

Education Scrutiny Committee.

School	Bacon's College	Date of visit	25/11/2010
Partnership	Bacons PE and School Sports Partnership	Reviewer	Tom Eisenhuth
Address	Timber Pond Road	PDM	Tom Eisenhuth

Evidence Base

Previous discussions with PE Coordinators	Discussions with Central London PDM's
Previous discussions with Assistant Head Teachers and Head Teachers	Discussions with Dr John Spence Roehampton University
Experiences in Schools	
Support and guidance of PCT and department for Health	Critical analysis of current reports and trends on physical activity and obesity.
Don Nutbeam, Department of Public Health and Community Medicine, A27, University of Sydney, NSW 2006, Australia	Research Papers

Partnership Description

The Bacons School Sport Partnership has been functioning for more than 7 years under the guidance of different Partnership Development Managers (PDM), a range of School Sport Coordinators (SSCo) and encompassing a wide range of schools with Primary Link Teachers/PE Coordinators (PLT).

With the current staffing structure in place to ensure that the work of the SSCOs and schools can be monitored and all requirements are based on school NEEDS rather than good ideas we have progressed from being a school provision to a school lead 'PE and School Sport' support and development delivery team. We are continually developing Quality assurance systems to help raise the quality of provision although the SSCO may benefit from the introduction of further systems to monitor their CPD and support the work of the team.

Analysis Of he Partnership:

Bacons College has a strong 'physical education and school sports partnership team' with a very supportive Head Teacher. All members including the PDM have experience working with pupils from KS1t to KS5 in a variety of teaching and learning capacities. The many strengths the department possess need to be managed to ensure that these areas continue to grow and that the areas of weakness become the focus of strategic developments.

The 'Partnership' cannot work in isolation and it is vital that all aspects of the local authority, including health, education and the leisure team work closely together to ensure future 'Physical Education and school Sport Targets' will ensure the achievements of the partnership are embed within schools and continue to grow.

In seven years the partnership ensured schools have progressed from 23% of our their young people are participating in two hours physical education and school sport a week to over 90%. This is a remarkable achievement and one that demonstrates the impact working partnerships can have and particular the impact this network has had on soft school targets.

With continued investment into this network, the partnership has the capacity to build into its programme; personal development, health and social inclusion initiatives that will see continued growth as have all elements associated with PE and School Sport.

Health and wellbeing Programme:

Health literacy is a relatively new concept in health promotion. It is used as a composite term to describe a range of outcomes to health education and communication activities. From this perspective, health education is directed towards improving health literacy. Through the 'Health and Wellbeing Programme' we place health education in contemporary health promotion and examining the definition and usefulness of the concept of health literacy. In doing so, we look to promote renewed attention to the role of health education, physical education and communication in health promotion within the context of the 'health and wellbeing' of the family unit.

Education has been an essential component of action to promote health and prevent disease throughout this century. Campaigns to promote maternal and child health, to prevent communicable disease, and to promote immunization and other preventive health services have a long history. In developing countries, health education directed towards these goals remains a fundamental tool in the promotion of health and prevention of disease.

Many of these early campaigns were characterized by their emphasis on the transmission of information, and were based upon a relatively simplistic understanding of the relationship between communication and behaviour change. Over time, it became apparent that campaigns which focused only on the transmission of information and failed to take account of the social and economic circumstances of individuals were not achieving the results which had been expected in terms of their impact on health behaviour.

A study by Speakman's group found that contrary to popular belief, our lives have not become more sedentary in recent decades. Physical activity has remained the same for at least the past 25 years, while obesity rates have soared.

Introduction to Health Literacy: A Public Health Problem

The links between health and education are well established. The Acheson Inquiry into inequalities in health recognises that educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities. More specifically, we know that poor basic skills impact profoundly on a person's ability to navigate the healthcare system, talk to healthcare providers effectively and get the most out of healthcare services.

Key Points:

- Promoting exercise is a good idea, but if you want to tackle the obesity epidemic it is not the solution. Weight loss is not a key benefit from exercise. Foregoing a small sandwich was as effective as a one-hour run, he added.
- You cannot exercise your way out of the obesity epidemic. It would take an enormous intervention in physical exercise.
- It is important for policymakers to realise that if they want to promote weight loss in overweight and obese people, the most effective way is through healthy eating and diets.
- However, the report says exercise protects against heart disease, type 2 diabetes, osteoporosis and high blood pressure.

Bacon's PE and School Sports Partnership health and Wellbeing Programme;

The 'Health and Wellbeing Programme' is designed to use the simple health messages available to bring about a sustainable change in attitude to physical activity and ensure families have the ability to make educated decisions on eating habits.

The only way to make a sustainable change to the lives of 'young people' is through a three phased multidimensional health education approach.

Program Background: Childhood Obesity in Southwark.

Schools alone cannot reverse the current rise in childhood obesity nor will draconian health targets set by Local Authority or Government on individual organisations. For there to be a change in our young people's decision making process when it comes to health we must engage with parents/carers in a multi dimensional, multiple agencies approach with a 'Lifestyle' based change programme.

Bacon's PE and School Sports Partnership 'Health and Wellbeing Programme' is a three point intervention strategy using the schools community ethos to form the framework for supporting parents/carers and teachers in educating our young people. The Bacons PE and School Sports Partnership will take the delivery lead with support from, Surrey Square, Southwark Primary Care Trust, Extended schools team and head teachers.

Developing Health Literacy within Southwark is vital to ensure a sustained and significant drop in childhood obesity. Health literacy impacts people of all ages, races, incomes, and education levels.

Mission Statement:

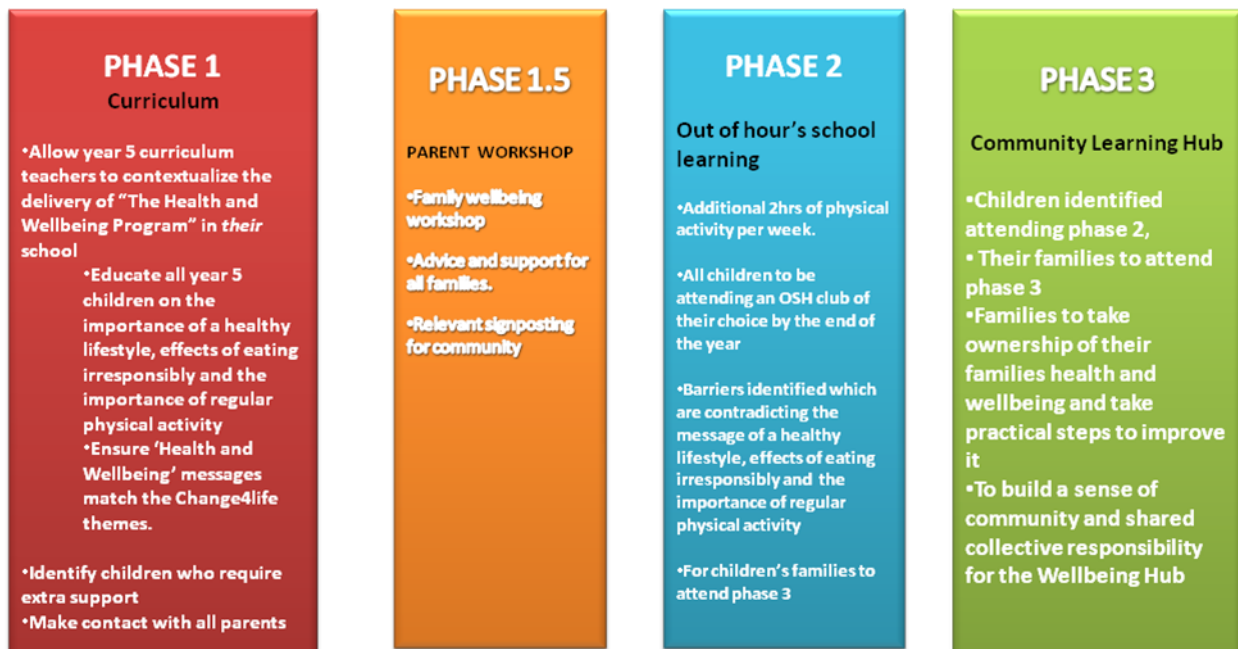
Health and wellbeing is the greatest gift a child can receive and one in which they should be unequivocally entitled to. Our 'Health and Wellbeing Programme' is dedicated to overcoming the barriers that have a detrimental effect on a child's personal Health and Wellbeing.

Family Wellbeing programme Objective:

1. Develop a 'Health Literacy' program that 'Educates, Engages and Empowers' Southwark families.
2. Reduce the levels of childhood obesity

Multi Dimensional Approach:

Phase 1:	Preventive Education
Phase 1.5:	Parental Awareness Evening
Phase 2:	In School Physical Activity Support
Phase 3:	'Family Wellbeing Centre'



The Three Phased Approach

Phase 1: PE and wellbeing Linked Education and Engagement Phase

Key Theme: Engagement is the theme throughout this stage. Having pupils ask how they can make change will be an indicator to the success of this phase of the program.

Measuring the Impact:

Within Year 5 Class:

- Student and Parent Health Literacy Q&A pre and post course- (within student work book)
- Physical Activity Calculators – (amount of time spent taking part in physical activity)
- Student to Parent/Guardian 'Health Awareness Evening' letter and parental attendance
- Attendance increase in OHSL opportunities
- PE attendance

Across the school:

- Importance of PE to whole school?
- Displays around the school?
- Lunch menu?
- Parental involvement?
- Change 4 Life Program On Display?
- Get Set 2012 School Yes or No?
- Program progression across the key stages

School Performance:

- Teacher to nominate two barriers during training – Partnership will assess schools against those barriers
- Teacher to nominate two easy wins during training – Partnership will assess school against those barriers.

Phase 2: After School Activity Clubs

Key Theme:

Reinforcing the importance of physical activity and reengaging those inactive pupils. Clubs will be monitored by the Schools Sport partnership with regular CPD courses for coaches.

- Each school will receive a half termly activity programme for pupils identified as non active or overweight or obese.
- Students most at risk will have a mentor from the Bacons PE and School Sports Partnership Young Leaders Program
- These clubs will take place on school site and on some occasion take place within the 'Wellbeing Centre' to help breakdown any barriers for parents and pupils.

Phase 3: The Community Learning Hub:

Key Theme: This is fundamentally the most important phase of the program. As working with parents/carers to address lifestyle choices is the only way to reinforce the messages they are receiving from within the school.

This will be done through the three A's:

- *Acceptable*
- *Accessible*
- *Affordable*

- All families will be offered the opportunity to access a Menu of activities at the 'Wellbeing Centre'.
 - Healthy lifestyles choices
 - Nutrition advice
 - Cooking classes
 - Exercise sessions and advice from strength and conditioning coach
 - Goal setting
 - Impact exercise has on health
 - Counselling social and emotional support
- The 'Wellbeing centres' will develop into a community based learning centre.
- Pupils and the local community will have access to home work support groups
- Mental health services

Anticipated Barriers:

Physical:	Economic:	Political:	Sociocultural	Educational
Facilities unable to support needs of the family unit	Low Income	Media advertising influencing young peoples decisions	The Influence if the family on Physical activity patterns or food choices	How is 'Healthy Schools' accredited?
Busy parental lifestyle	Healthy food more expensive	No TV advertising targeting kids foe eating fruit ands vegetables	Parental understanding of eating good eating habits	The priority head teachers place on Physical Education
Healthy option availability	Chicken and chips shops frequently target lower income families and have after school specials	Schools lunches vary greatly and are schools offering the right lunches?	TV's, videogames and DVD players in children's bedrooms encourage sedentary behavior	The future of PE and Sports Funding
Increase in snack food availability elsewhere and eaten at school	Soft drinks are frequently on special and cheaper to buy than milk.	Fast Food Industry?	Children prefer to spend time being sedentary rather than active?	The quality of the delivery of 'Physical Education' in primary and secondary schools
Increasing reliance on fast food	Equipment and fees to join sports clubs and or healthy clubs costly	Nontraditional sports not being used during break times.	Children need adults to organise sport and games or they will not play	Out of hours physical activity program variety
Teachers have less time for extracurricular activity.	Due to a lack of local sports clubs added cost makes continued participation difficult.	Change in government and potential changes to school funding?	Healthy Food Role Models Needed	Need for conjoined work with Education and Health departments
One parent families	Clubs are unable to expand to cater for young people due to number of volunteers.	Future of the School Sports Partnership and its ability to cover all schools in Southwark	Although children have the knowledge of the healthy food plate, this does not translate into what they eat.	
			Children are popular if they have 'fun' snack food to trade.	

Recommendations:

- PDM to ensure funding is available to enable the current network remains in place to ensure the development of this programme is sustainable.
- Development of systems of central recording to provide schools and teachers with a required format for records about training and activities.
- Continuation of the CPD programme in place with expansion across Southwark.
- Partnership to change from its current strategy to a locally driven strategy;

Local Strategy;

The four key strategic points of reference:

Fitness Health & Attainment:

- Locality of Play (school & community)
- Primary PE development
- Impact HQ PE has on attainment
- Competition Calendar
- PE as a tool for intervention

Responsibility of Schools as Educators:

- Encouraging schools to report on the 'Health and Wellbeing' of their pupils.
- Health and Obesity (Jim McKenna)
- Health impact of short term programmes?
- Health impact of long term programmes?

Talent Development:

- Gifted and Talented strategy.
- G&T pupils centrally registered and profiles managed
- Athlete support programmes

Community Cohesion:

- Leadership and volunteering in schools
- Leaders supporting school sport
- Community Sport
- Sports Development

- The development of school specific reporting system on the 'Wellbeing' of the pupil.
- School PE and competition to be a local authority priority.
- Local authority to work current Personal Development, Health and social Inclusion into the partnership programme.

Questions to Consider

- Will the sports partnerships be in existence in 6 months?
- Where next? What are the next strategic goals?
- How can the success stories be shared and built upon?
- How can the programme be made sustainable.
- How can the partnership engage all relevant organisations in their work?