

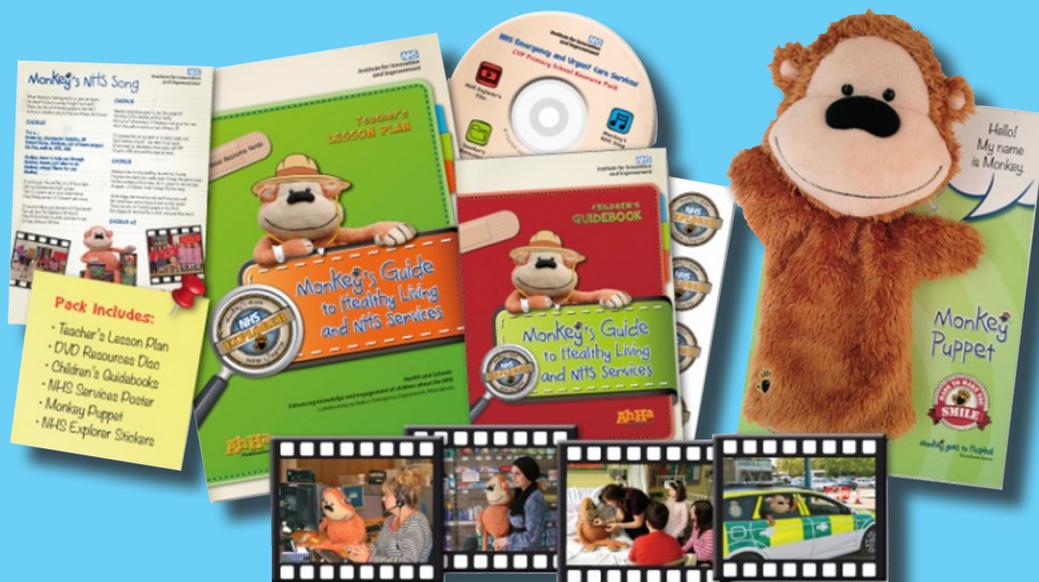


LIVERPOOL  
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Liverpool John Moores University  
Faculty of Education, Health and Community

# Monkey's Guide to Healthy Living and NHS Services

An evaluation of the implementation  
of resources designed to support  
the learning of primary school aged  
children in England



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## Executive Summary

The National Health Service Institute for Innovation and Improvement was established to help the NHS to improve healthcare by rapidly developing and disseminating knowledge and evidence about new ways of working.

It aimed to be a major change agent within the NHS, supporting creativity and development alongside improving performance, responding to complex challenges and achieving higher levels of quality and efficiency. One example is the *Emergency and Urgent Care Pathway for Children and Young People* (NHS Institute for Innovation and Improvement, 2008), which focussed on providing high quality and safe healthcare for children and young people requiring urgent or emergency treatment for the most common illnesses and injuries.

A driving factor in ensuring efficiency is appropriate use of services. *Monkey's Guide to Healthy Living and NHS Services* was developed to increase awareness of acute health services in primary school-aged children. This free resource was posted to every primary school in England.

Building on preliminary work undertaken in 2012 a process and impact evaluation was undertaken to explore how the resource was being utilised during 2013-14. A small number of in-depth case studies were developed involving classroom-based observations and teacher interviews along with a much larger online survey which was emailed to all primary schools in England (n=19,647).

On the whole, the resource was viewed as useful, engaging and informative; with children, teachers and other professionals particularly valuing the monkey puppet, video clips and teacher resources. Evaluation highlights include:

- Most respondents integrated the materials into the curriculum, used them as a one-off lesson, or developed their own innovative and strategic approaches to make the best use of the resources.
- Almost two-thirds of schools who responded to the survey felt the resources led to pupils knowing about the available NHS services and healthy lifestyles.
- Over half felt pupils were now more informed about the most appropriate services to use.

Whilst the evaluation found the resources to be effective when used, those who did not use them, or had not used them to their potential, felt they needed more direction and support particularly after the initial roll-out. This was despite lesson plans being provided.

The uptake and implementation of the resources was not universal but the findings of the evaluation suggest

that *Monkey's Guide* has had significant impact on children and their families and communities in every region of England; it is clear that as a result of using the resources children are able to identify ways in which to stay healthy, fit, active and safe - at home and at school; they are able to identify the various emergency and urgent care facilities available to them locally. Families are enabled to make informed choices about the health services they would access. This is confirmed by both the children themselves and the teachers and other professionals who work with them. The positive impact on children's learning is also recognised by some parents, particularly where schools have actively involved parents in the activities.

The demand for additional resources suggests sustained use in schools as well as use in a range of contexts which extend beyond Primary Schools. They include front-line community health, hospital, local authority, young people's services; community and voluntary services as well as some advocates working at more strategic regional and national levels.

The high quality resources were valued by teachers and other professionals who did use them and recognised how they related to the aims of the *Urgent and Emergency Care* pathway. They reported a high level of engagement of the children which was generated primarily through identification with the *Monkey* character as well as *Young Health Explorers* in the video clips. Teachers found the flexibility and wide scope of the learning resources invaluable and tips on how these could be used, adapted and extended to meet specific curriculum goals were clearly appreciated. Case Studies illustrate a range of implementation strategies used to support the learning of children across the age ranges, with teachers making some adaptations to ensure they were more accessible to very young children or those who have special needs. Involving parents and health professionals, such as School Nurses and visiting Paramedics, added considerable value to the teaching. Where collaboration between teachers, learning mentors, classroom assistants, health partners, children and parents was enabled a genuine sense of a learning community within the schools was fostered.

Positive outcomes included children perceiving learning to be fun; enhanced pupil knowledge of the range of health services available to them locally; children's reflection on the most appropriate services to access in different situations; increased interest in being healthy; children continuing to discuss topics introduced through the resources beyond planned teaching sessions. Outcomes from the children's perspectives were also positive; they were able to recognise what they had learned and how they might share their learning with their friends and families.

The reach and impact of the resources have extended to a range of contexts beyond the school



setting, including bridging learning opportunities between acute and community health care settings and their potential use in a range of contexts and circumstances. The resources can be used to develop a learning community within the schools through the collaboration between teachers, learning mentors, classroom assistants, health partners, children and their families.

Through the use of *Monkey's Guide* teachers have been empowered to confidently discuss health care and services with the children in their class and promote health and well-being. Some teachers and parents have been able to recognise positive changes in the health behaviours of the children who have engaged with the resources.

## Conclusion

Despite the limitations of the evaluation it is evident that *Monkey's Guide to Healthy Living and NHS Services* has been used successfully in primary schools in all of the regions of England. Over all, teachers and professionals recognised the value of this high quality, attractive and engaging resource in supporting the learning of 5-11 year old children. Based on the evidence presented, the following may be confidently concluded:

1. The resources cater for a wide range of learning styles and can be adapted for use with children of different abilities to support the aims of the project. This can be achieved alongside a range of other specific curriculum goals.
2. The reach and impact of the resources have extended to a number of contexts beyond the school setting, including bridging learning opportunities between acute and community-based health care settings. Their potential use in a range of contexts and circumstances beyond schools and health settings has also been highlighted.
3. The resources have been enthusiastically received by teachers and other professionals who have successfully used and adapted them to support learning about health, wellbeing and NHS services in the children in their local community. This includes those children who are considered to be vulnerable or have additional needs.
4. Children who have used the resources found learning about the NHS to be fun and are able to identify ways in which to stay healthy, fit, active and safe - at home and at school.
5. Having used the resources children are able to identify the various emergency and urgent care facilities available to them locally; share this with their families and reflect on the most appropriate services to support their own needs in a range of different circumstances. This illustrates the potential of the resources to contribute to promoting public health, wellbeing and safety for current and future generations.
6. The resources can be used to develop a learning community within the schools through collaboration between teachers, learning mentors, classroom assistants, health partners, children and their families.
7. Through the use of the resources teachers have been empowered to confidently discuss health care and services and promote health and well-being with the children in their class.
8. Some teachers and parents have been able to recognise positive changes in the health behaviours of the children who have engaged with the resources.

## Recommendations

With greater choice comes greater need for information and education. Unless this is addressed the use and 'misuse' of services will continue to increase year on year to the detriment of quality and value. In the opinion of the evaluators *Monkey's Guide to Healthy Living and NHS Services* is an important part of a whole systems approach. Using it to enable children to make informed decisions about the services available to them will not only make better use of resources but may also improve health outcomes (through timely and appropriate intervention) in the longer term – particularly for the most disadvantaged families. To achieve this, the following is recommended:

1. School Heads continue to support teachers and learning mentors to use and adapt the resources strategically; embedding them within the curriculum or other project work and working with parents and other professionals to support learning related to community health and wellbeing. Teachers may need support to build confidence in achieving this, for example through initial teacher training and training during INSET days for qualified teachers involving health partners. Health professionals and related networks should continue to champion and support the sustained implementation of the resources in schools and other settings to ensure that they extend their reach to as many children and families across the country as possible (now and in the future).
2. The cultures of health and education may often be different, with a tendency to focus on divergent rather than shared priorities. Innovations which bridge these priorities may well need further investment in order to facilitate shared understanding and ownership across organisational and professional boundaries. Identifying and supporting the more insightful leaders and practitioners who already recognise shared professional values, goals and aspirations to advocate for and champion new collaborative approaches may also be part of the solution.
3. NHS England and Public Health England consider that the resources are re-commissioned and made widely available electronically for download as and when teachers and other professionals need to use them.
4. Consideration is given to the development and adaptation of the resources in light of the comments made by some respondents regarding potential cultural sensitivities and accessibility for children who have specific needs.
5. Consideration is given to the development and adaptation of the resources to meet the learning needs of very young children and make them more attractive to the older children in the primary age range.



## Introduction and Aims

The NHS Institute for Innovation and Improvement was established in July 2005 to help the NHS 'transform healthcare for patients and the public by rapidly developing and spreading new ways of working'<sup>1</sup>. It aimed to support creativity and development in the NHS alongside improving performance, responding to complex challenges and achieving higher levels of quality and value. The focus of many NHS Institute for Innovation and Improvement initiatives was on a limited range of high volume Health Related Groups with a view to achieving maximum impact. One such focus was the *Emergency and Urgent Care for Children and Young People* pathway which under the direction of Kath Evans and in collaboration with Helen Sadler (AhHa Publications Limited, now Monkey Wellbeing), developed *Monkey's Guide to Healthy Living and NHS Services*. This resource for primary schools creatively and imaginatively encourages children to explore their local NHS and empowers them to use it appropriately. It also educates children about their bodies and enables them to live well.

### The aims of this evaluation are to:

- Demonstrate the impact of using the resources as a way of engaging with 5-11yr olds about their local emergency and urgent care options.
- Capture learning from the approaches used for implementing the resources.
- Investigate whether the resources encourage and facilitate collaboration between health & education professionals.
- Establish whether after receiving the engagement product teachers are empowered to discuss health care and services.
- Understand if children are able to demonstrate increased knowledge about NHS services as a result of the lesson and resources.
- Explore whether children share their knowledge with families and discuss alternatives rather than relying on A&E for primary care presentations.
- Identify if feedback from children is captured & utilised by local health services.
- Develop the evidence base regarding engagement with Children (5-11yrs) in health care.

## Background and Development

### Children and Young People as Urgent Care and Emergency Service Users

The last twenty years has seen dramatic changes in the way that healthcare is administered and delivered in the UK. From pharmacies to Walk-in Centres and GP Practices to Call Centres, children may these days be treated in any one of a range of settings.

Despite the growing range of choices some services are over-utilised by certain groups of people. One particular issue is the high volume of children and young people accessing emergency departments. With the exception of people over 65, children and young people in fact have the highest user rate of all ages (Hostetler et al 2007; RCPCH and Picker Institute 2012) and account for about one quarter of admissions to A&E (Shah et al 2008; RCPCH and Picker Institute 2012). The problem is getting bigger every year. In 2006-7 there were about three million attendances by children and young people in UK emergency departments; in 2010-11 this figure had risen to over 4.5 million (RCPCH 2012).

There are many possible reasons for this but one thing is clear, many admissions could be managed more successfully and more cost effectively in the community. Indeed, every ambulance call out that is avoided is estimated to save the NHS about £200 (Department of Health 2011), while a single visit to A&E costs on average £75. Using online support by way of contrast costs approximately £0.12 (RCGP 2013). Potential savings are therefore huge and the Royal College of General Practitioners (2013) estimates that a 25% reduction in the 5 most common A&E events could save the NHS £179 million.

It is certainly not the fault of any particular groups or members of the public for using services 'inappropriately'. Indeed a recent intercollegiate statement<sup>2</sup> concluded.

Current Urgent & Emergency Care pathways have not always served Children and Young People particularly well: multiple healthcare contacts are common, and clinical assessment skills are less robust than for adults. The public can be confused as to how, when and where to access services when their children become suddenly unwell.

On behalf of the Kings Fund Purdy, S. (2010) reviewed research focussing on the avoidance of hospital admissions and advocated the development of a more robust evidence base to support innovative new interventions. Recently the Kings Fund launched their work on whole system collaboration to respond to the complex reasons for the strain on the urgent and emergency care system. This includes providing an alternative guide to urgent and emergency care services, making it easier to navigate and challenging some of the associated myths which form the focus of media and political debate. There is evidence to suggest, for example, that alternatives such as Walk in Centres are already absorbing some of the potentially increasing demand on Accident and Emergency Departments.(Kings Fund, 2014).

A current review of the pressures on urgent and emergency care led by NHS England's Medical Director, Sir Bruce Keogh proposes significant changes to the emergency care system, including improved care outside of A&E Services. The Urgent

<sup>1</sup> [http://www.institute.nhs.uk/organisation/legal/class\\_1\\_who\\_we\\_are\\_and\\_what\\_we\\_do.html#sthash.glyZAFuR.dpuf](http://www.institute.nhs.uk/organisation/legal/class_1_who_we_are_and_what_we_do.html#sthash.glyZAFuR.dpuf)

and Emergency Care Review recognises that NHS urgent and emergency care services provide life-saving and life-changing care for patients who need medical help quickly and unexpectedly. The aim of the review is to inform developments which will improve the urgent and emergency care system so patients get safe and effective care whenever they need it and find it easier to navigate and access the most appropriate services to meet their needs from the range of available services. This is just one part of a national approach to improving the way NHS services are delivered so that patients get high quality care from an NHS that is efficient now and secure for future generations (NHS England, 2014).

It is a systemic problem, and *Monkey's Guide to Healthy Living and NHS Services* was developed as part of a whole system approach to work collaboratively across traditional organisational boundaries to address the issue from the perspective of children and young people themselves - helping them to better understand their bodies and the range of services available when they need urgent or emergency care.

The NHS Institute for Innovation and Improvement on *Emergency and Urgent Care for Children and Young People* was not just about saving money but empowering young consumers of healthcare to make informed choices about the most appropriate services to use when the need arises. It was also about affirming their rights (as set out in both the UN Convention for the Rights of the Child and the NHS Constitution) and delivering on the commitment of the NHS to involve patients and the public in service development and planning.

### The Development of Secondary School Resources

While entirely new, *Monkey's Guide to Healthy Living and NHS Services* builds on and develops previous work done in secondary schools. Glasper and Evans (2012) describe an innovative Emergency and Urgent Care Lesson Plan for 11-14 year olds that is designed to:

- Help pupils understand the different emergency and urgent care services available to them.
- Help health professionals develop a culture of continuous involvement with existing and potential young service users.
- Enable pupils to understand and access the emergency and urgent care services available.

Teachers worked with School Nursing Teams to implement the Lesson Plan in their classrooms using a series of activities and resources. For example, Flash Cards illustrating injuries and health issue related scenarios supported pupils to explore the range of services available to them.

The effectiveness of the Lesson Plan was independently evaluated by a team from the *Institute for Employment Studies* (Robertson-Smith *et al* 2010) which concluded that pupils and professionals alike enjoyed their experience of the lesson, often reflecting on it as interesting and worthwhile. For pupils, the practical activities and difference in the format and content of the lesson compared with other lessons helped to heighten their interest. Healthcare professionals generally recognised the importance and value of the initiative for them, both personally and professionally, and most would seek to participate again in the future or recommend the initiative to their colleagues. The Lesson Plan therefore was successful in providing high-quality signposting information to children and families, and that those who received the Lesson Plan were far more likely to seek self-care or primary care services rather than inappropriately attend an Accident and Emergency Department.

### The Development of Primary School Resources

The encouraging findings of the Secondary School Lesson Plan evaluation and positive feedback from young people, teachers and health partners led to the decision to develop, pilot and implement and evaluate further resources by the NHS Institute for Innovation and Improvement. These were designed specifically to enable teachers in primary schools to cross traditional boundaries and work with partner health professionals to help younger children to understand the variety of emergency and urgent care services available to them.

Drawing on the professional and personal experience of Helen Sadler (AhHa Publications Limited) a pack of resources and lesson plans was developed in collaboration with the NHS Institute for Innovation and Improvement. The specific aims of this innovation were to ensure:

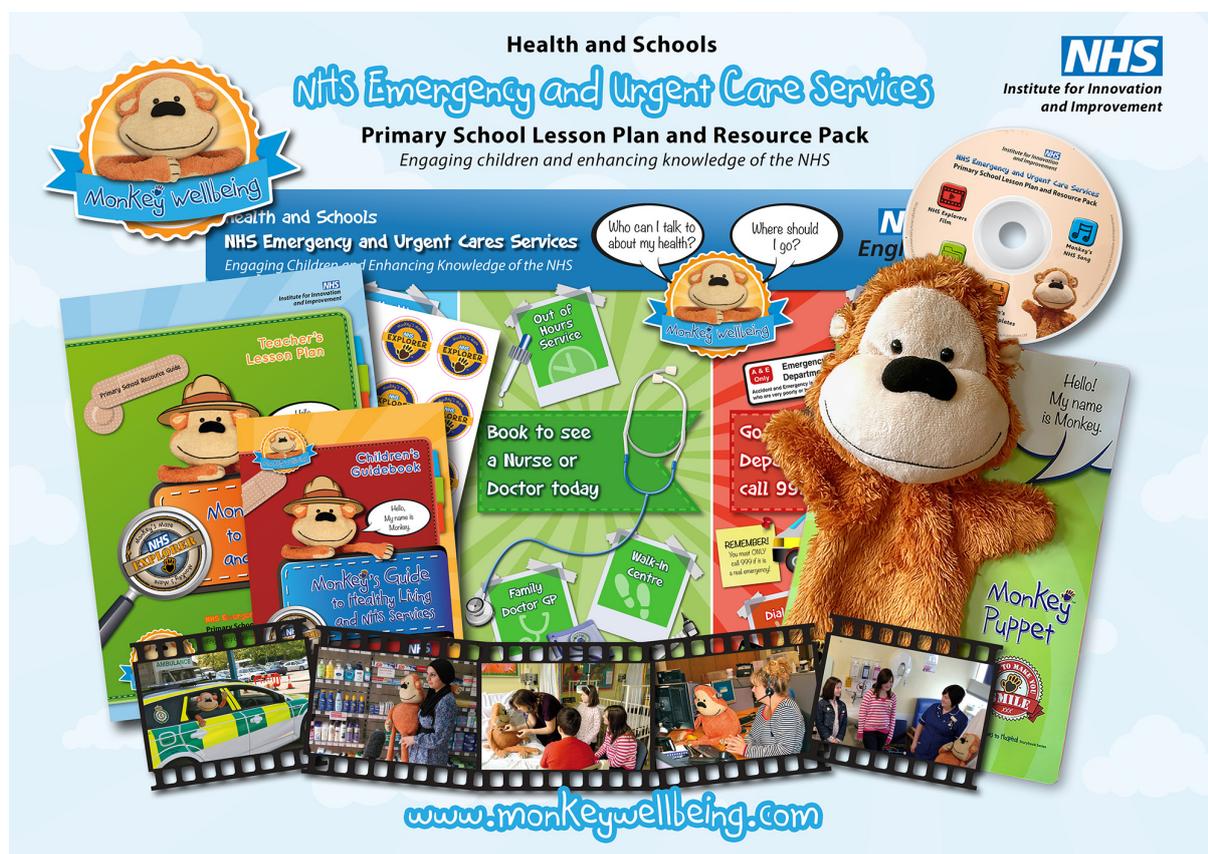
- Children are able to identify ways in which to stay healthy, fit, active and safe - at home and at school.
- Children are able to identify the various emergency and urgent care facilities available to them locally.
- Children are able to share information about local emergency and urgent care services and when to access them with the adults they live with.
- Children are aware of how to provide feedback to the NHS about services they may experience.

The resources were designed to specifically capture the interest and imagination of primary school aged children and explore wide-ranging themes.

Practical guidance on how to facilitate and expand on learning using the pack is also provided in a useful

<sup>2</sup> Joint statement by the Royal College of General Practitioners, Royal College of Nursing, Royal College of Paediatrics and Child Health and the College of Emergency Medicine available at <http://www.rcpch.ac.uk/emergencycare>





teacher guide. This explains how the resources might be linked to specific curriculum goals at different key stages. It also illustrates how specific resources can be used to deliver a range of activities as well as suggesting follow up activities which could be used to expand and consolidate learning. Examples of materials included in the pack are:

- **A DVD** incorporating short video clips which show a group of young 'Health Explorers' finding out more about different NHS services with the help of their 'friend' Monkey.
- **Scenario Cards** illustrating possible incidents and events in which Health Services might be accessed appropriately.
- **Monkey Puppets** which could be used in free play to enable children to actively construct their own scenarios, act them out, role play and work out solutions.
- **Worksheets** enabling children to learn more about their own bodies.
- **Leaflets and Draw and Write Activity Sheets** which enable children to describe and illustrate their own experiences of accessing health services.
- **The Monkey Song** recording which explores how to access services in a range of situations and repeated a fast and catchy chorus to enable the whole class to join in using flash cards with key words and phrases.

The *Monkey's Guide* was specifically designed to meet the learning needs of children across the

primary school age range and materials are flexible enough to be mixed and matched to provide a fun and stimulating learning experience. Resources and activities can be built into a half – day lesson plan, or developed into more sustained activities throughout a day, week, term or year, or even across the key stages. They were specifically developed to compliment the National Curriculum and have a particular focus on Personal Health and Social Education and Citizenship. Resources may also be used to extend other areas of the curriculum such as P.E., Information and Communication Technology and Science.

The lesson plans and associated teaching resources have been mapped to the curriculum across the Foundation Stage Early Learning Goals and Programmes of Study for Key Stages 1 and 2 which are summarised in table 1.

### Piloting the Primary School Resources

The *testing phase* of the project roll-out involved trialling the resources in seven teaching sessions across five primary schools in West Sussex, Staffordshire and Suffolk. The sites were selected by the project team to represent a range of different communities, ages (5-11) and abilities including a special school. The lessons were led by the class teacher, sometimes with support from Kath Evans (National Health Service Institute for Innovation and Improvement) and Helen Sadler (AhHa Publications Limited). During the testing phase all of the lessons were supported by colleagues from local health services, including School Nurses, a Paediatrician, a Teaching Consultant and Service Commissioners



Foundation Stage Goals	Key Stage One and Two Programmes of Study
Making Relationships	Developing confidence and making the most of their abilities
Self-Confidence and Self Awareness	Preparing to play an active role as citizens
Managing Feelings and Behaviour	Developing a healthier, safer lifestyle
Physical Development	Developing good relationships and respecting the differences between people
Health and Self-Care	Trying things out
Understanding the World and Technology	Knowledge and understanding of fitness and health
	Life processes and living things : Humans and other animals

Table1: Foundation Stage Goals and Programmes of Study for Key Stages 1 and 2

and Managers. The sessions took place during a two week period in September 2012 and were supplemented with direct feedback from teachers and pupils.

Representatives from the research team at Liverpool John Moores University were invited to carry out an initial evaluation. This was done through a mixture of observation, which focussed on the immediate reaction of pupils, and direct feedback to capture learning. Teachers and other professionals involved with delivery were also interviewed.

### **Observation: The Reaction of the Children**

The reaction of the children to the activities at the start of the lessons was one of palpable excitement and this was maintained throughout, partly due to the fact that visitors were involved, but also because they would be engaging in new activities and experiences and learning new things. Perhaps the most exciting thing for the children initially was the presence of a new class member on a chair at the front of the class in the form of the Monkey mascot.

Throughout the observations all children had opportunity to participate, share their ideas and experiences and ask questions. The majority of the children were fully engaged throughout the sessions, particularly where they were actively involved in learning through play or discovery-based activities, or where they had opportunity to share their learning, experiences and ideas with their friends. Occasionally some of the children lost concentration where whole class discussion was extensive or when several video clips were watched consecutively without a break for an active task to consolidate learning through a more concrete experience. Some of the less able or confident children required adult help with the more challenging activities such as working through the Scenario Cards and deciding which services might be appropriate to access in a particular situation. The children did, however, also appear to enjoy the opportunity to help each other; something which most

activities positively encouraged. Resources which enabled learning through free play such as the 'Health Fortune Tellers' also proved to be very popular.

Most of the children were able to remember something they had enjoyed, learned and would share at the end of the sessions and enthusiasm for the activities was wide-spread. Words children used to express this included *Brill, Fab and Very, Very Outstanding!*

### **Direct Feedback: What the Children Said About their Learning**

To assess learning in more detail some colourful Monkey posters were produced containing three headings: *One thing I liked; One thing I learned; and One thing I might tell my friend.* The children were invited to use either post-it notes or write directly onto the posters to share their own thoughts in response to these prompts (with the support help of an adult helper such as a classroom assistant if they felt they needed it). The most popular activities included:

- The Monkey song.
- Role Play e.g. interviewing the School Nurse.
- Watching the Video Clips (in particular Health Explorers; ChildLine; Monkey Visits the Walk in Centre; Illustrating the Use of the Epi Pen).
- Play activities with the monkey mascot and puppets.
- Games & Activities e.g. working on the scenario cards and deciding where to send monkey.

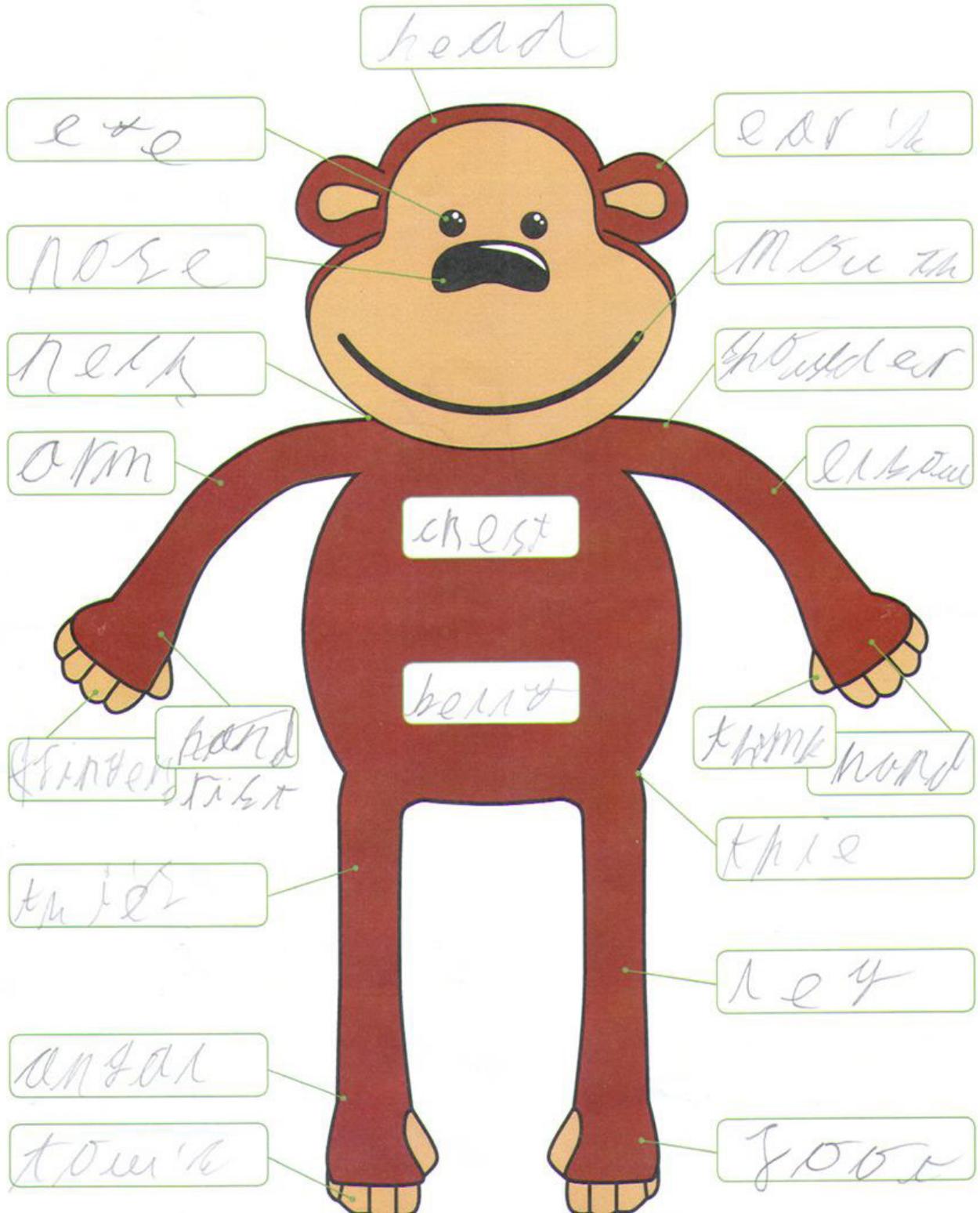
Children indicated that they enjoyed other aspects of the 'unusual day' which included singing; sharing ideas; interacting with each other; learning about themselves; feeding back; meeting visitors (health professionals). More than a few children commented that they had enjoyed everything about the activities.

The excitement generated by the range of learning activities suggested that all of the children were





### LABEL PARTS OF THE BODY



### **The Response of Professionals**

The pilot sessions involved a range of 'participant observers' including School Nurses, Service Commissioners, Teaching Consultants and Health Service Network colleagues. They all recognised the value of the project, the value of involving health professionals in the teaching activities and the fun generated in the classroom through the activities and resources. Several teachers commented on how well the children engaged with the resources (in comparison with other lessons) and one Special Needs teacher noted that children with limited verbal skills in her class talked more than ever before. While feedback from the adult observers was generally very positive, there were also some suggestions for development which have been incorporated in to the Recommendations at the end of the evaluation of the pilot and considered and responded to before the national roll-out.

The informal evaluation of the testing of the resources highlighted the following points:

- Excellent, high quality resources are provided to teachers which are designed to be attractive and appropriate to the target age range of children.
- Child-friendly learning activities, designed to cater for a wide range of learning styles are provided.

- High level of engagement of the children was generated primarily through identification with the Monkey character as well as Young Explorers in the video clips, and the excitement generated by the Monkey Song.
- Teachers and Health Professionals recognised the value of the resources and the how they related to the aims of the project.
- Teachers found the flexibility and wide scope of the learning resources invaluable and tips on how these could be used and extended to meet specific curriculum goals were clearly appreciated.
- Collaboration between Teachers, Classroom Assistants, Health Partners, Children and Parents was enabled, fostering a real sense of a learning community within the schools.

The success of the testing phase led to further development activity culminating in the roll-out of *Monkey's Guide to Healthy Living and NHS Services* (including lesson plans and provision of the resources) to every primary school in England in March 2013. The team from Liverpool John Moores University, informed by the initial pilot, were invited to formally evaluate the national innovation.



# The National Evaluation

Health education resources are usually evaluated by comparing the content and teaching methods to some predetermined standard or by examining the effects of the materials used. Focussing on the context, activities and impact of *Monkey's Guide to Healthy Living and NHS Services* this participatory realist evaluation of process and outcomes aimed to cover both.

## Methodology: Context, Activities and Impact

Much has been written in the health education literature about what works and does not work to promote learning and produce change. However, the successful application of any innovation depends very much on what works in what *context*. What is the setting of the innovation? What are the barriers to implementation? How much need for the innovation is there? Are the teachers adequately trained, motivated, resourced or prepared? No matter how good the innovation is, if context and setting is not right then change is unlikely.

It is important for this evaluation to capture actual activity rather than how, if at all, teachers wanted or planned to use the resources. The evaluation will therefore address the question: What did teachers actually do? Did teachers do what they say they would? How much of the material was taught? If positive results are not achieved, is it because the planned innovation was simply ineffective, or because the innovation (or a number of activities) that were planned were never actually carried out? No matter how good the innovation is, if it is only partially implemented by teachers who are not adequately equipped to pupils who don't need it then the resources are unlikely to have any impact.

Impact has to do with the immediate effects of the resources on such things as knowledge, attitudes, and short-term behaviour. What did pupils learn? Did they share their learning? How do pupils intend to change? The evaluators also aimed to examine longer-term effects. For example, the innovation may produce immediate effects on knowledge, attitudes and intentions but it will take a little longer to identify behavioural changes such as in/appropriate use of health services.

## Design: A Multi-Method Case Study Approach

The national evaluation sought to use participatory and realist principles to develop a multi-method case study approach, collecting data naturalistically from a variety of sources. The initial evaluation of the pilot had already established beyond doubt that the lesson plans and resources were extremely effective when in the hands of enthusiastic, well prepared teachers and health professionals. Because of the limits of its design however it was less clear about how busy teachers (and head teachers) with competing priorities and limited capacity would respond to the resources. To capture this reality naturalistically it was imperative that neither the evaluation team nor commissioners nor resource developers interfered with the selection of schools or colluded with teachers to construct artificial classroom observations. Socio-demographic diversity rather than an expressed interest or enthusiasm from schools was the criteria used for approaching potential case study sites and participation in the observations, interviews and questionnaires was entirely voluntary and uncoerced. While this led to a much smaller sample, the data generated provides a much more meaningful snapshot of reality than would otherwise be possible.

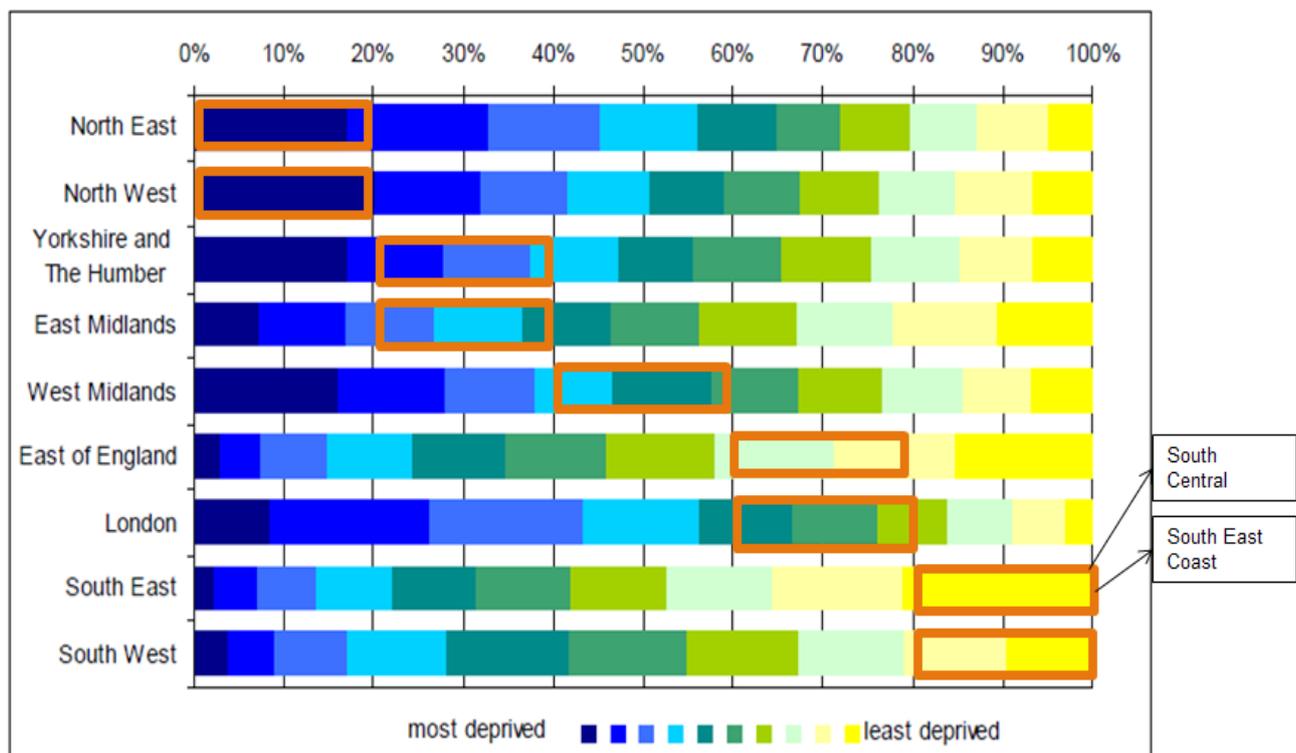


Table 2: Selected deprivation quintile by proportion of LSOAs in each region (by IMD 2010 quintile)



This participatory and realist method is consistent with current learning theory, enabling researchers to work alongside teachers, pupils and commissioners while also providing an objective standpoint and critical lens through which findings can be interpreted and applied.

**Method: The Original Plan**

Adopting a naturalistic (participatory and realist) approach to the evaluation meant that the researchers had to be flexible and responsive to the real-world context of primary school education and barriers to participation. The original plan therefore had to be continually refined to achieve its goals.

**Original Case Study Approach**

The original plan for the data collection proposed undertaking in-depth case study visits across a representative sample of schools. The intention was to carry out an introductory visit and discussion with a representative selection of schools in England. This was to establish a mutual understanding and orientate the evaluation team with regard to the school in terms of context, activities and intended outcomes. School Heads and PSHE Teachers were to be interviewed by experienced researchers and encouraged to think ‘evaluatively’ (clarifying aims and objectives and how to track changes themselves in terms of indicators of change and definitions of success were explored). They were to be asked to clarify what they are trying to do, reflect on activities and actions so far and identify the baseline data. It was hoped that these issues would be re-evaluated, by telephone towards the end of evaluation.

Planned follow-up activities included classroom-based observations at each Case Study site using a Lesson Evaluation Proforma developed by experienced Academics and Researchers from the *Faculty of Education, Health and Community at Liverpool John Moores University*. Following this, the intention was that pupils would participate in a whole class evaluation activity that would be adapted appropriately to match age and ability.

The final plan was to undertake (telephone) interviews with case study sites to ascertain reflections on the innovation and establish whether commitment was sustained. In addition to this, volunteer families were to be contacted to ascertain whether children had accessed services; what informed their choices and decisions about which service; their experience as a service user and whether they were invited to provide feedback on the service they received. It was also anticipated that a brief email would be disseminated to schools inviting feedback on how resources and lesson plans have been used, any changes observed and challenges encountered.

**Original Case Study Sampling Strategy**

Deprivation is one of the key variables in predicting the use and ‘misuse’ of urgent and emergency services (McHale *et al* 2013). In order to be meaningful, the case study sites needed to be as demographically diverse as possible including a range of abilities, ages and locations. Ten schools were selected for the original case study element of the evaluation. The nine regions defined by the Department for Education (2012) and English Indices of Deprivation 2010 were used to inform the sampling process:

School code	Region	Deprivation Quintile	Randomly selected area	School Type	Denomination	Size (n)	% pupils w/ SEN statement	% pupils Eng not first lang	% pupils FSM	2012 % achieving > Level 4 Eng & maths (Eng average 79%)
a	South West	5 (least depr)	South Glos	Voluntary Controlled School	Church of England	244	3.3%	4.7%	4.9%	84%
b	South Central	5	Bucks	Community School	Does not apply	205	4.9%	18.9%	3.4%	85%
c	South East Coast	5	Maidstone	Foundation School		418	3.3%	5.0%	2.9%	95%
d	London	4	Hillingdon	Voluntary Aided	Church of England	407	4.9%	19.1%	6.9%	73.0%
e	East of England	4	Cambridge	Foundation School	Does not apply	252	10.7%	19.1%	11.0%	83%
f	West Midlands	3	Staffordshire	Voluntary Aided	Roman Catholic	164	8.5%	14.9%	17.5%	89%
g	East Midlands	2	Lincoln	Academy Converter - Mainstream	Does not apply	406	2.2%	2.9%	4.2%	na
h	Yorkshire and Humber	2	Kirklees	Community School	Does not apply	416	16.6%	94.7%	19.2%	69%
i	North West	1	Wirral	Voluntary Aided	Roman Catholic	219	7.8%	6.5%	47.3%	65%
j	North East	1 (most depr)	Sunderland	Community School	Does not apply	233	15.5%	SUPP	52.3%	70%

Table 3: Original school area selection per region



East of England, East Midlands, London, North East, North West, South East, South West, West Midlands and Yorkshire and the Humber. One school was initially selected from each of these regions, with the exception of the South East, where two schools

of Multiple Deprivation 2010 (IMD, 2010) (English Indices of Deprivation, 2010, p.2), were used to inform the school sample selection. Each region was selected to represent a specific deprivation quantile, in accordance with local levels of deprivation (Table 2). One school was sampled from within the specified Lower Super Output Area (LSOA) for each region.

The median deprivation quantile (40-60%) was represented by one region (West Midlands), whilst the others were represented by two; this enabled understanding and comparison of project implementation across schools with varying levels of deprivation.

Regional Health Profiles (2012) and local deprivation reports were used to further inform the selection of ten schools which meet the specified deprivation criteria for each region. Within these, a range of school types was sampled to enable a representative reflection of project implementation across schools in rural and urban towns, cities, villages, and to reflect ethnicity, school size and denomination (Table 3).

Regional Health Profiles (2012) and local deprivation reports were used to further inform the selection of ten schools which meet the specified deprivation criteria for each region. Within these, a range of school types was sampled to enable a representative

reflection of project implementation across schools in rural and urban towns, cities, villages, and to reflect ethnicity, school size and denomination (Table 3).

Figure 1 illustrates the spread of these selected areas across England, highlighted in orange on the map.

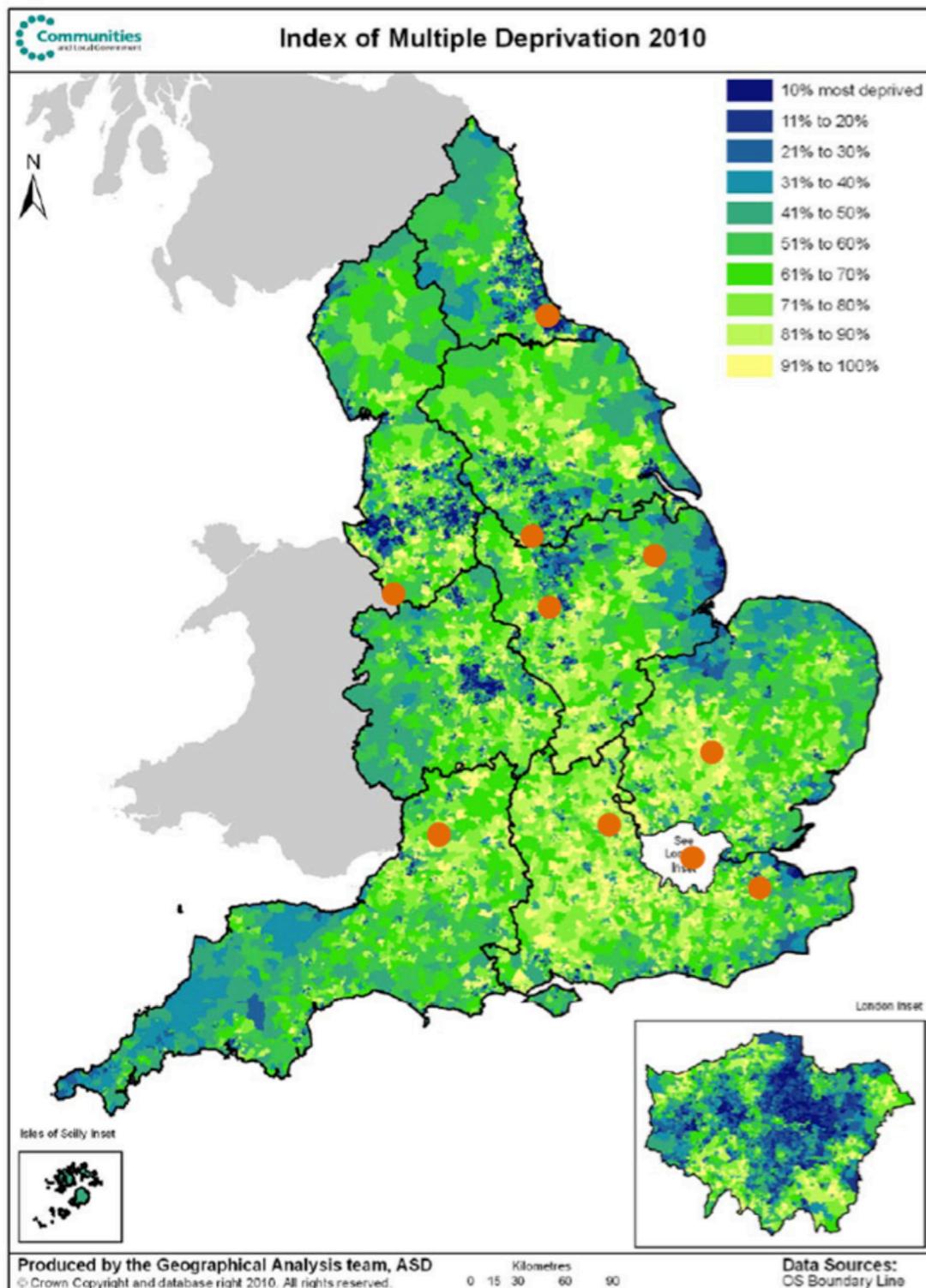


Figure 1: Original spread of selected evaluation schools across England

were selected. Previous Strategic Health Authority footprints separated the South East into two regions, the South East Coast and South Central; one school was selected from each, to enable sampling of one school across ten regions.

**Deprivation**

The English Indices of Deprivation 2010, which uses seven domains of deprivation to calculate the Index

### Original Case Study Recruitment Strategy

University ethical approval was obtained prior to the commencement of study recruitment (reference number 13/HEA/071). Selected schools were initially emailed. The email provided details of the resource pack, including a picture of the resources, and details of the evaluation. Following this, each school was then telephoned by a member of the research team and invited to participate in the evaluation, with reference to the email. Schools were often unable to provide an immediate response, and often a number of messages were left and reminder telephone calls had to be made to each school, which was a lengthy and time-consuming process. Of the ten that were originally invited, none were able to confirm commitment to the project. When a school declined to participate, another school with matching deprivation and school characteristics was selected to take its place. A total of 13 schools were selected in this way, and sent an email invitation and follow-up telephone call to participate.

Of these schools, five expressed an interest in the evaluation, but were unable to commit to participating in a case study observation; their responses are outlined below and integrated into the results section of this report:

*We did receive the pack, but it has not been distributed to staff yet, as we have an allocated staff meeting coming up.*

*I contacted the publishers direct, and was responsible for the planning of the integration of this pack at our school. I have taught all bar one lesson and the children have received it very well.*

*I have taught to KS1, but the Year 3/4 teacher has also used most of my content. I have attached my planning which was approved by the publishers/creators about a week after I received the pack. It has been uploaded onto the TES Connect website, so it is regularly shared with other teachers. <http://www.tes.co.uk/teaching-resource/NHS-Explorers-6322451/> Feel free to contact me as necessary.*

*I have passed this email onto the reception teachers of this Primary School as I have only passed on the resources for them to use a couple of days ago. I think they intend to use them next year September 2013.*

*I am happy to give you some feedback on how we used this pack in our school. I have some availability on Monday morning before 11am and on Thursday between 1.30 and 2pm. If that helps.*

A telephone interview was conducted with one school and the findings integrated into the results section. The remaining eight schools selected for the evaluation declined to participate; their responses

suggest a mixture of ambivalence towards the resource, lack of capacity and failure to prioritise. It is noticeable that a special school felt that the resources were not appropriate while two other schools claim to have requested (additional) materials but never received them. Their comments are outlined below and the feedback is integrated into the results section of this report.

*Just to confirm, yes we received the pack thank you. It has been used a couple of times in assembly. The children enjoyed the DVD clips.*

*I am sorry but we have only used a couple of the resources and we don't really have the capacity at the moment to take part in the research.*

*This is the first time we have seen this pack! We are a special school not a mainstream school although we do have primary aged pupils. Sorry!*

*We haven't had time to use it yet, as we have a very big caseload, also our school is very difficult with letting us do health promotion sessions in school time. We will probably end up just sending out the leaflets. It is a school that has moderate to severe special needs so I do feel as well that there are only a small handful of children who this material would be appropriate for in my school. But thank you anyway!*

*Thank you for the invitation to participate in this research study but unfortunately on this occasion we shall decline due to it is a busy time and we did not use the whole resource pack as intended.*

*Unfortunately, we did request extra resources for this so that we could do it for a whole year group, but they never arrived so we haven't used the ones we were sent. We didn't want to do it for one class and not the other.*

*We requested the resources but have not received them.*

### Method: The Revised Plan

#### School Case Studies Involving Classroom-Based Observations and Teacher Interviews

Due to the lengthy and unsuccessful nature of the original randomised case study recruitment approach, a more pragmatic approach was taken. Here, existing lists of contacts were used to approach the schools and invite participation in the evaluation. The resource publishers had maintained a list of schools who had contacted them to request further resources. It was decided that each of these schools would be emailed and invited to participate in the evaluation. Approximately 190 schools were contacted in this way; each school received an email alongside a deadline for responding. Three reminder emails were also sent to each school. We received



a total of eight responses to this email. Through this approach, two schools were recruited to take part in an in-depth case study. In addition, two schools opted to participate in a telephone interview; these schools had expressed an interest in sharing their experiences, but were not able to participate in an observational visit.

Feedback gathered from the schools in response to the invitation to participate in the evaluation are provided below. Willingness to participate was evident but, again, issues of capacity, priorities and timing mitigated against involvement. Once more, all feedback has been integrated into the findings of this report.

*I am a Community Nursery Nurse working as part of (a School Nursing Team) and am not connected to an individual school. I did like the contents of the pack but as yet have not had a chance to use it due to delivery of our core service taking up a lot of my time. I have noticed some packs in a couple of the schools that I go into but am unsure if they have been used.'*

*With reference to your research, I am on holiday until September however; I don't think I can offer much in terms of feedback as we integrated the leaflets into our SRE planning. The leaflets went home with a brief outline on parent mail and a mention in assembly.*

*We are a busy junior school and it was difficult to find a small focus to promote the NHS. I did not receive any feedback either from parents. I hope this information is useful and thank you for making contact again.*

*I am happy to respond to the research. However I will not be in the same year group next year and so will not be using the resources in class again.*

*Having recently taken over as Head of PSHCE I have written your material into our scheme of work for next school year which, unfortunately means we won't be able to participate in the evaluation as we won't have done it yet! The resources look great and we're looking forward to using them.*

*Many thanks for your email. Just to let you know that I work within a commissioning team, not a school so won't be able to assist you with the evaluation.*

*Due to work commitments I have not been able to use the resource pack as yet.*

*Hi, it would be OK for someone to visit the school and speak to myself about the resources I used from yourselves, unfortunately I will not be teaching NHS until June 2014. I can be contacted on [telephone number] to make arrangements.'*

## Observations

Each case study site was observed once using a lesson evaluation proforma developed by LJMU School of Teaching and Professional Learning. Following this, pupils participated in a whole class evaluation activity that was adapted appropriately to match age and ability. A researcher from the evaluation team observed lessons utilising the resources being delivered in each school (n=3). This included a Year 1 lesson, a Year 2 lesson from one school, and a Year 4 lesson from another school. Using the lesson evaluation proforma, the use of resources was recorded (including details as to how the lesson incorporated the resources), along with evidence of learning and engagement in children. Children were also invited to give feedback on what they had learnt within the session. This feedback activity encouraged pupils to reflect on innovation and improvement using a series of questions aimed at exploring learning and change.

## Post-Observation Teacher Feedback

Data was gathered from teachers after the lesson was delivered, with teachers providing feedback via a face to face interview during the school break (Year 1 teacher) and also via written feedback (Year 4 teacher). One interview was also undertaken with a teacher (Reception) who had not yet delivered the resources in a lesson but was currently devising lesson plans, to also explore their views of the resources. In addition to interviewing teachers who had delivered lessons with the resource/ were planning to deliver a lesson with the resource, one Learning Mentor was also interviewed who had been responsible for implementing the resource across the school. In total, data was gathered from four teachers who had or were implementing the resources within their school.

## Other Data Collection Methods

It was anticipated that all participating children would be given a 'newsletter' to give to their parents/guardians, introducing them to the resource pack, and exploring whether families would wish to participate in the evaluation. It was hoped that any families who volunteered to take part in the evaluation would be contacted to ascertain whether children have accessed services; what informed their choices and decisions about which service; their experience as a service user and whether they were invited to provide feedback on the service they received. Unfortunately this proved to be ambitious and was not possible to complete due to the challenges associated with engaging schools in the evaluation.

It was also anticipated that follow-up telephone interviews with case study sites would be undertaken to ascertain reflections on the resource packs and establish whether commitment was sustained.



### **Interviews with Teachers Involved in Delivery**

Telephone interviews were also conducted with teachers who had used the resource (n=2), but who were unable to accommodate a case study visit, and were willing to share their feedback about the resource. The interview schedule for the telephone interviews was the same as that designed for the case study visits, and included questions regarding the use and perceived impact of the resource. In addition to the telephone interviews with teachers, written feedback was also gathered via an open questionnaire (using the same interview schedule) from a teacher consultant who shared their views and experiences of the resources (n=1).

### **Case Study and Interview Analysis Procedures**

The findings from the case studies, telephone interviews and other data generated during the recruitment process were analysed qualitatively and thematically, to generate understanding of how schools implemented the materials in particular contexts, and the common themes that emerged across the schools, with a particular focus on what worked, what did not work, and why. The analysis also explores the prospects for sustaining the learning change process and for spreading the learning more widely.

### **National Electronic Survey**

Due to the difficulties in recruiting schools to participate in a case study observation, the research team decided that it would be advantageous to circulate an online survey to all primary schools in England, to gather evidence of the number of schools that had used the resource packs, and how. An online approach to collecting the survey was deemed the most appropriate and feasible method of collecting the data.

In order to gather email addresses of all primary schools in England, the research team purchased an Excel spreadsheet containing details of all generic primary school email addresses in England. As this information is available in the public domain, there were no ethical issues in terms of using this approach. An amendment was submitted to the original University ethical approval, and was accepted.

The survey was also sent to School Nurse Managers via the Department of Health.

### **Survey Distribution**

A list server was set up to distribute the survey to the 19,647 primary school email addresses that were obtained. The email content provided an introduction to the resource pack which included a link to a video that the resource publishers had developed as a reminder, an explanation about the evaluation, and an invitation to complete the survey. Included within the invitation was a note to stress that those schools that

had not received the resource pack or had not used the resource pack were also asked to participate in the survey. The invitation to participate in the survey included a short video prompt and electronic link to the resources to remind recipients of the resources they would have previously been sent. Follow-up reminder e-mails were sent four weeks later to encourage recipients to respond.

### **Survey Content**

The start of the survey asked respondents to provide some basic information about their school, including school size and the school location. The survey also asked respondents to provide the postcode of their school (this was optional), to enable exploration of associations between the use of the packs and deprivation. Surveys enquired about whether the school had received a resource pack, and if and how it had been used. The survey also enquired about the perceived impact that the respondent felt that the resource had had. If respondents did not recall receiving a resource pack they were directed to the final page of the survey and asked whether they would like to provide a copy of the resource pack, and to provide their contact details if so.

The survey was also used to support recruitment for the case study element of the evaluation, and asked whether respondents would like us to visit their school between September and December 2013 to observe them using a resource pack. This was an optional question that formed the final page of the survey.

The survey took a maximum of 15 minutes to complete. The data generated were converted from Excel into SPSS, and analysed descriptively and statistically.

### **Results and Analysis**

A total of 19,647 schools were sent the electronic survey. Of the 19,647 schools that were emailed, undeliverable receipts were received for approximately 800 schools, and 20 schools emailed requesting to unsubscribe from the distribution list.

Emails were received from 26 schools which had not received a pack, but requested that one be sent to their school (these requests were forward onto the resource publishers).

The survey yielded 74 responses, representing Preparatory, Primary, Infant and Junior schools from across the English regions and a range of school types (State, Voluntary-Controlled, Faith, Independent and Academies) and communities served (Table 4). School size varied from fewer than 100 pupils to more than 499 children attending (Figure 2). Not all of the respondents identified their exact locations, but indicated the regions their schools were in (Table 5; Figure 3).

School Type	Response Percent	Response Count
Community School	44.1%	30
Voluntary Aided School	16.2%	11
Foundation School	1.5%	1
Controlled School	4.4%	3
Academy	8.8%	6
Other ( not specified)	25.0	17

Table 4: Type of school represented in survey responses

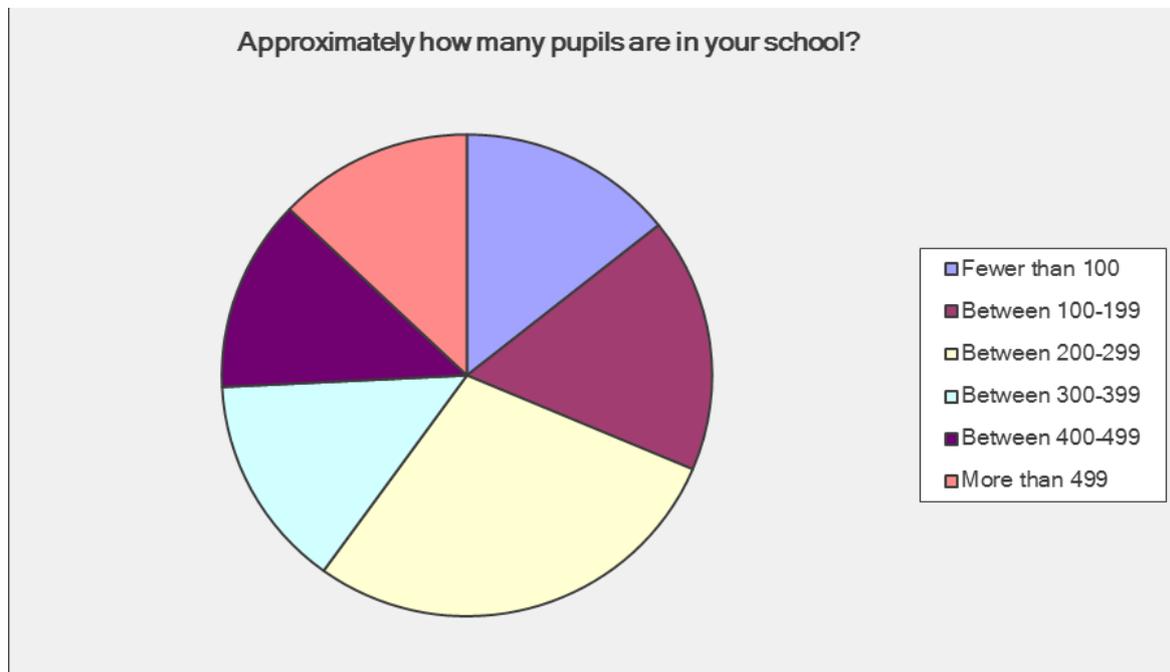


Figure 2: Response by school size

Examples of counties represented included Cumbria, Northumberland, Tyneside and Yorkshire in the north; Greater Manchester, Lancashire and Somerset in the west; Nottingham, Leicestershire and Shropshire in the Midlands; Buckinghamshire, Hertfordshire, Kent, Middlesex, Surrey and Wiltshire in the South and Cambridgeshire, Lincolnshire and Norfolk in the east.

Cities represented in the sample of responses included Bristol; Carlisle; Cambridge; Derby; Leeds, London, Newcastle and Gateshead, Nottingham and Southampton. Towns included Ascot, Barnsley, Berkhamstead, Blackpool, Burnley; Dareham, Hungerford and Marlborough, Swindon and Walsall.

A further 26 recipients were sent the survey when they requested further resource packs. The majority of these were School Nurses and Community Children's Nurses who had heard about the resources following circulation via a Department of Health School Nurse distribution list.

The e-survey included questions with options for respondents to skip those which they felt were not relevant to them. In total it contained 60 questions, but took a maximum of 15 minutes to complete.

Respondents to the survey were in various roles including:

- Class Teachers.
- School Nurses.
- PHSE Leaders/ Coordinators.
- Science Co-ordinator.
- Head/ Assistant Head Teachers.
- Director of Learning and Teaching.
- Children and Families Officer.
- Bursars, Administrators and School Secretaries.
- Healthy Schools Coordinators.
- Early Years Foundation Stage(EYFS) Coordinators/ Nursery Managers.
- Reception Teachers.
- Children and Families Officer.
- Pupil Welfare Coordinator.



Region	Response Percent	Response Count
East of England	13.5%	10
East Midlands	8.1%	6
London	16.2%	12
North East	9.5%	7
North West	14.9%	11
South Central	8.1%	6
South East Coast	2.7%	2
South West	9.5%	7
Yorkshire and Humber	9.5%	7
West Midlands	8.1%	6

Table 5: Response by Region

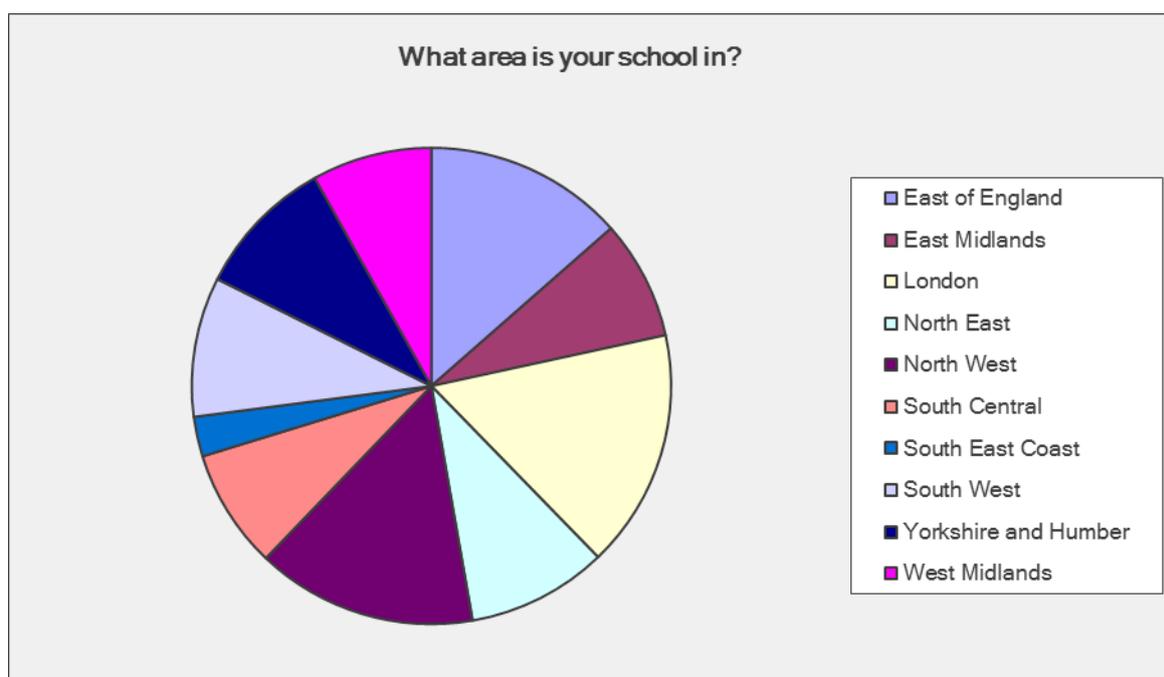


Figure 3: Response by region

From the responses generated the Head Teachers who initially received the resources appear to have had a 'Gate-keeper effect', with roughly half disseminating the resources more widely within their schools or developing strategies to use the resources to support the learning of children within their schools. 45.9 % of the e-survey respondents had previously heard of the resources and were familiar with them. More than half (54.1%) of the respondents had not heard of the resources, but indicated that they thought they would be useful. 92.9 % of the respondents took up the opportunity to request further resource packs.

### Importance of the Resources

*Having experienced a packed out A&E department full of people with minor ailments I think this is becoming more of a problems and can only be addressed through education.*

When asked, the majority of respondents (94.4%) recognised the importance of school children being taught about NHS Services. The reasons they cited

included those relating to children's current needs; awareness of what to do in an emergency and to understand the services they might need throughout the life-course:

- *Awareness and familiarity when they need to use those facilities.*
- *Children need to know what to do in an emergency.*
- *Because it is important that they know what is on offer to them and why!*
- *So that they can make informed choices about the NHS.*
- *It is important children are given information so that if they need to use the services they are more familiar with the systems in place (and will be) less anxious with the unknown.*
- *So they access services appropriately when they are older and know what is available to them.*

- *Because good health is an important part of life and understanding how to stay healthy and what to do if someone is ill or injured is paramount.*
- *To prepare them for adulthood to look after their own health.*
- *It helps the children to stay safe and look after themselves and others.*
- *Young carers are on the increase.*

The responses also indicated the importance of teaching children about the most appropriate use of a valued and stretched resource:

- *Saves the NHS time and money.*
- *Since the NHS has never been more stretched financially it is vital children understand what services are available and how to choose the most appropriate place to go to so they aren't wasting valuable money and resources by going to the wrong place.*
- *So that pupils and parents go to the most appropriate service...this can only help to ease the pressure on the NHS, waiting times in A&E departments.*
- *Because most children and their families will have some contact within it's (The NHS)*

*services. It should be supported and retained for future generations.*

### Usefulness of the Resources

Respondents were asked which of the resources that were included in the Monkey's Guide they used. Their responses are summarised in Table 6.

The majority of respondents (74.2%) rated the resources as either *excellent* (16.1%) or *very good* (58.1 %.). Many of these schools (61.3%) had already used the resources in some way, and of those who had not, 75% indicated firm plans to use them in the future.

A further 19.4% rated the resources as *OK* and were considering using them, whilst 3.2% were uncertain about using them within their schools. Reasons for reluctance to use the resources were due to limited time and competing commitments and priorities (58.3%) or lack of confidence in knowing how to use them (16.7%) A quarter of the respondents who had no intention to use the resources felt that they were already exploring similar topics elsewhere in the curriculum. One school reported a reluctance to use the resources because they feared that the families in the community they served might perceive the Monkey character to have racist overtones, however this concern was not raised by any other respondents.

Answer Options	Response Percent
The DVDs	57.9%
The Monkey Song	31.6%
The Leaflets	63.2%
The Children's Guidebook	52.6%
The Teacher's Lesson Plans	63.2%

Table 6: Usefulness of resources



## Case Study 1:

### Observation of a class of 25 Year 4 children in a State Primary School serving a semi-rural community

The lesson was delivered during November 2013 and was observed by two members of the research team who shared their notes and observations at the end of the session.

**Pre-lesson Activity:** The teacher explained how they had been using the Monkey Resource Pack every week, and had used resources for the children prior to our observation

**Getting Started:** The teacher introduced the topic of Monkey and the NHS. All the children were very enthusiastic, and many raised their hands to provide explanations of what they had learned so far. The teacher asked the children to remember when they saw the Monkey video. Pupils explained how they knew what NHS stood for, what a Pharmacist was, what a Pharmacist does, and different options when they are unwell, such as NHS helpline, NHS on the internet or medicine from a Pharmacist.

**Active Learning:** The children showed evidence of learning and were very engaged in talking about Monkey, the NHS, and what to do if they have an accident or become unwell. The teacher then used elements of the whole class activities in the lesson plan and resource pack, and facilitated an exercise about healthy eating, where children drew an example of a healthy meal based on the healthy plate illustrating the five main food groups. The healthy plate with different types of food was displayed through a projector on screen, and children then drew their own meals using this template. Children also took part in a further exercise to select from a choice of behaviours which were healthy behaviours and which were unhealthy behaviours. At the end of the lesson, the Monkey song was played using the DVD provided in the resource pack, with the lyrics displayed on screen. All of the children sang along!

**Children's Reflections:** At the end of the session the children were asked to summarise what they had learned. The children identified

- What NHS stands for
- What butterfly stitches are
- ChildLine's services
- Other places to go to for help (NHS Helpline; a Pharmacist; A&E; a Doctor)
- Hospitals and Surgery
- How to eat healthy foods and healthy portions of fruit, vegetables, carbohydrates, fat and sugar

Respondents found the most useful elements of the resources to be DVDs; Leaflets and Worksheets; Teacher Guides and Lesson Plans. Some of teachers had found the Monkey Song to be less useful because of its speed and complexity, which posed a particular challenge for younger children and those with disabilities and additional learning needs.

Many of the Schools who received the resources would have liked more:

*We are a dual form entry school....the largest school in our Borough. We were given enough workbooks for all of the pupils in Year 2...but were only allowed ONE Monkey - our teachers all teach the same lesson at the same time within their year group - as such, we ended up buying a cheap monkey puppet for one class.*

## Models of Utilisation and People Involved

The majority of the respondents were teachers, who indicated that they were taking responsibility themselves for implementing the resources (68.4%) with a minority taking advantage of opportunities to collaborate in the delivery of learning activities with other colleagues.

The importance of having skilled facilitators with extensive experience of working with children was highlighted by one of the respondents:

*I believe this needs to be done by someone with a lot of experience of working with children!*

Two schools indicated that they had brought in professionals and practitioners from outside the school to help with delivery. Where this was the case the children had responded well to the visitors and involving professionals such as Paramedics, School Nurses and colleagues from Health Promotion Networks had generated pupil interest and supported their engagement in the learning activities.

*The children always respond well to a visitor coming in to tell them about a job or situation. It makes it special.*

## Case Study 2:

### Interview with a teacher from a mixed Community Primary School

A telephone interview was conducted with a teacher from a mixed community primary school in the North of England attended by 400-500 children aged 3-11 years. There is roughly a 50:50 gender balance; 5.7% of the children have Special Educational Needs; 10 % have English as an additional language and 12.9% of the pupils are currently eligible for free school meals. The teacher explained that the school has not used the pack in its entirety. During Health Action Week the whole school used some of the activities within the pack. The resource pack generated a healthy discussion. It was felt that the pack helped to impart in-depth knowledge around health, with a focus on 'looking after me'.

**Resources Used:** the *Monkey Scenarios*; the *Eat Well Plate*; the *Inside Your Body* resources

The Monkey scenarios were downloaded and put up on the interactive whiteboard, explaining what was wrong with monkey, and where the children could access information about health services. This generated discussions which supported the existing curriculum. Every child was then given a parent-focussed booklet at the end and the children were tasked with creating their own booklets using more easily digestible information. The Eat Well Plate was found to be particularly useful.

The teacher had not yet used the Monkey Puppet but in hindsight described how they could have used this in 'Circle Time' in the future, enabling exploration of feelings with the children.

**Less useful aspects:** The teacher described that they had not been able to use the disc as they found this difficult to use; they were not able to open it on their screen. The teacher described how, when staff first heard the song, they felt that it had a catchy tune, but they did not want to use it because they felt that it should have a stronger focus on prevention.

**Future Use of the Resources:** The teacher felt that it was difficult to measure the impact of the resource pack but felt that it helped to promote safety and independence amongst the school children, for example saying that they said they would tell an adult if they hurt themselves. They would probably use this resource again next year, suggesting that the pack could possibly be used during the 'Community Cohesion' theme, but shared some concern that the Monkey puppet may be perceived to have 'racist connotations' by some members of the local community. The teacher had also considered using the resource pack near to bonfire night, in a possible theme around safety, but was worried that this may 'invent fear' amongst the children.



## Adaptability and Appropriateness

The majority of the professionals involved in using the resources within schools found them to be child-friendly, engaging and fun to use with children particularly responding to, and identifying with the Monkey character.

*Although the guide and plans were excellent, we focused a lot on Monkey himself to guide them (the children) through the lessons and information.*

*Monkey allows children to be more interactive and involved in discussion and role play.*

A range of delivery strategies had been used to implement the resources, indicating their flexibility. 47.4% of the schools used the resources as suggested in the teacher guides whilst 52.6% of respondents reported adapting and adding to the resources to suit the specific needs of the children in their class, or learning objectives for particular sessions.

*[The resources] needed adapting in order that it met OUR objectives as stated in our Academy's Long Term Curricular Plan.*

The lesson plans; leaflets and children's guide-book were cited as the elements most frequently adapted.

*We incorporated a pack with another resource with cards showing ailments and asking children where they would go to access help for these.*

*I used the basic plans and adapted some of the ideas to support our topic.*

Illustrative examples of delivery strategies used included:

- Integrating the resources into existing curriculum delivery plans (more than half of the respondents), for example alongside topics such as *Skills for Life* and *People Who Help Us*.
- Designing specific *one-off lessons* using elements from the range of resources provided.

- Implementing a longer-term strategic approach to add value to the curriculum or promote *Well Being* in the School by using the resources in a series of special *assemblies* or weekly *enrichment programmes* such as *SMILE4LIFE*.
- Where appropriate using specific resources from the pack such as *Lesson Plans*, *Leaflets* and *Worksheets* when teaching related subjects such as *Cooking and Healthy Living* and *Science* topics.
- Providing *INSET Days* to develop the confidence of teachers in school using the resources in their classrooms and make decisions about how best to use them.
- School Nurses having a two-week focussed presence in a school, including a stand in school promoting locally available health services and using some of the Monkey resources as the basis for a ten-minute discussion with each class in the school about healthy living and how to access health services.
- Incorporating the resources into a *Healthy School Day* and a *Healthy Eating Week* and alongside topics such as *Good to Be Me*.
- Using it within the *Out of School Services* for school aged children.

*I used the basic plans and adapted some of the ideas to support our topic.*

The resources had been used across the Primary age-ranges; mostly during Reception and Years 1, 2 and 3, with some teachers also using them with Year 6 pupils. Two schools used the resources in their Nursery class and one school used them with all age groups (see Table 7).

*[We] made them more age appropriate for early years in relation to the people who help us and healthy eating work. However, these resources would be good for Y1 and Y2.*

*Monkey is used to help children remembering the importance of hand washing after going to the toilet and before eating.*

Year Group with which the Resources were Used	Response
Reception	50.0%
Year 1	44.4%
Year 2	55.6%
Year 3	33.3%
Year 4	16.7%
Year 5	16.7%
Year 6	33.3%

Table 7: Use of resources by year group



### Case Study 3: Observation of a class of 30 Year 2 children in a State Primary School serving a small town

The lesson was observed by one member of the research team in January 2014

**Pre-session Activity:** The teacher explained how she had been using the Monkey Resource Pack regularly, and had been using the resource as part of the children's literacy lessons. Previous lessons explored the concept of Healthy Living as well as the Roles of Health Professionals and the range of accessible NHS Services. Homework had included keeping a Fitness and Exercise Log and Healthy Eating 5 A Day Diary and accessing related internet resources to support the development of ICT skills.

**Lesson Overview:** At the beginning of the lesson, the teacher used the Monkey Puppet to facilitate engagement with the children, and then explained how the lesson would be looking at what to do in different situations, such as an emergency. An example of an emergency situation was illustrated by the teacher holding up a Monkey Scenario card. The teacher then explored with the children what they thought they should do and where they should go in a number of situations (including being unconscious, having a heart attack, breaking a bone, having a burn, having a temperature). All children answered the questions appropriately, and demonstrated considerable evidence of learning.

**Active Learning:** The children were very engaged in talking about Monkey, and what to do if they have an accident or become unwell. Children were then given scenario cards to work on in small groups. They decided what was wrong with Monkey in each situation illustrated on the card and identified where the best place would be for Monkey to access help. The Children then stuck the scenario cards into their own literacy workbooks.

**Consolidating Learning:** The teacher referred to the teaching board, which displayed the words Accident and Emergency; Walk In; Dentist; Pharmacist; NHS Helpline; Doctors. She asked the children to think about these different places when writing their sentences on the Scenario Cards. All children were competent in answering questions about what health services Monkey should use in different situations:

**Teacher:** *If monkey is unconscious, where does he need to go?*

**Pupil:** *You need to call 999, get an ambulance, and give your house number and where you live and they will come to your house.*

**Teacher:** *Monkey has burnt his hand on a kettle, what should he do?*

**(All children raise their hands) Pupil:** *Go to A and E or a Walk in Centre, and put some cold water on it.*



## Good Practice Exemplar 1:

### Cross-curricular implementation of the resources in a North West Primary School

The interviewee is a Learning Mentor and Pastoral Manager. She introduced Monkey's Guide to staff and chose it as part of their E theme for the term - Exercise your Body & Mind. A presentation was given to staff and the resources have been saved on school systems to download individually. They were asked to incorporate it into topics across the curriculum, from Literacy to PE. The interviewee also plans to bring it in to PSHE:

*[The resources] linked in with our PSHE curriculum which is not a discrete lesson in schools; it's part of themes throughout the year so it fitted in really well with that approach rather than it just being one discrete lesson.*

*There were so many options to use in different ways: it is more than useful; I think it's got multiple uses across the age range, so we knew that we could use it as a whole school resource, and we could link it into different topics and themes. The other part is that it is so visual, and it's also text based, and has a story. The character was a good way of making it exciting for the children, and the fact that they have physically got a puppet and we do use puppetry a lot in school.*

*The musical element I was excited about because we are a very musical school... we might actually come up with some new lyrics...it would have been really good to use a tune we could put in at the beginning of every lesson. The videos have been played at lunch time, so they were really useful.*

*[The children responded to the resources] immediately. We actually used the boxes that the monkeys came in as a launch and each box had a message on it to the class. For example "Dear Year 4, please look after me...and check out my DVD, love Monkey." I also do meet and greet outside with parents so we've got parents involved with this; we've actually been giving out stickers in the morning, asking children what they've had for breakfast and talking about healthy eating. So they are all very excited and they want to know who Monkey is.*

*It's even gone one step further because I am Pastoral Manager in school so I get involved a lot with behaviour...so one Monkey is actually going home tonight with a child as a reward. He's got his own banana! And he's got his own book and he's going on a Monkey adventure with a child on Wednesday night. So we've been able to use the resources to reach other goals in school.*

*Schools [in this locality] are being asked to develop an action plan about how we can develop emotional and physical wellbeing in school, mainly linked to mental health. We added exercise; body and mind and this [resource] has fitted in beautifully with [the local initiative] that we are running.*

*Our year three teacher was already delivering healthy mind and body in Science and she's used some of the resources as part of the numeracy lesson as well. For example they would watch the videos...and she's going to follow this up with some of the printable resources. She's using the [Healthy Food] portion plates and linking it into numeracy. Yeah so it's cross curricular.*

*[Year 6] are doing Heart Start with the British Heart Foundation which is all about treating somebody who is having a heart attack. So we've actually invited them in to do that when we are using the resource, so we've managed to link it in with other initiatives at the same time.*

*The fact that you have a CD rom with all those resources on was good. I think the way that it was laid out was good, the fact that you can quite quickly go into the resource and find the children's documents; find the teachers document. That was really useful. Also the fact that all your planning is there if you need it. I don't think we've used the lesson plans because they have been quite complicated. I think it would have been really helpful to have had a blank sort of lesson plan document, because you gave us a sample of a lesson plan which was really good to look at, but then a blank one would have been good next to it with your different curriculum objectives.*

*I think straight away that (that the children have learnt from this project) that health is fun and health is for everyone, I think they have definitely had an opportunity to look more closely at services and the language as well around distinguishing an emergency service from a drop in centre; that is not something that I've seen discussed in school before. And I think there is a massive gap in school. So for that alone I think it would be useful to revisit this again.*

*The poster has gone down very well, because it's nice and big and clear and it models very clearly the options that different children and families have to get the appropriate services. And I know that that is what this hopes to achieve, so I think that that has really hit the mark very well.*

*(We would like) more stickers! (Laughs) We love stickers... they are so powerful, that's the message to take home. The leaflets as well are absolutely super, and I would probably use that even more next year. I'm doing a parent drop-in tomorrow evening, which is part of my normal role anyway, but parents are invited to come in and meet Monkey, and the leaflets gone home with every child this week. But I think...we know in school, a leaflet, if it's explained to the child, is an opportunity to explain the contents...it gets used more. Just the leaflet on it's own could be a lesson! So we were very impressed with that, and the fact that it's in colour as well. That's a big deal in schools.*

*We have quite a few vulnerable families in school that we try and have regular contact with and the whole purpose of the parent drop in is to allow parents to talk in a friendly environment, like a coffee morning. But we can use these resources and they love anything like that, to see something new. There's a display up at the moment in the Bubble to show all the parents to explain what the children have been learning and then they can take home some things as well. It's only half an hour or twenty minutes but ...we encourage the children to tell parents that can be a huge thing for a school. And for me personally, to be able to chat to a parent about what's been in their lunchbox, and speak about healthy eating, and give them some confidence about making healthy choices... that's really important to us.*

*We've now got [the resources] on our whole school system so all teachers and staff can access the videos at any time on any whiteboard across the school.*

### **Year 1 Teacher's Perspective**

*"It's good that it's all there in the same place and I like the fact that it's on a disk and not just online. I took my work lap top home last night and we can't access the internet at home so it was good to have it on a disk where we can just grab the resources off.*

*I really like the video clips, it would be better if there was more video clips relating to the worksheets and the activities...we only started it yesterday to be honest, but the hand outs; the Monkey booklets that you can take home with you - they have loved those. And you have heard them already saying 'I did sixty minutes exercise like Monkey said!' It only takes something bright and a puppet to engage them, and it's great that we all got a puppet; every class."*



### Impact on Learning: The resources as a vehicle to generate further interest and discussion

*Children loved the stickers and the poster is on view in school; the Monkey puppet is in our puppet resources.*

Teachers and Health Professionals involved in delivering sessions across the country using the resources reported positive outcomes. These included:

- Children perceiving learning to be fun; liking the resources and engaging with them.
- Increased pupil knowledge of the range of health services available to them locally.
- Children’s reflection on the most appropriate services to access in different situations.
- Increased interest in *being healthy* in the children in the school.
- Increased teacher knowledge and confidence in delivering health-related topics, health services and promoting health.
- Children continuing to discuss topics introduced through the resources beyond planned teaching sessions.
- Some evidence that children were inspired to

take resources home and discuss what they had learned with their families, or discuss with their parents in the playground when being collected at the end of the school day.

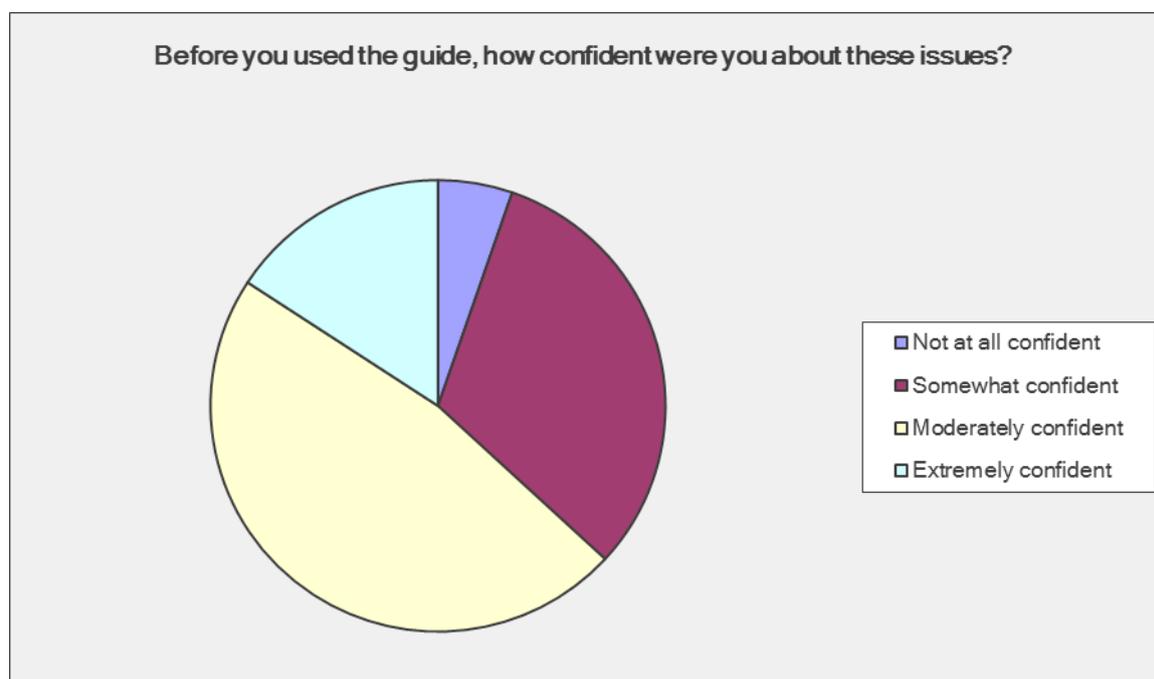
- 44.4 % of the survey respondents indicated an intention to follow-up school-based activities with an information leaflet to send home with the children.

E-Survey respondents were invited to rate the following outcome statements according to whether their level of agreement on a scale which ranged from Strongly Disagree to Strongly Agree.

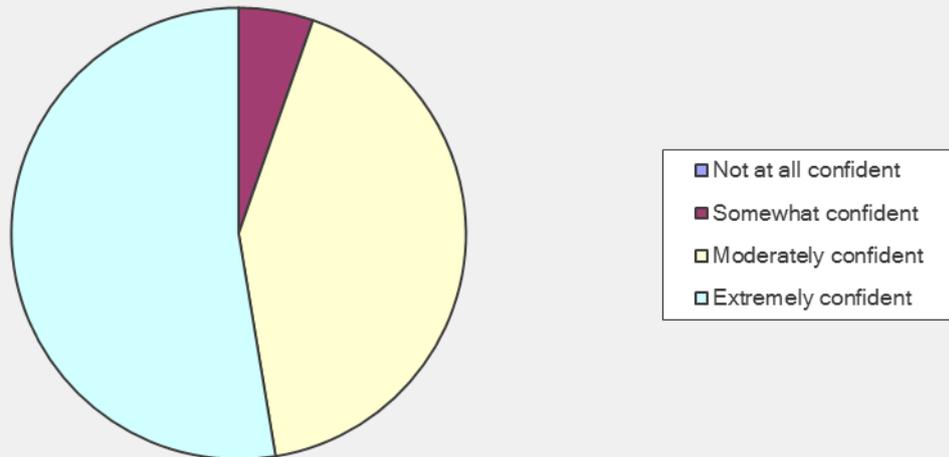
- As a result of using Monkey’s Guide parents will be more informed about the most appropriate NHS services to use.
- As a result of using the Monkey’s Guide pupils will be more informed about the most appropriate NHS services to use.
- As a result of using Monkey’s Guide pupils will be more confident about choosing which NHS services to use.
- As a result of using Monkey’s Guide pupils know what NHS services available.
- As a result of using Monkey’s Guide pupils learnt about NHS service.

Teacher Confidence Self-Rating Before Using The Resources	Response	Teacher Confidence Self-Rating After Using The Resources	Response
Not at all confident	5.3%	Not at all confident	0.0%
Somewhat confident	31.6%	Somewhat confident	5.3%
Moderately confident	47.4%	Moderately confident	42.1%
Extremely confident	15.8%	Extremely confident	52.6%

Table 8: Teacher confidence with resources



How confident do you feel discussing these issues now you have the guide?



The majority of responses were positive, with only two respondents disagreeing that pupils would be aware of what NHS services available as a result of using the resources and one respondent disagreeing that pupils will be more informed about the most appropriate NHS services to use. One respondent disagreed that parents would be more informed. Respondents found it difficult to identify the impact the resources would have had on parents for several reasons:

- *The workbook is good but again the information is a one off so (I) cannot comment on the long term impact.*
  - *Needs more thought on engaging parents, more resources specifically targeted at them.*
  - *Very little as parents don't always read literature.*
  - *Need to wait until Spring term when main focus for the work will be.*
- Unsure.... It has not been commented on by parents to my knowledge.*

Despite this, several of the respondents recognised the potential of the resources in enabling the children to cascade information to their parents or facilitating opportunities for parents to discuss health services with their children:

*We combined it with a health for life intervention so (impact was) considerable as parents were in school with the children when activities were taking place.*

One respondent reported that parents had asked questions relating to health at parents evening.

*In a hard pressed area, where health issues are aplenty, it's difficult to target all of our parents and to drive home a message. We've sent mini tasks as homework in order to engage parents in discussion - maybe*

*Monkey needs a high profile elsewhere - e.g. in a Dr.'s surgery, so that children recognise him and remember the messages he gives them - pester power could then mean that children are able to influence parents?*

An 'added value' consequence of using the Resources and Teacher Guide was a measurable increase in the confidence of the teachers or professionals who used them, with the most significant shift being a progression towards moderate or extreme confidence.

*I enjoyed using it. I have talked to other members of staff and they know it is there to be used if they are in need of resources on this topic.*

*I did feel confident delivering the session as I knew what areas of healthy living the children had previously covered and the areas which needed further development. The resources provided made it easier for me to prepare for the session & concentrate on class discussions further. I think the children enjoyed the session as they were well engaged and enjoyed showing their work and ideas to others including myself. They particularly enjoyed joining in with the NHS monkey song.*

*It has supported less experienced staff in delivering this particular curricular theme.*

The respondents were asked Where they thought children should be taught about the NHS and Health Services. 18 of them chose to respond; indicating that they thought this should be through a partnership between home and school with additional opportunities to visit services and attend open days. Two of the respondents saw the media as playing an important role too, through television programmes and web-sites.



## Case Study 4:

### Observation of a class of 30 Year 1 children in a primary school serving a small town

The lesson was observed by one member of the research team in January 2014

**Introducing the topic of Healthy Eating:** The lesson began with the teacher using the Monkey Puppet to facilitate engagement with the children and discuss Monkey's diet. The teacher asked the children questions about diet and food, and displayed the Healthy Food Plate from the resources on the board whilst facilitating discussion with the children.

**Active Learning:** The teacher then set the children group tasks using resources from the pack including Food Group Cut-Outs and the Healthy Food Plate. The children were asked to group pictures of different foods on their table under the correct food label. At the end of the task, the teacher asked children about specific food groups, and what they can be good for. All children appeared to be very engaged, and provided answers such as 'strong bones and teeth' when asked why dairy products were good for them, and so on.

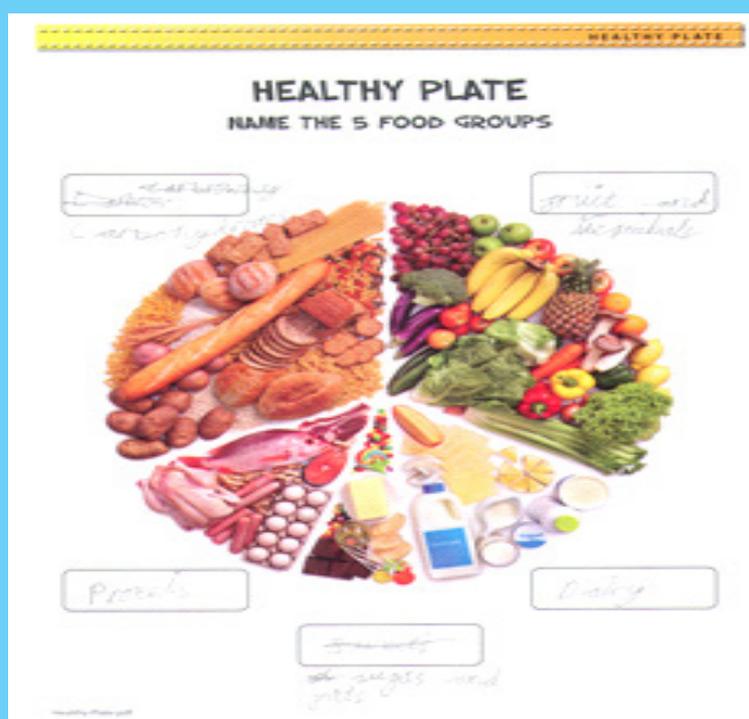
**Teacher (using Monkey puppet):** *Remember what Monkey said about fruit and vegetables?*

**(All children raise their hands) Pupil 1:** *That you should eat five fruit and veg a day!*

**Pupil 2:** *I did 60 minutes of exercise like Monkey said!*

**Use of Additional Resources:** The teacher also added an interactive computer game (not part of resources) which enabled the children to pick a food on the board and move it into a 'good' or 'bad' food section.

**Evidence of learning:** Information and ideas provided by children throughout the session included information around diet and exercise; different food groups; how often and how much of a certain food group they should eat; how much they should be exercising; what proportions of foods should be on their plate



## Good Practice Exemplar 2:

### Integrating the resources into PSHE in a Community Primary School

The teacher has been responsible for integrating Monkey's Guide at her school in Leicester and based a PSHE term plan (1 hour a week for 10 weeks) on the resource. She says the children received it very well. The teacher also created an online teaching resource from the pack and she shares this with other teachers. She used some resources from the pack, adding her own resources, for example a pack of information about what to do in an emergency. The teacher felt the children enjoyed the resources, and it stimulated them to do a lot of extra work with their parents.

*I was looking for something to teach to the key stage one children for PSHE, so I took the pack home with me, and had a good look through, and decided this was something that the children needed to learn....So I went through the pack ...and looked at the relevant parts to do with the NHS that would be suitable for ages 5 to 7. And then wrote my own plans based on it.*

*It's not really anything that had been taught before so [it filled] a gap in PSHE because there's lots of things out there for dealing with children's emotions, and safety, but not anything about actual citizenship and helping them how to teach their parents to be responsible.*

*I added in some things... [the children] created their own pack of what to do in an emergency, and I tried to link it in with dealing with emergency situations and understanding them, but then if a child had to deal with something on their own would they know who to contact as well as the ambulance?... I wanted to link everything together so that they got the whole picture really.*

*It was nice to receive the pack, and the idea of having the Monkey puppet in there was brilliant, because for those children that wouldn't necessarily have been engaged, that got them straight away.*

*[The children] were researching their local health centres to find out what they offered, so they were going back and they were actually doing extra with their parents, and they were educating them on things such as when they should call 999, or when they should contact their doctor, is there someone else they could see, or contact through the internet. So it definitely educated everybody there.*

*This is the first time I've actually had children at the end of a lesson say thank you! I've really enjoyed the lesson; I can't wait for it next week.*



### Demand for Additional Resources

Between the initial distribution period for the resources in March 2013 and the end of March 2014 456 requests were received for additional resources. Some were for complete sets; others for specific resources as indicated in the number of items distributed in Table 9.

Complete Sets of Resources	Guidebook and Stickers	Monkey Puppets	Lesson Plans
952	49799	55	221

Table 9: Demand for additional resources

Requests came from a variety of sources. These included not only schools, but also health professionals and health services, local authorities and community and voluntary organisations. Individuals requesting resources were working at local, regional and national levels as front-line practitioners as well as in strategic, management and professional educator roles. One Young Health Ambassador requested resources themselves. Organisations included those providing universal and specialist services and organisations catering for children in special circumstances, for example those who are at risk of exclusion or those who have a sensory disability. Examples include: in the following roles:

#### **Nursery / Primary/Preparatory School Based**

- Class Teacher.
- Head Teacher.
- Intensive Family Support Worker.
- Home to School Support / Family Liaison Officer.
- Early Years Foundation Stage Leader.
- School Receptionist/ Administrator/ Business Manager.
- PHSE Coordinator.
- Science Coordinator.
- Health Leader / Mentor.
- Inclusion Co-ordinator.
- School Food Advisor.
- Key Stage 1 Manager.
- PHSE Co-ordinator.
- Learning Mentor.
- Day Nursery.
- Citizenship Leader.
- Curriculum Leader.
- Extended Services Manager.
- Social and Emotional Aspects of Learning Subject Leader.

#### **Primary Health Care / Community Health/Health Promotion Services**

- Screening and Immunisation Officer.

- Primary Care Support Worker.
- Patient Insights Advocacy Coordinator.
- Development Officer (Health Centre).
- School Health Consortium.
- Health Promotion Coordinator for Children and Young People.
- School Nurse/ School Health Team.

- Primary Care Centre/ Health Centre.
- Named Nurse for Safeguarding.
- Senior Public Health Nurse.
- Community Nursery Nurse.
- Health and Wellbeing Specialist Practitioner (Community Health NHS Trust).
- Children's Community Nursing Team.
- Lead Nurse Advisor.
- Community Staff Nurse.

#### **Hospital Based**

- Phlebotomy Supervisor.
- Emergency Department (Community Hospital).
- Strategic Implementation Manager – Urgent Care.
- Head of Paediatrics (Hospital).
- Children's Ward.
- Charge Nurse / Senior Staff Nurse (Children's Wards).
- Programme Manager (Children and Maternity Services).
- Children's Accident and Emergency Department.

#### **Local Authority**

- Involvement Officer.
- Healthy Schools Advisor / Team.
- Participation Manager.
- School Meals Development Officer.
- Health and Wellbeing Officer.

#### **Young People**

- Young Healthwatch Ambassador.
- Connexions.

#### **Community and Voluntary Sector**

- Outreach Manager (Sight Concern).
- Senior Participation Officer (National Deaf Children's Society).
- Beaver Scouts Leader.



### Strategic / Regional / National/ Professional Leadership

- Research and Survey Officer (Care Quality Commission).
- Chief Executive (British Youth Council).
- President Royal College of Obstetricians and Gynaecologists.
- Area Public Health Manager.
- Managing Director Children and Young People First.
- Regional Strategic Clinical Network.
- Leadership Support Manager (Regional Patient Experience Team).
- Director (Children's Rights Alliance for England).
- Clinical Commissioning Group.
- Quality Improvement Lead (Area Team/ Clinical Senate).

### Higher Education

- Teacher Educator (Higher Education).
- Student Teacher.

The wide range of requests suggests that the resources are being used in a variety of contexts and that their value, flexibility and potential application has been recognised by a wide range of professionals and practitioners. The professionals and practitioners have the potential both to act as advocates for the use of the resources within schools as well as extend their reach beyond the classroom into a wide range of services and community settings. The requests came from counties across the country including those as far apart as Cornwall and Tyneside; Cumbria and Surrey; Yorkshire and Essex; Warwickshire and the Scottish Borders. The resources will impact on children and families attending schools and services in all of the 10 NHS Regional Footprints and the strategic and educational lead requests for resources suggest the potential for sustained widespread dissemination.

Continued demand for the resources suggests that those schools who had tried out the resources had found them useful and intended to continue to use them. 17 of the survey respondents indicated that they would recommend the resources to other colleagues, schools or colleges. The reasons they gave included.

- The *resources enabled families* to know what do if they needed urgent help for health related problems or issues.
- The resources enabled families to make *informed choices* about the health services they would access.
- The resources were useful in promoting the development of foundation *Skills for Life* in Primary School aged children.

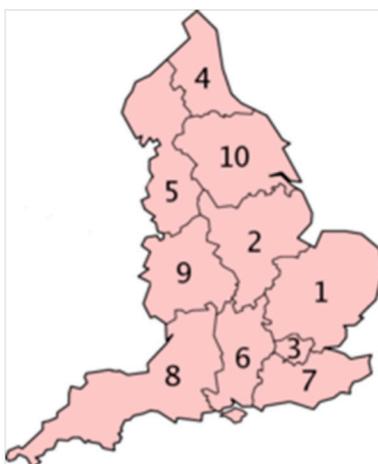
### Suggestions for Improvement

*The videos of doctors talking were long and wordy and the youngest children found it too much to follow.*

*Simplify some of the pupil booklet it was too hard for Year 1 and Early Years Foundation Stage pupils – they loved the monkey though!*

There were few suggestions for improvement offered by the respondents. However, those provided related mostly to the accessibility of the resources for children at both ends of the primary school age range. Suggestions are summarised below:

- Simplify some of the pupil booklet for Year 1 and Early Years Foundation Stage (EYFS).
- Adapt the monkey character for older children who thought he looked a bit babyish.
- The monkey character is great for young children but not 'cool' enough for our year 6 children.
- Provide a simpler song for EYFS children to learn and join in with.
- A work book aimed at EYFS would be useful as the current one is a bit too 'busy' with too many words!
- More lessons or ideas for younger children.
- Simplify words of song for younger children.



1. East of England
2. East Midlands
3. London
4. North East
5. North West
6. South Central
7. South East Coast
8. NHS South West
9. NHS West Midlands
10. Yorkshire and the Humber



## Discussion

The original research plan was unsuccessful due to difficulty in gaining access to an appropriate sample of schools across the country to carry out classroom-based observations. The subsequent multi-method approach was, however, broadly successful in achieving the aims of the evaluation. The findings provided rich and varied evidence of the impact of the resources on children attending schools in villages, towns and cities across England, even though it is not possible to assume universal uptake and implementation of the resources in all of the Primary Schools who were sent the resources. This has been dependent on head teachers who received the resources recognising their value or the enthusiasm of individual teachers, learning mentors and other professionals who have been tasked with exploring health and wellbeing related topics in school.

These challenges illustrate that often the cultures of health and education may be different, with a tendency to focus on divergent rather than shared priorities. Innovations in professional education and training which bridge these priorities may well need further investment in order to facilitate shared understanding and ownership across organisational and professional boundaries. An example has been piloted through research at the University of Southampton. Dr Jenny Byrne (2014) from the Southampton Education School, shows that effective training results in great improvements in trainee teachers' confidence and competence in dealing with certain aspects of health education. All teacher training courses at the University of Southampton now have elements of health education and this includes a 'Health Day' that is supported and facilitated by a multi-disciplinary team of health professionals.

Identifying and supporting the more insightful leaders and practitioners who already recognise shared professional values, goals and aspirations to advocate for and champion new collaborative approaches may also be part of the solution. There has been considerable interest in the resources from a range of health professionals, particularly School Nurses who may be able to play a vital role in championing the resources in schools where teachers have initially regarded exploring health and wellbeing as a low priority.

The findings of the evaluation provide a variety of evidence sources which suggest that the materials provided have had a positive impact on children and their families and communities in every region; it is clear that as a result of using the resources children are able to identify ways in which to stay healthy, fit, active and safe - at home and at school; they are able to identify the various emergency and urgent care facilities available to them locally. The resources enabled children and their families to make more informed choices about the health services they would access. This is confirmed by both the children

themselves and the teachers and other professionals who work with them and support their learning. There is some evidence to suggest that the positive impact on children's learning is also recognised by parents, particularly where schools have actively involved them in the activities. One of the case studies illustrates how supporting parental participation has been particularly beneficial in supporting health and wellbeing in 'vulnerable' families.

Within the scope of the evaluation it has not been possible to demonstrate that children have an increased awareness of how to provide feedback to the National Health Service about services they may experience, however they are able to make better informed choices from the range of services available to them and may be more likely to provide feedback on the services they receive as a consequence.

The demand for additional resources suggests sustained use in schools as well as application to a range of contexts which extend beyond the primary school setting. They include front-line community health services, hospitals, local authorities, young people's services; community and voluntary services as well as some advocates working at more strategic regional and national levels. Some requests came from schools that had already used the resources suggesting both repeat use within the current year and sustained use across years by some of the schools which were involved in the pilot phase of the project in the previous year.

The high quality resources were valued by teachers and other professionals involved who understood that they had been designed to be attractive and appropriate to the target age range of children. The teachers and professionals recognised the value of the resources and the how they related to the aims of the *Emergency and Urgent Care Pathway for Children and Young People* (NHS Institute for Innovation and Improvement, 2008). They reported that children were highly engaged, primarily through identification with the Monkey character as well as Young Explorers in the video clips. Teachers found the flexibility and wide scope of the learning resources invaluable and tips on how these could be used, adapted and extended to meet specific curriculum goals were clearly appreciated. Teachers and Learning Mentors were able, for example, to concurrently use the resources to support children's learning about the NHS as well as a wide range of curriculum areas including Science; English; Information and Communication Technology; Personal, Health and Social Education as well as local health and wellbeing projects. The resources were used to support the learning of children across the age ranges, with teachers making some adaptations where appropriate. This made them more accessible to very young children or those who have special needs.

Case studies and exemplars illustrate a range of implementation strategies in schools including

single classroom-based approaches; cross school strategies; special assemblies; focussed weeks linking the resources to specific areas of the curriculum or particular projects. All of these provided children with opportunities for active-learning and children were excited by the resources. They said that they particularly liked the *Monkey Song*; interviewing the *School Nurse*; watching the *Video Clips* (in particular *Health Explorers*; *ChildLine*; *Monkey Visits the Walk in Centre*; illustrating the use of the *Epi Pen*); play activities with the *Monkey Puppets*. Games and activities such as working on the scenario cards and deciding where to send monkey were also favourites with the children. Perhaps the most effective implementation strategies have been those which have been sustained over several days or integrated into other curriculum areas throughout a term. Involving parents and health professionals such as the School Nurse or visiting Paramedics has added value to the learning taking place. Where collaboration between teachers, learning mentors, classroom assistants, health partners, children and parents was enabled this fostered a genuine sense of a learning community within the schools.

Teachers and health professionals involved in delivering sessions using the resources reported numerous positive outcomes. These included children perceiving learning to be fun; enhanced pupil knowledge of the range of health services available to them locally; children's reflection on the most appropriate services to access in different situations; increased interest in being healthy; children continuing

to discuss topics introduced through the resources beyond planned teaching sessions. Outcomes from the children's perspectives were also positive; they were able to recognise what they had learned and how they might share their learning with their friends and families. There is some evidence that children were inspired to take resources home and discuss what they had learned with their families, or share their learning with their parents in the playground when being collected at the end of the school day. Almost half of the survey respondents indicated an intention to follow-up school-based activities with an information leaflet to send home with the children.

Increased teacher knowledge and confidence in delivering health-related topics, exploring health services and promoting health in their classrooms were additional positive outcomes. Teachers indicated that they would recommend the resources to colleagues because they enabled families to know what do if they needed urgent help for health related problems or issues.

#### End Note:

As highlighted in the report this work was undertaken by the NHS Institute for Innovation and Improvement which formally closed on the 31.3.13. Ongoing oversight for the work has been maintained by the Patient Experience Team at NHS England. Opportunities exist for further work on school resources to be led by NHS England and Public Health England



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