When improving health and wellbeing in children and young people, here are some considerations for special schools.

**PLAN: Health and wellbeing group membership**

It can be challenging for school staff to commit additional time to promoting health and wellbeing (HWB). To ensure that staff can prioritise time towards activities/interventions, schools could include their responsibilities as part of performance management targets.

The HWB group should represent the whole school community. Special schools may find engagement with parents/carers particularly challenging due to large catchment areas and the distances travelled by children and young people. Home link workers, who have existing relationships with parents/carers, can facilitate consultation with them.

Special schools may not find it appropriate to include children and young people as members of the HWB group. Their views can be represented via other means, including existing participatory mechanisms such as School Councils. Teaching assistants may also fulfil a valuable role by canvassing the views of children and young people.

**PLAN: Using data to determine needs and priorities**

Special schools often have large catchment areas, which means a needs analysis based on the location of the school may be less appropriate. In these cases, special schools may need to gather data from beyond their immediate local area. Where this data is difficult to aggregate, schools should focus on those areas where the majority of children and young people live.

There can be challenges in collecting qualitative perception data from children and young people due to the nature of their learning needs and disabilities. Data collection can be facilitated by using creative methods including surveys with visual aids and assistance and support from teaching assistants.

Existing clusters or networks of special schools can be used to share practice and learning.

Special schools often have a range of health and wellbeing priorities linked to the school improvement plan. Linking priorities to the school improvement plan will both reduce the overall burden on the school and help drive existing priorities forward.
It is good practice for special schools to consider the relevance of national and local priorities alongside the needs of their children and young people.

**PLAN: Defining outcomes and identifying milestones**

All children and young people attending special schools have additional and often unique needs but this does not preclude identifying common needs amongst specific groups of children and young people. Special schools should use the needs analysis to look at vulnerable groups, such as children and young people eligible for free school meals, looked-after children, and those with low self-esteem, with a view to defining targeted outcomes.

Outcomes need to be meaningful to children and young people as well as to the school. A school is much more likely to successfully achieve a Healthy Schools outcome when children and young people understand why the issue is important. Special schools will need to look at other ways they have successfully engaged children and young people to make sure they understand the relevance of issues.

**DO: Selecting activities/interventions**

Special schools often have existing partnerships with external organisations (including voluntary sector bodies) whose expertise can support planning and implementation of activities/interventions (e.g. supplying data to inform baseline measures).

Baseline measures that involve understanding children and young people’s attitudes, perceptions and behaviours can be challenging for special schools. In some schools, support staff can provide one-to-one help so that children and young people can participate in surveys and creative methods of gathering data (e.g. food diaries).

Special schools often have capacity to be flexible with their curriculum, and can create opportunities to focus on activities/interventions to improve health and wellbeing.

Special schools are already expert in prioritising the health and wellbeing of their children and young people. The Healthy Schools toolkit provides a tried-and-tested approach and may add extra impetus without placing additional burdens on the school.

There are no special considerations for the REVIEW phase.
Here are some frequently asked questions.

**PLAN phase**

**Q1. Our staff roles are different to mainstream schools. Which staff should sit on the health and wellbeing (HWB) group?**

A. There is no prescribed list of staff roles that should sit on the HWB group though it is a good idea to involve staff whose roles already reflect HWB priorities. We have seen a wide range of approaches to this in special schools. For example, membership may include representatives of the senior leadership team, governors, staff who lead on SEAL, inclusion, attendance and PSHE, the school chef, food technology teachers, nurses, physiotherapists, the head of PE, teaching assistants and members of the local community.

**Q2. All the children and young people at our school are ‘vulnerable’ – does it make sense to try and identify particular groups?**

A. Yes. A closer analysis of existing data can sometimes reveal patterns among vulnerable groups that have previously gone unnoticed. For example, one school discovered that looked-after children were significantly under-represented at after-school and holiday clubs.

**Q3. We routinely collect data about our children and young people’s health and wellbeing as a core part of our work. Do we need to collect more?**

A. Most special schools have a range of existing data sources: annual reviews with parents; PSHE progress data; attendance data; medical records etc. These may well be enough to assess the needs of children and young people and to monitor progress towards outcomes. However, a needs analysis should be needs-driven rather than data-driven; don’t select a priority simply because you have a lot of existing data on it.

**Q4. Can we use data collected by partners?**

A. Some monitoring information may come from partner organisations working with the school. For example a school worked with a voluntary sector partner to improve access to positive activities for disabled children in the local area and made use of their surveys of out-of-hours activity rather than collecting ‘new’ data. There is likely to be a range of partners with useful data. Schools should make sure data sharing agreements are in place and data protection is prioritised.
Q5. Local data reflects the general population and not the particular needs of the children and young people in our school. Should we be influenced by it?

A. It is worth looking at the local data (such as the Joint Strategic Needs Assessment (JSNA)) as it may help identify local priorities relevant to your school. However special schools often have supplementary health-related data about their children and young people that can ensure relevance for the school population. Health professionals working in the school may provide a useful perspective on local and school health priorities.

Q6. We are worried that the milestones we have set lack ambition.

A. It’s important to set realistic targets. We know that in some special schools with high-need children and young people, achieving even a very small health improvement can be a huge achievement.

Q7. We would like the views of children and young people to be represented in our Healthy Schools work. How can we make sure children and young people’s views are heard?

A. Some special schools have successfully included children and young people on the HWB group and have found this useful. For example, in one school children and young people on the HWB group were the key to influencing the school chef. In other cases this may not be possible and you should use your judgment about adopting other methods of representation for children and young people.

Some special schools have existing participation mechanisms such as School Councils that can be used to consult with children and young people. Having the member of staff responsible for convening the School Council as a member of the HWB group with a clear remit to feedback, will strengthen children and young people’s voice. Other ways of engaging children and young people include: discussion during assemblies or quiet class time; involving support staff in one-to-one discussions that can be fed back to the HWB group; using simple questionnaires with pictures (that children and young people complete with parents/carers or teaching assistants); and using ICT and PECS symbols to support participation. Teaching assistants can provide valuable support when consulting children with communication difficulties.
Q8. We rarely see parents/carers as our children and young people are bussed to school. How can we consult effectively with them?

A. Special schools may have a home link worker who has established relationships with parents/carers that can be used to canvass their views. Parents/carers can be invited to sit on the HWB group, to participate in health days, or to work with their children in after-school clubs. Regular reviews with parents/carers may also be used as an opportunity to encourage them to get involved, e.g. during parents'/carers' evenings.

Q9. Our parents/carers may struggle to complete a survey. How can we get around this?

A. When you survey parents/carers there are a number of ways of helping them respond. Some schools have undertaken short telephone surveys of parents/carers or used regular parent/carer meetings at the school to discuss activities/interventions aimed at improving health and wellbeing. Others have made sure that parents/carers have access to teaching assistants to support the completion of short questionnaires.

DO phase

Q10. Healthy Schools work can be challenging to implement in a special school and we are concerned we are not doing it well. How can we get more support?

A. In some areas a network of Healthy School leads from local special schools has formed so leads can share good practice and talk through the challenges with others who understand the implications of implementing Healthy Schools in a special school.

Q11. Healthy Schools work can be time-consuming for staff who already have high workloads. How can we limit the additional burden on staff?

A. This issue is not unique to special schools, although it has been raised as a particular problem for them. Special schools have found it helpful to select members of the HWB group on the basis of ‘fit’ with existing staff duties relating to the health and wellbeing of children and young people (for example the PSHE coordinator and the lead on inclusion). In some cases this might involve limiting the time span of membership to suit the current focus of activities/interventions. Other special schools have reflected outcomes and milestones for health and wellbeing improvement in individual further reading

Considerations for special schools (5/7)
performance management targets to ensure that staff can prioritise and be credited for achievements.

**Q12. Our school has a number of ongoing agendas, objectives, pilot schemes etc. each of which has regular meetings. Can we combine our Healthy Schools work with these?**

A. Some special schools have extended the remit of existing working groups to include improvements in health and wellbeing instead of setting up a new group. Examples include a pre-existing healthy eating group and a SEAL working group. Prioritising health and wellbeing using the Healthy Schools toolkit need not entail ‘new’ work, but rather can be used to reinforce existing objectives. Linking health and wellbeing priorities to other projects in the school is a good idea and will reduce workload.

**Q13. Our school has an improvement plan as well as a number of ongoing objectives, pilot schemes etc. We would find it hard to implement yet another set of objectives.**

A. Health and wellbeing improvement outcomes targeted via the Healthy Schools toolkit can often match or complement objectives already identified within the school, for example efforts to become an ‘eco-school’. Objectives in the school improvement plan such as improving school attendance can be also outcomes for improving health and wellbeing.

**Q14. We share space with a mainstream school. Can we work on joint HWB outcomes and milestones, despite the differences between our children and young people?**

A. Yes – there are examples of special and mainstream schools running joint activities to improve physical activity and emotional wellbeing.

**REVIEW phase**

**Q15. The health and wellbeing of children and young people is one of the key priorities in our school. We spend a greater proportion of our time working on this issue than mainstream schools because of the needs of our children and young people. How do we ensure that Healthy Schools actually adds value to what we do already?**

A. The ‘plan-do-review’ approach works well and is a familiar approach for most schools. It can be a way of further engaging parents/carers in the health and wellbeing (HWB) of their children and, as part of the HWB group, giving them real opportunities to shape policy and practice in school.
Engaging with the Healthy Schools toolkit should add value. This might be through a more comprehensive needs analysis or a re-think about how outcomes might be achieved. The identification of outcomes and milestones may encourage more activity and monitoring of success, perhaps better evidencing value for money of ongoing activities/interventions.

**Q16. Our children and young people often have a limited understanding about their own health and wellbeing and this makes it difficult to involve them in assessing needs and monitoring outcomes.**

A. This has been addressed in some schools by improving understanding before addressing behaviour change. For example, one school asked children and young people to record their intake of ‘5 A DAY’ but soon recognised that few children and young people knew what counted as fruit and vegetables. As a result, the outcome set by the school was to increase children and young people’s understanding of the ‘5 A DAY’ concept, before attempting to raise the percentage of children and young people achieving it.

The following pages present two school stories from special schools.
About our school

We are a happy, family-friendly school providing education for primary-age children with moderate learning difficulties (MLD). Many of our children also have English as a second language. We have recently relocated into a new building on a shared site with a mainstream primary school, including communal outdoor spaces and eating areas. Our partnerships with parents/carers, health professionals and mainstream schools are really important to providing good support for our children’s health and wellbeing. Particularly important is our strong partnership with Coppice Primary School, with whom we share the site.

Healthy Schools has been a priority for us for many years and our health and wellbeing (HWB) group has overseen our activities. Recent developments have sharpened our focus on the health improvements we wish to see among our children and given us specific successes to celebrate across the whole school.

What needs did we identify?

We identified and gathered existing data, which helped us to better understand our children’s health and wellbeing needs at a school level. This included PSHE progress and expected targets, parent/carer satisfaction questionnaires, records of annual reviews with parents/carers, student questionnaires, walking and activity diaries, and data from existing school initiatives such as PE and School Sport for Young People (PESSYP) data.

Our recent relocation has resulted in a smaller outdoor space, which our children need to learn to share with children from the mainstream school. We were concerned about the effect of this on wellbeing.

We gathered local data that included community information, local authority plans and PCT health data to identify the main, local health priorities. We made this as practical as possible by focusing on data referring to areas where the majority of our children live.

Following discussions at our HWB group we selected two priorities: improving emotional health and wellbeing, and the prevalence of healthy weight among children and young people.

How do we plan to address the needs?

Among the outcomes that we identified are:

- Increase from 0 to 60 per cent the number of children (years 2, 3 and 4) who say they are happy with their outside environment.
• Increase from 0 to 75 per cent the number of children (years 2, 3 and 4) who actively participate in joint school life.

• Decrease from five to three the number of children with behavioural, emotional and social difficulties (BESD) who exhibit challenging behaviours at lunchtimes.

• Increase from 15 to 60 per cent the number of children from year 2, 3 and 4 who participate regularly in physical activity clubs.

What activities are we developing?

We have made changes to the outdoor environment to improve emotional and physical health by creating a new grass area, bike storage space and by investing in play equipment. We have worked with Coppice Primary to create joint activity clubs at lunchtime and a joint Friends Against Bullying (FAB) club to improve understanding between the two groups of children. Some of our children have been trained as play leaders and help to organise lunchtime activities.

We have built on our active involvement in the local schools sports partnership to successfully encourage external partners to run activities for free, including street dance, golf, and tennis. Year 11s from a local grammar school also run a lunchtime athletics club for our children.

What next?

We are beginning to monitor our early milestones, which will provide us with evidence of the impact we are already having on our children’s knowledge and health behaviours. We are about to start a ‘food growing club’ so that children can learn practically about benefits of fruit and vegetables. We hope to coordinate with the school kitchen so that produce can be used in some school dinners. In this way children will better understand how their food is prepared and cooked. We also plan to encourage parent/carer involvement in the food growing club to promote their understanding of healthy eating and increase parent-school engagement.

‘As a school, it has made us think about our priorities. For us it’s been a good process to actually record the steps and to be able to show that there has been an impact.’

Healthy school coordinator and PE subject leader.

**Description:** Community special school for 3-11 year olds. 89 children.

**Context:** 51% FSM, 100% SEN
About our school

We are a large special school providing education for children and young people with severe, complex and profound learning difficulties from across Birmingham. Many of our children and young people have additional sensory difficulties such as hearing or visual impairment and, for two thirds, English is an additional language. We hold specialist status in three areas: sports, mathematics and computing, and modern foreign languages. We have been committed to Healthy Schools for over five years.

We aim to provide as stimulating and inspiring a learning environment as possible for every one of our children. We include in this opportunities to learning outside the school, both in local community activities and at mainstream schools. Our drive to provide the best in health and wellbeing support to our children and young people is overseen by our health and wellbeing (HWB) group. This is led by one of our assistant head teachers and participants include a cross-section of staff and our school nurse.

What needs did we identify?

Our HWB group discussed the areas that our needs analysis should consider. We then used existing data, including data on attendance, teacher questionnaires looking at children’s emotional health and wellbeing, and surveys of parents/carers and teaching assistants regarding children’s health and wellbeing needs and behaviours. For example, we looked at how many fruit and vegetables children were eating on a typical day. We also collected information about vulnerable groups in the school and identified as a need the limited participation in wider school activities by our looked-after children. We accessed local area data too and looked at the health priorities and statistics across the five PCTs in Birmingham. As a result we decided our priorities for health improvement would be: improving emotional wellbeing and improving the prevalence of healthy weight among our children and young people.

How do we plan to address the needs?

Among the outcomes we identified are:

- Increase the proportion of children and young people who participate in out-of-school physical activity clubs from 20 to 40 per cent, by summer 2011.
• Increase the number of overweight and obese children who have accessed targeted support from 0 to 12, by summer 2012.

• Increase the numbers who show improved self-confidence (as monitored through public speaking and peer support) from 41 to 62 children and young people, by summer 2012.

• Increase the looked-after children who feel well-supported at school (monitored through the number of students accessing inclusive activities) from 9 to 45 percent, by summer 2012.

What activities are we developing?

We have now set up nutritional workshops for parents/carers of children who are obese and overweight. We agreed with the PCT that, in addition to delivering the workshops, they would approach the parents/carers directly to offer further support, for example a parents/carers’ healthy cooking session.

We have developed a targeted approach to involving looked-after children who have lower attendance at out-of-school activities by regularly monitoring attendance and proactively encouraging their participation. Our teachers now have easy access to information about our looked-after children, and they track their progress across the curriculum as well as participation in activities.

What next?

We are now looking at how we can use and adapt our SEAL programme to further improve the self-confidence of children and young people. We have recently introduced SEAL mornings, which parents/carers are invited to attend.

Each morning has a theme of an aspect of emotional health and wellbeing. Parents/carers can find out about the knowledge and skills their children are developing relating to emotional health and wellbeing. We are also currently identifying a range of opportunities for children to speak publicly within school and build their self-confidence in this way.

Further reading: Special school story

Calthorpe School Sports College Birmingham (2/2)

Description: Large specialist sports college providing special education to 2 – 19 year olds. 290 students.

Context: 43% FSM, 100% SEN, 74% BME

Entry level qualification passed: 29%