

**Liverpool John Moores University**  
Faculty of Health and Applied Social Sciences



**Monkey's Guide to Healthy Living  
and NHS Services: An Informal  
Evaluation of the NHS Institute  
for Innovation and Improvement  
Primary School Pilot.**

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## **Background**

Kath Evans (Programme Lead – Children and Young People Emergency Care Pathway, the NHS Institute for Innovation and Improvement) has been working with colleagues on a project which aims to increase awareness in school aged children of the range of sources of acute health care advice, support and intervention available to them. The project has already been implemented and positively evaluated in secondary schools across the country. The next phase of the project is to teach children in primary schools about the range of National Health Services available and how to access them appropriately. A pack of resources and lesson plans has been developed through a successful collaboration between the NHS Institute for Innovation and Improvement and AhHa Publications Limited, drawing on the primary teaching expertise of Helen Sadler.

The specific aims of the Lesson Plan and Resources are to achieve the following outcomes

- **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 Teaching Resource Pack has been developed to compliment the National Curriculum and has a particular focus on Personal Health and Social Education and Citizenship. It 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.

**At the Foundation Stage this includes the following goals:**

- Making Relationships
- Self-Confidence and Self Awareness
- Managing Feelings and Behaviour
- Physical Development , Health and Self-Care
- Understanding the World and Technology

**At key stages one and two the following programmes of study are supported:**

- Developing Confidence and making the most of their abilities
- Preparing to play an active role as citizens
- Developing a healthier , safer lifestyle
- Developing good relationships and respecting the differences between people
- Trying things out
- Knowledge and understanding of fitness and health
- Life processes and living things : Humans and other animals



## Observation of the Testing Phase

Nick Medforth is Professional Lead for Child Health and Care and Dr. Daz Greenop is Senior Lecturer/Research Fellow in Social Work in the Faculty of Health and Applied Social Sciences at Liverpool John Moores University.

We were asked to act as 'critical friends' to by observing and providing feedback on the impact of the Primary School Resources and Lesson Plan during the 'testing phase' of the project roll-out. This involved observing 7 teaching sessions in five primary schools in West Sussex, Staffordshire, Suffolk and West Sussex. The schools were selected by the project team to represent different communities served and the classes involved include children aged between 5 and 11 years. The children involved were of mixed ability and included a group of children from a special educational facility. The lessons were sometimes led by the class teacher and sometimes led by Kath Evans and Helen Sadler. All lessons were supported by colleagues from local Health Services, including School Nurses, a Paediatrician, a Teaching Consultant and Service Commissioners and Managers. The observations took place during a two week period in September 2012 and were supplemented with direct feedback from teachers and pupils.

The purpose of the observations were to

- Provide a fresh perspective on the use of the design and fitness for purpose teaching resources
- To observe the teaching resources in action and provide feedback on their effectiveness
- To observe the reactions of the children and evaluate the impact on their learning
- To provide a concise report with suggestions to support further development in preparation for implementation of the project in Primary Schools across the country.



## Design and Use of the Lesson Plan, Resources and Activities provided to the teachers

The production quality of the resources is very good and themes explored within them are wide-ranging. Examples of materials observed during the pilot included

- Short Video Clips showing young “*Health Explorers*” finding out more about different NHS services with the help of their “friend” Monkey
- Cuddly Monkey Mascot which could be used for free play for example, applying bandages
- 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
- Draw and Write Activity Sheets which enabling children to describe and illustrate their own experiences of accessing health services
- A Props Box, including dressing up clothes and a plastic microphone, which encouraged role play, for example interviewing the School Nurse
- The Monkey Song which explored 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 resources and activities were specifically designed to meet the learning needs of children across the Primary School age range and were flexible enough to be mixed and matched to provide a fun and stimulating learning experience. This could 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.



Practical guidance on how to facilitate and expand on learning using the pack is provided in a useful 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. How this happened in practice was left very much up to the planning and teaching styles of the individual teachers. For example one particularly charismatic teacher used her energy to stimulate a lot of whole class discussion using the DVD Clips provided, whilst another has carefully planned the whole morning to achieve a more structure balance between framing, exploratory, feedback and discussion activities. Another rather nervous teacher, by way of contrast, added little to the materials and plans provided but the children still participated well and their feedback suggests that much was learnt. Feedback from all children on what they enjoyed and had learned suggests that flexibility is a particular strength of the resources and successful outcomes are almost guaranteed.



## **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!*'

## Comments from other adults involved

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 this evaluation. Representative illustrative comments are highlighted below.



### Teacher and Classroom Assistant comments:

*'Child Friendly; [the children] related well to monkey, lots of resources, wide range for all learning styles. Next time I would allow more time for the role playing with monkey, puppets etc.'*

*'[It made a difference to the Children's knowledge by promoting their] awareness of services available; where to go for different services for different injuries, illnesses.'*

*'Fantastic resource - the children gained so much from it and they really enjoyed it.'*

*'Very child friendly, monkey was well-liked, song was very catchy. Scenario cards are an excellent discussion point. Programme of study links useful.'*

*'More simplified and differentiated DVDs and other resources for younger children would make it better'*

*'Fantastic resources! Easily integrated into the curriculum.'*

*'Fun and interactive – enjoyable.'*

### **School Nurse Comments:**

*'Monkey will be a great asset to the specialist school nursing team in helping to de-sensitise children to have fingerpick blood tests,, blood pressure procedures carried out. Oh, and hearing / eye tests done, wearing hearing aids, glasses, why wearing splints is important.'*

*'Please can we have a full size monkey with wheelchair equipment?'*

*'Needs to include Optician and Dentist as these are often forgotten about.'*

*'The Monkey Song is brilliant for engaging children. Huge scope. Colourful, vibrant, interactive, variety of learning styles, cross-curricular, adaptable across Foundation Stage, Key Stage 1 and Key Stage 2.'*



### **Feedback from other Health Partners:**

*'[I liked] the variety the modular design; that they started from the child's perspective. [What could have been better was] the sequencing; joints; starting with the child's knowledge; bite-sized chunks with exploration in depth of some basics...types of illness; types of service, then access points.'*

### **Comments from a Teaching Consultant:**

*'[I liked] choice for teachers in order to incorporate into a planned, progressive PHSE Curriculum. Colourful age-appropriate. Reference to ground rules for the class [could be developed]. [This would most likely be done by teachers-but may need to be mentioned]. Lesson would need to have context set or linked to existing topics – People who help me and staff from where the child is at. Children had time for reflection, to recap knowledge, practical skills and enjoyed the whole morning.'*

### **What the children said about their learning**

The most important aspect of the observation was the impact on the children and the learning which had taken place. To assess this in as simple, inclusive and participatory way as possible three posters were produced for use at the end of each teaching session. The posters featured images of the Monkey character from the teaching resources and elicited three responses: “*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 responses of the children are categorised and quantified in the tables on the following pages

## One thing I liked

*Everything! (6), Monkey (23), Singing/Song (20), activities/games (11), Role play (6), Talking (5)*

*I enjoyed sharing my ideas. (Pupil from Firle CE Primary School)*

*I loved everything about the day. (Pupil from Bolmore Village Primary)*

*I liked putting the bandages on monkey and helping him. (Pupil from Westwood First School)*

*[I liked] everyone knowing about my Epi Pen. (Pupil from Firle CE Primary School)*

Asking the children to identify one they liked about their teaching session was effective in gauging which activities they preferred and had most impact upon them. From the children's feedback the most popular activities included

- The Monkey song (a possible NHS Anthem for children!)
- 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

Some of the children indicated that they enjoyed particular aspects of the learning process which had been stimulated, commenting on the fact that they had liked the 'unusual day'; 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 day.

The Monkey was of course a central character in all sessions and universally adored. Monkey's cultural neutrality and cheeky demeanour gives him universal appeal so it is perhaps unsurprising that 23 children liked him best. Children talked to Monkey, played with Monkey and dressed Monkey's wounds when injured.



The children demonstrated a wide range of other preferences illustrating that the activities generated a wide range of different learning styles represented in each of the classes. Some children had stronger linguistic, interpersonal or intrapersonal learning styles and responded well to whole group discussions; sharing ideas and exploring concepts such as the meaning and values of the NHS or discussing what they had seen on the *Video Clips*. This translated later into freer sessions in which the children were able to dress up and use a toy microphone to interview the School Nurse, thereby actively using their linguistic skills to construct and seek responses to their own questions.

Others had a more kinaesthetic style preferring to learn through play or being active, for example bandaging the cuddly monkey mascot, or learning through discovery, for example using the computer to learn more from the *NHS Choices* Web-site.

Some of the children enjoyed activities involving writing or drawing, for example labelling body parts on a diagram, using draw and write worksheets to describe their own experiences or identify healthy food groups.

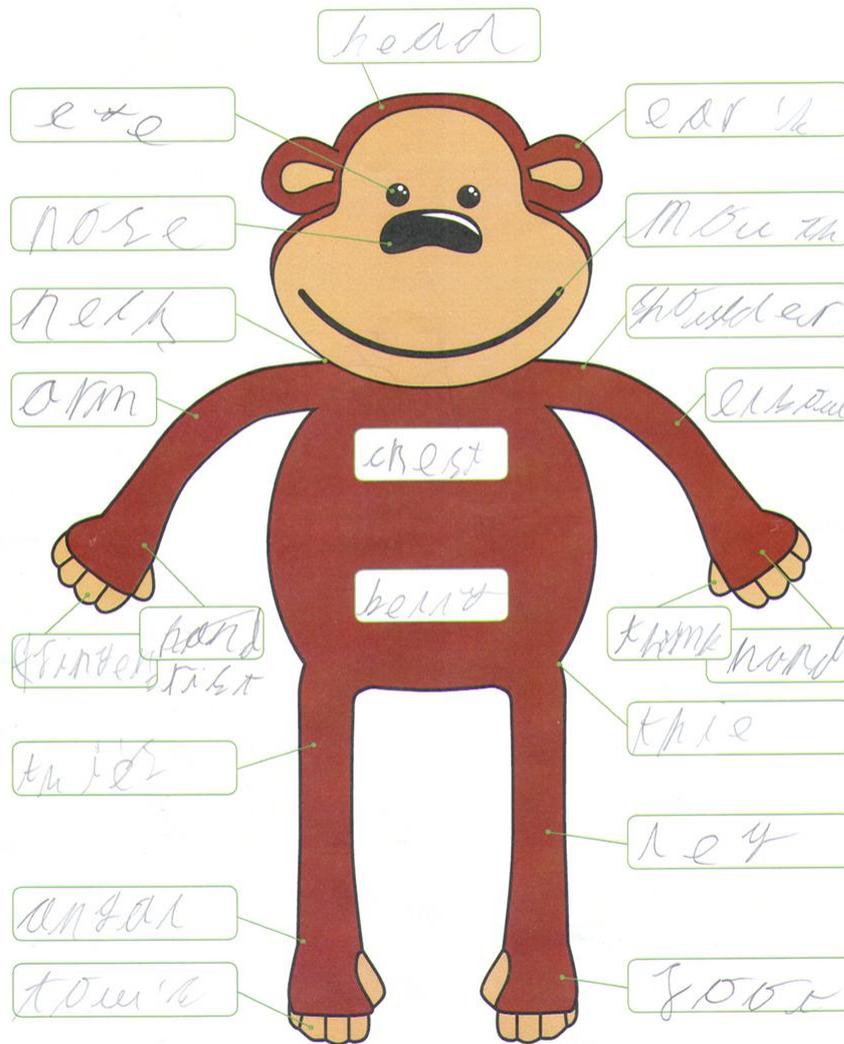
Most children were able to use skills of logic (with some adult support and guidance) to work out together which services it might be most appropriate for monkey to access when responding to the particular injuries and problems illustrated on the *Scenario Cards*.

Some of the children, during a less structured session were then able to use the monkey puppets to actively bring their learning together, share and consolidate their ideas by constructing a drama in which monkey had an accident, called the ambulance and attended a service for treatment. The range of stimulating and age appropriate activities and learning styles catered for enabled all of the children to participate in an active learning process and able to identify at least one (often more) things that they had enjoyed.

The excitement generated by the range of learning activities suggested that all of the children were actively engaged in learning throughout (most) of the session, with a small minority becoming a little distracted or losing focus on activities involving worksheets. All of the children, however, were able to identify at least one thing that they had learned or remembered – many could identify several.

ABOUT YOUR BODY TEMPLATES

LABEL PARTS OF THE BODY



About you Body x2.pdf

## One thing I learned

NHS (12), How to keep fit and healthy (9), What to do (7) (in emergency, when hurt), Epi-Pen (4), ChildLine (9), What Health professionals do (23) (the School Nurse, Walk-in Centre, pharmacy, Assessment Unit, emergency), About Monkey 7 (Body Parts, When he got hurt)

*NHS stands for National Health Service*

*I've learnt that there are lots of hospitals and walk-in centres so wherever you are there's always one around*

*That you can call ChildLine if you need to talk to someone*

*I learnt about the NHS. I've learnt about what the NHS do and how they help.*

*Lots of Different things like: ChildLine is always open and you don't need to say your name or how old you are*

*I learned that there is loads more things to help you if you are hurt*

*I know what to do when I get hurt*

As can be seen above, a wide range of learning points were achieved by the children. These related to both the aims of the project and the curriculum goals to which they were mapped. Key themes which emerged in the Children's own identification of their learning include

- **Monkey as an ambassador for the NHS** – Children indicated that they had reached a new understanding not only of what the NHS stands for but also some its underpinning values such as accessibility, responsiveness and helpfulness. Many of the children also commented positively on the role of the NHS and its workers, taking pride in it as a force for good.
- **Making an active Choice in the range of available services** – The resources clearly helped children understand the range of services available, how to access them locally or through national sources of support such as the NHS Choices web-site or NHS Direct and ChildLine; that there isn't just one option.
- **Appropriate Decisions** – Children indicated that they had learned some new vocabulary (Pharmacy; Walk-in Centre; National Health Service) and how to choose which is the appropriate service to seek help from in specific situation (Seeking adult help first; Calling ChildLine if you feel sad; Seeking help at school through the School Nurse going to the Walk-In Centre for a minor injury; Calling 999 and Going to A and E for more serious accidents or breathing difficulties.
- **Learning about Yourself and Healthy Lifestyles** – the need to take regular exercise, eat healthily or participate in sports; self-care

including self treatment for specific health problems (for example by using the EPI-Pen) and staying safe.

**One thing I learned:**

What a walk-in centre (Beech) were to go when I'm hurt

What a drop in centre is (B)

I learned when how to cure lets hurt + tell about things. (B)

I learned about all the things you go to at a walk-in centre (B)

I've learnt that there are lots of hospitals and walk-in centres so wherever you are there's always one around. (Beech)

I learned about the drop in centre (Beech)

I learned what a child assessment is (B)

so many things I learnt that the most popular thing is if your breathing in

Beech. I Lut wot was @ wou in set up was B

What a walk in is

Children assessment unit woi st it B

about lots of distich hospitals

Walk in seten (B)



File

## One thing I might tell my friend

The song (7); Monkey (28, 13 fun with monkey), ChildLine (8), specific advice (4), NHS (9), specific services (11), How to stay fit and healthy (4),

*If someone had an injury to go to the drop-in centre*

*How fast and funny the monkey song is*

*When go to the beach always put sun-cream on*

*Do more exercise*

*Look at ChildLine*

*I am going to tell my friend about Walk-in Centres*

*The NHS always helps you so always go to them*

*The NHS because they always help you when you're hurt*

*I would tell a friend that the NHS can help you when you are ill but also help you stay well*

*How good the NHS were and monkey*

*I had fun at school*

*I had fun with National Health Service and Monkey*

One of the children commented '*So many things I have learned*' and this highlights the potential the project has for enabling the children who participate to cascade their learning by sharing it with other children, family and members of their community. Monkey was, again, the focus of children's comments (28) but perhaps more importantly almost half of these (13) linked him with having 'fun' and this unconscious learning seems to have spread very quickly beyond the classroom. Anecdotal observations from some of the teachers suggest that the children were telling friends about monkey in the playground and discussing what they had been doing with friends; sharing learning with their parents as they picked them up at the end of the day or explain to grandparents where the nearest Walk in Centre was. Asking the children to identify one thing they might tell a friend encouraged them to reflect on how they might share their learning.

Key themes which emerged from the children's responses and illustrate the potential for the children involved in the project to become peer educators or champions for the NHS and its services include:

- Positive messages about the NHS and it's services being accessible and there to help
- Accessing help in an Emerging by calling for an Ambulance or Going to A and E

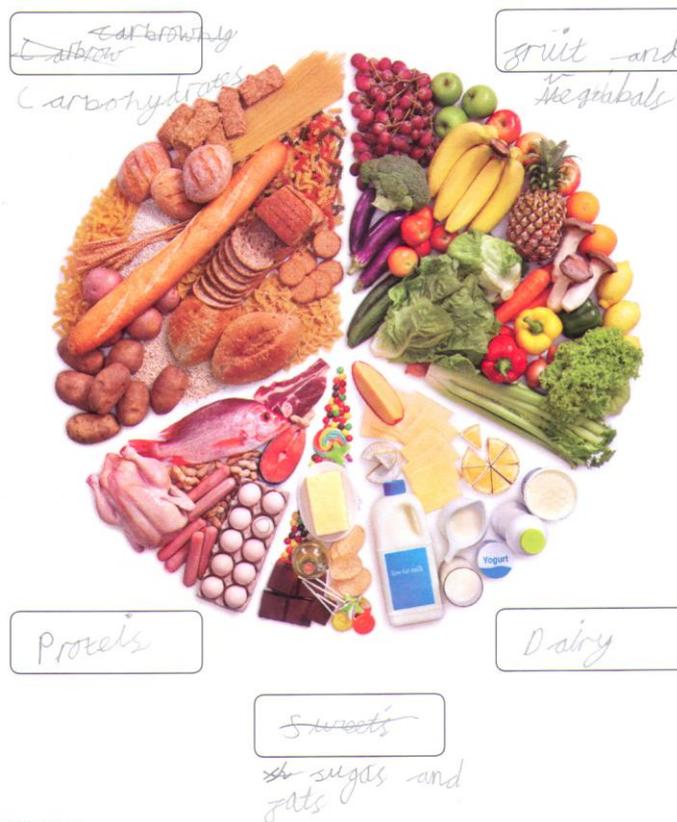
- Seeking help from an Adult such as a parent or School Nurse if you need support locally
- Going to the local Walk in Centre if you have a minor injury
- Health promotion messages

The Project Implementation Team also carried out their own evaluation through the use of Feedback Sheets designed for the use of the children. We understand that these will be reported elsewhere but they are generally consistent with the feedback we obtained through the posters and illustrative comments taken are supportive of the fact that the children rated the learning activities and resources as 'Outstanding', welcomed the opportunity to 'question things' and were keen to learn more.



## HEALTHY PLATE

NAME THE 5 FOOD GROUPS



### Conclusions and Recommendations

We were delighted to have the opportunity to be involved in the piloting of this exciting project which has already had a demonstrable positive impact on the children and adults involved. Below is a summary of the strengths we observed and some suggestions for consideration as the project continues.

## **Strengths of the Project and Resources**

The project is excellent, well planned with clear goals and delivered by an enthusiastic team. The following points are particular strengths identified through the observation of testing phase.

- 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 which are 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.

## Suggestions for development

1. In the teachers pack it may be helpful to indicate how the resources could be used flexibly to deliver sessions in a day or be developed to support a spiral curriculum model across a term or even several key stages, thereby linking to the materials already in use in secondary schools. Guidance could be provided to enable teachers to think about sequencing, making connections and delivering the material in bite-sized chunks starting with the child's current knowledge base; exploring some basics in greater depth, then learning more about services available locally and how to access them. Suggested lesson plans for teachers indicating pace, timing and desired outcomes for each activity might also be helpful to overcome the tendency to rush through topics when time is limited.
2. Teachers may benefit from some tips on how to get started; the importance of planning activities and thinking about the outcomes they want to achieve; setting ground rules with the children; using the child's existing knowledge as a starting point.
3. Further guidance on how the resources could be used to support or extend other areas of the curriculum (for example **Science**: learning about the body and how to fix it. **PHSE**: learning more about well-being, mental health, staying safe, self-care, caring for others; **P.E**: how children can become *Health Explorers* themselves to stimulate more interest in sport and exercise and possibly after/ out of school activities.)
4. One of the strengths of the resources is the way they stimulate discussion and reflection. Guidance for teachers on how they could guide this more purposefully to introduce and later reinforce important learning and information. For example using circle time to explore some mental health and well-being issues and linking this to the information about ChildLine and Anti-Bullying Policies in the School.
5. The Teacher Pack could provide guidance on how the resources might be used to develop a whole school strategy to promote health. For example, encouraging children, parents, teachers, governors, health professionals and catering staff to work together to promote healthy eating.
6. Teachers may require support in understanding key messages to communicate. For example they may not be familiar with services (and roles) generally or how they might be accessed locally. A clear message is also needed, with exemplar, about 'what to do when...'

particularly if no health professionals are present. These could be highlighted in the teachers pack either through the aims and learning outcomes or a specific list or script of key messages to share.

7. Explore possible *what if?* questions or situations which might arise for some teachers when they facilitate learning using the pack. For example highlighting the need for teachers to plan ahead and consider how they might sensitively and appropriately handle issues which could arise relating to children in the class who have specific health related circumstances. Specific consideration may be given to the following: Allergies, Safeguarding Concerns, Looked After Children, children who have Disabilities or Long Term Conditions, children who have an Unhealthy Weight, Behavioural or Mental Health problems, children whose parents may have health problems, Children whose families have had negative experiences of health services and Bereavement.
8. Health partners involved in the piloting were keen to support the implementation of the project. There may be an opportunity to harness this support from local health networks and children's trust partnerships to ensure a sustained support for the implementation of the project.
9. The project has the potential for 'added value' through being a vehicle for promoting wider community awareness of services and health promotion messages. It may be helpful to consider ways of involving parents, families and local community and voluntary sector groups in the implementation of the project.

