatives such as the ‘playground project’, ‘peer mediation scheme’ or simply changes to the canteen.

**Fatness, fitness, food and physicality**

Pupils often mentioned that certain types of food and drinks were healthier than others. Water, pasta, fruit and salads were equated with health; sugary, fizzy drinks, on occasions chocolate, but more usually chips and ‘deep fat fried stuff’, were linked with ill-health or, commonly, with becoming fat.

Fruit commonly featured in discussions about health, particularly among respondents in primary schools where involvement with local healthy school programmes had influenced their participation in the National School Fruit Scheme. Staff and governors noted that where teachers and pupils took time to sit, read and listen while eating fruit, there could be immediate behavioural and educational benefits.

An offshoot [of involvement in the healthy schools programme] is that we’re now part of the fruit scheme. The children all sit around with the teachers and eat fruit together and it’s had an impact on behaviour. The children are calmer... when they eat their fruit and are read a story they listen more. It’s improved their attention skills. It’s something they look forward to. [Headteacher, primary, School 4]

Some parents, too, had noticed that fruit was more available than it used to be. For one parent, her child’s choice of fruit had influenced what she bought.

Children have more fruit. My young son who is 6 loves fruit a lot more now even at home. He even tells me he eats the whole pear right to the core. He does seem to eat more fruit at home than before, so I buy more fruit now because the kids eat it. [Parent/governor, primary, School 4]

Secondary pupils understood too what constituted a healthier diet. However, they were often more doubtful than those in primary schools about the contribution of the school to this. Having a range of food from which to choose was seen as important, but even with this the food’s cost and freshness were important factors in their choices. Furthermore, negative feelings could be attached to eating healthy food, particularly when others were seen to eat chips. Some pupils suggested that healthy eating days would help normalize certain food choices.

Chips are available every day...there isn’t the range of healthy food...it’s difficult to eat healthily as there’s no brown bread and lots of mayonnaise... Some people feel stupid sometimes eating healthy food when everyone else is eating chips... there should be a healthy day about once a month. [Secondary, School 18]

The school has a range of healthy foods, pizza, fish, vegetarian... But salads are expensive and the fruit doesn’t look so good... And water fountains get vandalized and are old. [Secondary, School 19]

After-school clubs and groups were seen by many pupils as a valuable addition to the school day, and provided opportunities for physical activities. Pupils at one primary school spoke of a range of activities that helped them ‘feel happy’, ‘chill out’ and ‘be healthy’. This drew attention to the reality that, for these children at least, ‘health’ was not perceived as an outcome of one-off events or of eating a piece of fresh fruit each day. Rather, the context of school and home life provided a series of opportunities to influence health. Thus, working in gardens, making the most of new toys in the playground and participating in sports clubs were to good health what eating sweets, sitting too often at desks and doing little else than watching television were to ill-health or, more specifically, to obesity.

We have a gardening club...you feel happy because our garden isn’t a mess... It makes people want to see our school... We also have new toys in the playground and when you get breaks you can chill out in the playground... We also have sports clubs after school, you get to see your friends and you get exercise in clubs. If we didn’t get exercise we would all be sat at our desks and wouldn’t be healthy...we’d all be sat there and would be quite
The children are very interested in the after-school clubs. My son doesn’t watch half the TV that he used to watch... It’s also making him lose weight through being active as he attends karate. [Parent/governor, primary special, School 1]

Secondary school pupils also valued access to after-school activities, although noted that attendance depended on pupils’ interest in them. Sports clubs, for example, appealed to those with an interest in sports and at one school that specialized in sports, pupils noted that a range of after-school activities should be available.

**Enriching social relationships: addressing problems, tackling bullying, improving the physical environment**

Of concern to many pupils was the quality of relationships in their school. Primary school children, in particular, explicitly mentioned issues related to having friends or being lonely and what could be done to enrich social relationships. Knowing that adults in general would be supportive and helpful appeared as important as having special people (such as trained peers) who could provide assistance.

When, like, someone is lonely, they [adults in the school] help them...if they’ve got a problem... It makes people feel happier instead of them being on their own...some people don’t like talking to an adult... If you get shouted at all the time it makes you feel bad inside, but if you get nice people and get on well with them then you feel good inside. [Primary, School 8]

Outside in the playground we have pupils you can go to...it’s about making friends...they wear special caps and badges, and if people are lonely they come to us and we’ll sort something out... pupils put suggestions in the box and we discuss them...this and the school council is really good... I like it because you can make the school improve. [Primary, School 15]

Secondary school pupils also talked about the importance of having someone to speak with ‘if you’re down’, and appreciated being treated like adults and being afforded a degree of independence. For pupils in primary and secondary schools, listening, consultation and problem solving—features of building supportive social relationships—were often related to issues of confidentiality.

We talk about our problems...but they don’t get mentioned outside the circle... We have a worry box where you put your problems, but they don’t mention names. [Primary, School 8]

Everyone gives their view, and the best thing is it remains confidential and that has given people confidence. [Secondary, School 3]

Some secondary school pupils spoke of their concern about confidentiality being broken. Although this could be by teachers, some pupils said they were uncertain as to whether pupils running a counselling service might tell others of their problems.

If you are bullied you can go to Signs [a peer counselling service]... It’s run by pupils, but because it’s run by people like you, by pupils, you’re always worried that people might tell... You can text them, which is a good idea because you are not seeing everybody and they don’t know who you are...but you’re never sure if it’s confidential. [Secondary, School 11]

The absence of bullying was often pointed to as a feature of a healthy school. Primary school pupils stated that they mostly felt safe as they could get help from teachers or write down what had happened and put it into a ‘problem box’ (where they were in place) so that action could be taken somewhat anonymously. Secondary school pupils highlighted the importance of having someone to go to when bullied, left out or alone.
If someone gets bullied, the teacher counsels them... There are teachers on patrol with radios to prevent bullying or to help those who get hurt... If you feel left out or alone there is always someone to help you. [Secondary, School 3]

However, and as was the case with most health-related issues, secondary school pupils were more critical than those in primary about the school being a safe place for all. Pupils in one group reported that there was a place in the school, unknown to staff, where younger pupils in particular were bullied by pupils who were already breaking school rules by smoking. This, along with the inconsistent or ineffectual responses of teachers to bullying and coalescing with concerns about who to talk with in confidence, left one group of pupils sceptical that their school was as safe as it could be.

Teachers aren’t really interested in bullying...sometimes they sort it out straight away but other times they just ignore it...[name of teacher] is head of anti-bullying, he has a word with the bullies but it would happen again, it always does... Also, there is an area in the school where the smokers go that they, staff, don’t know about, and Year 7s get bullied there... Buddies do not make much of a difference as no-one goes to them...there are drop-in sessions with an [adult] mentor, you can talk to her about any issues...but it isn’t right as it’s someone you know...and with teachers you think they might tell someone else. [Secondary, School 6]

Some pupils noted that improvements to the physical environment of the school had an impact on the culture and ethos promoted within it. Pupils in one secondary school that had been under special measures talked of the school having had a ‘poor reputation’ in the local community. Improvements to the school, noted in a recent Ofsted report and related to healthy schools work, were seen by pupils as linked to the provision of new science laboratories, new IT rooms and a new common room. These were said to have made a ‘real difference’ to their experiences of coming to school and pupils added, ‘The environment makes you want to work’. [Secondary, School 18]

**Involvement in school life: being consulted and setting priorities**

While respondents noted that a number of changes had arisen in relation to healthy schools work, one key theme recurred throughout their accounts—pupils’ active involvement in activities was a key to success. Participation in after-school clubs could mean a child watched less television. Involvement in playground activities was perceived to lead to fewer quarrels and also meant pupils would settle more quickly once back in the classroom. Tasting and trying out new fruit in school could lead to changes in consumption within a home.

Yet involvement and participation also depended on activities being seen as relevant by pupils and of interest to them. A range of after-school clubs enabled pupils to choose which to attend, whether karate, gardening or other specialist provision. Being attuned to pupils’ emotional needs and asking them about what they would like to happen enabled adults to tailor activities and school life to their interests and concerns.

As for the playground project, the pupils had a chance to design the playground as they would like it...children are more involved in activities, and because they are more involved they have less quarrels, it has improved their behaviour. The activities give them a chance to play together. [Parent/governor, primary, School 4]

Pupils also appreciated opportunities for discussion and problem solving. Those in primary schools talked chiefly about ‘circle time’.

We have circle time, we all do it, There is a ‘worry box’...we solve problems and we’re not allowed to mention names...it makes people feel better. [Primary, School 8]

Some pupils in secondary schools noted that their active involvement in learning helped them to gain new understandings of the lives of others and of
themselves. Rather than proscriptions and prescriptions, developing insights into the ‘real world’ were better generated by pupils’ informed decision making. To assist with this process, discussions with adults other than teachers (such as school nurses or people faced with challenging life circumstances) often helped pupils to ‘actually talk’ about issues and problems. Even so, those teachers who provided activities that supported more effective learning were valued for the way they kept the class ‘on task’ and for making learning enjoyable.

[In PSE] we can actually talk about issues and problems...nurses talk to us about stress, pregnancy and issues such as anorexia...also some young parents have come in and we have found it helpful and useful to talk about teenage pregnancy...it has helped us not to stereotype and be more understanding of each other. [Secondary, School 3]

Teachers keep everyone on task...we do brain gym warm-up exercises which help you get going...it [PSHE] is fun, it’s different from other lessons it gives insight into the real world...it’s changed from telling people ‘You will not do this and that’ to informing people so that they can make the right decisions. [Secondary, School 11]

Although being involved in the life of the school was important to pupils and being listened to was a good step in this direction, there was not always agreement between staff and pupils about what health-related actions should take place. For example, one issue that was rarely mentioned by staff, but one that troubled pupils, was access to clean and hygienic toilets.

You can’t go to the toilet when you want to go...Toilets aren’t clean and have tissues stuck on the ceiling. [Primary, School 17]

Even formal mechanisms for consultation and decision making did not necessarily guarantee that an issue would be addressed. The following group echoed the voices of other pupils in highlighting concerns about canteens, personal problems, litter and toilets. However, seeing no improvements taking place had led to a degree of disillusionment about the value of raising issues through the school council.

The school council has discussed the canteen, problems we’re having, toilets, rubbish outside the school...but it does not make a difference as there are a lot of issues they mention, but not much changes... For example, the toilets haven’t changed, they’re a mess...no locks or paper. There’s no point. [Secondary, School 6]

A few parents, too, noted that consultations and actions to follow these up appeared on occasions to be more to do with the interests of professionals than the needs and concerns of pupils, parents and carers. The process of accrediting the school—when healthy school priorities would be identified and set—could fail to involve the range of school community members as fully as it should. As one parent/governor noted, this missed an opportunity to engage with parents, perhaps leaving the majority with a limited understanding of the nature of healthy schools.

The school council has been set up, but a lot of us felt it was just being set up for healthy schools, and since setting it up, nothing has been done since... I felt that a few things were done just to get accreditation... I hadn’t noted many changes although there were a lot of things that needed addressing...the whole-school approach often involves just teachers, and they are supposed to disseminate information down...only a few parents understand it [the concept of healthy schools], information has gone out but not in a way they understand... They probably think it is about clean drinking water and fruit on the table. [Parent/governor, secondary, School 11]

Dissatisfaction with consultation provided an insight into the value attached to it by pupils. Where changes took place as a result of being listened to, pupils highlighted their feelings of being valued.

We wanted different physical activities and different packed lunches and they got changed, so you feel listened to and valued. If you want
something changed, most of the time it gets done. [Special, School 16]

Participation in decision making was said by some pupils to be fun and provided them with a sense of involvement or, in their words, being ‘part of what happens’. The following group of primary school pupils noted that they ‘felt good’ about being listened to. However, they seemed little troubled when their suggestions for improvement were not addressed, in some instances due to expense.

We are part of what happens...we decided what should be in the playground...it makes us feel good that they listen to our suggestions...it’s good fun really ‘cos you get to choose what you want and they [school staff] say ‘Yes’, or ‘No’ if it’s too expensive...it makes us happier. [Primary, School 13]

Nonetheless, staff realized that they often struggled to respond as fully as they wished to the views of pupils and parents. Although consultation and participation were talked about as important features of working towards a healthy school, staff felt challenged to move beyond rhetoric. Circle time was said to be an important way to learn about the views of pupils and some schools had undertaken surveys on specific issues. However, setting up a school council too quickly, or doing so to meet the requirements of the accreditation process, did little to enhance the credibility of work associated with a local programme.

Although one or two successes in involving parents were noted, these related chiefly to work in primary schools. Substantial parental involvement was said to be more difficult in secondary settings. Even though this lack of involvement was not necessarily seen as a hindrance to health-related work in schools, it does leave open to question how best to make the scheme relevant to children, young people and their parents/carers.

Everyone got involved in fundraising for the playground project. This sowed the seed for a whole culture change in the school, everyone got involved in an area of development. It just evolved. An outcome is that there is now more parental involvement. [Teacher, primary, School 4]

We have great problems getting parents involved here. You can get some involved, but you’ll never get 1000 involved...they’re not hindering [healthy school’s work] they’re just not all interested. [Deputy headteacher, secondary, School 6]

Conclusions and implications

According to staff, governors and parents interviewed, involvement with the local healthy school programme had enabled them to develop and implement a wide range of health-related activities. They believed this had contributed to important changes within their school—sometimes associated with the pupils’ physical health, and also associated with emotional well-being and pupils’ capacity to learn.

Pupils, while not uncritical of health-related activities, generally appreciated the efforts made to improve the school in ways that would contribute to their emotional, physical and intellectual development. Where it occurred, pupils valued being listened to and having their views taken into account. They highlighted that where problems were being discussed, confidentiality was paramount.

Both pupils and adults, however, indicated that more could be done to improve the involvement of children and young people (and their parents and carers) in the life of the school.

While one aim of this component of the evaluation was to identify respondents’ views about health school activities, a further aim was to inform the development of indicators for future evaluation activities. Given the changing nature of school inspection process (Ofsted, 2004) and the impact of joint inspections that pay regard to children’s outcomes outlined in Every Child Matters: Next Steps (Department for Education and Skills, 2004) it is timely to identify the areas that need to be considered when developing indicators for future evaluations. (The five outcomes outlined in Every Child
Matters are: being healthy—enjoying good physical and mental health and living a healthy lifestyle; staying safe—being protected from harm and neglect; enjoying and achieving—getting the most out of life and developing the skills for adulthood; making a positive contribution—being involved with the community and society and not engaging in anti-social or offending behaviour; and economic well-being—not being prevented by economic disadvantage from achieving their full potential.

The need here is to strike a balance between national priorities and pupils’ own concerns. Four outcomes identified in Every Child Matters are particularly relevant to the evaluation of healthy school programmes.

**Being healthy: enjoying good physical and mental health and living a healthy lifestyle**

With regard to being healthy, pupils could be asked to comment on aspects of school life that help or hinder their physical and emotional well-being. For example, pupils pointed out that toilet facilities were generally not as clean and hygienic as they wished them to be. Furthermore, they sometimes knew of places in the school, beyond the surveillance of teachers, where smoking took place.

When talking about obesity, pupils generally understood what caused this—eating too much of certain types of food and limited physical activity. While primary school pupils appreciated having a daily piece of fresh fruit, pupils in secondary schools felt that more could be done to change diets such as providing access to a range of food (including fruits and salads) that is fresh and affordable as well as making water available from a clean source. Furthermore, a few pupils highlighted that they needed to feel that a healthier diet was a routine feature of school life—not a choice that made one feel stupid.

After-school clubs were seen by some respondents as useful in encouraging physical activity. Providing access to a diversity of provision appeared to be one key to raising levels of participation. That said, the quality of social relationships was important in encouraging involvement in healthy school activities—either within or outside classrooms. While friendliness, approachability solving problems and confidentiality among school community members are key, the physical environment of the school also plays a part in how the quality of school life was perceived.

**Staying safe: being protected from harm and neglect**

When ensuring that young people are safe, pupils could perhaps be invited to comment as to whether and to what extent they feel protected from harm and neglect. Having friendly and approachable school community members who cherish confidentiality appears to be an essential feature of feeling safe—people who can be trusted, for example, to keep an eye on the welfare of pupils and who take bullying incidents seriously. Perceptions of the physical environment of the school are important too: grounds with soft surfaces on which to play and no areas in which bullying takes place.

**Enjoying and achieving: getting the most out of life and developing the skills for adulthood**

When assisting young people to enjoy and achieve, pupils could be asked whether they are getting the most out of school life, and gaining new understandings perceived to be useful for the present and for their futures.

During circle time, within PSHE and indeed more generally, pupils appreciated being listened to and having their concerns taken seriously. Secondary school pupils, in particular, highlighted the importance of being informed rather than being told and focussing on issues of real life relevance to them.

**Making a positive contribution: being involved with the community and society**

To help ensure that young people are able to make a positive contribution, pupils’ involvement in school (and community) life could be identified. Some valued meeting interesting external visitors—including people with certain life experiences (such as young parents) and those with particular
expertise (such as nurses). Pupils and their parents and carers could be asked whether they feel involved in running the school and its special events.

**Drawing on other national priorities**

Alongside these areas are those that can be specifically tied to the *Healthy Living Blueprint for Schools* (Department for Education and Skills, 2004). Matters to consider here are the extent to which the ethos and environment of the school (leadership, involving pupils in decision making, good quality continuing professional development, close links with parents and the local community) promote health; whether the curriculum is used flexibly to promote pupils’ health-related understandings and practices; in what ways opportunities for physical activity are provided; and whether the food and drink available in the school reinforces pupils’ understanding of health and well-being.

**Relevant evaluation to enhance learning**

Although it is possible to map out some of the areas of enquiry for the purposes of assessing pupils’ (and others’) health-related learning and for the evaluation of healthy school programmes, the locally determined nature of healthy school activities highlights the need for close focus and context specific evaluation where indicators reflect what can be achieved by those involved in the programme [see also (St Leger, 2000; Denman et al., 2002)].

That said, a range of stakeholders should be involved in the development of indicators: those attached to schools and the education sector more widely, those involved in the development and provision of health services, as well as those with expertise in evaluation research (St Leger, 2000). Although such a process might be seen to be burdensome, in that it has to be conducted in addition to the work itself, insights from studies of the assessment of pupil learning—as well as those from empowerment evaluation—highlight how processes of review can be educational too (Fetterman, 2000; Black et al., 2002).

Providing participants in healthy school programmes with opportunities to review and reflect on what has taken place, and whether and how change has come about, can provide useful insights into the operation of healthy school programmes (St Leger, 2000). Understanding more about local determinants—those contextual factors that, in conjunction with certain inputs and processes lead to particular outcomes [see (Pawson and Tilley, 1997)]—will provide useful knowledge for school community members to build new healthy school programmes for the future.

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