

Academy Trusts need better support to promote health

Tricia Jessiman, Professor Rona Campbell, Professor Russ Jago, University of Bristol, Professor Dorothy Newbury-Birch, Teesside University, and Dr Esther Van Sluijs, University of Cambridge.

About the research

Over half of pupils in England now attend an academy school¹. Health and educational outcomes are known to be inextricably linked. Healthy children and young people obtain better educational outcomes which, in turn, are associated with better life long health. Schools are key settings for health promotion but this study reveals variability across academies in how student health is prioritised.

This briefing reports on a qualitative study which explored health promotion in academies and multi-academy trusts (MATs). Researchers looked at how academy leaders perceive health promotion, how priorities are set and what encourages and inhibits health promotion amongst students and staff. Participants included 25 senior staff from academy trusts across England (ranging in size from 1 to 40 academies and including both primary and secondary schools). Researchers also interviewed five staff from local authority public health teams and third-sector health organisations who engage with trusts for health promoting reasons.

The policy implications highlighted in this briefing were developed by a range of stakeholders including public health practitioners from local authorities, third sector organisations with experience in engaging with schools, public health academics, and representatives from Public Health England.

Those seeking to improve the health and wellbeing of children and young people need to understand how academy schools promote health, and where support is needed.

Policy implications

- There is a need to better engage all academy trusts in health promotion. Currently, the promotion of student health varies across academies.
- Public health practitioners can support academies to implement a 'whole school approach' to health. Local and national authorities should allocate funding for public health practitioners to better communicate the links between health and educational attainment.
- Ofsted should include clear and weighted criteria to assess school performance in health promotion in their new Schools Inspection Framework. This would also incentivise school leaders to enact health promotion initiatives which benefit students.
- The UK Government should consider reinstating initiatives such as the National Healthy Schools Programme to encourage more academy leaders to prioritise health.
- Public health practitioners and researchers should ensure academy leaders have access to reliable, evidenced-based information on what works in schools to promote student health.

¹ Academy schools are state-schools funded directly by the Department for Education. They are run by academy trusts either as single academies (SAT) or in groups (multi-academy trusts) (MATs). MATs have a single board of directors who run and are accountable for all the academies within the MAT, though they may delegate some responsibilities to individual academy governing boards. Academies have greater freedoms than schools maintained by local authorities, including the right to opt out of the National Curriculum.

Key findings

- Academy and trust leaders recognise that promoting staff wellbeing is important to both retention and performance.
- There exists wide variability across academy trusts, and academy schools, in the approach to promoting and protecting student health.
- In MATs, CEOs determine the approach taken across the trust. A MAT-wide health promotion strategy is rare, as most delegate responsibility for health promotion to individual academies.
- In most academy schools, head teachers determine how health promotion is prioritised and how resources are allocated (or not).
- Factors that encourage academy leaders to prioritise health promotion include awareness of health inequalities, recognition of the links between health and educational attainment, and the opportunity to implement evidence-based health initiatives.
- Barriers to health promotion in academies include financial constraints, a narrow focus on educational outcomes and school performance (there was little perception that health promotion activity makes a significant contribution to the outcome of Ofsted assessments) and limited understanding about effective health interventions.



“ Health initiatives are decided by the school. I give the top level steer. **“We need more focus on this. You need to do it through assemblies, through visiting speakers, through health education in dedicated PSHE time. And you need every adult in the school to understand it so that it can be woven into other transactions as well.”** They’re the key messages. And I ask [head teachers] to tell me then what they’re doing. (MAT CEO)

References and further reading

Langford R, Bonell CP, Jones HE, Poulidou T, Murphy SM, Waters E, Komro KA, Gibbs LF, Magnus D, Campbell R. The WHO Health Promoting School framework for improving the health and wellbeing of students and their academic achievement. Cochrane Database of Systematic Reviews 2014, Issue 4. Art. No.: CD008958. DOI: 10.1002/14651858.CD008958.pub2. <https://www.ncbi.nlm.nih.gov/pubmed/24737131>

National Audit Office. Converting maintained schools to academies. 2018. <https://www.nao.org.uk/wp-content/uploads/2018/02/Converting-maintained-schools-to-academies.pdf>

Department for Education. *Relationships Education, Relationships and Sex Education (RSE) and Health Education. Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers. Draft for consultation: July 2018.* Available from <https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/>

Contact the researchers

Tricia Jessiman, Senior Research Associate, Department of Population Health Sciences, University of Bristol tricia.jessiman@bristol.ac.uk

This is an outline of independent research funded by the National Institute for Health Research School for Public Health research (NIHR SPHR). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

NIHR | **School for Public Health Research**