



The European Network of Health Promoting Schools in Northern Ireland

Examples of Good Practice
in Health Promotion

Key Stages 3 and 4

Foreword

Schools, with their common links with parents and communities, can be a central force in the promotion of health. School-based efforts to improve health also help to improve the learning potential and school performance of young people.

The European Network of Health Promoting Schools project is a major initiative in health promotion and education. The project aims to demonstrate that schools, as settings, can be powerful agents for the promotion and protection for health. Over the last three years Northern Ireland has collaborated with England, Scotland and Wales in contributing to this initiative.

Health education has enjoyed a significant place within the school curriculum in Northern Ireland for many years. It is one of six cross-curricular themes to be taught through all relevant subjects and is mandatory. However the objectives set out for health education cannot be achieved solely by teaching in the classroom. The ethos of a school, its policies and links to parents and the wider community are important elements in creating a healthful school environment.

The aim of this publication is to provide examples of good practice in developing a health promoting school. The examples are provided by the 13 post-primary and three special schools who participated in the project during the 1996/97 school year.

The features of a health promoting school can be categorised into three main areas: the school context, the health promotion process, and the product. The structural context for health promotion is made up of the management and planning elements of a school. The process can take place in the formal curriculum and in the physical and social environment. The product consists of the knowledge, attitudes, behaviours, competencies and values that pupils gain from their experiences.¹

This publication aims to highlight the work of the schools (all volunteers) in these three areas. The schools have provided:

- examples of curriculum development in a range of areas;
- school policies on a range of issues;
- examples of whole school curricula; and
- evaluation models.

They have also provided a picture of the reality of carrying out such work against a backdrop of competing priorities. Their insights have been invaluable in providing pointers towards further work necessary to support all schools in their efforts.

I know that all those involved in promoting health through our schools will find this publication of practical value.



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Section 1

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.

Introduction

In 1989 the Minister's Working Group drew up proposals for the objectives and content of health education as one of the six cross-curricular themes within the Northern Ireland curriculum.² The objectives were set out as statutory requirements for all schools as from September 1992. In 1994 the guide for teachers entitled 'The Health Promoting School' was produced jointly by the Northern Ireland Curriculum Council (which became the Northern Ireland Council for Curriculum, Examinations and Assessment) and the Health Promotion Agency for Northern Ireland.³

In the period since 1989 several changes and developments have occurred which impact on the work of health education and health promotion in schools. These include:

- The amount and quality of evidence required in the accountability of schools in relation to the curriculum has increased, especially in the area of the production and implementation of written policies.
- The social environment in which pupils are growing up has changed, particularly in relation to several aspects of youth culture which bear directly on pupils' health, notably the availability and use of drugs, eating habits and the issue of sexual health.
- All schools, not only those specifically designated as community schools, are being viewed increasingly as an important element in the community in which they are situated and are expected to develop extended and improved relationships with that community.

Since 1992 most schools have developed policies which set out how they intend to achieve the objectives specified for each of the cross-curricular themes including health education. The objectives set down for this theme cannot be achieved solely by teaching in the classroom and, in fact, require that the school be in reality a health promoting school.

The concept of the health promoting school involves the understanding of the relationship between health and education.

The Ottawa Charter on health promotion (1986) described health as:

*'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.'*⁴

The role of the school in contributing to the better quality of life for all was articulated by the World Health Organisation (WHO) in 1995:

'People sometimes think of education as the accumulation of the 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.' ⁵

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.

The concept of community health has been emphasised in the Jakarta Declaration of 'Health Promotion into the 21st Century' (1997) which states:

'Access to education and information is essential to achieving effective participation and the empowerment of people and communities.' ⁶

In almost every community, the school is a setting in which many people live, learn and work. It is a place where pupils 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 pupils at influential stages in their lives – childhood and adolescence.

It can be seen that schools are among the most important institutions and settings in which health can be created. In summary 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 staff and pupils to take action for a healthier community and healthier living conditions.

The criteria and indicators for a health promoting school are outlined in detail on pages 24-28.

The European Network of Health Promoting Schools (ENHPS) project⁷

The ENHPS project 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 overall project is to demonstrate that schools can be effective settings for the promotion of the physical, social, spiritual and emotional health of young people.

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

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.

United Kingdom involvement

The United Kingdom 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 were involved in investigating ways in which they might contribute effectively to the health of pupils, staff and the wider school community through the development of a health promoting environment. Each country had its own procedures for the selection of schools, evaluation and the provision of support to individual school projects. The project set out to provide a descriptive evaluation of the health promoting school and did not focus specifically on health education.

ENHPS in Northern Ireland

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) coordinating the project during the three-year period beginning on April 1 1995. The funding from the two Departments, HPANI and *pro rata* from the European budget for the Project was used, three-fifths directly to schools, one-fifth for evaluation and one-fifth for support and administration. Each of the schools received £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.

In preparing the guide for the health promoting school it was difficult to obtain examples of good practice in schools to include as case studies, not because they did not exist but because they were not sufficiently documented.³ The European Network of Health Promoting Schools project provided the opportunity to obtain such documentation and to prepare it for dissemination to all schools.

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 (Key Stages 1 and 2) and Phase 2 (1996-1997) for post-primary schools and corresponding classes in special schools (Key Stages 3 and 4), and to use such funding as would be available in the third year for dissemination in the form of a conference 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. Eight schools undertook work in Phase 1 and 16 schools took part in Phase 2.⁸

Management and evaluation process

Regional Planning Group

In order to support and advise the Health Promotion Agency for Northern Ireland in the operation of the project a Regional Planning Group was created, consisting of representatives of the two Government departments, the Health and Social Services and Education and Library Boards; the Council for Catholic Maintained Schools (CCMS) and the Council for Curriculum, Examinations and Assessment (CCEA). This group advised on the selection of schools and received reports on the operation of the project in schools (see Appendix 1).

Selection of post-primary schools

All post-primary schools in Northern Ireland were offered the opportunity to participate in the project and accordingly an invitation to submit an application together with details of the Network was posted to each school. Thirty nine applications were received and 16 were accepted. These represented a reasonable 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.

The 13 post-primary schools involved in the project were:

- Ballee Community High School, Ballymena: a large controlled co-educational high school in the North Eastern Education and Library Board situated on the outskirts of the town;
- Christian Brothers' School, Omagh: a large voluntary boys' grammar school within the Western Education and Library Board Area situated near the centre of the town;
- Dalriada School, Ballymoney: a large voluntary co-educational grammar school within the North Eastern Education and Library Board situated near the centre of the town;
- Downshire School, Carrickfergus: a medium sized controlled co-educational high school in the North Eastern Education and Library Board and situated on the outskirts of the town;
- Drumglass High School, Dungannon: a medium sized controlled co-educational high school in the Southern Education and Library Board situated a short distance from the centre of the town;
- Little Flower Girls' School, Belfast: a medium sized maintained girls' high school within the Belfast Education and Library Board situated in a residential district;
- Parkhall High School, Antrim: a large controlled co-educational high school in the North Eastern Education and Library Board situated near the centre of the town.
- St Brigid's High School, Armagh: a small maintained boys' high school within the Southern Education and Library Board situated on the outskirts of the city;
- St Brigid's High School, Omagh: a medium sized maintained girls' high school within the Western Education and Library Board situated near the centre of the town;
- St Colm's High School, Draperstown: a large maintained co-educational high school within the North Eastern Education and Library Board situated in the small country town;
- St Mary's College, Creggan, Londonderry: a large maintained girls' high school within the Western Education and Library Board situated in the suburbs of the city;
- St Mary's Grammar School, Magherafelt: a large voluntary co-educational grammar school within the North Eastern Education and Library Board situated close to the centre of the town;
- St Patrick's Girls' Academy, Dungannon: a large voluntary girls' grammar school within the Southern Education and Library Board situated on the outskirts of the town;

Three special schools in which the post-primary age children were directly involved in the project were:

- Belmont House Special School, Londonderry: catering for pupils with moderate learning difficulties within the Western Education and Library Board Area and situated in the suburbs of the city;
- Fleming Fulton School, Belfast: within the Belfast Education and Library Board Area catering for pupils with physical disabilities from all over the province and situated in the suburbs of the city;
- Knockevin Special School, Downpatrick: catering for pupils with severe learning difficulties in the South Eastern Education and Library Board and situated on the outskirts of the town.

Evaluation process

A former College of Education tutor was contracted to act in a part-time capacity as a participant evaluator providing both formative and summative evaluation. The summative evaluation involved 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

A baseline survey developed from that used by Health Promotion Wales was completed by the schools at the beginning of their involvement with the project. It evaluated the current provision of health related policies in the school and how the school assessed the degree to which the various elements of the health education curriculum were being covered. The final section asked about training in health education which teachers received. This information was used by school health coordinators to identify what areas of health promotion needed to be targeted (see Appendix 3).

Operation of the project

The main operational features of the project related to the establishing of aims, objectives and an action plan 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.

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 the Health Promotion Agency for Northern Ireland, and the Education and Health and Social Services Boards' representatives many of the aims and objectives were revised.

Documenting the action

To ensure adequate documentation of the processes in schools, each coordinator was 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. At the end of the funding period each school produced a report on its involvement. This report indicated the state of health promotion in the school before entering the project, its aims and objectives, details of all procedures, an assessment of the value of being involved and copies of significant publications, such as teachers' guides or pupils' workbooks.

School support

Training courses for school coordinators were provided to cover areas of concern identified by the schools. These included approaches to counselling and support for emotional health, developing health skills in the classroom, dealing with specific areas of the curriculum, for example drugs education, and issues such as gaining parental involvement. Evaluation forms completed by the teachers indicated satisfaction with the training, but also identified the need for further training in specified areas. From the project funding, schools were provided with a number of publications that related to their particular area of interest.

One significant feature of the project which was appreciated by the school coordinators was the network meetings, for either planning or training. These meetings developed a sense of belonging to and identity with the project.

Voluntary links and meetings, outside the official and formal contact with the project, were arranged by several of the schools. In particular those schools dealing with drug and sex education exchanged ideas informally.



Section 2

Health Promotion in Schools – The Process

Introduction

This section considers how the work was carried out by schools participating in the project. It outlines the roles undertaken by those involved and the steps taken by schools in the process of review and revision of their health education policies.

This section also highlights the criteria for a health promoting school. Many schools have, already in place, health policies based on aspects of health education as outlined in the Northern Ireland curriculum.

While it is not recommended that the criteria for a health promoting school provide a framework for a school policy, it is useful to examine current school policy in terms of these criteria.

This section considers:

- role of the principal and senior management team (SMT);
- role of the health education/promotion coordinator and support group;
- assessment of the current situation;
- decision on policy revision;
- the revision process;
- action plan;
- from policy to practice – examples from schools.

In presenting this section it is assumed that the school already has a general health education/promotion policy which probably incorporates several policies on specific aspects of health, eg drugs, sex education, bullying.

Should a school need to formulate a policy, advice on procedure is available in *The Health Promoting School: A guide for Teachers*.³

Each school is unique and faces its particular current situation in the context of its history and tradition. What applies to and is suitable for one school in its situation may not be appropriate for another.

Role of the principal and senior management team (SMT)

As the principal carries ultimate responsibility for the school - its policies and strategies – it is assumed that an initial decision by the principal will be required to launch a review and revision of the health education/promotion policy.

Such a decision would require to be followed by action to ensure that the process is effectively and efficiently carried out. This may involve one of the following:

- in a relatively small school, the direct leadership of the principal;
- delegation of responsibility for the organisation and oversight of the review and revision to a senior colleague;
- discussion of and decision on the process at a meeting of SMT;
- reference of the review and revision to the health education/promotion coordinator for action.

Role of the health education/promotion coordinator and support group

It is assumed that where a health education/promotion coordinator has been appointed, he/she will be charged with the assessment of policy, the revision and its implementation. If a health education curriculum group is already in place, it would be the appropriate group to support and assist the coordinator in the review. Depending on the nature of the revision, that group or another specifically created for the purpose, would be required to provide the support and assistance appropriate to the work involved in the revision.

The role of the health education/promotion coordinator is pivotal to the success of any development in this area. Therefore, if one has to be appointed the principal and/or senior management may wish to consider the following criteria:

- is the person motivated?
- has the person the skills, technical and interpersonal, to lead a team in this process?
- is the person confident in approaching this task and does the SMT have confidence in the person?

Assessment of the Current Situation

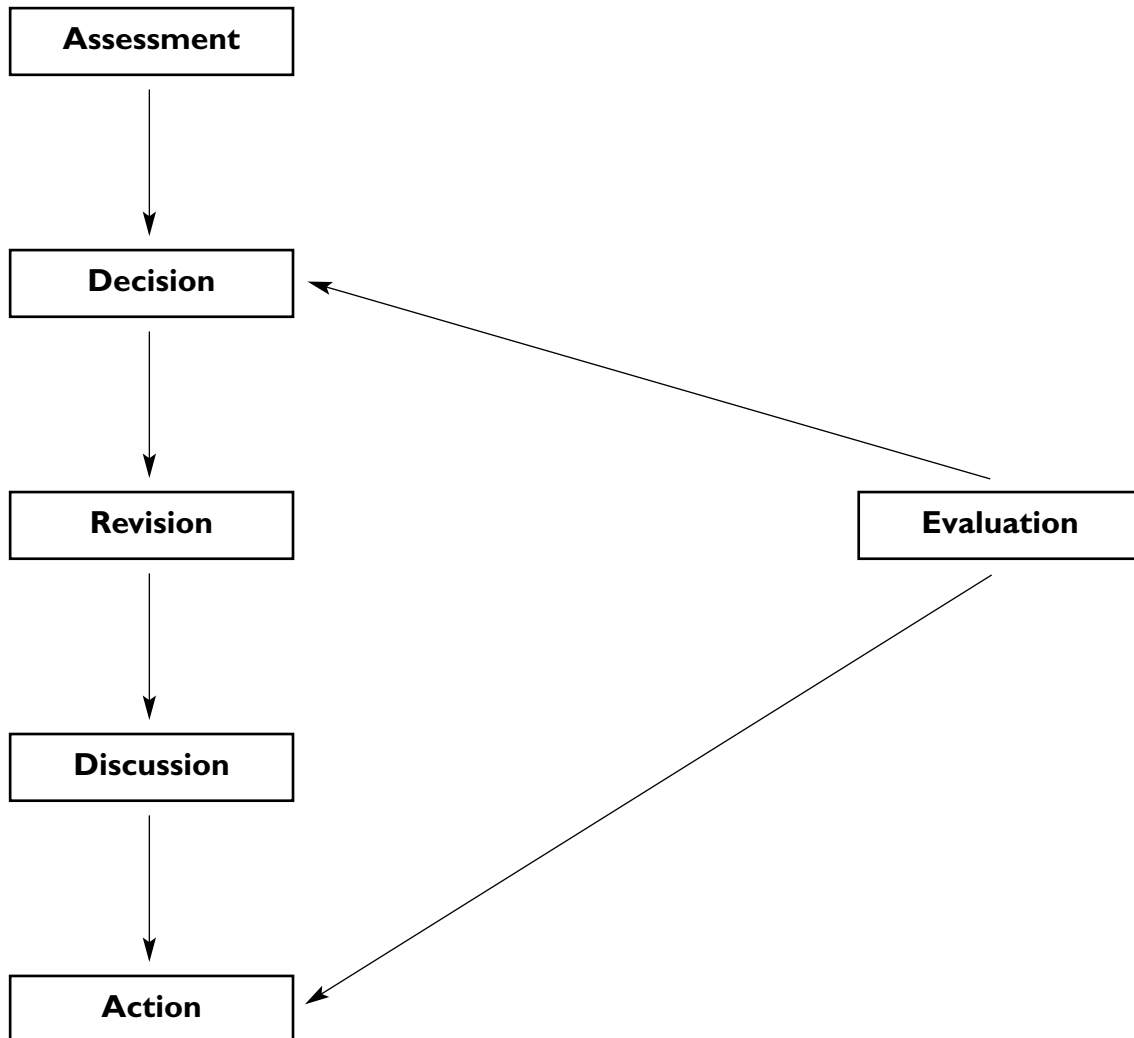
In order to identify particular aspects of health promotion within the school that may require revision, it was suggested that schools consider the following questions:

- has the policy been revised during the past four years?
- have there been changes in staff which may affect the policy?
- is the senior management team sufficiently informed about the current implementation of the policy?
- are all teachers in school aware of the policy and their role in its implementation?
- are arrangements for the implementation of the policy satisfactory?
- does the job description of the health education coordinator need to be revised?
- does the coordinator have the support of a team of colleagues and adequate time for planning and adequate resources?
- does the curriculum content and its delivery require up-dating or revision?
- does the policy require additional clauses, eg in relation to bullying, drugs, the use of medicines in school, alcohol, sex education, child protection?
- do any groups of pupils with specific needs require a new approach?
- are the resources used in the delivery of the curriculum up-to-date?
- are the teaching methods used appropriate?
- do any staff require training or refresher courses in appropriate teaching methods?
- is the support available from outside bodies, statutory and voluntary, being sufficiently used?

The schools reviewed their policy and identified a specific area of concern to be investigated as their contribution to the project. From the reports submitted by the schools and the independent evaluation which was carried out, it is clear that good practice can be identified in the PROCESS which schools used in their work and some excellent material has appeared as PRODUCTS.

Of paramount importance to policy decisions and the general oversight of health promotion is the role of the principal and senior management.

The process would involve all or most of the following six stages:



1. **assessment** of the current situation;
2. **decision** to revise following the identification of the focus of the revision;
3. the **revision** process and report on the proposed changes or developments;
4. **discussion** of the implications of proposals;
5. **action** on the implementation of the changes agreed;
6. **evaluation** of the changes.

It is advisable that the principal and/or SMT be involved at stages 2 and 4 as responsibility for decisions taken will ultimately lie with the principal.

Examples of the ways in which four schools used the stages in the process are outlined:

Dalriada School, Ballymoney

Focus:	Rationalisation and coordination of contribution of curricular areas to drug education.
Assessment:	Questionnaire to all pupils. Mapping of current teaching in each department, re drugs.
Decision:	Approval by Senior Management Team.
Revision:	Staff working group: development of drugs education programme involving subjects, PSE and AS General Studies.
Discussion:	Staff team identified and consulted.
Action:	Identification, purchase and display of resources. Staff awareness and training programme. Implementation of programme.
Evaluation:	Ongoing.

Ballee Community High School, Ballymena

Focus:	A new approach to health education with Year 11 Lower (a module of nine double period units – taken by four groups during year).
Assessment:	Establishing that a particular year needed more imaginative approaches to make an impact with health messages.
Decision:	Principal/health coordinator focusing resources on particular target group.
Revision:	Establishing the need to utilise resources outside the school community.
Discussion:	Establishing links with Youth Tutors to assist with drama and a musician to assist with music.
Action:	Production of drama and musical with end of year presentations videoed and musicals produced on CD.
Evaluation:	Individual interview by teacher with random selection of pupils.

Fleming Fulton School, Belfast

Focus:	Independence: to further the self-esteem and self-confidence of pupils.
Assessment:	<p>Five working groups of staff focusing on:</p> <p>Use of form time</p> <p><i>Choices:</i> academic and social</p> <p><i>Transitions:</i> Nursery to P1, P7 to form I, Mainstream to Fleming Fulton, Fleming Fulton to Mainstream</p> <p><i>Training:</i> continuity between home and school (considering partnerships between pupils/teachers and parents)</p> <p><i>Pupils*:</i> concerns with uniform, dining hall, sixth form centre * this group included pupils.</p>
Decision:	Each group reported to Senior Management.
Revision:	Use of reports to advise.
Action:	<p>Production of guides for form teachers regarding the use of form time.</p> <p>Range of choices at leaving were discussed and action taken to increase where possible.</p> <p>Improvements in transition arrangements.</p> <p>Publication of booklet: <i>Independence: what's it all about? – some hints for parents and pupils.</i></p> <p>Change in uniform (agreed).</p> <p>Improvements in dining hall catering.</p> <p>Sixth form centre created.</p>
Evaluation:	Ongoing updating on changes and their impact on the lives of pupils/staff and others in the school community.

Little Flower Girls' School, Belfast

Focus:	Knowledge leading to decision-making and action in relation to nutrition and the environment.
Assessment:	Surveys of how the current curriculum covered nutrition and the environment.
Decision:	Steering group of five teachers each with specific responsibility for aspects of curriculum development within the school.
Revision:	Steering group findings used as a means to devise and implement more active approach to the question of the curriculum.
Discussion:	Staff consulted and updated. School newsletter used to keep parents informed.
Action:	'Green Prefects' appointed from Lower VI. Cream buns banned from tuck shop and replaced by apples (initially not successful). Year 8 unit of work on 'Healthy Lunch Box' project. Year 11 unit of work on 'Healthy Breakfast' project. Survey of eating patterns - paralleled in school in Belgium - analysis by 'Green Prefects'. School supplied 'healthier' options such as filled rolls, bottled water, fruit (whilst not initially successful, this idea soon became popular with students). Consultation with new cook to improve canteen. 'Environment Week' – including display of art work. New wooden benches out-of-doors as seating at lunch time. New litter bins.
Evaluation:	Demand for 'healthier' food increased – especially after consulting pupils.

The detailed assessment of the current situation in a school may involve one or more of the following: evaluating the school policy; examining the criteria for a health promoting school and the associated indicators; the mapping of the contribution of each department to the health education element of the curriculum; using recent publications; and designing and administering a questionnaire on health attitudes and behaviour.

Assessment of the current situation – evaluation of the school policy

The Northern Ireland curriculum defines three aspects of health education:

- Health in the context of personal development:
 - personal development, personal hygiene and sex education;
 - physical fitness, recreation, relaxation;
 - nutrition;
 - uses and problems related to drugs/alcohol/smoking.
- Health in the context of social development:
 - relationships within the family;
 - relationships with peers;
 - relationships with others.
- Personal safety in the environment:
 - a healthy environment;
 - safety in the home.

Many schools have used these headings in the preparation of their health education policies.

Assessment of the current situation – the criteria for a health promoting school and the associated indicators

The criteria for a health promoting school is set out under three headings:

- school ethos
- school curriculum
- relationships with the family and community.

These criteria are based on those produced by the World Health Organisation and adopted by ENHPS, which have been modified for use in Northern Ireland after consultation with the schools which participated in the project.

There is no intended connection between the categories used in the Northern Ireland curriculum and the criteria for a health promoting school. While it is not recommended that the criteria provide a framework for a school policy it is useful to examine the current school policy in terms of these criteria. The associated indicators can provide a checklist by which any school policy and its implementation can be evaluated.

The school ethos

1. The health promoting school should provide a safe, secure and stimulating environment which encourages pupils to be health and safety conscious both in and out of school.

Indicators

Evidence of:

- A regular audit of health and safety procedures relating to the internal and external environment of the school should be carried out including checks on:
 - ❖ use of crossing patrols, pedestrian subways etc by pupils;
 - ❖ control of speed of vehicles within school grounds;
 - ❖ posters and signs relating to health and safety;
 - ❖ safety of all school equipment and facilities;
 - ❖ evacuation procedures in case of emergencies;
 - ❖ availability of member(s) of staff possessing current first aid certificate;
 - ❖ first aid equipment;
 - ❖ procedures for the identification of and appropriate action relating to unauthorised persons on school premises.
 - Maintenance of an environment free from litter and graffiti, with regular checks on toilets and changing rooms.
 - Existence of a friendly and orderly atmosphere around the school (particularly at breaks and change of lessons).
 - Displays of pupils' work relating to health issues.
 - Availability of a range of healthy foods and drinks in the school dining hall and tuck shop and from vending machines.
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 and exercise responsibility for their own health and that of others.

Indicators

Evidence of pupils:

- attending regularly;
- participating actively in class work, extra-curricular activities and specifically health-related activities;
- having a positive view of themselves;
- feeling encouraged by teachers when they try hard, that their views are taken into account and that the school is concerned about their health and wellbeing;
- using and appreciating a well-established pastoral care system;
- being consulted and involved in the decision making process relating to behaviour-related policies.

No evidence of pupils:

- attending irregularly;
- bullying or being bullied;
- feeling that too much is expected of them.

Existence of:

- effective system of rewards and sanctions, including use of Records of Achievement;
- policies and strategies for dealing with bullying;
- a policy for the integration of pupils with learning difficulties and physical disabilities (where appropriate);
- a range of activities to help pupils develop self-worth and confidence, (eg work in the community, guides for visitors).

3. Create a climate throughout the school in which good relationships, respect and consideration for others flourish, encouraging individuals to make a valuable contribution through their respective skills and personal qualities.

Indicators

Evidence of:

- commitment by governors and senior management to the concept of a health promoting school;
- consultation with all staff on health promoting strategies;
- pupils being treated with respect by teachers;
- staff (teaching and non-teaching) being treated with respect by pupils;
- parents rating the school highly in terms of its caring and listening;
- an effective system of pastoral care;
- importance being given to health promotion by teaching and non-teaching staff;
- involvement of non-teaching staff in the wider life of the school.

The school curriculum

4. A health promoting school should formulate, implement and review regularly a range of health related policies for staff and pupils which are in accord with the school aims, eg policies dealing with nutrition, physical activity, substance abuse (including smoking) and bullying.

Indicators

- policies in place and copies in possession of all those who are required to ensure that policies and procedures are implemented and reviewed at regular intervals.

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

Indicators

- The post of health education coordinator appropriately filled:
 - ❖ a support team for the health education coordinator;
 - ❖ time made available to the health education coordinator to enable appropriate planning and coordination of activities;
 - ❖ the existence of a health education curriculum, the teaching of which is coordinated across departments and year groups and incorporating the personal and social education programme, special attention being paid to the needs of pupils with learning difficulties;
 - ❖ the use of appropriate methods and resources in the delivery of the health education curriculum;
 - ❖ arrangements for the training of staff (where necessary) in the use of appropriate teaching strategies;
 - ❖ regular staff discussion and training (on internal and external courses) on aspects of the health education curriculum.

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

Indicators

- provision of a range of health related and other extra-curricular activities and experiences for pupils of all abilities;
- active participation of pupils in these activities;
- arrangements for the appropriate recognition of achievement in these activities.

Relationships with the family and community

7. A health promoting school should develop good liaison with parents/guardians, other schools and the local community on a range of health related initiatives.

Indicators

- Parents being:
 - ❖ informed of the school's health curriculum/promotion policies;
 - ❖ consulted on 'sensitive' issues, eg drug education, sex education;
 - ❖ invited to health related activities in the school.
- Joint activities with neighbouring schools such as:
 - ❖ health promotion events;
 - ❖ in-service training (INSET) on health education.
- Well-established mutually beneficial links with the community, including:
 - ❖ use of school facilities;
 - ❖ use of community facilities;
 - ❖ practical interest of pupils with appropriate groups in the community (eg elderly, housebound).

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

Indicators

- Awareness and use of the range of appropriate agencies within the community in contributing to the:
 - ❖ planning of curricular material;
 - ❖ in-service training of staff;
 - ❖ provision of resources;
 - ❖ delivery of parts of the health education curriculum through the role of visitors;
 - ❖ organising of special health promoting events as a regular feature of the school programme.

Assessment of the current situation – the mapping of the contribution of each department to the health education element of the curriculum

This may have been carried out when the health education curriculum was originally drawn up, but in the intervening period there could have been changes in examination syllabuses, in resource materials used or in personnel, which have resulted in current practice being different from that originally planned. For example, St Mary's College, Creggan, used a simple grid to identify in broad terms which sub-themes of the health education curriculum are presented in each department to each year group.

Audit for health education Department _____

Sub Themes	Year	8	9	10	11	12	L6	U6
1. Health in context of Personal Development Personal development, personal hygiene, sex education								
Physical fitness, recreation, relaxation								
Nutrition								
Uses and problems related to drug/alcohol/smoking								
2. Health in context of Social Development Self-esteem/assertiveness								
Relationships within the family								
Relationships with peers								
Relationships with others								
3. Health related to the environment Personal safety in the environment								
A healthy environment								
Safety in the home								

Key:

- A: included in the syllabus taken by all pupils
- B: included in the syllabus taken by some pupils
- C: may arise incidentally
- D: not included at all

This can be used to plot exactly where and perhaps more importantly how each piece of the curriculum is implemented by subject and teacher.

Assessment of the current situation – recent publications

Using the most recent publication of the ‘Health Behaviour of School Children’ to provide information about current attitudes and behaviour of young people of post-primary age.⁹ This can be used as a tool to decide what action needs to be taken. While this is a reliable source of information and overall current trends, one should always be aware of local variations.

Assessment of the current situation – design and administration of questionnaires

The design and administration of a questionnaire on health attitudes and behaviour to all or a sample of pupils in the school to provide specific evidence in relation to the school. For example, Dalriada prepared and used such a questionnaire. For details see Appendix 4.

The benefits of this are not only in obtaining current and relevant information but, with further analysis, specific problem groups of the school population can be identified and targeted.

Decision on Policy Revision

Following the assessment of the current situation a decision is required regarding the particular focus of the revision. Again it should be emphasised that each school needs to develop an Action Plan that relates to the health needs of that particular school population. However, based on the evidence accumulated by the project schools a range of different actions may be seen to be required.

In the project schools the following foci were identified:

A more positive implementation of the whole policy

Belmont House Special School found that their policy was satisfactory but its implementation was less satisfactory. In order to achieve a more satisfactory implementation, two objectives were set:

- to increase communication between different departments, between parents and school, with other staff, school meals staff, caretaker etc;
- to increase liaison with outside agencies.

Further development of a particular theme within health promotion

- *independence* was selected as the theme by Fleming Fulton School, Belfast;
- induction of Year 8 pupils was the focus chosen by Parkhall High School, Antrim.

Examination and revision of curriculum content in a particular topic

- drugs: Dalriada School, Drumglass High School, St Patrick's Girls' Academy;
- sex education: St Brigid's High School, Omagh;
- healthy eating: St Mary's Grammar, Magherafelt.

Development of new teaching materials/approaches to a specific topic with groups of pupils

- health education module within General Studies: Ballee Community High School: Year 11 Lower;
- sex education: Knockevin Special School: Year 8.

Encouraging positive action by pupils in specific aspects of health promotion

- healthy eating and a clean environment: Little Flower Girls' School;
- physical exercise and health: Christian Brothers' School, Omagh.

Depending on the nature of the decision regarding the focus of the revision, a decision may be necessary as to which part of the school population will be involved.

- the whole school: Belmont House Special School, Dalriada School, Fleming Fulton School;
- one or more year groups:
 - Year 8: Parkhall High School, Knockevin Special School;
 - Years 8 and 11: Christian Brothers' School, Omagh;
 - Year 10: Drumglass High School;
- part of one year group:
 - Year 11 Lower: Ballee Community High School;
 - Year 12 Lower: St Colm's High School.

The Revision Process

It is vital that good communication occurs between all members of staff. The school ethos can be encouraged by 'providing channels for effective communication between staff and management'.³

After assessment the health education curriculum group may not be entirely appropriate for the revision process, its membership may need to be revised.

This was done in a variety of ways by project schools:

- The support group consisted of interested volunteers: Dalriada School.
- The support group was appointed on the basis of the posts of responsibility already held: Downshire School.
 - ❖ overall facilitator with responsibility who is a member of the SMT;
 - ❖ the coordinator;
 - ❖ the youth & community tutor;
 - ❖ the head of pastoral care;
 - ❖ a teacher interested in the project.
- Each member of the support group had a specific remit relating to one of the activities being undertaken: Little Flower Girls' School.
- A number of groups each focusing on one specific aspect was formed: Fleming Fulton School: The staff was divided into 5 groups, each focusing on one of the identified aspects of Independence; one included pupil representatives.

The groups focused on:

- ❖ the use of form time;
 - ❖ choices: academic and social;
 - ❖ transitions;
 - ❖ training for independence (continuity between home and school);
 - ❖ pupils concerns – sixth form centre, uniform, dining hall.
- The support group was given a specific designation: St Mary's, Magherafelt: SNAG (School Nutrition Action Group). This group included pupils.

Action Plan

Discussion and action

Following discussion of the revision process, action can be planned involving four elements.

1. The statement of aims.
2. The definition of objectives.
3. The creation of an action plan, preferably with an associated time scale.
4. The establishment of criteria for the evaluation of the process/innovation. These may be set in terms of the achievement of the objectives, or specific indicators set out at the planning stage.

Examples showing various approaches to these steps:

St Brigid's High School, Omagh

From the school's Statement of Intent and Aims, the objectives of the sex education project were derived and an action plan drawn up.

The School Statement of Intent	The Action Plan	
To develop the maximum potential of each pupil	Establish a working party Principal and Governors – decide on a plan for developing a sex education policy	Mar 96 Mar 96
The School Aims		
Excellence in a caring community		
To promote self-esteem	Establish procedures for parental involvement	Apr 96
To develop the academic ability of the pupil	Evaluate the current position	May 96
To create a spiritual awareness	- formal curriculum provision	
To encourage the physical, social and moral welfare of the pupil	- talks given by outside agencies	
To involve parents in a joint academic and spiritual partnership with the school		
To foster links with the community	Identify a moral framework	May 96
	Agree how to deal with sensitive issues	
The Objectives of the Sex Education Project		
To maintain a school climate in which good relationships, respect and consideration for others flourish	Make suitable provision for right of withdrawal	Jun 96
To review the sex education policy and ensure its integration into the curriculum	Staff development and training – external support	Sept 96
To evaluate the views of all teaching staff and appraise their current teaching practices	Produce a draft policy	Oct 96
To discuss and agree a clear moral framework within which sex education is taught in the school	Consult with - school community – staff - governors and parents	Nov 96
To identify an appropriate and effective approach for dealing with issues which can arouse strong views and emotions, or where there are complex ethical and legal considerations to take into account, eg contraception, HIV/AIDS, homosexuality, abortion and child abuse	Revise draft policy	Nov 96
	Prepare a teaching programme	Jan 97
To discuss the responsibilities associated with sexuality and inter-personal relationships, (eg friendship, love, marriage etc)	Produce policy statement of aims, objectives and procedures	Mar 97
	Implement the procedures	Apr 97
To develop parental links and provide joint support	Monitor and evaluate the new policy and programme	Jun 97
To draw on advice and guidance from relevant sources within the community	Review project and prepare for 97-98	Jun 97

St Mary's Grammar School, Magherafelt

The aim identified the specific focus of the review and from this, objectives and an action plan were derived.

The aim of the project

To raise whole school awareness of the importance of healthy eating based on sound nutrition principles.

Objectives

To enlist the support network:

- DENI;
- School Meals Organiser;
- Health Promotion Officer;
- Community Dietitian;
- parents.

To review what is being taught regarding health related issues:

- to examine conflicting health messages: tuck shop, food at school functions, fund raising efforts, eating on school trips;
- to explore the relationship between diet and health.

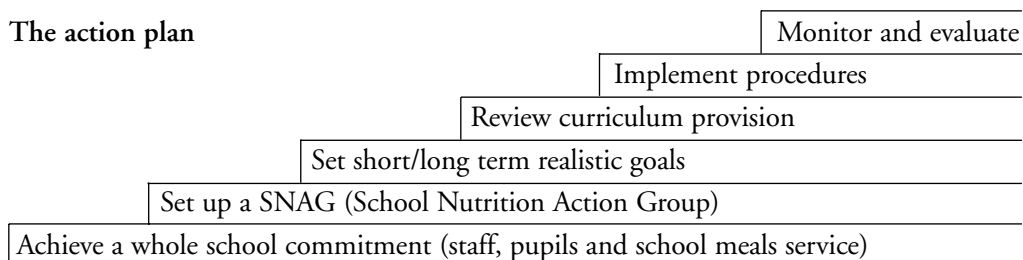
To examine the provision throughout the school day:

- good nutrition for pupils;
- opportunities to be with friends and practise social skills;
- improve the healthy options available, eg healthy breakfast, mid-morning snack, a cafeteria system, making fixed-price balanced meals available.

To acknowledge and recognise that the school is not the only source of influence in what children eat:

- importance of parental involvement and support;
- sponsorship of food and drink reflecting healthy eating messages;
- school prospectus to promote the work on nutrition.

The action plan



Parkhall High School, Antrim

Two objectives were identified and an action plan associated with each was produced. The transfer and induction of primary school pupils is given as the example.

Objective

- To establish links with the local primary school already involved in the project and endeavour to use their health education programme as a base for progression.

Action plan*

- Explore the environment the Primary 7 pupils are leaving.
- Establish what health education they have received formally and informally in primary school.
- Find the concerns of the pupils and their parents regarding transition from primary to secondary school.
- Examine current procedures for welcoming Year 8 pupils and review in the light of the above points.
- Develop and implement a more structured team approach to the pastoral provision for Year 8 pupils.
- Use the information received from the primary school as a basis for a spiral approach in health education.
- Monitor and evaluate the transition to secondary school.

*In 1997 the same procedure was introduced in cooperation with all feeder primary schools.

Dalriada School, Ballymoney

From the statement of aims the initial tasks of the steering group were identified and the criteria for evaluation were listed.

Aims

- To rationalise and coordinate the contribution of curricular areas to drug education.
- To develop and utilise appropriate teaching and learning resources.
- To develop a range of drugs education materials.
- To develop expertise in drugs related counselling.
- To develop links with parents, schools and the community.

Initial tasks of steering group

- To map the current drugs education in terms of both content and processes.
- To gather drugs education resources.
- To carry out appropriate pupils and staff surveys.
- To review the school drugs education policy.
- To continue to develop links with outside bodies including planning for an information meeting in conjunction with local schools.
- To investigate issues related to drugs counselling including identifying training opportunities and interested staff.

Criteria for evaluation

- The establishment of a coherent drugs education programme throughout the school, handled confidently by knowledgeable teachers utilising a range of appropriate teaching and learning resources related to age group and curricular context.
- The existence of a rich pool of drugs education resource materials.
- The identification and initial training of a number of staff in drugs-related counselling.
- The involvement of parents, neighbouring schools and other members of the community.

St Colm's High School, Draperstown

Two aims for the project were derived from the overall school aims and two types of objectives listed, those relating to pupils and those relating to the operational stages of the project

The school aim

To promote actively pupil's 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 and exercise responsibility for their own health and that of others.

The aims of the project

To enable Key Stage 4 pupils to

- acquire skills in decision-making;
- achieve their physical, psychological and social potential and to improve their self-esteem.

Objectives

That pupils should:

- develop to their fullest potential, a positive self-image and self-confidence;
- develop their knowledge and understanding of health issues and have a critical awareness of the relevant personal and social implications;
- understand the nature of relationships with peers and others and be able to establish responsible relationships within a widening social context.

That in the project:

- curriculum provision be reviewed;
- links developed with the pastoral curriculum;
- school ethos and policies be reviewed;
- community/parental involvement be reviewed;
- existing health education programme for Key Stage 4 be modified;
- liaison be developed with outside personnel and agencies.

From policy to practice – examples from schools

I. Assessing current practice

Mention has already been made of the need to acquire and evaluate information and use it to shape the action process. This can be done in several ways:

- questionnaire to all pupils on health behaviour and attitude: Dalriada School (reproduced in Appendix 4);
- questionnaire to staff on attitude to specific issue: Dalriada School, Drumglass High School (reproduced in Appendix 4 and 5);
- mapping of current curriculum practice by department and year: St Brigid's High School, Omagh. In interviews with Heads of Departments, the resources used and the strategies applied in the teaching of each of the elements of the health education curriculum (as set out in the Northern Ireland Order) to each year group were established and mapped.

Examples are given from Fleming Fulton School, Ballee Community High School and St Brigid's High School, Omagh.

Fleming Fulton School, Belfast

Questionnaire on specific issues, organised by senior pupils

Questionnaire

Are you: pupil teacher childcare staff

A 6th form centre is a place for students aged 16+ to go to at leisure or study times.

1. Do you think a 6th form centre is a good idea?

2. Where do you think it should be?

3. Have you any ideas as to what should be available at the centre?

Return to your childcare staff by Wednesday 12 June.

Other examples

- Questionnaire to parents and pupils transferring from primary school: Parkhall High School (reproduced in Appendix 6).
- Questionnaire to parents on aspects of school programmes: St Patrick's Girls' School (reproduced in Appendix 7).

Ballee Community High School, Ballymena

Baseline questionnaire – year 11 health promotion project

Do You	Never	Sometimes	Always
(a) take part in classwork?			
(b) actively take part in after school activities?			
(c) actively take part in health related activities in the school, eg drugs debate?			
(d) feel good about yourself?			
(e) feel your views are taken into consideration			
in school;			
at home;			
with friends?			
(f) feel encouraged by teachers when you try hard?			
(g) feel that school is concerned about your health and welfare?			
(h) feel that everyone expects too much of you?			
(i) feel bullying is a problem in your school?			
(j) ever stay off school without permission?			
(k) ever leave school without permission?			

Your answers are completely anonymous but I hope you will be honest.

Other example

- Competition among pupils to find a suitable title for the project. The competition at Little Flower Girls' School resulted in the title:

'Take a healthy step forward to the year 2000.'

This was organised for the whole school by the English Department and promoted in the school newspaper.

St Brigid's High School, Omagh

Mapping current curriculum practice by year: year 8

Topics/Issues	Term 1			Term 2			Term 3		
Relationships	Subject	Resources	Strategy	Subject	Resources	Strategy	Subject	Resources	Strategy
Relationships within the family	<i>R.E.</i>	Religion for Living Bk 1, 'Encouraging self-esteem'	Discussing individual talents, role play	<i>English</i>	Novel: 'Danny the Champion of the World'	Discussion of moral responsibilities towards other people	<i>English</i>	Booklet: 'The Family'	Discussion: role play, various writing strategies on mutual respect among all members of the family
	<i>English</i>	Novel: 'Searching for a friend'	Letter writing, creative writing, discussion on bullying, role play, moral conduct, viewing video				<i>Drama</i>	Book of Plays: Kith & Kin, sections from books that pupils have read	Negotiating, mediation
Relationships with friends	<i>P.S.E.</i>	Handout	Role play Question & answer session						
Emotional involvement in relationship/ self esteem	<i>English</i>	Yr 8 Booklet: 'Changing Schools'	Discussion, role play, writing poetry	<i>H.Ec.</i>	Variety of Home Economics books	Worksheets, discussion on various roles within the family			
Responsibility in relationships	<i>Drama</i>	Name Games	Role play, large group work, discussion	<i>Drama</i>	Sections from various plays	Small group work, role reversal, peer mediation			
	<i>P.S.E.</i>	P.S.E. Book 1: handouts: bullying, peer group pressure, picking a fight	Discussion, 'What's the best way to deal with bullies?'						

2. Analysis of questionnaire responses

The nature of the analysis depends on the degree of sophistication of the questionnaire and on the computer facilities available. For example:

- Use of Pinpoint programme: Dalriada School, St Colm's High School.
Responses coded and input into programme and then analysed:
 - Phase 1: Count of responses to each question.
 - Phase 2: Cross-tabulations by sex, year etc.
 - Phase 3: Identification and further inquiry in relation to 'hot spots' - correlation of responses to related questions and identification of characteristics of group giving particular responses to specific questions.
- Use of computer spreadsheet and programme to print out graphs/charts: Little Flower Girls' School: Pie-charts were produced to illustrate the responses to each question.
- Simple tallying and listing of responses: Fleming Fulton School.

3. Prioritising action

Consideration should also be given to actions that are available in dealing with a given health issue. These can vary greatly and the examples listed below may, in some cases, be linked to form even greater health education intervention.

Consultation to receive advice and support

For example from:

- Health Promotion staff in local Health and Social Services Trusts.
- Advisors and support teachers in local Education and Library Boards.
- Local medical staff. For example: St Brigid's High School, Omagh. The local health visitor conducts a unit on relationships for Year 11. The programme is outlined in Section 3.
- Professionals in other fields: drama, music. For example: Ballee Community High School: Tutors from Ballymena Youth Office and a professional musician worked with the teacher in the experimental programme. This is described in Section 3.

Development of appropriate curricular content

- Drugs education element within curriculum provision: Dalriada School.
- Module on drugs education: Drumglass High School, St Patrick's Girls' Academy.
- Sex education within the curriculum supplemented by a module on relationships delivered by local health visitor: St Brigid's High School, Omagh.
- Science curriculum content related to physical activity: Christian Brothers' School, Omagh.
- New approach to health education module with less able Year 11 pupils: Ballee Community High School.

Arrangement of appropriate training for staff

This may involve:

- attendance at courses provided by the local Education and Library Board or Health Promotion Departments on their regular schedules;
- a day or half-day course specifically tailored to the needs of the school – for all staff;
- a briefing session, on plans drawn up, as part or whole of a Staff Development Day.

Organisation of special events

For example:

- Health day: Belmont House Special School. The programme is reproduced in Section 3.
- Health awareness event for whole school and feeder primaries: St Colm's High School.
- Healthy eating display at Careers convention: St Mary's Grammar School, Magherafelt.

Production of appropriate in-house publications

For example:

- Pupils' workbook: Downshire School, Drumglass High School, Parkhall High School.
- Teachers' guidelines: St Patrick's Girls' Academy.

Identification and purchase of appropriate resources

- Publications for class use by pupils.
- Videos for reference by pupils or staff.

Relevant resources can also be borrowed from the local health promotion department for the area.

Involvement of pupils in positive action

- Lower VI 'Green prefects': Little Flower Girls' School.
- Peer educators to assist staff: St Patrick's Girls' Academy. Lower VI volunteers were trained on a Saturday course and were available to teachers who wished to use them in class in the PSE programme.
- PNAG, Pupil Nutrition Action Group where pupils were encouraged to be proactive in assessing need by questionnaires: St Mary's Grammar School, Magherafelt. The pupils in this group organised a Snack Survey among Key Stage 3 pupils.

St Mary's Grammar School, Magherafelt

Example of snack survey

Pupils Nutrition Action Group

Snack Survey for Key Stage 3

Key: (questions 1-5)

A = once a week or less

B = 2-3 times a week

C = once every day

D = two or more times each day

E = never

1. Do you eat fruit as a snack in school?
2. Do you eat potato crisps in school or on the way to or from school?
3. Do you eat a snack such as a chocolate bar for your break or with your lunch?
4. Do you brush you teeth in school during the day?
5. Do you take a sugary/fizzy drink in school?
6. How much do you spend per day on snack foods?
<20p 30-40p 50p-£1.00 >£1.00
7. Do you eat breakfast?
8. Would you eat breakfast in school if it were available?

Arrangements for the involvement of other members of the school community

For example:

- **Parents:** Parkhall High School, St Patrick's Girls' Academy, St. Brigid's High School, Armagh;
Parkhall High School: Questionnaires to parents of new pupils before entry and at end of first year.
St Patrick's Girls' Academy: Questionnaires to parents at end of drugs education programme.
St Brigid's High School, Armagh: Series of 3 information seminars for parents on drug and alcohol awareness arranged in conjunction with the Parish Pastoral Council.
- **Catering staff:** Little Flower Girls' School, St Mary's Grammar School, Magherafelt;
Newly-appointed cooks in these schools were contacted at an early stage and arrangements made for changes in the type of food provided.
Breakfast is provided in St Mary's Grammar School, Magherafelt.
- **Caretaker, cleaners:** Belmont House Special School;
These members of staff were involved in the Health Promotion Day for feeder primary schools.
- **Feeder primary schools:** Parkhall High School, St Colm's High School;
All feeder primary schools are now involved in the induction programme at Parkhall High School.
Feeder primary P7 pupils were invited to the health awareness event at St Colm's High School.

Evaluation of all or part of the revised programme or of events

The following methods of evaluation were used in the schools:

1. Questionnaire to pupils and outside agencies, for example: Health Awareness Day – St Colm's High School (see Appendix 8) and Relationship Programme: St Brigid's High School, Omagh.
2. Questionnaire to parents: St Patrick's Girls' Academy, Dungannon (see Appendix 7).
3. Questionnaires to parents and pupils, for example: Parkhall High School (see Appendix 6).
4. Interviews with individual pupils, for example: Ballee Community High School.



Section 3

Health Promotion in Schools – The Products

While the previous section deals with the PROCESS schools went through to deliver a more effective or appropriate health promotion environment and health education curriculum to their pupils, this section describes some of the PRODUCTS produced.

The schools which produced curricular and other materials have agreed to make copies available by arrangement to interested schools.

However, as emphasised earlier, each school is unique and simply reproducing materials from any other school without first evaluating school and pupil needs may not be in the best interests of pupils.

This section has been split into specific areas. These are:

- Drugs education;
- Promoting personal excellence;
- Relationships;
- Health morning;
- Using drama and music;
- Health promotion day;
- Peer education programme.

Within each area is a profile of what materials and/or resources schools have produced, how they may be of use, a table of contents, where possible a brief example and finally, a contact name and address if more details are required.

Some schools used local resources such as peer educators and trainers. It is advisable to consider if these resources are appropriate to the needs of the pupils. A list of questions that you may find useful to ask outside visitors or agencies are listed in Appendix 9. The local Education and Library Board will also offer guidance on this matter.

Drugs education

Drumglass High School, Dungannon

A drugs education programme for year 10: student's book and teacher's guide

Profile: This is a 24 page A4 work book for students that explores a range of drug issues by using discussion, role plays and group exercises. It also sets out to give basic information about drugs to students in a non-threatening way. Before year 10 staff delivered the drugs education programme they undertook INSET drugs training organised by the Health Promotion Agency for Northern Ireland.

Content:

Dilemmas: Four situations are described: in each group students discuss one of these to decide whether a confidence should be broken, eg 'Your best friend has told you that her brother has been selling drugs in school. Do you tell a teacher?'

Our contract: Pupils decide on a code of conduct for the class and formulate it as a contract with each other and with the teacher.

Drugs:

- names of drugs: a definition: spotting drugs in a picture: positive and negative uses of drugs;
- a table listing 13 common drugs with columns to be completed: street names, description and effect(s);
- a collage of cuttings giving information 'Can you swallow the facts?'
- a page of information on Stimulants, Sedatives, Hallucinogens and Opiates;
- a page to complete on the effects of drugs: physical, emotional, psychological and social;
- a series of case studies 'Are they breaking the law?' eg 'Jean buys a cannabis joint, smokes half of it and then gives it to her friend Celia. Could Jean be charged with trafficking in Drugs?'
- two pages of work on the consequences of taking drugs;
- work on reasons for taking drugs;
- 'Who is at risk?' – three case studies for group discussion;
- alternatives to drug taking;
- group discussion on how to respond to a given situation, eg 'A friend says he/she is going to take LSD and will you stay to make sure he/she is all right.'
- saying 'No' to drugs: groups write five minute drama scenes to show a particular response;
- true or false? – 20 statements about drugs;
- what can you do in an emergency? – three situations;
- sources of information and help.

A 10 page A4 document for teachers sets out in tabular form the title of the lesson, the content and strategies and the resources that are recommended. Page 1 is reproduced.

For further details contact: Mr Andrew Bell, Drumglass High School, Carland Road, Dungannon, BT71 4AA. Tel: (01868) 722421

Drumglass High School, Dungannon**Scheme of work for personal and social development year 10****Topic:** Drugs Education**Duration:** 8 weeks (one half term)

Lesson Sequence	Lesson Content And Teaching Strategies	Resources
1. Contracting and Confidentiality	<p>Aim: To establish an agreed working classroom environment between the teacher and pupil on the matters which might be raised during this drugs education programme.</p> <p>(a) In a whole class discussion introduce the work 'contract'. From this class discussion present a diagram on what we mean by a contract. What should a contract include, and who should it include?</p> <p>(b) Look at some of the possible issues that might arise during a discussion on drugs and their misuse. Discuss with the class what these issues might be and make a list of all these issues beside the ideas to be included in a contract.</p> <p>(c) Introduce the term confidentiality. What is meant by this term? Use the same methods of collecting the class's ideas on what they mean by confidentiality.</p> <p>(d) Divide the class up into groups of 3-4. Each group should be given a situation to discuss in which they have to agree on whether a confidence should be broken or not. Each group after five minutes should appoint a spokesperson to give the collective decision to the dilemma that they face. This should then allow the class to consider the position of the teacher in relation to the issue of drugs: that they have legal responsibilities as well as responsibilities to the child, the person who has parental responsibility, their employer as well as themselves.</p> <p>(e) From this general discussion the class should then draw up a collective contract to which all agree on how they should approach the topic of drug misuse in the weeks that lie ahead.</p>	<p>Use of a blackboard/overhead/flipchart to summarise the agreed features of a contract</p> <p>One card for each group outlining a dilemma revolving around a question of breaking a confidence.</p> <p>Work booklet: Complete the blank contract sheet with the wording and phrases being agreed by the group.</p>

Promoting personal excellence

Downshire School, Carrickfergus

A module for year 10: student's book and teacher's guide

Profile: An A4 workbook that is in essence, a comprehensive resource that covers issues that young people face as they mature, ie physical, social, emotional and sexual issues. Methods used include role plays, quizzes and information sheets. It should be noted that a comprehensive dialogue that involved staff and parents was entered into before this booklet was included in the school curriculum, and this included training for teachers.

Content:

Preparation for Life

Relationships

- Sociogram: individual activity.
- 'Why are relationships important?': group discussion.
- 'Friends and first impressions': rank ordering statements.
- 'Positive and negative aspects of a relationship': which listed aspects are essential, very important, not necessary?

Growing Up

'How different are we?': group game involving identification of difference between self and another individual.

'Changes between childhood and adulthood?': Individual responses to given lists of changes.

'Reproduction': video; labelling diagrams; completing statements; reading information; quiz.

Saying No, Meaning No

'Trust game': reaction to being led as blind and leading the blind.

'Contraception': video; quiz; information; quiz.

'Saying No Meaning No': group discussion of situation; game.

Managing your sexual health

'STD' information: group discussion of statements – true or false?

'AIDS/HIV': questions; giving reliable, factual information.

Relationships 2

'Situations (sketch drawings)': group discussion.

'Questionnaire: Private': personal answers to questions.

'Games': illustrating relationships.

'Guidelines for today's teenagers': selection from given lists with choices for pupils.

Sections are colour-coded

Teacher's Guide

A 43 page A4 booklet.

Sections are colour-coded.

For each activity: aim, details of management; resources and equipment: homework.

Page 2 is reproduced below.

Aim: The objective of this activity is to give pupils the opportunity to consider the different relationships they have, the ways in which they relate to different people and the value attached to particular relationships.

Activity:

1. Outline the aim of the activity.
Brainstorm the various forms of relationships they have, eg parent and child/teacher and student/friend/employer and employee.
Record these on the blackboard.
2. Give each pupil a 'sociogram'. This should be completed by the pupil who should place people on the chart in the appropriate section. The positioning of each person is important, ie the closer they are to **ME** indicates the closeness of the relationship.

It will be helpful if the teacher would complete a sociogram for themselves and model this for the group.
 - Pupils should use initials/codes to indicate the people they relate to.
3. In small groups (4/5s) ask the pupils to use their sociograms to discuss which relationships they consider to be important and why.
(Pupils should decide how much they wish to disclose.)
4. Plenary session: Answer the following questions:
 - (a) What makes a relationship important?
 - (b) What type of relationship/person would you turn to if you had a problem?
 - (c) What type of relationship/person would you **NOT** turn to if you had a problem?

Resources:

- Sociogram completed by the teacher.
- Sociograms for pupils (page 2).

Homework:

- What is a friend?
- First impressions?

For further details contact: Mrs Helen Johnston, Downshire School, Downshire Road, Carrickfergus, BT38 7DA. Tel: (01960) 364334.

Relationships

St Brigid’s High School, Omagh

Relationship programme for year 11: teacher’s guide

Profile: A nine page A4 booklet setting out four lessons given by a health visitor to groups of Year 11 girls. This demonstrates the use of a local resource which allows for more informal discussions than may be possible with a teacher. Careful thought went into planning how the health visitor could present the issue of relationships within the moral climate advocated by the school. This is a good example of interagency cooperation. Note should also be made of the way in which a full evaluation was carried out at the end of the session and this was used as a medium for deciding not only what other issues may need to be covered but how they should be dealt with.

Lessons: Relationships
Abstinence – deciding to wait
Left holding the baby
Family planning

For each lesson: Aims and objectives
Resources
Lesson plan with timing

Methods used: Brainstorming
Information giving
Videos
Discussion

Evaluation: Each pupil completed an evaluation sheet at the end of the module.
This evaluation sheet is reproduced next.

For further details contact: Mrs Roslyn Rodgers, St Brigid’s High School, Kevlin Road, Omagh BT78 1LG. Tel: (01662) 242716/245252.

Relationships

Programme evaluation sheet

Year 11 Class:

You have recently completed a 4-week module on 'Relationships' with the health visitor.

The topics covered were:

- (a) Relationships – Responsibility – video
- (b) Video 'Left holding the baby', teenage pregnancy followed by discussion
- (c) Video 'Deciding to wait', abstinence followed by discussion
- (d) Contraception

Please answer the following questions as honestly as you can.

1. Did you enjoy the programme?
Excellent Very Good Good Poor
2. Which session did you enjoy most?
Why?
3. Do you think you know more about relationships with other people as a result of this programme? Please give some details in your answer.
4. Did you build up a relationship with the health visitor? Were the sessions relaxed? Were you able to talk to her freely? If you had a problem do you feel you could talk to the health visitor about?
5. Would you require any more information regarding the issues discussed in this programme? Please give details.
6. Before the programme had you thought about:

	Yes	No	Comments
Relationships			
Teenage Pregnancy			
Family Planning			

7. Are there any other issues that you would like to be included in the programme?
Please list below.
8. Any other comments that would help us make this a better programme?

Health morning

St Colm's High School, Draperstown

Year 12 pupil's record book

Profile: The significance of this resource was that it was used in conjunction with a 'Health Morning' at the school. This comprised of a range of health professionals in the locality and attached to the Education and Library Board who offered their services to pupils. This also involved pupils from other schools and special use was made of pupils who acted as guides and peer educators.

This is an ideal project to get the whole school or part of the school involved. It also has special value in introducing pupils to the health professionals in an informal and relaxed manner. One example of this was a doctor who attended the morning was able to explain what the role of the doctor was to pupils who had only ever spoken to her in the company of parents.

Another advantage is that pupils get to keep the Record Book as a personal health evaluation and can compare blood pressure or exercise ability at a later stage. This is an excellent way to get pupils involved and to give them a basic, general health check.

This is printed on three A4 pages that sideways make up a small 12 page booklet.

Content: List of health professionals in attendance
 'How to use this record card'
 Station 1: General Health: questions about family and own health history.
 Station 2: Weight and height: chart showing height/weight graphs and their interpretation.
 Station 3: Exercise: pulse rate before and after exercise and advice.
 Station 4: Blood pressure: measurement and advice.
 Station 5: Alcohol and illegal drugs: questions and advice.
 Station 6: Smoking: questions and advice.
 Evaluation: Sheet to be completed.

For further details contact: Mrs Patricia Glass, St Colm's High School, 2 Magherafelt Road, Draperstown, BT45 7A. Tel: (01648) 28377.

Using drama and music

Ballee Community High School, Ballymena

Modular course – year 11

Profile: This example was of special use in working with pupils for whom health education needs to be more interactive. This was developed with Year 11 pupils and the final product was a video and CD.

In Year 11 pupils were divided into four groups for a modular course which includes health education, business studies, road traffic studies and community education. Each module consists of nine sessions of two periods.

The health education module was held in the Youth Wing of the school and the use of informal and creative teaching methods was especially helpful to the success of the project.

Content: Before the module the year 11 groups completed a baseline questionnaire.

- For the first two groups two tutors from the Ballymena Youth Office were available to work with the teacher.

Each group agreed a topic: Group 1: Drugs.
Group 2: Bullying.

Each group discussed what message related to their topic they would wish to tell Year 8 pupils. Then with the guidance of the tutors each group scripted and prepared a short sketch, which was presented in the school hall to Year 8 pupils.

Before the work on bullying was written a questionnaire was given to all Year 8 pupils in their tutorial class and then analysed (see page 56).

- For the second two groups a professional musician was available to work with the teacher.

Each group agreed a topic: Group 3: Smoking.
Group 4: A general health message.

After discussion of the message to be given to Year 8 pupils, a lyric was composed and set to rap, rhythm and blues. The pieces were performed for Year 8 pupils in the school hall (see pages 57-58).

The four performances were repeated for recording on videotape and the music was also recorded on compact disc.

A random sample of pupils was interviewed at the end of the course, using the following questions:

- How did you feel when the programme started?
- What did you enjoy most?
- Did we teach you anything?
- How could it be improved?
- Would you do it again?
- How did you feel when it was over?
- Did you tell your parents you were involved in this?

The audience of Year 8 pupils for these performances was also asked to complete a questionnaire.

For further details contact: Mrs Gillian McCartney, Ballee Community High School, Ballee Road West, Ballymena, BT42 2JU. Tel: (01266) 49327.

Music and drama – sample baseline questionnaire on bullying

(given to Year 8 pupils only)

All answers will be treated confidentially, but answers must not be invented.

1. Before you came to this school, were you scared that you might be bullied?
2. Why did you think you would be bullied? What stories had you heard?
3. Now that you have been here for 5 months, have you been bullied?
If yes, what has happened to you?
Have you told anyone?
4. Do you think bullying is a problem in our school?

Thank you for your help.

Stamp it out!

There was a guy, he was puffin' on his fag,
Walkin' down the street takin' drag by drag.
He was flickin' on his ash that was costin' lots of cash,
He was feelin' rather rough 'cause he'd had his last puff.

Now we the nicotines, we've got a prediction;
This guy's gonna have a serious addiction.
He thinks to be cool smoking is the answer,
But he's headin' down the road for a serious bout of cancer.

Chorus

*Smokin's not the answer, it causes pollution,
but don't you worry 'cause we've got the solution.*

Just stamp it out, stamp it out,
Open up the packet, throw those fags on the floor.
Say goodbye to cancer,
We're not smoking any more.

There's a warning on the packet that says you're gonna die,
And you don't believe it,
You can kiss your life goodbye.

Chorus

*Say goodbye to cancer
Say goodbye to cancer
We're not smoking any more.*

Go full throttle

It's time for you to give up that vice,
Save your money, don't pay the price.
Things that are bad for you all cost money,
And we're telling you, that ain't funny.

Chorus

*So stamp out the weed, put the cork in the bottle,
Get out and exercise, go full throttle.*

If someone says 'here have a little puff',
Just tell them to go and get stuffed.
They don't care about their health,
All smoking does is destroy your wealth.

Chorus

Instrumental

Drinking – for that's its name
An overdose – you won't be the same
'Cause it is bad for you
For it's a real malicious brew.

Chorus

Health promotion day

Belmont House Special School, Londonderry

Video tape recording

Profile: This was carried out in a special school and is not unlike the health morning mentioned earlier but involves a different use of local resources. Instead of health professionals, great use was made of local sporting personalities. This not only attracted the pupils' interest but was an excellent way of modelling healthy behaviour and promoting a range of physical activities.

The Special School also managed to involve all pupils (aged 4-19), all staff and many parents. The whole day was captured on video tape which was then copied for those who wished to have a memento of the day.

A community ethos was created by inviting parents and local personalities to the day. Pupils were able to display examples of their work at stands relating to the need for exercise, proper diet and a general, healthy lifestyle. There was added value for pupils in that the Health Promotion Day gave an importance to their work that a simple display in the classroom could not hope to do.

Content: The programme was:

- | | |
|---------|--|
| 11.00am | Introduction by Principal
Talk by a local doctor
Presentations by pupils:
School Choir
Form 1(A): The Environment
Form 1(C): General Health
Class 6 & Language Unit: Friendship
Role-play: Saying 'No' prepared by Northlands Association
School Choir |
| 11.45am | Interviews with Sporting Personalities from
Soccer
Rugby
Gaelic football
Netball |
| 12.30pm | Lunch |
| 1.00pm | Participation in sporting activities (all pupils in rotating groups).
Rugby, netball and gaelic footabll.
Viewing displays |

For further details contact: Ms Carole Allen or Ms Kate O'Kane, Belmont House Special School, 19 Racecourse Road, Londonderry, BT48 7RE. Tel: (01504) 351266.

Peer education programme

St Patrick's Girls' Academy, Dungannon

Profile: A Peer Education training programme for drug education was developed and implemented with the aim of helping to provide young people with the knowledge and skills required to assist them in listening to and supporting others of a similar age and background, especially in the area of drug education.

Content:

Selection of participants

The opportunity was made available to all year 13 pupils and all volunteers were provided with training following parental permission. Fifty volunteers participated in the programme.

The programme

A training programme was delivered by an outside specialist agency in close regular consultation with the teacher responsible for drugs education, the principal and vice-principal.

The training was delivered in eight 90-minute sessions after school hours and over a residential weekend.

The content of the training was as follows:

Session 1.	Introduction:	IceBreakers Drawing up of a contract
Sessions 2-4.	Addressing areas of drug use:	Effects on behaviour Effects on mental & physical functioning Effects on health – short and long term
Session 5.	Legal and social implications of drug use Attitudes and values	
Session 6.	Developing personal skills:	Communication Leadership Self-awareness
Session 7.	Skills training:	Empathy Listening skills
Session 8.	Presentation	

A brief informal meeting followed each session between pupils and teacher to ensure the pupils were comfortable with the process. The outcome of these meetings was fed back to the outside facilitator during a weekly meeting with the teacher.

The weekend residential was designed to continue the work begun in the previous sessions i.e. developing skills, eg

- in listening and presenting information
- team work
- confidentiality
- issues raised around being a peer educator

Result: The peer educators help all form teachers, teachers of PSE and General RE teachers deliver a drug education programme. For example they have worked in small groups with various year groups in constructing a drug education display with contributions from every area of the curriculum. At no time are the peer educators left alone to deliver any part of the programme. They work alongside teachers.

The participants in the programme felt that it was successful in that the skills learned and/or developed were useful general lifeskills, and not just related to drug related issues. The following comments from evaluations exemplify views of the programme:

“...the fact that our group had some Peer Educators helped immensely as they were able to share the facts that they had learned. I do believe that the six weeks were well spent and the programme was very worthwhile.” **year 13 pupil**

“I feel that this programme is very important in the upbringing of teenagers as they will be aware of the consequences and dangers of taking drugs.” **a parent**

“the content was good and appropriate for each year group. The suggestions for delivery were varied and stimulating for the pupils (one or two were impractical with larger classes). At the end of the programme I felt satisfied that the pupils had had an opportunity to examine all areas related to drugs. Overall both pupils and I enjoyed and benefited from the programme.” **a teacher**

For further details contact: Miss Anne Heaney, St Patrick’s Girls’ Academy, 35 Killymeal Road, Dungannon. Tel: (01868) 722474



Section 4

Conclusion

The work of the 16 schools in the project has been praiseworthy in terms of the commitment, particularly of the school coordinators who 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 agreed to a final visit by the Evaluator in March 1998 for an overall assessment of the involvement in the project.

The health promoting school concept is expressed in terms of criteria, which are categorised into three groups entitled ethos, curriculum, and family and community. The schools already had health education or health promotion policies and strategies in place, which to a large extent covered the criteria. Schools used their participation in the project either to further the work of health promotion across a wide spectrum of school life or to focus very specifically on one aspect of health education/promotion. Each of the aims has been addressed either specifically or by a more general approach and there is evidence of how progress has been made in advancing each of the aims.

During the year it became clear that the following are significant factors in the development of a health promoting school:

- the appointment of a coordinator with that specific remit and the allocation of some specific time for the discharge of those duties;
- the identification of realistic objectives, both in terms of extent and timescale;
- the commitment of the principal and other staff, teaching and support, to the principle of a health promoting school;
- the provision of adequate resources in terms of both staff training in methods appropriate for health education, and in materials.

The need for realistic objectives, both in terms of extent and timescale, was highlighted and schools were able to evaluate and refocus their work as it progressed.

The use of the school baseline survey identified the policies already in place and many of the schools assessed and developed elements of their policies during the project.

Initial work on assessing needs and identifying priorities was carried out in the schools. This was done mainly by the nominated coordinator in consultation with the principal either before application was made to the project or immediately after the application had been accepted. This involved the cross-curricular themes within the curriculum of all pupils, particularly whether a policy statement had been prepared, whether it was adequate and the extent to which it was being implemented. The needs and priorities were then discussed at the initial two-day conference in November 1995 when the advice of the project coordinator and members of the staff of education and health and social services boards was available. The development plans were also drafted at that meeting. The schools appreciated the advice given on that occasion.

The assistance offered by the professionals associated with the project was greatly valued and contributed to the success achieved so far in the project schools. One of the most valuable aspects of involvement in the project identified by the schools was the opportunity to establish links with other schools and a wide variety of outside agencies, from which much advice and a range of services were available.

Most of the schools established a small group of staff to support and assist the school coordinator in the implementation of the plans. The formation of a small group to support the coordinator and time allocated at staff meetings or on training days was necessary for effective implementation of health promotion policies.

The availability of funding proved invaluable mainly in providing teacher cover to enable the school coordinator to attend project meetings and also to have time free from teaching duties to plan and support the work of health promotion in the school. Any school wishing to undertake any development work should consider the support necessary for the designated coordinator.

Several issues arising from the project have been identified which, if developed further, could provide valuable material for other schools in the review and updating of their health education/promotion policies. These include the establishment of standard measures, recognised nationally, by which the health promotion activities of a school can be judged. Assistance with pupil needs assessment could facilitate schools in the preliminary stages of policy review. The availability of support materials, both for use by pupils and teachers, is often valued by teachers in revising curricula and strategies.

As a result of the project, which involved post-primary schools of different types, size and location, it is clear that there is tremendous pressure on schools for action in a range of fields of activity. Schools find it necessary to establish priorities for each year, and it may be that health promotion will not, in all schools and at all times, have such a place of high priority. In those circumstances, it is essential that schools have adequate policies and procedures in place to ensure that the school continues to be a health promoting environment.

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



Section 5

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Section 6

Appendices

Appendix I – Members of the Regional Planning Group

Regional Coordinators

Linda Barclay, The Health Promotion Agency for Northern Ireland

Ian Rendle, Assistant Coordinator (Aug 1996 – November 1997). The Health Promotion Agency for Northern Ireland

Health

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

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

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

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

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

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)

Education

Helen Boyd, North Eastern Education and Library Board

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

Tom Doherty, Western Education and Library Board

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

Sean Doran, Belfast Education and Library Board

Patricia Henry, Southern Education and Library Board

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

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

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

Government Departments

Peter Lowry, Department of Education Northern Ireland

Dr Eddie Rooney, Department of Health and Social Services

Independent Evaluator

Dr Sam McGuffin

Appendix 2 – Brief Summary of School Projects

Ballee Community High School, Ballymena

Aim

- To promote pupils' self-esteem and self-confidence in order to encourage a more positive outlook and contribution to life, focusing on the less able pupils in Year 11.

Objectives

1. Curriculum:
 - to develop positive communication skills;
 - to increase knowledge of healthy lifestyle;
 - to provide the opportunity for success in a GNVQ unit at foundation level.
2. School ethos and policies:
 - to enhance pupil aspirations;
 - to develop respect for self and for others;
 - to reduce absenteeism/truancy;
 - to improve behaviour and self-esteem.
3. Community and parents:
 - to provide positive statements for records of achievements;
 - to develop links with local community groups and businesses.

Action

The module was one of four, taught on a rota basis, to the four classes in this group on a double-period for each of nine weeks – the others being business studies, road traffic studies and community education.

The accommodation in the Youth Wing of the school was made available for this class.

The first two groups used the medium of drama and addressed drugs and bullying – the subject matter being chosen by each group by agreement.

In these classes two Youth Tutors provided by the Education and Library Board led the lessons and the class teacher (who was the project coordinator) held a watching brief, learning techniques and giving support as required.

Role play, active learning, games and discussion led to the preparation and production of a short dramatic presentation – to all Year 8 pupils in the school.

The second two groups used the medium of music – rap and rhythm and blues to address smoking and general health behaviour respectively.

These groups also produced a presentation for Year 8 pupils. The presentations were videotaped and a compact disc produced.

Evaluation

Observation by the teacher over each of the nine week periods indicated a clear improvement in the communication skills of the pupils – the general atmosphere and approach encouraged this.

The informal input of factual knowledge in the course of discussion enabled the pupils to gain in knowledge which was perceived by them as relevant.

Although the initial intention was towards a GNVQ, it transpired that such a short module alone would not be appropriate for such certification.

The role play and discussions encouraged an attitude of respect for others and increased self-respect in that all opinions were accepted. There was observational evidence that both behaviour and pupil self-esteem generally was improved.

Certificates recording involvement in this module will be included in each pupil's 'record of achievement' which will be distributed in Year 12.

There was local press coverage of the first drama performance as the result of which a local school requested a performance – but as the intention was to produce the drama for internal use only, a video-copy was offered instead. The video of all four performances will be used at parents' functions and to introduce the module to next year's classes.

Belmont House Special School, Londonderry

Aim

- To build up and extend existing knowledge and perceptions that pupils have of the key areas of health education: sexual development and relationships, substance misuse, nutrition, physical exercise, personal safety, personal hygiene, dental health, care of the environment and smoking.

Objectives

To achieve:

- more liaison with outside agencies;
- more communication between different departments, between parents and school, with other staff, school meals staff, caretaker etc.

Action

The highlight of the year's activity in relation to the project was the Health Promotion Day in the Summer term. The day began with a special assembly conducted by the pupils which illustrated what had been learned during the year. A special healthy lunch was provided; displays were mounted by a number of organisations; the Chest, Heart and Stroke Association measured blood pressure and cholesterol and prominent local players from several sports provided coaching sessions. Pupils from neighbouring schools were invited to the day.

The RUC Drugs Squad addressed the staff, and staff from Northlands Centre assisted with assertiveness training for the pupils.

The junior school insisted that pupils bring only fruit as a snack at break and efforts in the senior school at encouraging such practice have had some success. The tuck shop has not operated this school year and there have been very few complaints.

Considerable efforts have been made to improve the school environment. The coordinators have tried out ideas at staff meetings designed to help in reducing staff stress.

Evaluation

The evidence is that both objectives have been achieved. Many more agencies have been involved with health promotion and the school is delighted with the cooperation and assistance received. There is a much greater awareness of health promotion in the school – it is recognised as part of the school ethos – and all staff – academic, paramedic, catering and cleaning – now identify with it.

The coordinators have benefited from training and have made determined efforts to share the insights and practice with their colleagues. The sex education programme, a two-day input which was introduced for the first time in a coordinated manner with the assistance of the school nurse and health visitor in the last academic year, will be repeated and become an established element of the health education programme.

Belmont House Special School provided a good illustration of a whole school commitment to health promotion and shows how progress in one aspect of school life can affect, for good, the general atmosphere and approach in the whole school.

Christian Brothers' School, Omagh

Aim

- To give pupils the opportunity to participate in a programme which will measure health indices and allow for personal improvement.

Objectives

- to evaluate the current position regarding general fitness in Year 11 boys;
- to allow pupils to participate in a programme of exercise and re-measure fitness levels;
- to evaluate the present attitude towards the contribution of exercise to health and re-evaluate this after one year;
- to develop a positive attitude to the contribution of healthy diet to health;
- to develop a positive self-image in the pupils and thus influence their choices in relation to exercise, diet, alcohol, smoking and other drugs;
- to give staff an opportunity to assess their fitness levels and to participate in a programme of exercise.

Action

The first step was to produce a booklet 'A personal health and fitness programme' which was given to each Year 8 and Year 11 boy.

This contained: details of the level of fitness parameters to be measured initially; the fitness programme; a record sheet for test results, initially in September, January and June; and notes on content of relevant lessons in the PSE programme relating to exercise and diet.

The school has a full-time nurse on the staff – she interviews each pupil in Year 8 and 11 and makes the initial health measures.

During the year difficulties were experienced with the use of the booklets for recording performance, as a result of which modification was made by the use of a master sheet for each class on which results were recorded. This had the disadvantage that boys were unable immediately to compare their performance with previous achievement. An individual card was then produced on which performance was immediately recorded. Its size enabled it to be kept in a pocket.

The project which was envisaged initially within PE has now been firmly associated with the PSE programme.

It is planned to revise the booklet in the light of this year's experience and to make it appropriate for use throughout the boys' school career.

A number of staff members took advantage of a visit from staff of the Chest, Heart and Stroke Association, to have blood pressure and cholesterol levels measured and some have made regular use of the fitness suite.

Evaluation

The objectives indicate that the programme was in fact intended to be much wider than would have been apparent from the initial aim.

The fitness programme was coordinated and supervised by the PE staff.

The school nurse was closely identified with and involved in the project – she had attended counselling courses to enhance her ability to relate to pupils' problems. In addition to her measurement of the health parameters at the initial interview, she had a considerable informal input by being available to boys who want to 'chat' about any problem – an opportunity taken up by many.

The integration of the programme within PSE has ensured that a scope much wider than simply physical exercise has been included with work on diet and also smoking.

The process by which the booklet was initially produced and the changes introduced to meet the difficulties encountered during the year are examples of good practice.

The product, when modified in the light of this year's experience, could provide a good example for other schools envisaging a booklet for PSE incorporating the keeping of records in relation to health behaviour and achievement.

Dalriada School, Ballymoney

Aim

- To rationalise and coordinate the contribution of curricular areas to drugs education.

Objectives

- to develop and utilise appropriate teaching and learning strategies;
- to develop a range of drug education materials;
- to develop expertise in drugs-related counselling;
- to develop links with parents, schools and the community.

Action

The school drew up an action plan and timetable for the achievement of its aim over the period March 1996 – March 1998.

A questionnaire for pupils was developed and administered to all pupils present on the day in the Summer term 1996. A response rate of 84% (399 girls and 284 boys) was achieved – most of the missing pupils being from lower VI who were engaged in activities away from school.

Analysis of the responses and comparison with the figures for the province published in the Health Behaviour of School Children report provided the foundation for the discussions on the development of the programme.⁹

A working group of staff drew up a programme of drugs education covering all years, identifying the contribution of the various academic departments, in particular science and religious education, the role of the PSE tutorial periods and the AS General Studies course taken by all sixth formers.

Appropriate published resources were identified, purchased and made available to staff as required.

A staff-awareness and training programme was undertaken in the Summer term 1997 and plans completed for the implementation and evaluation of the programme in the academic year 1997-98.

Evaluation

This school identified what it perceived as the weak link in its otherwise comprehensive health education programme and devised a sensibly timetabled response.

The initial questionnaire to all pupils, provided valuable information and was used to identify the particular points of greatest significance in the construction and delivery of the programme.

The contribution of the working group and the staff training programme were designed to ensure that the programme was appropriate and that the staff were familiar with the available materials and appropriate methods of presentation.

Downshire School, Carrickfergus

Aims

Within the context of unit of work on 'Preparation for Life: Sex Education':

- to promote awareness of pupils' sexuality and promote responsibility towards relationships;
- to review and produce new policy;
- to establish school ethos;
- to modify the curriculum.

Objectives

To provide opportunities for:

- examination of friendships, love and marriage responsibilities;
- skills in decision making;
- understanding of puberty (physical and emotional changes);
- knowledge of reproductive systems, processes of conception, pregnancy, birth in context;
- involving parents and pupils.

Action

The original plan was to produce a module of work for Year 11 pupils in the Summer term. It was not possible to use this for the first time in 1997 and it was planned to use it in the following September. Working on the project and the proposed introduction of a module on relationships within the Religious Education course in the Summer term of Year 10 has led to discussion on the possibility that the most suitable time for the sex education module would be along with the RE module in the final term of Year 10, before rather than after the Summer holiday.

In the preparation of the module the class representatives were given an opportunity to learn about the plans for the module, to discuss these with their peers and then to say which issues they thought should be addressed in such a module. A staff steering group was established to advise and support the coordinator and to contribute units of work within the module. Parents have been kept informed of the plans and progress of this project and any comment has been positively in support of its aims and methods.

A pupil's workbook and teacher's booklet have been produced as integral to the course.

Appropriate commercially available videos were identified and purchased for use in each unit. A staff briefing day was held and opportunity given for all staff to comment on the plans and material. There was also input from health professionals from a variety of organisations.

The draft material was made available to appropriate staff at the Education and Library Board for comment.

Evaluation

The process followed in the production of this module was a clear example of good practice, involving pupils, staff and parents and ensuring that all necessary preparations were complete before the module was launched with the pupils.

The objectives, as set out, have all been achieved, the first four within the content of the module and the last in the method of its preparation.

Drumglass High School, Dungannon

Aim

- To provide a safe, secure and stimulating school environment which encourages pupils to make informed choices and decisions concerning the misuse of substances.

Objectives

- to undertake a general audit within school across all departments in order to establish the degree and manner in which the issue of substance misuse is being handled on a cross-curricular basis;
- to set up a steering committee, with a strategic membership to oversee the development and implementation of the project;
- a general survey within school among all the staff to assess the feelings on how the 'teaching' of the misuse of substances should be approached;
- the provision of training and guidance to those teachers who will be delivering the programme as part of the PSD* programme;
- the production of a set of teaching materials, tailored to the needs of the pupils and the capabilities of the staff, in order to deliver a programme within the school on the misuse of substances;
- the involvement of parents through information evenings on how the school is approaching the issue;
- to review the school's present drugs policy in the light of the above process.

Action

In the audit, the project coordinator discussed with all heads of department the present practice in the delivery of elements of the curriculum relating to substance use and misuse and completed an appropriate grid.

The staff were asked to express their feelings about such a programme and their participation in it.

There was almost equal support for the programme being delivered in Year 8 and Year 10. The decision to design the programme for Year 10 initially was influenced by the project coordinator's role as Year Tutor for Year 10 and the willingness of all Year 10 class teachers to participate. The unit of work was designed for delivery through PSD in the summer term of Year 10.

A steering group consisting of the coordinator, the vice-principal (who at the outset of the project was acting principal, coordinator for pastoral care and the staff representative on the Board of Governors) and the Year 10 class teachers was formed.

* In Drumglass High School, PSD Personal and Social Development is used to distinguish the programme delivered by class teachers to all pupils from PSE Personal and Social Education which is offered as a subject for GCSE examination.

An INSET day for those participating in the project was provided by the Health Promotion Agency for Northern Ireland.

A wide range of available teaching materials was examined and a pupil's workbook was designed, incorporating and adapting such material as was appropriate.

Much of the work is conducted through discussion in groups of 4 or 5 pupils, which remain constant throughout the unit – at the beginning of which a contract relating to confidentiality is drawn up and agreed including both teacher and pupils.

Before the programme was begun, a letter outlining the content of the unit together with a copy of the Health Promotion Agency for Northern Ireland publication 'Drugs: What Every Parent Should Know' was sent to all parents.

When the evaluation of the first delivery of the programme is complete, it is planned to devise a programme on similar lines for Year 8 and Year 9 pupils and to provide a logical progression from it in Year 11 focusing on moral and social issues and involving decision-making skills.

The final objective relating to the school drugs policy was implemented earlier than originally planned due to the timetable for the promotion of such policies set by the Department of Education Northern Ireland and following a course on the subject in October 1996.

Evaluation

The report shows that the objectives, which were stated in a logical and systematic order, have been achieved. The process by which the unit of work was prepared exemplified good practice and the product in the form of the pupil's workbook was of a very high standard in content and presentation and would serve as a model for other schools planning work on this or related topics. The work carried out in this project continued to illustrate the school's long standing commitment to a high standard in health education and pastoral care, which has been in evidence since its involvement in the initial trials of material produced by the Schools Council Health Education Project 13-18 in 1978.

Fleming Fulton School, Belfast

Aim

- To promote actively 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.

Objectives

- each pupil will acquire a full knowledge and understanding of his/her own physical and emotional development;
- each pupil can recognise and understand it in others;
- each pupil will be able to understand his/her interactions with others and the factors that influence this;
- each pupil will aim at obtaining the highest possible standard of personal and social competence;
- each pupil will develop high self-esteem with greater confidence, assertion and independence;
- each pupil should not only learn in the health education class but participate fully in a meaningful, enjoyable and open manner.

Action

The theme for the project was 'Independence' expressed in terms of the curriculum, personal development and transition to adulthood.

Five working groups, one of which included the head boy and head girl, were created to focus on aspects of the theme as follows:

- the use of form time;
- choices: academic and social;
- pupils: concerns with uniform, dining hall and VI form centre;
- transitions: Nursery to P1, P7 to form 1, mainstream to Fleming Fulton and Fleming Fulton to mainstream;
- training for independence: continuity between home and school in terms of parents, pupils, and staff.

The groups had a full (exceptional closure) day meeting and their reports were collated and circulated to all concerned.

The opportunity for the form teams to meet was much appreciated and the outcomes included decisions to produce guides for form teachers, that form teams and not only Heads of Departments would meet parents and that form teams would meet more regularly than in the past.

Although limited by the circumstances of the pupils the range of possible change in ranges of choice, particularly as the time for leaving is approached, were discussed and appropriate action agreed.

The head boy and girl had organised a questionnaire for pupils and analysed the results. Concerns which had been raised were discussed and actions agreed. Improvement resulted in relations with and the provision made by the canteen staff, a sixth form centre was provided and agreement reached on a change of uniform for sixth formers.

The current practice at each transition stage was identified and proposals made for changes and improvement to be implemented at the appropriate time.

The final group agreed on the production of a booklet on independence, entitled 'What's it all about?: some hints for parents and pupils'.

Evaluation

Although the objectives are expressed in terms of achievement by pupils which could only be assessed qualitatively and over the longer term, it is possible to appreciate the very considerable influence which participation in the project has had in this school. It has been the stimulus for much activity by both staff and pupils and has led to an increased understanding and cooperation between members of staff from the different professional disciplines and between staff and pupils.

A number of interesting events took place as a result of participation in the project. During the ENHPS Conference in Greece in May 1997 pupils were involved in the e-mail link-up and answered questions from participants in that conference. The school is contributing to a video being prepared by the Sports Council to help PE staff in mainstream schools cater for pupils who are physically disabled. Pupils from form IV spend half an hour each week with pupils in classes P2-P7 on a one-to-one basis assisting them with their work.

Knockevin Special School, Downpatrick

Aim

- To examine the area of adolescent health education for pupils with severe learning difficulties.

Objectives

- To develop an overall programme which contributes to this in a positive way.
- To plan an appropriate approach to the areas of:
 - ❖ body maintenance;
 - ❖ personal care;
 - ❖ 'sex education' – the approach would be on a very individual basis and have the full support of the parents.
- To build up appropriate resources and contacts for use within the school as a whole, ie cross-curricular work.

Action

In the short term the objectives were modified to concentrate on piloting a course with Class 6 (a group of 11-12 year olds) in which self-esteem, the appropriate vocabulary in relation to body parts and the implications of sexuality would be developed in preparation for dealing with the issues of sexual behaviour with young people who are operating within the 'stepping stones' stages of level 1 in the core subjects.

The group was taken for this by a team consisting of the teacher, classroom assistant and occupational therapist.

This course aimed at establishing an appreciation of what is acceptable behaviour in different circumstances. The use of appropriate body language to express feelings and the assessment of risk arising from inappropriate signals is the objective of a staged development through the enhancement of self-esteem, focusing on the concept of sharing, and the delivery of factual sex education to single sex groups within the context of the whole course.

Art is used as the major medium for communication by the pupils. This has proved very worthwhile.

Very little appropriate material has been found in the range of publications which has been examined.

Progress has been slow and the intention is that it be continued with this group next year.

The intention is that as a result of this course these pupils will display more appropriate behaviour and attitudes to the expression of emotions, particularly in relation to sex.

Evaluation

The log kept by the teacher will be a valuable document and the efforts made and experience gained will contribute much to the value of the ENHPS project for special schools.

Within the school the experience and acquired expertise of this teacher and her team will be valuable in assisting teachers of groups both younger and older than this pilot group in their discussions on how to address the issues of self-esteem and sexual development.

An important consideration will be the dissemination of this experience in the most appropriate way to teachers in similar schools.

Little Flower Girls' School, Belfast

Aims

- To rationalise and coordinate the contribution of the ethos of the school and the curriculum to education in respect of the environment.
- To raise awareness of the importance of healthy eating based on nutritional principles, thereby making a positive contribution to the health of our pupils.

Objectives

- to instigate a clear and effective litter management system;
- to enhance the internal and external surroundings;
- to rationalise and coordinate the contribution of the curriculum to education in respect of nutrition;
- to investigate and evaluate current eating habits in relation to dietary recommendations;
- to provide healthy eating alternatives in the school canteen and tuck shop.

Action

A steering group consisting of the coordinator and five teachers was established, each member being allocated a specific responsibility.

A survey of the work currently being included in the curriculum of all departments in relation to both healthy eating and the environment was conducted. It was clear from this that the messages are being taught but the evidence in school is that it is not being acted upon.

A number of lower sixth formers have been appointed 'Green Prefects' to assist in the management of the project in the school, in relation to the tuck shop – promoting and not simply selling healthy alternatives – and litter. A 'Health Promoting' board has been set up in the school, articles of interest from newspapers and magazines are displayed and regularly up-dated.

Parents were kept informed of developments in the project by means of articles in the school magazine. A competition for pupils to suggest a title for the project was organised in the magazine: the winning title being 'Take a healthy step forward to the year 2000'.

In relation to nutrition:

- In Year 8 Home Economics classes one unit of work focused on a 'Healthy Lunch Box' with a project to plan a lunch pack for 5 days based on bread and fruit. In Year 11 a unit of work in GCSE Home Economics focused on a healthy breakfast and for a week the pupils in the class cooked themselves a healthy breakfast in school.

- A survey of what pupils would like to have available in the tuck shop resulted in an arrangement being made with a local caterer to provide filled rolls for 50p each. This venture was very successful – the initial order having to be immediately increased as sixth formers and staff (who did not use the tuck shop) were also purchasing the rolls. To encourage the purchase of fruit, apples and oranges are available and a weekly ballot is run in conjunction with the purchase of each piece of fruit.
- A link has been established with a school in Belgium. In both schools a survey of pupils to highlight eating patterns has been conducted and the ‘Green Prefects’ undertook the analysis of this.
- The provision of healthy food in the school canteen and the general acceptability of its service has been greatly improved. Good relations and understanding have been established between the project coordinator and the Education and Library Board catering staff. The school canteen has become a member of the Healthy Eating Circle.

In relation to the environment:

- Year 8 pupils were involved in a litter campaign early in the year to emphasise the school policy.
- An ‘Environment Week’ was organised during which there was a large display of art work in the school hall.
- New wooden benches have been purchased and been placed around the school in suitable places for pupils to sit during the lunch break. New litter-bins have also been purchased.

Evaluation

Efforts have been made to put into practice what is being taught in the curriculum.

Its organisation, with each member of the steering group having a specific responsibility, has enabled much to be achieved.

The pupils have been involved directly in the several surveys, changes have taken place in relation to the tuck shop and dining hall and in the school environment. The lower sixth ‘Green Prefects’ have also greatly assisted the implementation of the changes.

The school coordinator has identified pupil participation in the decision-making process as a key element in establishing this project.

Parkhall High School, Antrim

Aim

- To promote actively the health and wellbeing of all staff and pupils, developing and reinforcing existing good practice, involving the existing experienced health team, comprehensive pastoral care programme, the environmental awareness team, positive links with the school meals service and numerous links with community agencies and parents.

Objectives

- To establish links with the local primary school already involved in the ENHPS project and endeavour to use their health education programme as a base for progression.
- To develop a drugs policy for the school and implement a drugs education programme relating to this.

Action

Close links were established with the local primary school. The details of their health education programme and the steps they took to prepare their pupils for transfer were shared. A questionnaire, partly for pupils and partly for parents, was designed in the high school and distributed by the primary school. The Induction Day programme which had been in place for several years was amended and a folder given to each child.

First year parents are invited to meet the form teachers in October and class teacher in January.

A pupil's work book for PSE covering the whole year's work was designed and used.

In the Summer term a questionnaire was sent to parents in an unsealed envelope for return in the same envelope sealed.

The process established with the project primary school is being extended to include all the feeder primary schools in the current transfer procedure.

A new school drugs policy has been drawn up during the year and a large number of teaching resources on drugs obtained. No action has been taken on revising the drugs element of the health education programme pending the arrival of a new vice-principal who will have this responsibility.

Evaluation

The detail set out by the school in the action plan for each objective was very logical and specific and enabled the coordinator to assess the progress being made.

The arrangements for the induction and reception of new pupils and the PSE programme for the first year were carefully prepared and of a very high standard.

Similar care was taken with the preparation of the school drugs policy which is a clear statement with very specific details of the action to be taken in the event of any drug related incident.

The processes used and the resulting 'products' are examples of good practice.

The decision to delay review of the drugs element of the health education programme is sensible in view of the important role and influence of the newly-appointed vice-principal. This will be a priority for the next school year.

St Brigid's High School, Armagh

Aims

- To coordinate the contribution of curricular areas to drug education.
- The use of support from relevant agencies.
- To foster close liaison with other schools, parents and the community.
- The integration of this new experience into an overall programme of PSE (Personal and Social Education).
- Developing drugs education resource materials which can be utilised throughout the school.
- The training of teachers in delivering a drugs education programme.

Objectives

- to develop knowledge and understanding of the use, misuse, risks and effects of drugs;
- to develop an awareness of the personal and social implications of drugs.

Action

Following the initial meeting of school coordinators and the definition of aims and objectives, the coordinator met with members of staff of the local Education and Library Board and the local Health and Social Services Health Promotion Department and also the Drugs Consortium with fellow school coordinators in the other three schools which had drugs as their focus.

Following this the coordinator prepared a booklet for the staff setting out the contribution of each subject area to health education, drugs education being seen as part of health education and in the context of this school health education as part of the overall PSE programme. The PSE programme has been reorganised to produce a five-year coordinated spiral programme in which modules are addressed each year and within the health education module there is an appropriate drugs element each year. The coordinator prepared a teaching pack, incorporating active tutorial methods, on the drugs element and year teachers will work with their form teacher colleagues in preparation for presenting this material for the first time in the academic year 1997-98.

The school draws all its pupils from one parish and in conjunction with the Parish Pastoral Council three sessions for parents on drug awareness were arranged at the end of the Summer term. While the attendance was less than would have been hoped the sessions proved very acceptable and helpful.

Evaluation

The school used the opportunity afforded by involvement in the project to review and revise its long established PSE programme in general and to incorporate within the health education module an element on drugs. The involvement of parents continued the determination of the school to offer advice on a significant social problem.

St Brigid's High School, Omagh

Aims

- To develop the maximum potential of each pupil - the school aims at excellence in a caring community by promoting self-esteem, developing the academic ability of each pupil, creating a spiritual awareness, encouraging the physical, social and moral welfare of the pupil, involving parents in a joint academic and spiritual partnership with the school and fostering links with the community.

Objectives

- to create a school climate in which good relationships, respect and consideration for others flourish;
- to review the Sex Education Policy and ensure its integration into the curriculum;
- to evaluate the views of all teaching staff and appraise their current teaching practices;
- to discuss and agree a clear moral framework within which sex education is taught in the school;
- to identify an appropriate and effective approach for dealing with issues which can arouse strong views and emotions, or where there are complex ethical and legal considerations to take into account (eg contraception, HIV/AIDS, homosexuality, abortion and child abuse);
- to discuss the responsibilities associated with sexuality and interpersonal relationships (eg friendship, love, marriage etc);
- to develop parental links and provide joint support for pupils;
- to draw on advice and guidance from relevant sources within the community.

Action

In order to review the existing sex education policy, the coordinator undertook a major mapping exercise of all contributions to sex education within the curriculum by interviewing each head of department. Each contribution was identified in relation to which year group received it, during which term, by which teaching strategy and using which resources.

The review was conducted within the parameters of the ethos as set out in a diocesan publication.

A member of staff from the Health Promotion Agency for Northern Ireland met with all year heads to discuss the development of the programme.

A booklet setting out the school's policy, identifying the knowledge and information to be given, the values and beliefs underpinning the teaching and the skills and abilities to be developed, together with revised maps detailing all the teaching components of the programme was prepared and distributed to all teachers.

Staff of the local Health and Social Services Trust and the School Chaplain contributed to the teaching.

Parents were kept informed at each stage of development by letters and at parents meetings. There was a reluctance to get involved but no adverse comments were received.

A review of the programme is being undertaken and it is envisaged that minor amendments will be made to details in the booklet.

The Board of Governors and the Council for Catholic Maintained Schools have been kept informed of developments.

Evaluation

The first objective which is expressed in general terms can only be assessed by impression and subjective evidence. Visits to the school, observation of pupils in corridor and classroom, and conversation with principal and teachers provide ample evidence that this objective is taken seriously in the school and is being achieved to a very high degree.

The report indicates that the other activities have been achieved in the course of the year.

The process by which the review was undertaken and completed provides an example of how within a well-established policy and programme a specific section can be extracted, examined, revised and replaced and this method could be applied to any specific topic within health promotion.

The 'product' in the form of the booklet provides an example which could be adopted, either in its entirety or with some appropriate modification by other post-primary schools.

St Colm's High School, Draperstown

Aims

- To enable Key Stage 4 pupils to acquire skill in decision-making;
- To enable Key Stage 4 pupils to achieve their physical, psychological and social potential and to improve their self-esteem.

Objectives

- pupils should develop to their fullest potential. They should develop a positive self-image and self-confidence;
- pupils should develop their knowledge and understanding of health issues. They should have a critical awareness of the relevant personal and social implications;
- pupils should understand the nature of relationships with peers and others and be able to establish responsible relationships within a widening social content;
- review curriculum provision;
- develop links with pastoral curriculum;
- review school ethos and policies;
- review community/parental involvement;
- modify existing health education programme;
- develop liaison with outside personnel and agencies.

Action

Although it was originally envisaged that all Year 12 pupils would have the revised supplementary unit of work on health education, this did not prove possible and only less able pupils were timetabled for it, though it is hoped to extend this in the future. The work was designed in response to the issues the pupils felt important and the involvement of the Red Cross in the 'Save a Life' programme, was much appreciated by the pupils.

All 75 Year 12 pupils took part in the 'Morning Trail' in which local doctors, health visitors, the practice nurses, and members of the health promotion staff participated in a series of exhibitions, tests and interactive displays, including each pupil having an interview with one of the doctors. Each pupil had a record card to complete in the course of the morning.

There was also a Health Awareness Event which involved the whole school and P7 pupils from feeder primary schools, each pupil having a short questionnaire to complete in the course of visits to the various stalls. This event involved 24 pupil volunteers from Years 8-12 as peer educators to provide staff at some of the displays.

The health education provision has been revised and improved links with the PSE programme established in order to coordinate the contributions of science and religious education.

The project coordinator has served as a consultant on the group in the school which drew up the drugs policy.

The coordinator has been working in a group of teachers from neighbouring schools with the local Education and Library Board Field Officer on the structure and content of a health education policy and programme.

Evaluation

The evidence from all concerned with the two special events, pupils and visiting participants, indicate their success.

The improvement in coordination between health education as timetabled, PSE and the content of subject curricula should greatly enhance the delivery of the essential health messages and go towards ensuring that they are effective.

The programme being tailored to the expressed needs and interests of the pupils has resulted in it being well received.

St Mary's College, Creggan, Londonderry

Aims

- To increase knowledge of social and personal issues relating to sex education in line with the national curriculum and the school ethos.
- To encourage a whole school approach to sex education and a greater involvement from the wider community into the formulating of school policies in this area.
- To provide materials and resources that will enable department areas to make a worthwhile contribution to this area.
- To give parents the opportunity to have control over what is being taught to their children about sex education/relationships.

Objectives

- To develop an understanding of human sexuality and appreciate the integral part it has in their maturing personality.
- To provide opportunities for pupils to be equipped with the knowledge and skills they need to make informed decisions and encourage them to act in a responsible manner.
- To provide opportunities for pupils and parents to work together on issues related to sex education.
- To plan and organise a parent information evening followed by a parent and daughter workshop.
- To evaluate and review policies related to the teaching of sex education at regular intervals.

Action

A cross-curricular working group was established. This included a parent representative.

Criteria for the revision of sex education (which had not been examined for some time) and the formulation of a sex education policy was agreed.

A curriculum audit was conducted and the respective roles of the science and RE departments examined and revised arrangements, including other departments, were agreed.

The Parent-Teacher Association has been kept informed of the developments in the formulation of the policy and valuable contributions have been made.

A pilot parent/daughter workshop for Year 9 pupils was arranged and conducted. Only mothers attended as the girls did not wish fathers to be invited. The session was relaxed and informal and appreciated by both girls and their mothers. It is hoped to be able to extend this arrangement for all girls in the year group.

As a result of working with the school oracy programme suitable literature has been acquired for use in active tutorial work to give pupils the opportunity to open up discussion about life situations.

The staff who teach RE had a training session which addressed, among other subjects, the issue of child protection. This was found to be very useful and the staff concerned felt that their classroom practice would benefit in the long term. All staff had a training session on methods and strategies in teaching from a representative of the Marriage Guidance Council. This was very well received and it is hoped to arrange further sessions.

Evaluation

Evidence from the procedures which have been adopted for the revision of the curriculum and the consultations with and briefing of the staff concerned would indicate that there is improved potential for the achievement of these objectives within the curriculum in the next school year.

The evidence presented in the report from the parent/pupil workshop indicates that it was well organised, successfully delivered and much appreciated by those attending.

A parent information session is being planned and it is hoped to involve as many parents as possible.

The approach to and procedures adopted in this project reflect the school's high standards and will contribute to their improvement in relation to the delivery of sex education in the future.

St Mary's Grammar School, Magherafelt

Aim

- To raise whole school awareness as to the importance of healthy eating based on sound nutritional principles.

Objectives

- to review curriculum provision;
- to examine conflicting health messages;
- to explore the relationships between diet and health;
- to provide good nutrition for children;
- to look at healthy options available.

Action

The school identified the reasons for having a school nutrition policy and the benefits that should accrue from this. It also set out short and long-term goals in relation to such a policy.

Two groups were established: SNAG (School Nutrition Action Group) and PNAG (Pupils' Nutrition Action Group). The former consisted of members of staff and the latter of lower sixth form students taking Home Economics.

Revision of the curriculum involving a trawl of all subject departments to determine the contribution of each to each of the six cross-curricular themes was carried out. Specific input on aspects of healthy diet was included. The school tuck shop was closed with pupils stopped from visiting shops near the school, eating snacks other than at break or lunchtime, and there was provision for breakfast and a wider lunch menu with 'healthy' choices.

Pupils were involved in an evaluation of school meals using the SMAP computer programme; at the annual careers convention a healthy eating display which was located in a very prominent place attracted much interest; the PNAG is responsible for a notice board on which posters and articles on health matters are displayed and regularly up-dated.

Evaluation

The objectives have been achieved; much good practice can be identified in the large amount of activity which has taken place during this school year and success has been achieved in improving the opportunities for eating a healthy diet.

The reduction in snacking, resulting from action in relation to the school tuckshop, visits to shops, and the provision of breakfast, and improved service in the canteen (indicated by the very large increase in the number of pupils and staff who eat there) are clear steps in the desired direction.

A survey of 200 Key Stage 3 pupils did reveal some poor practice in relation to dental hygiene and it is hoped that the results for this school can be compared with those in a parallel survey in a French school to which St Mary's is twinned. A continuing action plan has been set in place for the next school year.

St Patrick's Girls' Academy, Dungannon

Aim

- To enable students to develop their ability to take responsibility for their health and specifically to make conscious and informed decisions about the use of drugs (legal and illegal) in their lives.

Objectives

- To make a statement of the values the school is committed to and which will inform the drugs education project.
- To train relevant members of staff to deliver the drugs education project with the assistance of 'Breakthru'.*
- To provide information about drugs that gives accurate and up-to-date coverage of the effects of drugs, the risks and the legal and illegal aspects of drug taking.
- To provide opportunities for students to develop their abilities to communicate, assert themselves and make responsible decisions, identifying risks and helping others, thereby enhancing their competence and self-esteem.
- To examine a range of resource material already available and if necessary develop our own package of resources, appropriate for a particular year group in our school.
- The project will be targeted at Year 9 pupils who along with their form teacher will be the first group to experience the drugs education project. This will be piloted for one year and, if successful, we will continue with new form teachers and pupils in the following years so eventually involving the whole school in the project.
- To inform the parents of the relevant year group by means of a circular in September 1996, so they are aware of opportunities for involvement and consultation on the project.
- To evaluate the project, the teacher and pupil will carry out a self-evaluation by means of a questionnaire at the end.

Action

Some modifications were made to the list of objectives.

The original project coordinator, who had responsibility for health education, was replaced by a member of staff specifically designated as drugs education coordinator.

* Breakthru is an organisation based in Dungannon which aims to prevent substance abuse by providing education, training and counselling.

A pupil questionnaire was administered to Years 8 and 9 in May-June 1996. The analysis highlighted the need for education on smoking and alcohol in those years.

With the assistance of the Southern Education and Library Board, the pastoral team designed a six week unit within pastoral care. This was delivered during January and February 1997 to all years 8-12, and through General RE** classes to the sixth forms, and not only to year 9 as originally intended.

The delivery involved almost all members of staff, who received a one-day INSET programme conducted by the Southern Education and Library Board in October 1996. A teachers' document with photocopiable material was produced.

Parents were sent a letter containing a copy of the school policy on drugs and an outline of the content of the unit. There was also a parents' evening, which was well attended, organised by the Breakthru organisation.

Evaluation of the programme took place with year meetings at the beginning, mid-point and end of the delivery period. Amendments will be made before delivery, next session.

In addition a voluntary programme of peer education was offered to lower sixth pupils who, after training, contributed to the drugs programme by assisting in classes where teachers accepted their role and as timetables permitted. These pupils also attended the parents' meeting and organised a display in the school hall at the end of the project.

As the sixth form programme in 1996-97 was common to both years, a modified content will be necessary for upper sixth in 1997-98.

Evaluation

The change of plan greatly extended the scope of the work involved from planning and delivering a package to one year group to covering the whole school and involving almost every member of staff.

In accordance with a directive from the Department of Education Northern Ireland the drugs policy was drawn up and copies distributed to parents.

The process in the preparation of the package exemplified good practice and the product illustrates how a theme can be developed within a unit in each year to keep the importance of a subject before the pupils.

** General RE is used to distinguish the RE taken by all sixth formers from the course for A level examination.

Appendix 3 – Initial post-primary school survey

This survey is to provide background information about the current position in the post-primary schools 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
Pupils smoking on school premises	<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"/>
Restricting teachers' smoking in the rest of the school premises	<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"/>
The nutritional content of school dinners	<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"/>
Restricting teachers drinking alcohol (on or off the premises) during school hours	<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"/>
Pupils bullying other pupils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Specifically on sex education: does your school have a policy? _____

If so, is it written informal

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 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	<input type="checkbox"/>
Student teachers	<input type="checkbox"/>
Supply teachers	<input type="checkbox"/>
Classroom assistants	<input type="checkbox"/>
Meals supervisor	<input type="checkbox"/>
Kitchen staff	<input type="checkbox"/>
Caretakers	<input type="checkbox"/>
Cleaners	<input type="checkbox"/>
Secretarial staff	<input type="checkbox"/>
Officials of PTA	<input type="checkbox"/>
All parents	<input type="checkbox"/>
Governors	<input type="checkbox"/>
Education & Library Board	<input type="checkbox"/>
Council for Catholic Maintained Schools	<input type="checkbox"/>

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 on 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 health (incl. 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. 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

As a major topic which is health education led

Using opportunities within the Northern Ireland Curriculum

Not planned

Not taught

Other

(If other, please specify) _____

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

As a separate sex education lesson/course

As a major topic which is health education led

Using opportunities within the Northern Ireland Curriculum

Not planned

Not taught

Other

(If other, please specify) _____

Health Education Training

7. During the last academic year, was all or part of an INSET day devoted specifically to health education issues? (Please tick on box only).

Yes No Don't know

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

Yes No Don't know

Appendix 4 – Dalriada School, Ballymoney

Drugs education project

Pupil survey

Instructions

Please read each question carefully before responding. Sometimes you are asked to tick the appropriate box or boxes and for some questions you have to write your answer in the box provided. Please answer every question and answer honestly without consulting anyone else.

Remember your answers are totally anonymous.

Thank you for your help.

Date: _____

1. Are you female or male?

Female	Male
--------	------

2. How old are you?

Years	Months
-------	--------

3. Which year are you in at school? (8 to 14)

Year

4. In your opinion: what do your teachers think about your school performance compared to your classmates?

Very Good	Good	Average	Below Average
-----------	------	---------	---------------

5. How many friends do you have?

None	One	Two or three	More than three
------	-----	--------------	-----------------

6. How do you feel about school at present?

Like it a lot	Like it a bit	Don't like it much	Don't like it at all
---------------	---------------	--------------------	----------------------

7. How do you feel about yourself at present?

I feel good about myself	I feel all right about myself	I feel bad about myself	I feel bad about myself most of the time
--------------------------	-------------------------------	-------------------------	--

8. Do you ever wish you were someone else?

Never	Occasionally	Often	Always
-------	--------------	-------	--------

9. Have you ever smoked tobacco? (ie at least once)
- | | |
|-----|----|
| Yes | No |
|-----|----|
10. How often do you smoke at present?
- | | | | |
|----------|----------------------|-----------------------|----------------|
| Everyday | Once a week at least | Less than once a week | I do not smoke |
|----------|----------------------|-----------------------|----------------|
11. How many cigarettes do you usually smoke in a week?
- | |
|--------|
| Number |
|--------|
12. Have you ever tasted alcoholic drink?
- | | |
|-----|----|
| Yes | No |
|-----|----|
13. How often do you drink alcohol?
(ie a proper drink, not just a sip)
- | | | | |
|------------------------------------|----------------------|-----------------------|------------------------|
| Everyday | Once a week at least | Once a month at least | Less than once a month |
| At special occasions like weddings | | Never | |
14. Are you allowed to drink alcohol at home?
- | | | |
|-----------|--------|-------|
| Sometimes | Rarely | Never |
|-----------|--------|-------|
15. Have you ever had so much alcohol that you were really drunk?
- | | | |
|------------|--------------------|-----------|
| No, Never | Once | 2-3 Times |
| 4-10 Times | More than 10 Times | |

In the following questions the term drugs includes solvents, aerosols, glues etc and other recognised illicit substances.

16. Have you ever been offered drugs? (not for medical reasons)
- | | |
|-----------|-----|
| No, Never | Yes |
|-----------|-----|
- Go to Q.22* *Go to Q.17*

17. From which of the following sources were you offered drugs? (You may tick more than one box).

An adult I didn't know	An adult I knew but not a relative	An adult relative	A stranger my own age
A school friend from Dalriada	A friend from another school	A relative my own age	Someone else

18. Where were you when you were offered drugs? (You may tick more than one box).

In the street	At a rave	At a disco	At a concert
At a youth club	At school	At a leisure centre	At a friend's house
Somewhere else – please write in			

19. What drugs were you offered the first time?

Please write in

20. What drugs were you offered the last time?

Please write in

21. What age were you the first time you were offered drugs? (approx.)

Age

22. Have you ever offered drugs to someone else?

No, Never

Yes once

More than once

23. Have you ever used drugs or solvents?

No, Never

Yes once

More than once

Go to Q.29

Go to Q.24

Go to Q.24

24. What age were you when you first used drugs? (approximately)

Age

25. What drugs have you used?

Please write in

26. How often do you use drugs now?

Never

Less than once a year

1-5 times a year

6-10 times a year

At least once monthly

At least once a week

Nearly every day

27. Why do you use drugs?

Please write in reasons

28. Please tick whichever of these boxes applies – one tick per line.

Because of my drugs use:

		Never	Once	More than once
a.	I have been in trouble with my parents			
b.	I have been in trouble with school			
c.	I have been in trouble with the police			
d.	I have been in trouble with my friends			
e.	I have been sick			
f.	I have been worried or depressed			
g.	I felt I would like to stop using drugs			

29. How easy would it be to get illegal drugs if you wanted to?

Very easy	Fairly easy	I don't know	Fairly hard	Very hard
-----------	-------------	--------------	-------------	-----------

30. Do your friends take drugs?

No	Some do	Many do
----	---------	---------

31. Do your friends smoke?

No	Some do	Many do
----	---------	---------

32. Do your friends drink alcohol?

No	Some do	Many do
----	---------	---------

33. Have you ever felt any social or peer pressure to take drugs?

No, never	Once	Occasionally	A number of times
-----------	------	--------------	-------------------

34. Do you feel pupils should be educated about drugs at school?

No, not at all	Yes	Yes, It's very important
----------------	-----	--------------------------

Tick the boxes that best describe your attitude to:

a. smoking, b. drinking alcohol, c. taking drugs in society

35. A normal social activity?

Smoking	
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Alcohol	
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Drugs	
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

36. An anti-social activity?

37. A dangerous activity?

38. Something you approve of?

39. Something you disapprove of?

40. Are you ever absent from school for reasons other than illness?

Never	Sometimes	A lot
-------	-----------	-------

41. Do you ever feel lonely?

Very often	Rather often	Sometimes	Never
------------	--------------	-----------	-------

42. Is it easy or difficult for you to make new friends?

Very easy	Easy	Difficult	Very difficult
-----------	------	-----------	----------------

43. Do you ever feel helpless?

Always	Often	Sometimes	Rarely	Never
--------	-------	-----------	--------	-------

44. Do you feel confident in yourself?

Always	Often	Sometimes	Rarely	Never
--------	-------	-----------	--------	-------

45. In general how do you feel about your life at present?

Very happy	Quite happy	Not very happy	Not happy at all
------------	-------------	----------------	------------------

46. In your opinion what do your teachers think about your behaviour at school this year?

Very happy	Quite happy	Not very happy	Not happy at all
------------	-------------	----------------	------------------

47. How much information do you want about drugs?

A lot	Some	None
-------	------	------

48. Please tick any elements that you feel it would be important to have in a Dalriada School drugs education programme.

	Tick Here
presentation of the facts about drugs	
outside speakers	
videos	
discussions about drugs	
decision-making skills	
worksheets	

49. Who do you think should be involved in the creation of the Dalriada School drugs education programme?

Teachers only	Pupils only	Parents only	Teachers & Pupils	Teachers & Parents	Teachers, Parents & Pupils
---------------	-------------	--------------	-------------------	--------------------	----------------------------

50. Please make any other comments about drugs and drug education in this box.

--

Drugs education project**Questionnaire to staff**

In relation to the drugs education programme in the school curriculum:

1. Indicate by marking 'X' two preferences for the method of training staff.

- A An identified drugs awareness teacher receiving training.
- B A number of teachers being identified and trained.
- C A school based INSET programme for all staff conducted by external professionals.
- D Certain teachers receive training and then they conduct INSET programmes.
- E A voluntary school-based INSET programme for staff who are interested.

2. Indicate by marking 'X' two preferences for the method of delivery of the programme.

- A By subject departments
- B Within the tutorial programme
- C Within subjects
- D By stand alone units taught by school staff
- E By stand alone units taught by outsiders

Please add any other comments you may have about the drugs education programme.

Appendix 5 – Drumglass High School, Dungannon

Staff questionnaire on drugs education

I would be grateful if you would complete this questionnaire in order to help us plan and prepare for a drugs education programme. The results of this questionnaire will be used in conjunction with the findings of the departmental audits undertaken earlier, in attempting to establish the direction of a drugs education programme and related staff training. The questions below should only be answered in the context of this school. I would be grateful if you could please return your completed questionnaire on or before Wednesday 19th June.

Many thanks for your cooperation,
J Marshall
A Bell

1. Do you think that the issue of drugs education should be treated as a whole school issue?
Yes No
2. Do you think there is a need within this school for a drug awareness programme?
Yes No
3. Do you think that a school should be the central focus of any drugs education programme for young people?
Yes No
4. In which year group do you think that any drug awareness programme should begin?
Year 8 Year 11
Year 9 Year 12
Year 10 Year 13
Year 14
5. Which of the areas below do you believe are the most effective channel(s) through which a drugs awareness programme might be delivered? (You may number them in order of effectiveness)
 Through subject departments.
 Through the present PSD programme.
 Within subjects as a drug related issue may arise.
 Through 'stand alone' sessions conducted by our own staff.
 Through 'stand alone' sessions conducted by expert outsiders.
Other (Please specify) _____

6. Who do you think would be best suited to delivering a drugs education programme?
(Tick the appropriate box)
- The class teacher within a specific subject.
 The form teacher through their PSD classes.
 Any teacher as they are confronted by a drug related issue.
 By a delegated member of staff who has specific responsibility for drugs education.
 By a series of outside professionals who are called upon at appropriate points.
7. Have you ever been confronted with a drugs related incident as a teacher in this school?
- Yes No
8. At present, if you were confronted with a drugs related incident what action would you take?
- _____
- _____
- _____
9. What do you think is the aim of a drugs education programme?
- To warn children of the dangers of drug misuse.
 To prevent children from becoming involved in drug misuse.
 To provide a balanced programme on drugs education with accurate and honest information.
 To give pupils the skills and knowledge to reach rational and logical choices about drugs.
 A combination of the above. (Please specify) _____
- _____
- _____
10. Which approach to drugs education do you think would be the most effective?
- The shock/horror approach producing a fear and revulsion of drug misuse.
 The scientific/information approach where children are provided with information about drugs.
 The behavioural approach where pupils are given social and life skills to deal with drugs when confronted with them.
 The harm minimisation approach which seeks to reduce the impact of drugs and not necessarily to prevent drug misuse.
 The cultural approach focusing on the socio-economic context rather than the drugs.
 A combination of the above. (Please specify) _____
- _____
- _____

11. Any drug awareness programme will require some degree of training. How best do you think staff training in this area should proceed?

- An identified/delegated drugs awareness teacher receives training.
- Certain teachers are identified and are sent on training.
- A school based INSET programme for all staff conducted by an external professional.
- Certain teachers receive training who in turn train the remaining staff.
- A voluntary school based INSET training programme for those members of staff who are interested.
- A combination of the above. (Please specify) _____

12. At present how would you feel about delivering a drugs education programme?

- Happy Unhappy

13. Answer only if you have ticked 'Happy'.

What contribution do you believe you could make to such a programme?

14. Answer only if you ticked 'Unhappy'.

What reservations do you have about becoming involved in such a programme?

15. What training needs do you think need to be addressed before undertaking a drugs education programme?

Appendix 6 – Parkhall High School, Antrim

Health promotion survey – parents

Dear Parents,

We as a staff and as parents are aware of the concerns expressed by both pupils and parents when starting a new school. We would like you to help us address some of these problems to enable the children to settle in as quickly as possible. Your comments will help us to improve and update our existing programme.

Please list your concerns below:

A Secondary School is now expected to incorporate into the curriculum the areas listed below. We would like you to indicate what emphasis you feel should be given to those areas using a rating scale of 1-8 for each (1 being the most important).

- | | |
|--|--------------------------|
| (1) Personal Development
(Self confidence, feeling good, understanding what governs physical and emotional growth) | <input type="checkbox"/> |
| (2) Physical Fitness
(Relaxation/recreation) | <input type="checkbox"/> |
| (3) Nutrition
(Understanding how nutrition affects growth, energy and health) | <input type="checkbox"/> |
| (4) Responsible decision making
(Uses of and problems related to drugs and other potentially harmful substances) | <input type="checkbox"/> |
| (5) Relationships within the family
(Helping children to understand the value of the family unit) | <input type="checkbox"/> |
| (6) Relationships with peers and others
(Pupils to be able to understand and manage relationships in a variety of situations.
This would include our Sex Education policy which is delivered as appropriate) | <input type="checkbox"/> |
| (7) Personal safety in the environment
(To include bullying, self protection within the environment) | <input type="checkbox"/> |
| (8) Healthy environment
(Understanding the importance of creating, maintaining and improving the environment) | <input type="checkbox"/> |

If there are any other issues which you as a parent would like the school to include in this programme, please indicate below:

Are you happy that copies of all our policies are available in the school office for parents to consult during school hours? Yes No

Thank you for your cooperation.

We look forward to meeting you and your child during the new school year.

Health promoting survey – pupils

Dear Pupil,

Welcome to Parkhall High School. We would like you to fill in this questionnaire and hand it in to your class teacher before Monday 9 June 1997.

BOY _____ GIRL _____

Which of these topics have you heard about in Primary School? Please tick.

Healthy eating	<input type="checkbox"/>	Bullying	<input type="checkbox"/>	Saying no to strangers	<input type="checkbox"/>
Care of your teeth	<input type="checkbox"/>	Exercise is good for you	<input type="checkbox"/>	Being safe at school	<input type="checkbox"/>
Personal hygiene	<input type="checkbox"/>	Making Friends	<input type="checkbox"/>	Keeping safe in the sun	<input type="checkbox"/>
Road Safety	<input type="checkbox"/>	How your body works	<input type="checkbox"/>	Misuse of tablets/drugs	<input type="checkbox"/>
Water Safety	<input type="checkbox"/>	Feeling good about yourself	<input type="checkbox"/>	Harmful effects of medicines	<input type="checkbox"/>

Are there any areas which you would like to study at Parkhall. You can choose from the list above or can add new ideas of your own.

When your teacher was talking to you about the above subjects which way did he/she make it most interesting? Tick one or more boxes.

Watching videos	<input type="checkbox"/>	Reading from leaflets	<input type="checkbox"/>
Making posters	<input type="checkbox"/>	Talking in groups	<input type="checkbox"/>

We want you to enjoy your time at Parkhall and to help us answer any questions which may be worrying you, we would like you to read and complete the questions below.

Circle the number which is best suited to you.	Very worried	←	→	Not worried at all
(1) Getting to and from school	5	4	3	2 1
(2) Where do I go when I arrive on my first day?	5	4	3	2 1
(3) How will I find my way around school?	5	4	3	2 1
(4) Will I know anybody in my class?	5	4	3	2 1
(5) What will I bring on my first day?	5	4	3	2 1
(6) Who will help me if I get lost?	5	4	3	2 1
(7) If I am sick, who do I go to?	5	4	3	2 1
(8) Where do I get my lunch pass?	5	4	3	2 1
(9) Where do I get my bus pass?	5	4	3	2 1
(10) What way do I queue up at the canteen?	5	4	3	2 1
(11) Who do I talk to if someone is bullying me?	5	4	3	2 1
(12) How do I find out about after school activities?	5	4	3	2 1
(13) How will I cope with new subjects on the timetable?	5	4	3	2 1
(14) How will I organise my homework?	5	4	3	2 1
(15) What do I do at break/lunchtime?	5	4	3	2 1

List below anything you are looking forward to as you start your secondary school education as a pupil in Parkhall High.

We look forward to seeing you at Induction Day on Monday 16 June 1997.

Appendix 7 – St Patrick’s Girls’ School, Dungannon

Drugs education programme

Parent evaluation – confidential

Dear Parent(s),

Your daughter is nearing completion of a drugs education programme. In order to modify the programme it is necessary to receive evaluation from a wide range of sources. Your input would be greatly appreciated.

This evaluation is strictly confidential. Your name is not required.

1. Are you aware of the drugs education programme through? (tick one or more replies)

letter from school
 your daughter
 not aware

2. Have you discussed any aspect of the programme with your daughter?

Yes
 No

3. If yes, what aspect? (tick one or more replies)

views/attitudes to drugs
 peer influences
 self-esteem
 sources of help/services
 other, please state _____

4. Are you happy with the content of the programme?

If there are some aspects which please you and some which don't please complete both replies.

Yes
 Why? _____

No
 Why? _____

5. What would you like to see deleted from a year 11 programme for your daughter?

6. What would you like to see included in a year 12 programme for your daughter?

7. Did you attend the Drugs Awareness Evening for parents which was held in school on 16th January 1997?

Yes No

Thank you for your co-operation. Your input will be useful in evaluating our existing programme.

Please return this evaluation sheet when you attend your daughter's parent-teacher meeting.

Appendix 8 – St Colm’s High School, Draperstown

Health awareness quiz for all primary school pupils

You could win a Prize!!

Name of Primary School _____

Your Name _____

Circle the correct answers.

1. The model used to practise ‘Save A Life Skills’ is called:
 - (a) Resusci Esmeralda
 - (b) Resusci Annie

2. Smokebusters is a club set up by the Ulster Cancer Foundation to help young people avoid smoking.
 - (a) True
 - (b) False

3. Which of the following milks has the least amount of fat?
 - (a) Semi-Skimmed Milk
 - (b) Skimmed Milk

4. Jenny Bristow who is in the Assembly Hall to-day is giving advice and demonstrating ‘Healthy Eating Tips’.
 - (a) True
 - (b) False

5. A logo encourages shopkeepers to have no sweets at checkouts. Eating too many sweets is likely to cause:
 - (a) Dental Decay
 - (b) A Bad Flu

Before you leave give your completed sheet to one of the pupils dressed in costume at the door.

Health awareness quiz for years 8, 9, 10, 11 and 12

Name _____ Year _____

1. How many people in the UK have stopped smoking in the last 25 years?
Underline the correct answer.

(a) 2 million
(b) 15 million
2. What is the name of the organisation that is demonstrating 'Save a Life Skills'?

3. Name the personality in the Assembly Hall today who currently has a series of programmes on UTV showing on a Tuesday evening.

4. Where is the Asthma Clinic held? Underline the correct answer.

(a) The Nurses Clinic
(b) The Surgery
5. What is the name of the centre providing fitness testing equipment?

6. Name the association carrying out a blood cholesterol check on adults

7. Which type of milk has the least amount of fat?

(a) Semi-skimmed milk
(b) Skimmed milk
8. What is the name of the Yoga Group demonstrating Stress Management Skills?

Before you leave give your completed sheet to one of the pupils dressed in costume at the door.

Health awareness day
Wednesday 13 November 1996

1. One thing I found good about this health awareness event was:

2. The activity/demonstration I most enjoyed was:

3. Was there anything you didn't enjoy/like?

4. Something new I learnt at this event was:

5. I found the sessions and activities useful because:

6. As a result of this work I would like to know more about:

Health awareness day evaluation sheet

The health awareness event today was organised as a result of this school's involvement in 'The European Network of Health Promoting Schools'. It is one of a series of events being organised within the school to develop St Colm's as 'A Health Promoting School'. Other schools both in this board area and in the European Network Project are interested in events such as this.

I would be most grateful if you could take a few moments before you leave and complete this evaluation.

1. As a professional how successful do you feel your input was to today's event?

2. How well did the pupils respond/participate to your display/activity?

3. In what ways was it useful to have pupils/peer educators working with you today?

4. To further develop pupils' knowledge/skills have you any suggestions for follow-up work, you could be involved with in the classroom?

5. In your opinion is there anything else that could have been done to improve today's event?

6. Would you be willing to be part of a similar event again?

Signed _____ Date _____

Thank you for your contribution to today's event and for completing this evaluation.

Patricia Glass
Health Education Coordinator.

Appendix 9 – Use of outside agencies/individuals

A recommended strategy for Health Promoting Schools is the use of agencies or individuals within the community to provide additional 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 the resources which are to be used and judge the appropriateness of such materials for the age range and maturity of the pupils.

- 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 their pupils. 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 the type of course which is taking place may avoid parents raising 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 by the agency/individual 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 along 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 school's expectations concerning conduct and confidentiality.

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

Acknowledgments

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