

Living Well Schools: Transforming the health and wellbeing of pupils for better educational outcomes & happy, healthy & fulfilling lives

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Background

Living well schools

- After working closely with schools during COVID we developed a Living Well Schools programme. This poster outlines the aims, operating model and intended outcomes
- Partnerships between schools and Public Health were strengthened due to this closer way of working during the pandemic
- Schools had a need for advice around prevention and control of COVID-19
- **A clear need for Living Well Schools outlined by these figures:**



Social Emotional and Mental Health

- In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder – equating to ~15,500 children in Bradford (NHS Digital, 2020).

Children living in relative low income families

- Bradford District has the 3rd highest rate within the UK.
- Large disparities across the District 65% in Manningham versus 6% in Wharfedale (DWP, 2020)

Physical Health

- 27.5% or more than 1 in 4 Children are obese in Year 6 (NCMP 2019/20)
- Just 13.2% of children in Bradford meet physically active guidelines (WAY Survey, 2016)
- 756 children and young people with SEN have physical disability

Method

- The basic structure and operating model for Living Well Schools was developed during early 2021 from engagement with head teachers and a schools COVID response group.
- The leadership board for Living Well Schools is now drawn from public health, the education sector and local academia.
- On-going co-production will be assured via a newly established head teacher reference group and established COVID ambassador networks (run via Youth services).
- The Living Well Schools website will be informed by this engagement and maintained as a live reference point and portal to resources and services for schools.

Evaluation

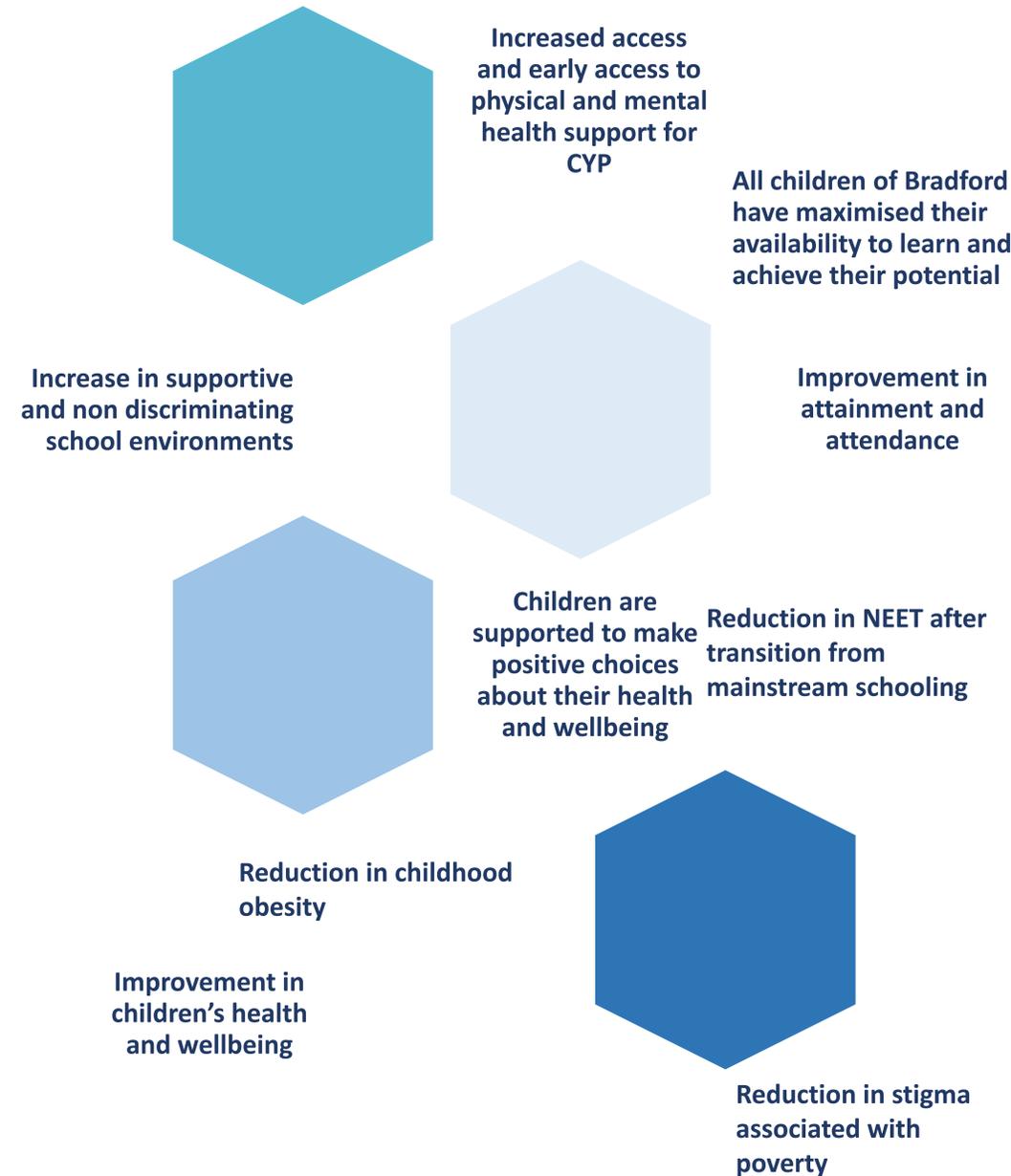
What does success look like?

- Self-report from children – improved mental health, feeling like they have more support in schools
- Improved attainment and attendance
- Feedback from children/young people
- Sustainability – schools leading initiatives – norm (acceptability, uptake)
- Staff understanding importance
- Staff feeling efficacious and motivated and feeling leadership environment allows them to do it
- Implementations – number of schools signed up to modules (9 modules)
- What aspects of programme do schools like/dislike?

Evaluation

1. Short term – implementation evaluation
 2. Long term – effectiveness on child outcomes (natural experiments comparing schools with high vs low uptake of modules).
- Does the programme work help schools have healthier children and staff?
 - Has Living Well Schools reduced health inequalities?
 - Does implementation of programme improve outcomes in children?
 - Is there a dose response related to programme uptake/implementation?

Key Outcomes



Aim and Objectives

Social, Emotional and Mental Health

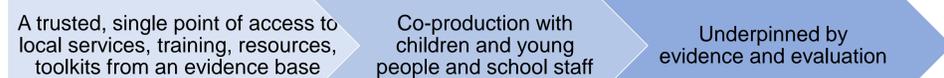
- Emotional wellbeing
- Healthy relationships
- Adversity, trauma and resilience in schools

Physical health

- Increasing physical activity & food security
- COVID secure schools
- Community healthcare and SEND

Classroom inequalities

- Reducing the digital divide
- Tackling discrimination and prejudice
- Poverty proofing the school day



Partners

