

Section 3

Training activities

About the training activities...	44
How should the activities be used?	
Choosing activities for a training session	
Healthy eating in a Health Promoting School	46
Activities 1–16	
Physical activity and preventing overweight and obesity	81
Activities 17–25	
Perspectives and influences: body image, puberty and the media	102
Activities 26–40	
Dieting	133
Activities 41–46	
Eating disorders	143
Activities 47–50	

About the training activities...

Growing Through Adolescence was designed to be as flexible as possible by providing a range of activities to help promote discussion and understanding of the key themes and issues raised in Book 1.

The training activities¹ aim to provide a way of exploring the information and issues brought up in one or more chapters or factsheets. The activities are the building blocks for any training programme.

How should the activities be used?

We would recommend reading through the *Trainer's notes* for tips and suggestions on how best to plan a training session before choosing activities and planning your training. The section *Identifying training needs* (page 6) gives advice on conducting a training needs analysis.

The training activities are divided into sections; each section has a list that includes the name of each activity, its estimated duration, and which chapters and/or factsheets it is linked to. Similarly, at the start of each section in Book 1, chapters are listed with the activities they link directly to.

Having decided the themes on which the training will be based, we suggest reading through any chosen activity several times. It is important to read the background material thoroughly. The more familiar the trainer is with the chapter, the more they will be able to include information and learning throughout the session.

Trainers may choose to complement their knowledge by looking at some of the **Key references and Further reading** suggestions listed at the end of the chapters in Book 1. Discussion and activities based on one chapter often lead to other topics — the activities will identify additional chapters for supplementary background reading.

¹Activities 1–49 are linked to the chapters and factsheets in Book 1. Activity 50: *Who do you turn to?* is a specific workshop for dealing with issues around child protection — which might come up in the course of discussions, particularly around sensitive issues like eating disorders.

Choosing activities for a training session

Some activities are similar in nature or content. The activities a trainer chooses to use will depend on what they want to focus on, what they feel the group might enjoy and what they feel most confident and comfortable in delivering. In no way is it expected a trainer would use all or even most of the activities. Reviewing the pre-designed training sessions gives ideas about how themes can be linked together and activities used to build a meaningful session.



Healthy eating in a Health Promoting School

Section plan

Activity	Time (minutes)	Linked chapters	Linked factsheets	Comments on activity and further reading
1. Draw a healthy person	10			This is an opening activity and can lead to discussion on a number of chapters
2. Food association	15			This is an icebreaker activity. It might link to Chapters 1.1: <i>Food for growth</i> or 2.1: <i>Food patterns and preferences</i>
3. An enjoyable meal	10	2.1: Food patterns and preferences		
4. What will you have?	30	1.1: Food for growth	2: Dietary targets and activity guidelines for young people in Scotland	This could also lead to a discussion on trends in eating patterns, Chapter 2.1: <i>Food patterns and preferences</i> and Factsheet 1: <i>Current eating patterns among Scottish children and adolescents</i>
5. Food is for/I eat because	45	1.1: Food for growth 2.1: Food patterns and preferences	1: Current eating patterns among Scottish children and adolescents 3: Energy balance	
6. That's me!	20	2.1: Food patterns and preferences	1: Current eating patterns among Scottish children and adolescents	Discussion could link to Chapters 3.1: <i>Self-esteem</i> and 3.3: <i>The role of the media</i>
7. Trends in food patterns	30	2.1: Food patterns and preferences	1: Current eating patterns among Scottish children and adolescents	It might be helpful to read through the chapter on <i>Taking a Health Promoting School approach</i>
8. What information do children need?	30	1.1: Food for growth	1: Current eating patterns among Scottish children and adolescents 3: Energy balance and nutrient requirements 5: Dental and oral health 9: Breastfeeding	

Activity	Time (minutes)	Linked chapters	Linked factsheets	Comments on activity and further reading
9. Where do you stand?	20 or less	<i>Taking a Health Promoting School approach</i>	4: Food initiatives in schools	
10. What factors affect healthy eating?	30	<i>Taking a Health Promoting School approach</i> 3.1: Self-esteem		
11. Features of a Health Promoting School	40	<i>Taking a Health Promoting School approach</i>		It might be helpful to refer to <i>Hungry for Success: A whole school approach to school meals in Scotland</i> (Scottish Executive 2003) and/or www.healthpromotingschools.co.uk
12. How can schools promote mental and emotional health?	30	<i>Taking a Health Promoting School approach</i> 3.1: Self-esteem	4: Food initiatives in schools	This activity could also link to Chapter 1.2: <i>Physical activity</i> . A barrier to young people undertaking physical activity might be a feeling they are not good at and do not have the proper skills for sports. It might also be helpful to go through the chapter on <i>Taking a Health Promoting School approach</i> .
13. Listing talents, skills and qualities	45	3.1: Self-esteem		
14. Understanding skill development	30	3.1: Self-esteem		
15. How do we know what children think and feel?	30	<i>Taking a Health Promoting School approach</i>	1: Current eating patterns among Scottish children and adolescents 4: Food initiatives in schools	
16. What are we bringing and taking?	20			This is a close-out activity that can be used with most chapters

Activity 1

Draw a healthy person

Objective

To stimulate discussion on how participants see health.

Resources

Sheets of paper

Pens or crayons

Time

10 minutes

Methods

1. Ask the group, without prior discussion, to draw a picture of a healthy person, conveying all they can about being and staying healthy. This is not a drawing competition, they should indicate as much as they can within two minutes.
2. Invite them to share their picture with the group, introducing themselves as they do so. As they share, ask them to notice both common and unusual views of being healthy.
3. Encourage a discussion by asking them:
 - How many people drew a smiling face or outstretched arms? Explain that worldwide, the pictures of healthy people drawn by children aged 3–12 almost always show a person smiling, often with outstretched arms. This shows their view that being healthy is strongly linked with emotional well-being.
 - What were common and unusual features — people exercising, relaxing, other people in the picture, aspects of healthy eating?
4. Mention that this strategy has been in used across the UK and replicated year on year nationally and internationally. During recent years, an unexpected trend has been observed in children's drawings of women. Children have always used certain conventions for drawing women, moving through the head as body, to the triangular figure with legs attached to the skirt, to the traditional figure with the indented waist. However, in recent years, the female figure has increasingly been drawn as very tall, straight, very thin and shapeless. At first, this phenomenon was noticed in the drawings done by girls in the 10–11 years age group. More recently, it has become apparent down the age range and is now appearing regularly in the drawings of seven year-old girls.

A similar but less dramatic change has appeared in boys' drawings of healthy males. There is great emphasis on a muscular upper body and descriptive phrases such as 'six pack' are increasingly used. This phenomenon is coming down the age range quite rapidly.

Activity 1 (contd)

Draw a healthy person

Training issues

Teachers may already be familiar with this approach because of *Confidence to Learn*, a primary school-based resource. It may be worth checking to see if they have seen or used *Confidence to Learn* or the Draw and Write technique and what kinds of pictures their children came up with.

Teachers of older year groups who are aware this is a primary school resource may think this is introducing an activity to do in class, rather than to explore their own concepts

This activity is a good warm-up for most discussions. It is also an introduction to Activity 42: *Draw a person of ideal weight*.

Linking chapters

As this can be open discussion on almost any subject, it can be linked to any chapter. For example, it can lead to discussions on:

- the balance between physical activity and well-being (Chapter 1.2)
- diets and obesity (Chapters 2.2 and 2.3)
- body image (Chapter 3.2).

Linking factsheets

This is a good activity for opening discussion on many themes or issues:

- *Current eating patterns among Scottish children and adolescents* (Factsheet 1).
- *Dietary targets and activity guidelines for young people in Scotland* (Factsheet 2).
- *Energy balance and nutrient requirements* (Factsheet 3).

Activity 2

Food association

Objective

To open discussion about food.

Resources

Paper and pens

Flipchart paper and marker pens

Time

15 minutes

Methods

1. Ask them to think of some type of food — the first thing that comes into their heads — and to jot it down in large letters on a piece of paper.
2. Go round the group one at a time. Ask each person to show what is on their piece of paper to the person on their right. This person should then say what the food is and call out a word they associate with that food. As they call out the words, write them on a flipchart sheet. Repeat the process until everyone has shown their food and also said a word association.
3. In plenary, consider the types of words they have called out. How many:
 - are simple descriptions (for example, crunchy, soggy, green)?
 - are qualitative (for example, tasty, healthy, yucky, wicked)?
 - are associated with a figure of speech (for example, pears — with apples)?
 - are associated with a place or time (for example, holidays, school dinners, Sundays, supper)?
 - fit into another category?

Encourage a short discussion on:

- what these words tell us about the place of food in our lives. Are the words mainly positive or negative, objective or subjective?
- what they think children and young people would write if they were doing this exercise
- whether they think there would be any differences between their own responses and those that young people might give
- why this might be.

Training issues

This is intended as an icebreaker and as such should not take too long.

Linking chapters/factsheets

This activity should act as an icebreaker activity and could be used with training sessions dealing with most of the chapters/factsheets.

Activity 3

An enjoyable meal

Objectives

To open discussion on the roles food plays in our lives.

Resources

Flipchart paper or board

Time

10 minutes

Methods

1. Ask the participants to share with another person a memory of a pleasurable meal and to say what made it so.
2. Come together to share perceptions. To what extent was the quality of the food responsible for making the meal so enjoyable, or were other factors just as significant, such as the company, the setting or the occasion. You might want to record these factors on a flipchart or board for later reference.

Training issues

This is an introductory activity for a workshop and should only take a few minutes.

Linking chapter

Food patterns and preferences (Chapter 2.1)

Further discussion

This activity can link to discussion on several topics, including some of the issues around dieting and why it doesn't work, or creating an enjoyable environment in a Health Promoting School.

Activity 4

What will you have?

Objectives

To explore some of the reasons behind our and young people's choices of food.

To increase awareness of the recommended kcal per day for different age groups.

Resources

A range of menus, available from the internet (see *Further discussion* for suggestions)

Flipchart paper and pens

Food for growth (Chapter 1.1)

Factsheet 1 or 2 may also be available for each participant

Time

30 minutes

Methods

1. Ask participants to work in groups of four and give each group a choice of menus from different restaurants. They are to imagine that as a group they are going out for a meal on a Friday evening. They are to first choose a restaurant menu, and then each select a meal from that menu. What would they choose and why? Ask them to jot down the reasons for their selection — of restaurant and of food. Who of their group do they think has chosen the healthiest option?
2. Ask for feedback from the group on what they chose and the reasons. List the reasons on central flipchart and see if they can be grouped in any way. These might include:
 - cost
 - who we are with
 - personal preferences of taste

- time of day
 - purpose of the meal
 - what is happening afterwards
 - what else they have eaten during the day/week
 - their emotional state
 - allergies
 - diet restrictions.
3. Possible questions for discussion could be:
 - To what extent would they take into account whether their food choices are the healthy option?
 - To what extent would they consider the calories in different food choices?
 - How different would the list be if they were looking at food choices at home?
 - How different might the list be if children/young people were asked to choose a meal?
 4. Give each person a copy of Chapter 1.1: *Food for growth* to take away with them for further reading. Draw their attention to Box 1 which gives the recommended kcal per day for different age groups.

Activity 4 (contd)

What will you have?

Training issues

It is important to stress that food is enjoyable, and food is fun. It satisfies our physical hunger and physiological needs, but also meets strong psychological, sensory and social needs.

We should therefore aim to help young people value food and understand how important it is to us not only in a physical sense, but also socially and psychologically. From this may grow a respect for food and eating, which will help them to make better health-related choices.

Linking chapter

Food for growth (Chapter 1.1).

Linking factsheets

Current eating patterns among Scottish children and adolescents (Factsheet 1).

Dietary targets and activity guidelines for young people in Scotland (Factsheet 2).

Further discussion

Discussion could also incorporate changes in eating trends and preferences, in which case Chapter 2.1: *Food patterns and preferences* and Factsheet 1: *Current eating patterns among Scottish children and adolescents*, might provide additional background information.

Accessing menus

Doing a general search for menus on the internet should bring up options, for example www.onlinemenus.com is an American site providing menus for restaurants in Virginia — but a wide range of restaurants is on offer.

Alternatively try www.visitscotland.com/library/eatinganddrinking. VisitScotland, the official site of Scotland's National Tourism Board, has a search facility for eating and drinking establishments.

Activity 5

Food is for/I eat because

Objectives

To reinforce the importance of a balanced approach to eating and food for healthy growth and development.

To recognise and understand the importance of well-being in achieving a balance.

Resources

A4 paper and pens

Flipchart paper and markers

A copy of Chapter 1.1: *Food for growth* for each participant

Time

45 minutes

Methods

1. Give each participant a blank sheet of paper and ask them to draw two columns, headed 'I eat because...' and 'Food is for...'
2. Ask them to list as many responses as possible in each column.
3. When they have finished ask them to review their responses, comparing each column and highlighting any responses that appear in both columns, for example 'I eat because I enjoy food', and 'Food is for enjoyment', and 'I eat because food gives me energy', and 'Food is for energy to do physical work'.
4. Share their responses in pairs, discussing:
 - What responses they have in common?
 - Which of their responses have not been listed by their partner?
 - Whether they think these different responses are valid or appropriate?
5. Ask the pairs to form a group of four. Give each group a sheet of flipchart paper and some pens. Ask them to identify ways of categorising their responses. They should divide the flipchart sheet into columns with a category heading at the top of each.
6. Ask them to list under these headings some of their responses that they feel would fall into this category (up to three will suffice). For example, if their responses suggest that one type of need that eating fulfils is SOCIAL, they should write this at the top of one of the columns and place under it up to three responses such as 'Food is for celebrations' or 'I eat because it provides an opportunity for social interaction'.
7. Back in the whole group, invite them to feed back the outcomes of this exercise. Discuss:
 - What categories were identified by the small groups?
 - Were these more or less similar for each group?
 - What does this suggest about the role of eating and food in our lives? Is there a single reason for eating, or a single purpose for food? If not, is any reason or purpose more important than the others?
 - What responses do they think children would give?
 - What should we be aiming to teach children about eating and food in relation to healthy growth and development?
8. Give out Chapter 1.1: *Food for growth*, drawing their attention to the section on 'balanced eating' and why it is particularly important to promote this during childhood.

Activity 5 (contd)

Food is for/I eat because

Training issues

In discussion, it is important to stress that food is enjoyable, and food is fun. It satisfies our physical hunger and physiological needs, but also meets strong psychological, sensory and social needs.

We should therefore aim to help young people value food and understand how important it is to us not only in a physical sense, but also socially and psychologically. From this may grow a respect for food and eating, which will help them to make better health-related choices.

It may be useful to have undertaken the tasks involved in this workshop beforehand so you have a ready list of responses that can be given as examples should some participants find it difficult to come up with many of their own.

Linking chapters

Food for growth (Chapter 1.1).

Food patterns and preferences (Chapter 2.1).

Linking factsheets

Current eating patterns among Scottish children and adolescents (Factsheet 1).

Energy balance and nutrient requirements (Factsheet 3).

Activity 6

That's me!

Objectives

To explore and personalise what lies behind some changing food patterns and preferences.

To help teachers reflect on these changing patterns to eating and apply it more broadly to changing society and new information.

Resources

A copy of 'That's me!' handout for each participant

Time

20 minutes

Methods

1. Ask participants to work through the handout 'That's Me!' sharing experiences which make them say, 'That's happened to me', or 'I worry about this'.
2. Come together to summarise this exchange of views and to ask whether children are in danger of losing something of the pleasurable social experiences of eating.
3. Ask the group to consider what they could do, as a group and individually, to bring about some changes.

Training issues

Space has been left at the end of the activity to write in questions that might be expressly important to participants from a training needs analysis.

Linking chapter

Food patterns and preferences (Chapter 2.1).

Linking factsheet

Current eating patterns among Scottish children and adolescents (Factsheet 1).

Further discussion

This activity might also stimulate discussion on Chapter 3.1: *Self-esteem* or 3.3: *The role of the media* and *The media* (Factsheet 8).

Activity 6 handout

That's me!

That's me!

Who recently has...

- seen a young person do something which made you suspect he or she had skipped breakfast? What were those behaviours?
- tried to persuade a child to try a new food successfully?
- tried to persuade a child or young person to try a new food but without the desired effect?
- given in to pressure to buy a certain food or eat in a certain food outlet?
- worried about the experience children and young people have of school meals, for example how the meals are organised, what they eat or don't eat, the noise levels, the time allocation?
- felt that getting out to play or not having to go out is a factor in how children eat at school meals?
- worried about healthy eating programmes and resources which categorise foods groups as 'good' and 'bad', and wondered why they fail to promote the physical and social well-being of eating?
- worried about the impact of advertising on TV on young people's and children's food preferences
- recognised changing fashions in food preferences and eating patterns in children and young people as an important factor in our approach to healthy eating programmes?

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Activity 7

Trends in food patterns

Objectives

To explore what lies behind some changing food patterns and preferences.

To consider how this relates to children and young people and their experiences in school.

Resources

Three slips of paper for each participant

A copy of key points from Chapter 2.1: *Food patterns and preferences*

A copy of 'Possible reasons' for each participant

Time

30 minutes

Methods

1. Ask participants to move into groups of four. Give each group a copy of key points from Chapter 2.1: *Food patterns and preferences*. Are they surprised by any of the points made?
2. Invite them each to write on three slips of paper what appears to them to be the three main reasons for the changing pattern of children's food preferences and eating patterns. There is a list of examples of possible reasons to help if they get stuck.
3. They should then share and sort their reasons. Ask them to arrange and display them to show their group's view of their importance.
4. Raise the following questions:
 - Which of the reasons given are within their power to influence in some way?
 - What could they do, as a group and individually, to bring about some changes?

- Who would be key players in making these changes?
- Is the task to change people's behaviour and attitudes, or is it to accept that food preferences and eating patterns are changing and to work with people within that framework?
- How does the provision of food in schools reflect this?
- Which task should healthy eating programmes for schools focus on?

Linking chapter

Food patterns and preferences (Chapter 2.1).

Linking factsheet

Current eating patterns among Scottish children and adolescents (Factsheet 1).

Further discussion

There are also factsheets linking to the key points if participants want to know more (for example, *Breastfeeding*, *Dental and oral health in young people*, *Food initiatives in schools* and *The media*).

Activity 7 handout

Trends in food patterns

Food patterns and preferences

Key points

- In general, the dietary patterns of Scottish schoolchildren are less healthy than those of many of their European counterparts.
- Children who were breastfed as infants experience significant health benefits in childhood.
- Studies show that children who eat meals with their families consume more fruit and vegetables, drink fewer fizzy drinks and eat less fat.
- There is evidence that some children in Scotland — as many as 20% of 11–15 year-olds and many below that age group — are regularly missing breakfast.
- To foster a balanced diet, and one which is enjoyed, parents of young children should be urged to offer a wide range of foods with encouragement for the child to sample them.
- Scotland's oral health is poor in comparison with other areas of the UK, with high consumption of sugary snacks and fizzy drinks implicated in the incidence of dental caries.

Activity 7 handout

Trends in food patterns

Possible reasons for changing patterns of children's food preferences and eating patterns

- Changing family lifestyles, for example both parents working, shift working — resulting in families not eating together, children not eating breakfasts.
- The impact of processed and convenience foods.
- The impact of TV on children's leisure time and of advertisements shown at their viewing times.
- Healthy eating programmes for schools which start from what is considered necessary for children to learn and not from where children are.
- The lack of sufficient links between physical activity, healthy eating and a sense of balance between the two.
- The inconsistency between the school's commitment to being health promoting, and the practices in the school relating to provision of food, drink and exercise.
- The current fashion in what is presented as an ideal body image for girls and boys.
- Celebrity diets and dietary advice.
- Less knowledge about what is healthy food or how to prepare it.
- The marketing and packaging of foods as, for instance, 'natural' (or 'low fat' but still high in sugar — or still high in fat but only lower in fat to other products — for example, biscuits) and an assumption that means it is healthy.
- Marketing foods with prizes or toys to young children.
- Food being used or seen as a punishment or a treat.

Activity 8

What information do children need?

Objectives

To identify the information that young people may need to know about healthy eating.

To look at imaginative ways of getting that information across to them.

Resources

For each participant a copy of:

Chapter 1.1: *Food for growth*

Factsheet 2: *Dietary targets and activity guidelines for young people in Scotland*

Factsheet 3: *Energy balance and nutrient requirements*

Factsheet 7: *Water*

Factsheet 9: *Breastfeeding*

Time

30 minutes

Methods

1. Ask participants to work in groups of four and give each group a different resource material. Allocate different ages to each group, from 7 to 15.
2. Explain that their task is to read their particular resource to see whether there is any information in it that they think would be useful for their allocated age group. Can they think of any imaginative ways of imparting that information that would be appropriate for that age group?
3. In the whole group, ask for feedback about the information and the methods chosen. Discuss:
 - how you decide what children need to know
 - how easy or difficult they found the task
 - whether the children themselves can be involved in finding out the information and imparting it to others
 - whether there is important information that is not included in the resource material they were given
 - what place informing young people should play in any initiative about healthy eating. How important is it?
 - what else schools should be doing.

Training issues

Stress that promoting balanced eating is particularly vital during childhood when habits for life are being established.

Make sure that they appreciate that a whole school approach is needed — for example, looking at the school environment and working with parents, rather than just 'teaching the facts'.

Linking chapter

Food for growth (Chapter 1.1).

Linking factsheets

Dietary targets and activity guidelines for young people in Scotland (Factsheet 2).

Energy balance and nutrient requirements (Factsheet 3).

Water (Factsheet 7).

Breastfeeding (Factsheet 9).

Further discussion

Having a good understanding of the Health Promoting School will be of benefit.

Activity 9

Where do you stand?

Objectives

To explore views on schools promoting healthy eating.

To help participants express their opinions and literally 'see where they stand' on issues in relation to other people.

Resources

A clear space, the length or width of the room.

Five large pieces of paper, with **YES!**, **yes**, **?**, **no** and **NO!** Arrange them across the floor in a line.

Statements written on flipchart paper or an overhead projector (and covered until they are used). See examples below.

A copy of the chapter *Taking a Health Promoting Schools approach* (optional).

Time

20 minutes (less if only one or two statements are used)

Methods

1. Ask participants to imagine there is an imaginary line that runs across the room. On it are five positions. Where they place themselves on this line will show where they stand on an issue:

- 'YES!' if they definitely agree with a statement
- 'yes' if they agree, but with a few reservations
- '?' if they are not sure
- 'no' if they disagree with reservations
- 'NO!' if they strongly disagree

2. Choose a statement about 'Schools promoting healthy eating' that you think will create a range of responses from group members. Examples might be:

- Parents and the home have such a strong influence on children's eating that there is not much a school can do to change things.
- Schools are about education not healthy eating.
- Teachers have so many administrative pressures on top of teaching that they have no time to worry about what else is going on for a pupil.
- The main way a school can be promote healthy eating is through a specific programme on nutrition.

Or your own statements

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-
-

3. Ask them to stand by the piece of paper which most represents their view.
4. Ask them to discuss with somebody near them why they are standing at that point. Encourage them to really listen to one another, as two people may be standing on the same point for different reasons.
5. Ask them to pair with someone at a different point on the line, to again discuss the reasons for their choice. You could then ask if anyone at different points on the line is willing to voice his or her opinions to the whole group.

Activity 9 (contd)

Where do you stand?

6. Repeat steps 3 to 5 with the next statement.
7. Finally ask them to go back to their seats and encourage discussion in the whole group:
 - Could we find any points of agreement, even when we were at different places?
 - What were the main issues of disagreement?
 - What have we learned of our views about schools and promoting healthy eating?
 - Could we use this activity with our students, with different content areas? If so, in what circumstances?

Or your own statements

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9. You could give out the chapter on *Taking a Health Promoting School approach* for further reading.

Training issues

Be prepared for participants to ask you where you stand on various statements. They may want to know if there is a right answer and will need assurance to know that it is OK to have a range of views.

Linking chapter

Taking a Health Promoting School approach.

Further discussion

Factsheet 4: *Food initiatives in schools* provides examples of Health Promoting School approaches to healthy eating and food initiatives.

Activity 10

What factors affect healthy eating?

Objectives

To explore what factors affect healthy eating at different ages.

To identify what a person needs to know, to feel and to be able to do to cope with these factors.

Resources

Photos of children and young people at different ages.

Flipchart paper

Marker pens

Blu-tack®

Time

30 minutes

Methods

1. Ask participants to work in groups of four or five. Give each group a sheet of flipchart, a different photo and some Blu-tack®. Ask them to Blu-tack® their photo on to the centre of the sheet.
2. Invite them to write around the photo what factors are likely to affect the eating pattern of that child.
3. Give them a second sheet of paper, and ask them, bearing in mind the factors they have identified, to write down what that child, in order to eat healthily, would need:
 - to know
 - to be able to do
 - to feel...
4. When they have finished, ask them to display their flipchart sheets and look at other groups' work.
5. In plenary, ask them to share:
 - whether they have any queries about what other groups have written
 - what are the common features of the sheets
 - whether there are differences related to gender or age
 - whether they would like to add anything to their own sheets now that they have seen other people's
 - how this can help us plan promoting healthy eating in schools.
6. Make the point that a school can have an important effect on factors such as self-esteem or how a young person feels about their body. We need to look at the whole context of a health promoting school, rather than just thinking about what is taught in the classroom.

Linking chapters

Taking a Health Promoting School approach.

Self-esteem (Chapter 3.1).



Activity 11

Features of a Health Promoting School

Objectives

To identify the criteria of a Health Promoting School (HPS) that are relevant for encouraging healthy eating.

To increase awareness that an approach to healthy eating means more than just teaching the facts.

Resources

A copy of the criteria for the HPS from the conference at Thessaloniki 1997. These were re-published in *The ENHPS: The alliance of education and health* (1999) by WHO Euro in Copenhagen. An extract is reproduced on the following page (see Criteria/Principles for the Health Promoting School handout).

A copy of the values, aims and key characteristics of a HPS, taken from *Being Well Doing Well: A national framework for health promoting schools in Scotland*.

Flipchart paper and marker pens

Time

40 minutes

Methods

1. Emphasise that the HPS is not just about what is taught about health but also about how a school is run, about its ethos, the health of staff, relationships and the links with the community. Describe the aims of a HPS as given in the chapter *Taking a Health Promoting School approach*, i.e:

- integrate health promotion into every aspect of the curriculum
- introduce healthy programmes into school curricula

- improve working conditions within schools
 - foster relationships within schools and with the community.
2. Working in groups of four to five, give each group a handout of the features of a HPS as described in 1997 at Thessaloniki and by *Being Well Doing Well*. Ask them to think about healthy eating. How are these descriptions and features relevant for healthy eating?
 3. Give each group three different criteria and ask them to identify what practical strategies a school could carry out in order to promote healthy eating. Remind them of some of the factors that they need to consider in addressing this issue.
 4. In plenary ask for feedback from each group. Encourage a discussion about:
 - how you decide on priorities in planning to promote healthy eating
 - at what point do you consult with and involve pupils
 - at what point do you consult and involve parents and the community
 - thinking about schools they know, to what extent they are already meeting the criteria.
 5. Back in their groups, ask them to identify one thing that they have learned from this activity. Share this in plenary.

Activity 11 (contd)

Features of a Health Promoting School

Training issues

Some participants may be working in a school or area that has established its own criteria for HPSs. Check whether these are the same as the ones on the handout. If they are different, how do they differ?

This activity follows on well from Activity 10: *What factors affect healthy eating?*

Linking chapter

Taking a Health Promoting School approach.

Further information and support

It might be helpful to refer to *Hungry for Success: A whole school approach to school meals in Scotland* (Scottish Executive, 2003).

Further reference materials can be found at www.healthpromotingschools.co.uk — the national portal on HPSs run by the Scottish Health Promoting Schools Unit.

Activity 11 handout 1

Features of a Health Promoting School

ENHPS Conference 1997 Thessaloniki, Greece

Criteria/Principles for the Health Promoting School

1. **Democracy**

The health promoting school is founded on democratic principles conducive to the promotion of learning, personal and social development, and health.

2. **Equity**

The health promoting school ensures that the principle of equity is enshrined within the educational experience. This guarantees that schools are free from oppression, fear and ridicule. The health promoting school provides equal access for all to the full range of educational opportunities. The aim of the health promoting school is to foster the emotional and social development of every individual, enabling each to attain his or her full potential free from discrimination.

3. **Empowerment and action competence**

The health promoting school improves young people's abilities to take action and generate change. It provides a setting within which they, working together with their teachers and others, can gain a sense of achievement. Young people's empowerment, linked to their visions and ideas, enables them to influence their lives and living conditions. This is achieved through quality educational policies and practices, which provide opportunities for participation in critical decision-making.

4. **School environment**

The health promoting school places emphasis on the school environment, both physical and social, as a crucial factor in promoting and sustaining health. The environment becomes an invaluable resource for effective health promotion, through the nurturing of policies which promote well-being. This includes the formulation and monitoring of health and safety measures, and the introduction of appropriate management structures.

5. **Curriculum**

The health promoting school's curriculum provides opportunities for young people to gain knowledge and insight, and to acquire essential life skills. The curriculum must be relevant to the needs of young people, both now and in the future, as well as stimulating their creativity, encouraging them to learn and providing them with necessary learning skills. The curriculum of a health promoting school also is an inspiration to teachers and others working in the school. It also acts as a stimulus for their own personal and professional development.

6. **Teacher training**

The training of teachers is an investment in health, as well as education. Legislation, together with appropriate incentives, must guide the structures of teacher training, both initial and in-service, using the conceptual framework of the health promoting school.

Activity 11 handout 1 (contd)

Features of a Health Promoting School

7. **Measuring success**

Health promoting schools assess the effectiveness of their actions upon the school and the community. Measuring success is viewed as a means of support and empowerment, and a process through which health promoting school principles can be applied to their most effective ends.

8. **Collaboration**

Shared responsibility and close collaboration between ministries, and in particular the ministry of education and the ministry of health, is a central requirement in the strategic planning for the health promoting school. The partnership demonstrated at national level is mirrored at regional and local levels. Roles, responsibilities and lines of accountability must be established and clarified for all parties.

9. **Communities**

Parents and the school community have a vital role to play in leading, supporting and reinforcing the concept of school health promotion. Working in partnership, school, parents, NGOs (non-governmental organizations) and the local community, represent a powerful force for positive change. Similarly, young people themselves are more likely to become active citizens in their local communities. Jointly, the school and its community will have a positive impact in creating a social and physical environment conducive to better health.

10 **Sustainability**

All levels of government must commit resources to health promotion in schools. This investment will contribute to the long-term, sustainable development of the wider community. In return, communities will increasingly become a resource for their schools.

Every child should now have the right to benefit from the health promoting school initiative.

Activity 11 handout 2

Features of a Health Promoting School

The values, aims and key characteristics of a health promoting school, taken from *Being Well Doing Well: A national framework for health promoting schools in Scotland* (Scottish Health Promoting Schools Unit, 2004)

Values

- Wisdom — that seeks understanding and takes action to bring about improvement
- Justice — that provides equality, participation and fairness of treatment for all
- Compassion — that ensures concern, care and respect for oneself and others
- Integrity — that ensures honesty, responsibility and good judgement

Main aims

- To promote the physical, social, spiritual, mental and emotional health and well-being of all children and young people and staff
- To work with others in identifying and meeting the health needs of the whole school and its wider community

Key characteristics

- Effective leadership and management
- Inclusive ethos
- Partnership working
- Curriculum, learning and teaching which provides challenge, participation and support for all children and young people
- Personal, social and health education programmes
- Safe, supportive, accessible and well-resourced environment

Activity 12

How can schools promote mental and emotional health?

Objectives

To reinforce that health is not just physical.

To discuss the ways in which schools can promote mental health and meet health needs.

To introduce Abraham Maslow's hierarchy of needs.

Resources

Flipchart paper

Marker pens

Handout on Maslow's hierarchy of needs

Time

30 minutes

Methods

1. Explain that Abraham Maslow, an American psychologist, decided on a map of needs, based on his study of a range of 'successful' people or self-actualisers. Suggest that the same could be said of what people need to achieve 'health.' His model incorporates not only physiological needs but also 'higher' needs, such as self-esteem and fulfilment.
2. Give out the handout and talk through the various levels of need, explaining that usually people need to have their lower needs met before they can attend to the higher ones:
 - **Physiological needs:** for example, food, sleep, water and warmth.
 - **Safety and security needs:** for example, freedom from fear and violence, shelter, order and stability.
 - **Love and belonging needs:** for example, feeling part of a family, in friendship, social approval.
 - **Self-esteem needs:** for example, being valued by others, self-respect, independence.
 - **Self-actualising needs:** for example, acceptance of self and others, realising your unique capabilities, skills and creative expression.
 - **Meta needs:** those which go beyond the personal, for example, the pursuit of justice, faith and peace.
3. Ask them to think about whether Maslow's theory makes any sense to them and whether they think it has relevance for promoting healthy eating? Would they amend it in any way?
4. Divide them into six groups. And give each group a sheet of flipchart paper and pen. Ask each group to consider a different level of Maslow and to record what schools could do to help in meeting the needs of students at that level? Thinking of their own school at present, which needs do they think are well met and which tend to be ignored?
5. Bring everyone back together. Ask someone in each group to feed back the main points of their discussion. Encourage a discussion on:
 - what schools seem to be doing well
 - what could be improved
 - to what extent staff needs are also being met
 - food is one of the basic needs — to what extent is healthy eating seen to be important in schools?

contd>

Activity 12 (contd)

How can schools promote mental and emotional health?

Training issues

When going through the handout, it is a good idea to give one or two examples of how schools are affected by needs not being met, for example children coming to school hungry, fear for security after instances like the Dunblane shooting tragedy, or the breakdown of families meaning children may have less of a sense of belonging.

The 'meta' level is usually the one that participants struggle with most. They may need help with ideas.

Linking chapters

Taking a Health Promoting School approach.

Self-esteem (Chapter 3.1).

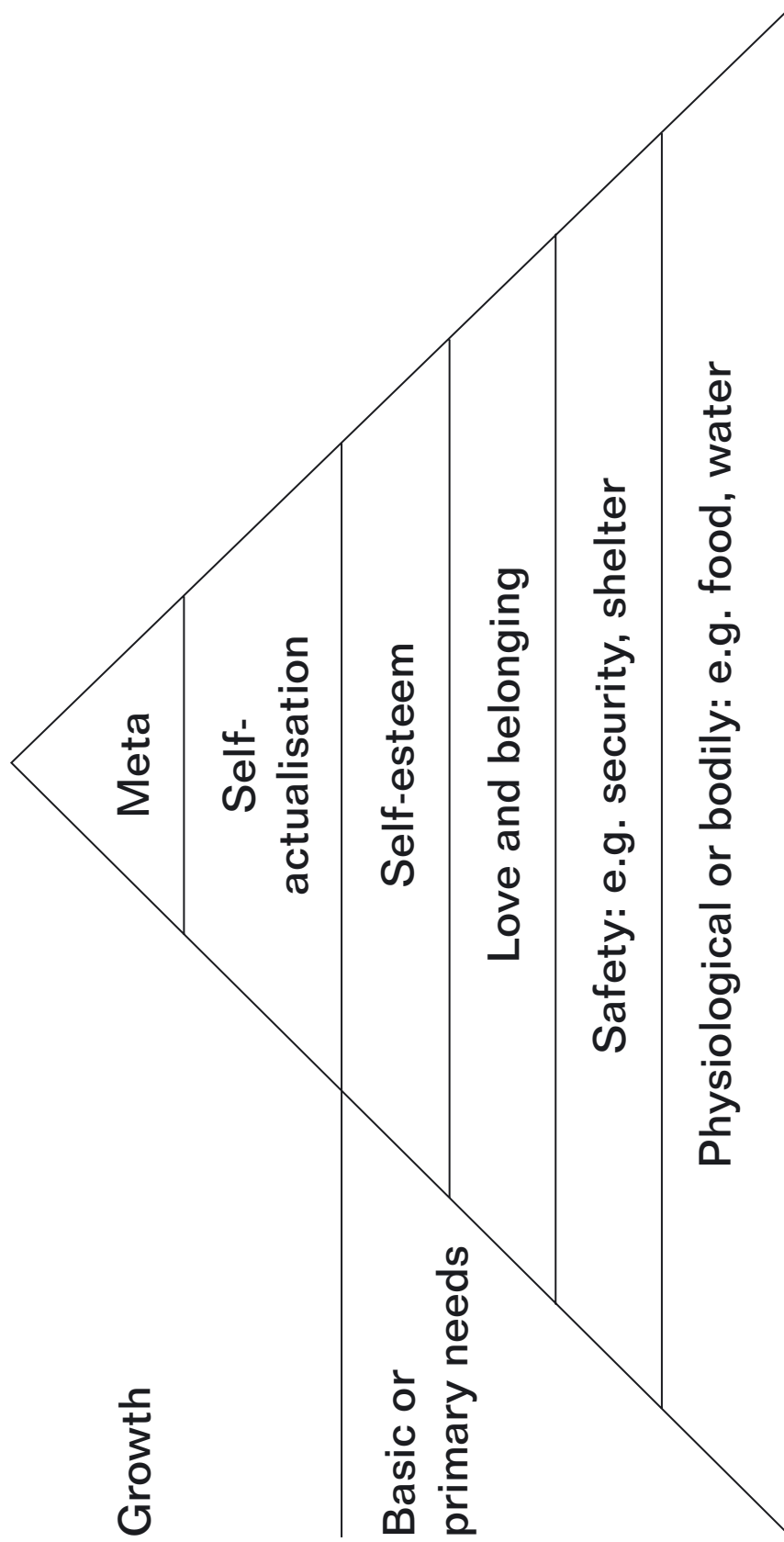
Linking factsheet

Factsheet 4: *Food initiatives in schools*, provides examples of ways schools are promoting food and healthy eating through a HPS approach and that can empower children and young people.

Activity 12 handout

How can schools promote mental and emotional health?

Maslow's hierarchy of needs



Activity 13

Listing talents, skills and qualities

Objectives

To remember that their own self-esteem and well-being is important in their work with young people.

To reflect on the skills they have acquired.

To acknowledge and celebrate all that the group brings to teaching and learning.

Resources

Strips of paper or index cards, pens

Time

45 minutes

Methods

1. Explain that staff's self-esteem is also important in working on any health issue. Ask participants to think of all the talents, skills, personal qualities and experiences they bring to learning and teaching, particularly when working in promoting healthy eating.
2. Provide strips of paper for them to write these down — each talent, skill, quality or experience on a separate strip.
3. Ask them to work in small groups of four, preferably around a table, to share what they bring. They should put all their contributions face down on the table and shuffle them. Each group should then sort and group the statements using their own categories rather than talents, skills, qualities or experiences, and summarise them on a sheet of flipchart paper.
4. Ask each group to display their flipchart and everyone to walk around, looking at how other groups have categorised and presented their strengths and experiences.

5. Discuss:

- whether there are any similarities or differences between what the groups have presented
 - how easy or difficult it is to own our strengths and experiences
 - how they felt as a result of doing this activity
 - how easy it is for young people to identify their strengths and experiences
 - to what extent schools celebrate young people's strengths and experiences.
 - whether they could adapt this activity for use with young people.
6. Affirm everything they are bringing to the learning process and stress the importance of self-esteem. Contrast this with the demands and expectations that we sometimes place on ourselves as health educators, and the possible feelings of inadequacy.

Training issues

Participants may take some time to get into discussion, as our culture is one of being reticent about our strengths, for fear of being seen as big-headed! If this is the case, use it to open up discussion about whether it is easier to run ourselves down than praise ourselves.

Linking chapter

Self-esteem (Chapter 3.1).

Activity 14

Understanding skill development

Objectives

To reflect on the skills we have acquired as adults and how we got them.

To reflect on the implications for pupils in acquiring skills for healthy eating.

Resources

Pens and paper

Flipchart paper and marker pen

Time

30 minutes

Methods

1. Ask the group to think of one or more skills they now have which did not come naturally or easily to them. They should keep this in mind as they hear the stages of skill development.
2. Explain the stages we go through in learning a new skill:
 - Unconscious incompetence: at the beginning we often do not know how incompetent we are or how difficult something really is to do.
 - Conscious incompetence: as our awareness grows of the skill and of our lack of competence, we become consciously incompetent.
 - Conscious competence: we gradually become more competent, but it is still a conscious effort.
 - Unconscious competence: finally we master the skill so much that it becomes second nature.
3. Ask them to share with two other people how this model fits for the skill that they were thinking of and to decide, for that particular skill, whether they would now describe themselves as skilled or reasonably competent.

4. Ask them to move into groups of six to consider how they achieved at least reasonable competence. What factors enabled or motivated them? Ask someone to jot down all their ideas.
5. In plenary, gather in all the ideas on a central flipchart. Possible questions for discussion:
 - Is it enough to be reasonably competent?
 - How many of the factors mentioned currently occur in the school setting?
 - What kinds of skills do people need to live healthily?
 - How can pupils be helped to acquire these skills?

Training issues

It might be helpful to begin with Activity 13 so that they can have in mind some of their skills. Our skills and competencies are a fundamental part of our sense of self and self-esteem. It is important that this activity moves from personal learning to thinking about learning for pupils.

Linking chapter

Self-esteem (Chapter 3.1).

Further discussion

This activity could also link to Chapter 1.2: *Physical activity*. A barrier to young people undertaking physical activity might be a feeling they are not good at and do not have the proper skills for sports.

It might also be helpful to go through the chapter *Taking a Health Promoting School approach*.

Activity 15

How do we know what children think and feel?

Objectives

To consider how to find out what children and young people think and feel to inform healthy eating initiatives.

To identify ways of consulting them.

Resources

A copy of 'Discussion Guide for Pupils' for each participant

Flipchart paper

Marker pens

Time

30 minutes

Methods

1. Ask participants to work in small groups to clarify what they would want to find out from children and young people, to help in planning any healthy eating initiative. Remember that this does not just involve facts about food, but also physical activity, self-esteem, body image, media awareness, stress, etc.
2. Collect their ideas on central flipchart paper.
3. In the same groups ask how they might they go about getting this information without the children feeling they must give the 'right' answer? Give each group a different age group to consider. What kind of classroom-based research strategies could be used? Emphasise the importance of classroom-based research and developing research skills for planning, practice and education.
4. Back in the whole group, again collect their ideas. Have they identified different techniques for the different age groups? Distribute copies of the 'Discussion Guide for Pupils.' The following questions may be useful to trigger discussion:
 - Could parts of this guide help or is it too narrow in its approach?
 - How could you actively involve young people and children in planning an initiative?
 - How would they teach children to access up-to-date facts about healthy lifestyles and eating?
 - What facts would they want to teach so that children could plan their own day-to-day eating positively?
 - What skills would they want to help children and young people develop?

Training issues

It is useful to have some ideas yourself of strategies for finding out what children think and feel. If participants have not come up with the following in their groups, you could mention:

- illuminative techniques, such as 'Draw and Write' as in Activity 1. These are especially useful for younger children
- circle time, as practised in many primary schools
- action research by the young people themselves.

Linking chapter

Taking a Health Promoting School approach.

Linking factsheets

Current eating patterns among Scottish children and adolescents (Factsheet 1).

Food initiatives in schools (Factsheet 4).

Activity 15 handout

How do we know what children think and feel?

Discussion guide for pupils

1. To start with, can we ask you to note down some of your ideas about your experience of eating in the school? For example, what do you think about school dinners?
 - We would like you to write down your own ideas on these pieces of paper (*hand round*). Feel free to write whatever you like, but please think about your own experiences. You do not have to write down your name or class on the paper.
 - For example, what do you think about lunchtimes in this school?
 - How do you think the school lunches, tuck-shop and vending machine (*if there is one*) could be improved?
2. Here are some posters about healthy eating and foods that are good for us. What do you think is meant by 'healthy eating'?
 - Is it healthy to just eat chips and chocolate?
 - Why not?
 - Would it be healthy to just eat fruit all the time?
 - Why do you think that would be unhealthy?
3. We would now like to ask you about the food and drink available in the school at lunchtime, or break.
 - Who enjoys the school lunch (*show of hands*) — why do you enjoy it?
 - What do you like most about school lunches?
 - What do you like least?
 - What do you think would improve the school lunch?
4. Is there anything about lunchtime that puts you off having a school lunch?
 - Do you have to wait a long time in a queue?
 - Does lunchtime take too long? Would you rather be outside playing with your friends?
 - Is the dining room noisy?
 - Does anyone have a packed lunch? (*show of hands*)
 - Why do you prefer to have a packed lunch?
5. How many of you have breakfast every day? (*show of hands*)
How many had breakfast today? (*show of hands*)

> contd

Activity 15 handout (contd)

How do we know what children think and feel?

- What kind of foods do you have at breakfast?
 - How many of you eat breakfast with one of your parents/an adult who looks after you?
 - Does anyone eat a snack on the way to school?
6. How many of you have dinner/tea with the rest of your family? (*show of hands*)
- What kinds of foods do you like to eat at dinner time?
 - What do like the least at dinner time?
 - Do any of you eat dinner while watching the TV?
7. Do you get taught about healthy eating in school?
- Would you like the school to provide more information about healthy eating?
 - Would you like to have a healthy eating project in class?
 - Are there any other issues relating to healthy eating that you think are important?
8. We don't have any further questions that we would like to ask you, but would any of you like to add anything further to what has been said?
9. If you would like to add anything to what you wrote down at the beginning, please go ahead now.

We appreciate all the ideas and suggestions that have been put forward by you today.

Thank you for your time

Source

The European Network of Health Promoting Schools in Scotland (1998). *Healthy Eating Project: Report of Phase One of the baseline needs assessment qualitative research*. Edinburgh: University of Edinburgh.

Used with Primary 7 pupils.

Activity 16

What are we bringing and taking?

Objectives

To remind participants what they are bringing to the process of health promotion, teaching and learning.

To evaluate the session.

Resources

Two pieces of paper, one with the words 'taking away' and the other with the word 'bringing' in large letters.

Time

20 minutes, depending on the size of the group

Methods

1. Remind participants that one of the biggest assets in health promotion is the people involved. Stress that there is a wealth of experience, skills and qualities in the room, but that often people are very modest about what they might have to contribute. Explain that this is an activity to look at what they are taking away from the session, for example in terms of new learning or feelings, and to identify what we as a group are bringing to the learning and to future work.
2. Make sure that they are sitting in a circle and that there are no empty chairs. Give one person a sheet of paper marked 'taking away' and the person sitting opposite, on the other side of the circle, a paper marked 'bringing'. Ask them to put these sheets in front of them on the floor.
3. Explain that the person sitting in the chair marked 'bringing' is to say in one sentence what they think they can bring to health promotion. The person sitting in the chair marked 'taking away' should say what they are taking away with them from this session. If they do not want to say anything then they can pass, but ask them to think for themselves why they are doing that.
4. The group then stands and moves round one chair (all in the same direction!). The procedure is then repeated until everyone has had a chance to sit on both chairs.

Training issues

This is best with a group of less than 20 or the process can take for ever and get rather tedious. If you have a large group, you could do a simple round, with each person just saying one word on what they are bringing and a short sentence on what they are taking.

Linking chapters and factsheets

This is a close-out activity that can be used with most chapters and factsheets.

Physical activity and preventing overweight and obesity

Section plan

Activity	Time (minutes)	Linked chapters	Linked factsheets	Comments on activity and further reading
17. Musical sheets	5-10			An opening activity that should have relevance if linked with the theme of the session
18. Statues of balance	20	2.1: Food patterns and preferences		
19. Life in the balance	45	3.1: Self-esteem	3. Energy balance and nutrient requirements	Discussion might lead directly to other chapters, for example 1.2: <i>Physical activity</i> — how physical activity can help relieve stress and anxiety
20. Keeping the balance	10	1.2: Physical activity		Keeping the balance in stressful times is a resilience factor as discussed in Chapter 3.1: <i>Self-esteem</i>
21. Listing physical activities	15	1.2: Physical activity	2: Dietary targets and activity guidelines	
22. Physical activity case study/scenarios	30	1.2: Physical activity		Participants might find factsheets of interest for background information, for instance 2, 3 and 6
23. Priorities and consensus	45	1.2: Physical activity		Participants might find factsheets of interest for background information, for instance 1 and/or 7
24. What do I think?	40	1.2: Physical activity	2: Dietary targets and activity guidelines 3: Energy balance and nutrient requirements	Discussion might also link to Chapter 3.3: <i>The role of the media</i> .
25. A sorry tale	10	2.2: Overweight and obesity	3: Energy balance and nutrient requirements	Discussion could also link to Chapters 2.1: <i>Food patterns and preferences</i> , 1.2: <i>Physical activity</i> and 3.3: <i>The role of the media</i>

Activity 17

Musical sheets

Objectives

To introduce a session on balance, support and coming together as a group.

To have some fun.

Resources

Music

Sheets of newspaper

A space large enough to move around easily

Time

5 to 10 minutes

Methods

1. Lay sheets of newspaper on the floor. Explain that these are islands. The floor around is the sea. They are to swim/dance/walk around the islands while the music is playing when it stops they must quickly get onto an island or at least have one foot on it to be safe. The task is to make sure that everyone from the group is safe.
2. Play the music and after a short while stop it.
3. Repeat step 2 until only one sheet is left. Try to ensure that everyone has at least one foot in contact with the paper.
4. Back in plenary, make the point that the activity needed cooperation, support and balance to not fall off the island. Also ask them to think a little about how they felt during the activity. Possible questions might be:
 - How did they feel when they were asked to get up and move around?

- This is a little like musical chairs. How did they used to feel about party games and games generally when they were children?
- Does this tell us anything about our attitudes to physical activity generally?

Training issues

This is only meant to be a warm-up, but will be seen to have more relevance if you can link it to the theme of the session. Possible themes include balance, or ways of incorporating physical activity into life.

Activity 18

Statues of balance

Objective

To clarify in a creative way what contributes to a balanced life.

Resources

Flipchart paper

Marker pens

Time

20 minutes

Methods

1. Divide them into groups of six. Tell them that their task is to build a statue, using themselves as material, which shows 'a balanced life'. Explain that one of them is to be the sculptor to explain the thinking behind their statue to the group. Allow five minutes for the task.
2. Back in plenary, ask the groups to present their sculptures one by one in the centre of the whole group. The rest of the participants should call out what they can see. Write all their responses on central flipchart. At the end of each presentation, ask the sculptor to say a few words about the meaning of the group's work of art. Does it fit with what participants were seeing.
3. Repeat the process until all the statues have been seen.
4. Draw their attention to the list of words. Do they represent a 'balanced lifestyle' or is anything missing.
5. Repeat steps 5 and 6 as in the previous activity, asking:
 - whether they have mentioned food and physical activity
 - how they keep food intake and physical activity in balance

- when things tend to get out of balance
 - how they feel when this happens
 - how and at what stage they try to correct it.
6. Encourage a discussion on the relevance of this to young people and to what we do in schools.
 - To what extent do they think young people have a balanced life?
 - Is a balanced lifestyle sufficiently taught in school health education programmes?
 - Is it modelled in the way the school is organised?
 - What can a school do to help in this process?

Training issues

Stress that children should be encouraged to recognise the value of broader lifestyle activities, in addition to valuing more formal sports, dance and physical activities.

Linking chapters

This is a good activity for opening discussion on lifestyles and in that way links to *Food patterns and preference* (Chapter 2.1) and *Physical activity* (Chapter 1.2).

Linking factsheets

Current eating patterns in Scottish children and adolescents (Factsheet 1).

Energy balance and nutrient requirements (Factsheet 3).

Activity 19

Life in the balance

Objectives

To recognise the importance of balance in being healthy and in healthy eating.

To look at the balance between food intake and physical activity in our lives.

Resources

10 sheets of card (or paper) for each group of four people

Marker pens

Flipchart paper or wallpaper to make a balancing plank

Time

45 minutes

Methods

1. Ask participants to recall a day (or days) in their lives when they knew that life was in a good balance. Suggest they think about:
 - how they knew it was in balance
 - what it made them feel they could do.
2. In groups of four, ask them to make a shared list of those things in their lives and lifestyles which gave them this feeling of balance. Give each group approximately 10 cards and ask them to write each thing from their list on a separate card with a large marker pen. They should distribute the cards amongst the members of their small group (so that everyone has something to contribute in the next stage of the activity when back in the whole group).
3. Sitting in a circle, ask them to imagine that there is a large balancing plank in the middle of the floor. You could make this out of flipchart paper or wallpaper. Ask them to picture themselves on the centre of a balancing plank, trying to keep it stable.
4. Invite someone to put one card, written in their group of four, on the balancing plank, reading out what is on it. Explain that, if anyone else has the same from another group, they should put it next to it. Gradually build up a picture, with people sharing their cards one by one.
5. Once all the cards are on the plank, discuss:
 - whether they have mentioned food and physical activity
 - how they keep food intake and physical activity in balance
 - when things tend to get out of balance
 - how they feel when this happens
 - how and at what stage they try to correct it.
6. Encourage a discussion on the relevance of this to young people and to what we do in schools:
 - To what extent do they think young people have a balanced life?
 - Is a balanced lifestyle sufficiently taught in school health education programmes?
 - Is it modelled in the way the school is organised?
 - What can a school do to help in this process?

Training issues

In placing their cards on the floor in the centre of the room, they may tend to rush to do several at once. Make sure that they go one at a time so that everyone can hear what is on each card.

Participants might mention: family; physical activity; friends; food; sunshine; relationships; respect; time; space; work; environment.

Activity 19 (contd)

Life in the balance

Linking chapter

Self-esteem (Chapter 3.1).

Linking factsheet

Energy balance and nutrient requirements
(Factsheet 3).

Further discussion:

Discussion might lead directly to other chapters, for example 1.2: *Physical activity* and that physical activity can help relieve stress and anxiety. Food and activity also act for a catalyst for social interaction, which is important to balance. *Food for growth* (Chapter 1.1); *Current eating patterns in Scottish children and adolescents* (Factsheet 1); *Water* (Factsheet 7).

Activity 20

Keeping the balance

Objective

To identify the different strategies used to restore balance.

Resources

Flipchart paper and marker pens to jot down some of the discussion

Time

10 minutes

Methods

1. Going round the group, ask each person to call out one thing they do when they feel out of balance. You may want to jot down their replies on flipchart paper, but try to keep it as informal and unthreatening as possible. As with all rounds, if they do not want to participate they can say 'pass.' They can also repeat something a previous person has said.
2. Try to classify some of their replies. This might include:
 - an enjoyable distraction or hobby
 - mental relaxation, for example watching TV, reading, meditation
 - communicating with others
 - some form of physical activity.
3. Explain that we all have different strategies, some of which make things better, some which may eventually make things worse. Have they ever found themselves caught in a vicious circle, where life seems so stressful and full that they have no time for the things which would help them feel more in balance. Time for themselves is sometimes the first thing to go. Ask them to think about how much physical activity they engage in. This can lead well into Activity 21: *Listing physical activities*.

Linking chapter

Physical activity (Chapter 1.2).

Linking factsheet

Energy balance and nutrient requirements (Factsheet 3).

Further discussion

Keeping in balance in stressful times is a resilience factor as discussed in Chapter 3.1: *Self-esteem*.

Activity 21

Listing physical activities

Objectives

To clarify the differences between physical activity, exercise and fitness.

To explore participants' attitudes to the importance and value of physical activity and health-related fitness for young people.

Resources

Flipchart paper

Marker pens

Chapter 1.2: *Physical activity* for each participant

Time

15 minutes

Methods

1. Brainstorm all the physical activities that they have carried out over the last seven days. List these on a flipchart.
2. Review how many of the 'activities' were common, every day items, such as vacuum cleaning, gardening, climbing stairs, washing the car, etc.
3. Hand out Chapter 1.2: *Physical activity*, and ask them to look at Box 1 to draw their attention to the energy expended in carrying out routine activities.
4. You could ask:
 - Is there anything that they had mentioned in their list that they would have liked to see included?
 - Are there any surprises on the list in the handout?
 - How can we best introduce an understanding of physical activity levels to children?

Training issues

Make the point that physical activity is not all about exercise and PE — a more ecological view places physical activity as an integral part of our lives. Activities that are chosen and enjoyed are more likely to result in continued participation than those that are enforced. There is also a place for activities that serve a function — like walking or cycling to school.

Materials from *The Class Moves!* could be used or referred to during this activity. Building small activities into a children's day will help young people build physical activity into their lifestyle.

Linking chapter

Physical activity (Chapter 1.2).

Linking factsheet

Dietary targets and activity guidelines for young people in Scotland (Factsheet 2).

Activity 22

Physical activity case study/scenarios

Objectives

To highlight recent trends in levels of physical activity among young people.

To discuss the factors that may be contributing to this, and the potential impact on young people's health and well-being.

To impart information from Chapter 1.2: *Physical activity*.

Resources

Scenarios 1 and 2

Paper and pens

Chapter 1.2: *Physical activity* for each participant

Time

30 minutes

Methods

1. Briefly explain that despite the wealth of evidence on the benefits of regular physical activity, health professionals and others are concerned that young people today may not be engaging in enough physical activity to accrue such benefits, either in the short or long term. (It is important not to impart too much factual information at this stage). Indicate that this session involves a practical exercise to identify some factors that might be contributing to this situation and what the consequences might be for young people now and in the future.
2. Divide them into two groups, or four groups, if the group is quite large. Issue the groups with either Scenario 1 or Scenario 2 and instruct them to proceed with the task as described.
3. Allow the groups enough time to complete the task before asking each of them to share what they have come up with in the manner of their choosing, for example through a role-play or a straightforward reading.

5. Spend a few minutes discussing with the whole group:
 - the similarities and differences between the stories
 - the extent to which personal attitudes, beliefs and experiences impinged on the storyline
 - whether this made progressing with the task easy or difficult.
5. Give each group a handout of Chapter 1.2: *Physical activity*. Ask them to revisit their stories and consider what, if anything, they would change in the light of this information.
6. Encourage discussion on how this exercise could be used in the classroom. How would it need to be modified? What issues are likely to be raised? Is it likely to get children thinking about their own physical activity levels? Is it likely to encourage them to be more (or less) physically active?

Training issues

This exercise could also be offered as pre-course work, allowing you to use the session to generate discussion around the stories before continuing with the final activity.

An alternative to asking individuals or groups to devise a story is to ask them to come up with a timeline of critical periods, moments or events that would shape the outcome of each scenario.

Linking chapter

Physical activity (Chapter 1.2).

Further discussion

Participants may find some of the factsheets of interest, for instance:

- *Dietary targets and activity guidelines for young people in Scotland* (Factsheet 2).
- *Energy balance* (Factsheet 3).
- *Biological changes in puberty* (Factsheet 6).

Activity 22 handout

Physical activity case study/scenarios

Scenario 1

Devise a story that starts with the line:

When Peter was 9, he wasn't very physically active ...

Continue by:

- explaining why Peter wasn't very active when he was 9
- describing how this affected his:
 - physical health
 - emotional health
 - social development.
- indicating whether Peter stayed inactive, got more or even less active as he got older
- identifying the factors that influenced his behaviour as he got older and the longer term impact on his life.

Notes

The story can be humorous or serious, but it must be grounded in reality; it could, in fact, be a true story. Be prepared to share your story with other participants through role-play **or** a reading.

Scenario 2

Devise a story that starts with the line:

When Susan was 11 she was very physically active ...

Continue by:

- explaining why Susan was very active when she was 11
- highlighting what kinds of physical activity she engaged in
- describing how this affected her
 - physical health
 - emotional health
 - social development.
- indicating whether Susan maintained the same level of physical activity, got more or less active as she got older
- identifying the factors that influenced her behaviour as she got older and the longer term impact on her life.

Notes

The story can be humorous or serious, but it must be grounded in reality; it could, in fact, be a true story. Be prepared to share your story with other participants through role-play **or** a reading.

Activity 23

Priorities and consensus

Objectives

To clarify the differences between physical activity, exercise and fitness.

To explore participants' attitudes to the importance and value of physical activity and health-related fitness for young people.

Resources

A set of 'Priority and consensus' cards for each group

Time

45 minutes

Methods

1. Outline the objectives of the activity.
2. Working in groups of four, give each group a copy of the cards. Indicate that there are 11 cards in the set. Nine contain a statement about physical activity, health and young people, and two are blank.
3. Ask the groups to discuss each statement and then arrange them in order of importance in a diamond shape, as agreed by the group. The statement they agree is most important should be placed at the top of the diamond, and the one they consider to be least important at the bottom. They can also replace up to two statements with their own, using the blank cards.
4. When they have finished, ask the groups to feed back the outcome of their task to the whole group, saying:
 - what they placed as top priority
 - what they placed at the bottom
 - what they wrote on the blank cards

Record the answers to these three questions on a central flipchart, to be able to compare the results from all the groups.

5. Stimulate discussion by asking:

- Which statements did they have the most discussion over?
- Which statement was most difficult to agree a position for, and why?
- What was their rationale for choosing their top statement?

Training issues

The final shape of the diagram need not be a diamond — but prioritising statements and choosing a top priority helps to generate discussion.

Be prepared to give background information from the statements out of Chapter 1.2: *Physical activity*.

Linking chapter

Physical activity (Chapter 1.2).

Further discussion

Participants may find factsheets of interest for hand out, including *Current eating patterns among Scottish children and adolescents* (Factsheet 1) and/or *Water* (Factsheet 7).

Activity 23 handout

Priorities and consensus

Priorities and consensus exercise

<p>Young people are naturally healthy and fit so there's less need to worry about their levels of physical activity.</p>	<p>Young people should be encouraged to undertake more physical activity because it contributes to disease prevention and the development of healthy personal and social growth.</p>	<p>Young people get physical education or some form of physical activity in school so there's no need to fuss about their health-related fitness; the schools have got it covered.</p>
<p>Young people need to be encouraged to regard physical activity as an integral part of their lives, something essential for the healthy completion of tasks for daily living.</p>	<p>It is important that parents and teachers develop and maintain children's early enthusiasm for being active so that they can reap the benefits later in life.</p>	<p>Young people have the right to decide how little or how much physical activity they undertake — some will choose not to be active.</p>
<p>There are enough pressures on schools without them having to worry about whether young people are doing enough physical activity and finding ways of encouraging them to be more active.</p>	<p>As teachers we should do as much as we can to promote physical activity among young people as it can have a positive impact on other aspects of their schoolwork.</p>	<p>Young people stop taking part in physical activity when they leave school so it is futile to waste school energy, time and resources on promoting physical activity to them.</p>

Activity 24

What do I think?

Objectives

To identify some barriers to and opportunities for participation in physical activity among young people.

To impart new information on physical activity.

To highlight some ways in which the school can overcome barriers and encourage opportunities.

Resources

'What do I think?' handout for each participant (handout 1).

A copy of 'Background information' for each participant (handout 2)

Pens

Time

40 minutes

Methods

1. Give participants a 'What do I think?' handout and ask them to complete it on their own, following the instructions given.
2. Invite them to find a partner to discuss their responses to the first six statements: 'Children generally are less physically active today because...' If they seem to disagree, encourage them to explore this further to see whether they can reach an agreement.
3. Give each pair a copy of the background information and suggest that they look at the information given for the first six questions. Would they want to change any of their responses in the light of the information given?
4. Ask them to find another partner to discuss their answers to the next six statements: 'Some children are less physically active today because...' Repeat step 3, focusing on the relevant questions.
5. Finally they should find someone else to go through the same process for the last six questions: 'Children would be more physically active if...'
6. In the main group discuss:
 - Which statements gave rise to most discussion.
 - Whether they changed any of their responses after reading the background information.
7. Ask them how we could categorise the types of barriers to participation in physical activity by young people, for example lack of facilities and negative social influences. List these on central flipchart.
8. Discuss:
 - Whether they think these are real barriers, or merely excuses for avoiding physical activity?
 - The extent to which the school contributes to creating these barriers .
 - The extent to which they think schools they know have identified ways of overcoming the barriers.
 - What further steps could a school take to overcome them and present opportunities to increase young people's levels of physical activity now and in the future?

Activity 24 (contd)

What do I think?

Training issues

Make sure that the point is made that the challenge for teachers and parents is to maintain and develop children's early enthusiasm for being active.

Participants may become defensive about what their school is doing, wanting to talk about existing good practice such as safer routes to schools or walking bus schemes. Reiterate that you hoped that the discussion would highlight the good work already going on as well as acknowledging restraints.

Linking chapter

Physical activity (Chapter 1.2).

Linking factsheets

Dietary targets and activity guidelines for young people in Scotland (Factsheet 2).

Energy balance and nutrient requirements (Factsheet 3).

Further discussion

Discussion might also raise *The role of the media* (Chapter 3.3).

Activity 24 handout 1

What do I think?

What do I think?

Read each of the statements below in turn and indicate your response by ticking the column headed Agree, Disagree or Don't know/Not sure.

Children generally are less physically active today because ...	Agree	Disagree	Don't know/ Not sure
1. there are no safe places for them to play			
2. they prefer to spend their leisure time in front of a computer or TV or video			
3. their parents drive them everywhere			
4. schools and parents put too much emphasis on academic achievement			
5. schools put too much emphasis on competition			
6. they just don't have the motivation to be physically active			

Some children are less physically active than others because ...	Agree	Disagree	Don't know/ Not sure
7. their friends aren't physically active			
8. they don't think they're good at any physical activities			
9. their parents can't afford to send them to clubs or classes and there are no cheaper alternatives			
10. they're embarrassed about how they look to others when taking part			
11. they don't get the chance to take part in physical activities that they would enjoy			
12. they're girls			

Activity 24 handout 1 (contd)

What do I think?

Children would be more physically active if ...	Agree	Disagree	Don't know/ Not sure
13. they had better facilities at school			
14. they had better facilities in their communities			
15. the adults in their lives set a good example by being more physically active themselves			
16. more was done to increase their understanding of how physical activity is linked to things such as protecting the environment and promoting independence as well as contributing to good health			
17. more was done to recognise and reward their participation in informal physical activities (such as cycling to school, walking the dog, washing the car or doing other physically active chores)			
18. teachers and parents had less pressures and more time to encourage children to be more active			

Activity 24 handout 2

What do I think?

Background information

Children generally are less physically active today because...

1. **there are no safe places for them to play**

Increasing safety concerns may impact on the amount of freedom given to young people to be active outdoors in the absence of adult supervision. Percentage of time spent outdoors has been found to be strongly associated with physical activity. There is some evidence to suggest that parents place more restrictions on girls than boys. A lack of green spaces and the amount of traffic on roads is also likely to contribute. There has been a consistent loss of playing fields as urban areas make room for new houses to be built.

2. **they prefer to spend their leisure time in front of a computer or TV or video**

It is estimated that the average child watches 20 hours of TV a week. Evidence is mixed in terms of the relationship between sedentary activities, such as TV viewing, and physical activity. Recent increases in obesity and overweight among children in the UK have been associated with an increase in sedentary behaviours. Recent Scottish data suggest that TV viewing is associated with lower levels of physical activity among Scottish schoolchildren, but that computer use is not. Among boys, those who play computer games most often are also the most active. The most recent evidence does not appear to support the idea that some young people are very active while others are very inactive. Instead it appears that most children commonly combine both sedentary activities and physical activity. The two are not mutually exclusive.

Lindquist *et al.* (1999) found TV viewing to be unrelated to physical activity. They wrote: 'Rather than emerging as an activity competing with exercise, as has been previously suggested, TV viewing appears to be a behaviour independent from exercise, since children who watch more TV do not necessarily engage in less physical activity'.

3. **their parents drive them everywhere**

There is some evidence to indicate that increasing numbers of children being driven to school. But many schools have also adopted Active Routes to School initiatives to promote walking and cycling to school. Active support from parents in terms of transportation to sports clubs and activities has been shown to be positively correlated with physical activity.

4. **schools and parents put too much emphasis on academic achievement**

Increasing demands on schools to raise standards of overall education and, in particular, literacy and numeracy, has led to a continuing decrease in time allocated to physical education (Welsman and Armstrong, 2000). But it is not only the time available for PE in young people, but also the content of the curriculum offered which may be critical for promoting a physically active lifestyle in young people (Armstrong and Welsman, 1997).

Activity 24 handout 2 (contd)

What do I think?

5. **schools put too much emphasis on competition**

Evidence indicates that the majority of schools continue to offer predominantly team-based competitive sporting activities, while the number of young people participating in such activities decreases markedly with age. Often these types of activities do not match those preferred by young people themselves. Welsman and Armstrong (2000) suggest that this discrepancy may be a significant barrier to schools fulfilling their obligation to promote healthy patterns of behaviour in young people and has implications for attempts to establish active lifestyles which may be continued into adulthood

6. **they just don't have the motivation to be physically active**

Motivation is a key determinant of physical activity in young people but is itself influenced by a complex range of factors including self-esteem, personality factors, attitudes and beliefs, and previous experience.

Some children are less physically active than others because...

7. **their friends aren't physically active**

Peer group influences are very important, particularly during adolescence. But the evidence is inconclusive in relation to physical activity. Parental influence appears stronger than that of friends, even in the teenage years.

8. **they don't think they're good at any physical activities (and therefore are less likely to be physically active)**

Self-esteem has consistently been shown to be linked to physical activity. Young people who feel more confident about being active are much more likely to take part in physical activities. Young people who feel that they are no good at sports will be much more likely to try to avoid being active. Physical activity has also been shown to enhance self-esteem in young people. Schools can help to promote self-esteem among pupils by providing inclusive, non-competitive opportunities for physical activity and avoiding practices such as team-picking.

9. **their parents can't afford to send them to clubs or classes and there are no cheaper alternatives**

The links between physical activity and socio-economic status are complex. Evidence suggests that levels of vigorous activity are higher among children from higher socio-economic status groups, but that levels of moderate activity may be higher among lower socio-economic status children. This may be due to differences in types of activities. Vigorous activity is more likely to reflect participation in organised sports and games.

Links have been found between parental assistance and physical activity in young people, which includes parents paying fees for children's activities.

> contd

Activity 24 handout 2 (contd)

What do I think?

10. **they're embarrassed about how they look to others when taking part**

Very few studies have examined the relationship between body image and physical activity levels and findings are inconsistent. However, it is acknowledged there is a strong correlation between body image and self-esteem.

11. **they don't get the chance to take part in physical activities that they would enjoy**

Enjoyment is a key determinant of physical activity in young people. However, many of the opportunities available to young people for physical activity are limited, particularly within schools, where the emphasis remains on competitive team sports. This is where programmes like *The Class Moves!* can help.

12. **they're girls**

There are substantial gender differences in levels of activity with boys being consistently more active than girls. This difference is particularly apparent during the teenage years, when levels of physical activity decrease considerably among girls. Special efforts are needed to increase physical activity in girls. However, it may not be purely a matter of preference. Parental expectations, opportunities and type of activities available may also be important.

Children would be more physically active if...

13. **they had better facilities at school**

The pressure on land for building purposes has resulted in fewer playing areas. Multi-purpose halls in primary schools may not be ideal for ball games or available for regular use by year groups.

14. **they had better facilities in their local communities**

Access to programmes and facilities is related to physical activity in both adults and young people. Physical environments have the capacity to facilitate or hinder physical activity.

15. **the adults in their lives set a good example by being more physically active themselves**

Support from parents and significant others such as teachers and coaches is strongly related to physical activity in adolescents. This may take a number of forms including: modelling the behaviour, encouragement, communicating positive attitudes and beliefs, and direct practical assistance such as transportation and paying fees (parents).

16. **more was done to increase their understanding of how physical activity is linked to things such as protecting the environment and promoting independence as well as contributing to good health**

Knowledge does not appear to have a major impact on physical activity behaviour, but perceived benefits and barriers have been associated with physical activity levels. For example, if young people think the benefits of being active — whether they be social, psychological or physical — outweigh the costs (such as time, effort, feeling tired and sweaty), they are more likely to be active. Schools could emphasise the benefits of physical activity while seeking to address and minimise perceived barriers or costs.

Activity 24 handout 2 (contd)

What do I think?

- 17. more was done to recognise and reward their participation in informal physical activities (such as cycling to school, walking the dog, washing the car or doing other physically active chores)**

Being active is not just about taking part in organised games or activities. There are many natural opportunities for being active during a young person's day and these should be encouraged. The health benefits of a wide range of activities, including transportation, recreational activities and domestic chores, should be communicated to young people. Schools can play a part by promoting active routes to school and providing opportunities to be active throughout the school day.

- 18. teachers and parents today had less pressures and more time to encourage children to be more active**

Measures that help children to develop responsibility for their own bodies and health foster a strong internal sense of empowerment and control. This has been shown to be important in many areas of health.

Activity 25

A sorry tale

Objectives

To review the external pressures on children's and young people's eating choices and patterns.

To highlight recent trends in levels of physical activity and eating habits.

To discuss the factors that might be contributing to this and the potential impact on health and other aspects of life/well-being.

Resources

A copy of a 'A Sorry Tale' for each participant

Time

10 minutes

Methods

1. Ask participants to read through 'A Sorry Tale' and to share (in twos) their preliminary reactions to the content. Do they see any parallels with the children and young people they work with? In what ways?
2. Discuss in the whole group:
 - Their reactions.
 - Any parallels with children they work with?
 - What are the health risks for children who are adopting or have adopted this high-fat, high-sugar diet (refer to Chapter 2.2: *Overweight and obesity*).
 - Could this 'sorry tale' be used in a positive way with children in the 11–12 age range, or with other children?
 - What key points would we raise with children to make it a positive effective piece of learning?

- How do we raise the issue of health risks with the children without damaging their self-esteem?
- How do we handle possible conflict within the classroom, the school and with the children's families?

Linking chapter

Overweight and obesity (Chapter 2.2).

Linking factsheet

Energy balance and nutrient requirements (Factsheet 3).

Further discussion

It could also link to *Food patterns and preferences* (Chapter 2.1) and *Physical activity* (Chapter 1.2) and *The role of the media* (Chapter 3.3).

Activity 25 handout

A sorry tale ...

A sorry tale ...

A very dramatic example of the effects of assuming a less active lifestyle and adopting a 'Western'-style, high-fat, high-sugar diet is provided by the story of the inhabitants of the Nauru island in the Pacific Ocean.

This tiny island had some of the richest phosphate reserves in the world due to the resident seabird population. The purchase of the phosphate by fertiliser companies has led to significant increases in the average per capita income of the islanders over the last 30 years. This, in turn, persuaded them to abandon their traditional diet of fish and vegetables in favour of expensive, imported 'Western' foods, and acquire labour-saving devices which allow them to adopt a much less active lifestyle.

In the course of a single generation, they have become one of the most obese populations on the planet. Thirty per cent of the islanders now suffer from diabetes.

Perspectives and influences: body image, puberty and the media

Section plan

Activity	Time (minutes)	Linked chapters	Linked factsheets	Comments on activity
26. Messages about bodies	30	3.2: Body image	6: Biological changes in puberty	Discussion could link to Chapter 1.3: <i>Adjusting to puberty</i> Any discussion on body image could also benefit from reading through the chapter on <i>Self-esteem</i> (Chapter 3.1)
27. Body image — Mind's eye	20	3.2: Body image	6: Biological changes in puberty	Any discussion on body image could also benefit from reading through the chapter on <i>Self-esteem</i> (Chapter 3.1)
28. Barbie and Action Man	30	3.2: Body image 3.3: The role of the media	8: The media	Any discussion on body image could also benefit from reading through the chapter on <i>Self-esteem</i> (Chapter 3.1)
29. Body image scenarios	20 – 30	1.3: Adjusting to puberty 3.2: Body image	8: The media	Any discussion on body image could also benefit from reading through the chapter on <i>Self-esteem</i> (Chapter 3.1)
30. What it means to be overweight	45	2.2: Overweight and obesity 3.1 Self-esteem		
31. Puberty thought shower	15	1.3: Adjusting to puberty	6: Biological changes in puberty	It might be possible to link this activity to a range of other topics — particularly on body image and/or self-esteem and how changes in life, like puberty, can affect positively and negatively

Activity	Time (minutes)	Linked chapters	Linked factsheets	Comments on activity
32. Being different	30	1.3: Adjusting to puberty	6: Biological changes in puberty	Further reading of <i>Taking a Health Promoting School approach</i> and <i>Self-esteem</i> (3.1) might be helpful as they may come up in discussion
33. Puberty storyboards	60	1.3: Adjusting to puberty Taking a Health Promoting School approach	6: Biological changes in puberty	Some participants might feel sensitive discussing puberty, review of Chapter 3.1: <i>Self-esteem</i> might be helpful
34. What help can be given?	30	1.3: Adjusting to puberty Taking a Health Promoting School approach	6: Biological changes in puberty	
35. Persuade me	30	3.3: The role of the media	8: The media	
36. Media pressures	30	3.3: The role of the media	1: Current eating patterns 8: The media	It might be helpful to look through Chapters 1.2 and 2.1 and Factsheet 4
37. Advertisements	30	3.3: The role of the media	8: The media	
38. Body image — magazines	30	3.2: Body image 3.3: The role of the media	8: The media	This might also lead to a discussion on Chapter 2.3: <i>Dieting</i>
39. Body image and media stars	30	3.2: Body image 3.3: The role of the media	8: The media	It might be helpful to handout Factsheet 4: <i>Food initiatives in schools</i> to participants
40. Self-esteem and the media	25	3.1: Self-esteem 3.2: Body image 3.3: The role of the media	8: The media	

Activity 26

Messages about bodies

Objective

To explore where we get our body images and how we represent gender roles.

Resources

Flipchart paper with different prepared headings:

- Mothers said little girls should be ...
- Mothers said little boys should be ...
- Fathers said little girls should be ...
- Fathers said little boys should be ...
- Mothers said a man should ideally be ...
- Fathers said a man should ideally be ...
- Mothers said a woman should ideally be ...
- Fathers said a woman should ideally be ...

Marker pens

Time

30 minutes

Methods

1. Ask participants who they think influences children's ideas about 'ideal' images for a man or woman. Answers are likely to include: parents, siblings, peers, magazines, pop and sports idols. Explain that body image is a complicated concept influenced by many psychological, emotional and social factors. In this activity we are going to explore the types of messages children can get from parents about their bodies and about how their bodies should be as adults.
2. Divide participants into eight groups (or four groups).
3. Give each group a sheet of paper with a different heading (or two sheets of paper with different headings if working as four groups), as described under **Resources**. Invite them to write down all the different messages that they, their siblings or friends were given as children.
4. Display the sheets and compare the messages on the sheets:
 - About how boys and girls should be.
 - About the differences between girls and women.
 - About the differences between boys and men.

Possible prompts for discussion are:

- How many messages relate to appearance and image?
- What effect do they think these messages have on children's views on how they are and should be?
- Is there anything that schools can do to encourage children and young people to have a healthy regard for their body and body image?

Linking chapter

Body image (Chapter 3.2).

Linking factsheet

Biological changes in puberty (Factsheet 6) (see further discussion).

Further discussion

Further discussion could also follow regarding puberty and feelings people might have about the transition between being a child and an adult Chapter 1.3: *Adjusting to puberty* and Factsheet 6.

Any discussion on body image could also benefit from reading through the chapter on *Self-esteem* (Chapter 3.1)

Activity 27

Body image — Mind's eye

Objective

To explore the link between the child's body as it really is and the image the child has of his or her body.

Resources

None

Time

20 minutes

Methods

1. Ask participants to work with a partner to recall and share an occasion when they became aware that the image someone had of them was not consistent with their own view of themselves; when they realised that other people did not see them as they saw themselves. Examples might be hearing someone say 'You always look so calm and confident', or 'But you don't have to worry about your weight', 'You always look so well groomed', or 'You are so well organised'. How often have they thought or said 'What, me?!'
2. Ask them if they have ever built a body image of someone they have never seen, but whose voice they have heard or whom they have heard spoken about. Have they ever built a body image of a character in a book? Ask them to share with a different partner an example of getting it right — when they have met the person or have seen the character in a film or play and found them exactly as they had imagined. Have they ever been quite wrong? How did that feel?
3. Come together as a group to share recollections of how easy it can be to be wrong about how other people see us, and how easily we can misconstrue body images of others. Possible questions for discussion include:

- What has this got to do with children approaching or experiencing puberty?
- What has this got to do with children approaching or experiencing their transfer into a new school phase?
- What is the impact on a young person's self-esteem of the way he or she views his or her body, and views the bodies of peers?
- To what extent can this threaten the young person's confidence to keep his or her life in balance?
- Do young people's role models have a desirable or acceptable body image?
- Are role models chosen freely by young people, or are they thrust upon them through the media? How does that affect what we are trying to help them learn?

Training issues

Stress that young people's sense of body image is not fixed, but fluctuates due to the influence of a wide range of factors, self-esteem in particular.

Linking chapter

Body image (Chapter 3.2).

Linking factsheet

Factsheet 6: *Biological changes in puberty* (see further discussion).

Further discussion

Discussions on body image are linked to self-esteem and trainers might benefit from reading through Chapter 3.1: *Self-esteem*.

This might lead to discussion on the *Role of the media* (Chapter 3.3) or issues in being off-time during puberty (see Chapter 13: *Adjusting to puberty*).

Activity 28

Barbie and Action Man

Objectives

To consider how body images and stereotypes form at an early age.

To focus on what motivates some children and young people to want to change their bodies and their body images.

Resources

Pens and paper or 'Barbie-type' dolls and Action Man dolls

Flipchart paper

Marker pen

Time

30 minutes

Methods

1. Either take in a Barbie-type and Action Man doll or dolls. Hold them up or pass them round
2. Or ask participants to work on their own to draw a quick sketch or some kind of symbol to represent the Barbie doll and Action Man image.
3. Ask them to write some words to describe how they perceive this image, and how they feel about it or react to it.
4. Invite them to move into small groups and make a shared group version of all their individual contributions on flipchart paper. Ask if they can:
 - group their views under some headings, (such as positive, negative, acceptable, dismissive, damaging)
 - list their major concerns around these images and stereotypes

- add what they think Barbie's vital statistics would be if translated into human measurements, giving, if possible, an estimate of height, weight, bust, waist, hips, and ratio of body length to leg length.
4. Display these sheets so that other groups can share and compare their views. Point out:
 - the vital statistics (as given in Chapter 2.3: *Dieting*) that for a woman to have the same proportions as a 'Barbie doll' she would have to grow an additional 17 inches in height and have an overall body shape found in less than 1 in 100,000 women within the general population
 - that the dolls are marked 'suitable for three years up' though this is to do with safety and not appropriateness.

Questions for discussion include:

- What is the effect on boys and girls of seeing these as the ideal body image and stereotype?
- How many gender and self-esteem issues arise from peers describing girls and boys insultingly in language that includes the word 'fat'?
- Is the topic of body image and its link with self-esteem being tackled systematically from the youngest age?
- Can we teach young people to recognise what their bodies are telling them, and to work within what is fun, healthy and realistic?
- Could this exercise be used with young people to help them to realise how unrealistic these body images and stereotypes are, despite the fact that they may have moved on from playing with this type of toy?

Activity 28 (contd)

Barbie and Action Man

Training issues

Some teachers may see this exercise as too focused on a young age range. You may need to explain that this is an activity set to trigger discussion about how young people develop their attitudes to body images and is not intended to be a classroom tool.

Linking chapters

Body image (Chapter 3.2).

The role of the media (Chapter 3.3).

Linking factsheet

The media (Factsheet 8).

Further discussion

Discussion on body image would benefit from reading through the chapter on *Self-esteem* (Chapter 3.1).

Activity 29

Body image scenarios

Objectives

To examine the effects of being different or perceiving yourself as different.

To focus on what motivates some children and young people to want to change their bodies and their body images.

To consider how to respond to young people's wish for physical changes.

Resources

A copy of 'Body image scenarios' for each participant

Flipchart paper

Marker pens

Time

20–30 minutes

Methods

1. Working in groups of three to four, give each person a 'Body image scenario' handout. Ask them to read the scenarios, keeping in mind the possible reasons why the young people might be wanting to change their bodies.
2. After this general discussion, allocate a different scenario to each group (or invite them to choose a different one each).
3. Ask them to give the person in the scenario an appropriate name and decide on his or her age (between 8–13 years). They should then put this information at the top of a sheet of flipchart paper.

4. Give them the following questions as prompts for discussion:
 - What is the major motivation for this person to change his or her body?
 - To what extent is the desire for change related to physical well-being, mental well-being, or both?
 - To what extent is peer pressure and peer approval involved?
 - To what extent is media pressure evident?
 - What could a teacher or school do in response to that scenario?
5. Ask them to summarise their discussion on the flipchart paper.
6. Display these sheets for a 'Market Place' activity, asking the participants to go round the display with a shared task, looking at:
 - the range of characters and ages
 - the motivations for change
 - the kinds of responses mentioned.
7. Come together in plenary to share their perceptions and concerns. Key questions could be:
 - What are schools doing (or failing to do) in relation to this area of physical and emotional well-being?
 - Is the topic of body image and its link with self-esteem being tackled systematically from the youngest age?
 - Can we teach young people to recognise what their bodies are telling them, and to work within what is fun, healthy and realistic?
 - Does this imply a different focus for the curriculum in health?

Activity 29 (contd)

Body image scenarios

Linking chapters

Adjusting to puberty (Chapter 1.3).

Body image (Chapter 3.2).

Linking factsheet

The media (Factsheet 8).

Further discussion

Most discussions on body image would benefit from reviewing the chapter on *Self-esteem* as well (Chapter 3.1).

This might open discussion on *The role of the media* (Chapter 3.3).

Activity 29 handout

Body image scenarios

Body image scenarios

Situation 1

A young person is suffering because of some aspect of their body, says no one wants to go near them, and is actively looking for help but doesn't know where to turn.

The young person says they can't ask at home, and friends laugh.

Situation 2

A young person is unhappy with their size and shape, feels left out and is taking up a strict exercise and slimming routine recommended by an older friend who is in great shape.

Situation 3

A young girl is of average weight for her age, but is convinced that she is overweight and much fatter than all her friends. She is eating as little as possible. She says she feels fine and is happy.

Situation 4

A boy is small for his age and wants to look more muscular and 'cool'. He feels particularly embarrassed in PE and at parties and discos.

Situation 5

A girl whose figure hasn't yet developed has heard boys describing her as 'pancake'. She says all the other girls in her class have 'proper' figures, and that she is a 'freak' with no friends. She is saving up for a breast implant as soon as she is allowed.

Situation 6

A young person who has hopes of being a pop star and has been told that on TV and video you look 3kg heavier. They are determined to lose this much or more weight as quickly as possible. They say they have to do it to get anywhere and no one successful is fat.

Activity 29 handout (contd)

Body image scenarios

Please add some more	

Activity 30

What it means to be overweight

Objectives

To look at discrimination related to overweight children and possible strategies for change.

To raise awareness and promote discussion on changing trends in prevalence of overweight and obese children.

Resources

A copy of Chapter 2.2: *Overweight and obesity*, for each participant

Flipchart paper and marker pens

Time

45 minutes

Methods

1. Ask participants how they would define 'overweight and obese.' Give out copies of Chapter 2.2: *Overweight and obesity*, and draw their attention to the definitions given on the opening page.
2. Ask them to then focus on the section on the consequences of being overweight. This mentions research which puts forward evidence that, from an early age, children view overweight peers in terms of negative personal characteristics.
3. Ask them to call out names they have heard children use about someone they see as overweight. Reinforce that research has shown that young people have a wide vocabulary to describe such people. Some will focus on aspects of personality such as laziness, greed, indulgence, and lack of will-power.
4. Ask participants to work with a partner to share any experiences where they have seen or sensed this kind of discrimination happening and to say how they would feel if they were described in such a way.
5. Come together as a whole group to pull out the possible consequences of this behaviour on overweight children's well-being, self-esteem and future eating patterns.
6. Working in three groups, ask each group to describe strategies that could be carried out to counteract negative behaviours and attitudes. Ask each group to focus on one of the following:
 - within the health promoting school
 - within the classroom, or
 - with parents and carers.
7. Ask them to record their answers on flipchart paper and present these in the whole group.
8. In plenary discuss:
 - How can we impact on children who are or could be discriminated against in this way?
 - How can we impact on children holding discriminatory views from an early age?

Training issues

Discussion needs to be handled sensitively as some people in the group may have a poor self-image or have personally experienced discrimination.

Linking chapters

Self-esteem (Chapter 3.1.)

Overweight and obesity (Chapter 2.2.)

Linking factsheet

Current eating patterns among Scottish children and adolescents (Factsheet 1).

Activity 31

Puberty thought shower

Objective

To clarify some of the attitudes and associations with the word 'puberty'.

Resources

Flipchart paper

Marker pen

Time

15 minutes

Methods

1. Go round the group, asking each person to call out a word they think of when they hear the word 'puberty.' As they call out the words, list them on flipchart paper.
2. Discuss:
 - How many of the words are to do with image.
 - How many are gender specific.
 - How many could be seen as negative and how many positive.
 - How many are to do with feelings.
 - What they think are young people's views on 'puberty'.
 - What will influence their views.
3. Stress that just thinking about puberty might tap into different memories that we all have — for some these may be pleasant and for others painful. Puberty can be a challenging time for young people and is often seen as something negative that has to be endured rather than something that is exciting and to be enjoyed. After all, this is the time of life when young people begin to assert their independence and establish their individual personalities and identities. These are things to celebrate and take pride in. The health promoting school has a significant role to play in helping young

people view puberty in a positive light by enabling and encouraging them to develop a sense of pride and respect for their changing bodies and in helping them to embrace puberty and enjoy their journey into adulthood.

Training issues

Remember that discussion around puberty may evoke memories and feelings in some participants. You need to remain sensitive to this and help participants to feel safe, expressing their feelings or respecting their privacy as appropriate. See the Trainers' Notes for more on this.

It might be possible to link this activity to a range of other topics — particularly on body image and/or self-esteem and how changes in life, like puberty can affect positively and negatively.

Linking chapter

Adjusting to puberty (Chapter 1.3.)

Linking factsheet

Biological changes in puberty (Factsheet 6).

Further discussion

As discussed above, it is possible to link this activity to discussion on *Body image* (Chapter 3.2) or *Self-esteem* (Chapter 3.1).

Activity 32

Being different

Objectives

To examine the effects of being different or perceiving yourself as different.

To discuss the relevance of this for young people experiencing puberty.

Resources

Flipchart paper

Marker pens

Situation cards

Time

30 minutes

Methods

1. Arrange participants in groups of four to six. Give each group a sheet of flipchart paper and some marker pens and a situation card. If they do not feel there are enough details on their card, encourage them to expand on what is written.
2. Ask them to think about the situation they have been given and record on the flipchart paper:
 - What this person might be feeling.
 - What this person might be thinking.
 - How this person might see him/herself.
 - What this person might do to:
 - a) fit in and be accepted and
 - b) compensate for being different.
3. When they have finished, ask each group to feed back their results to the others. Discuss, as a whole group:
 - The similarities and differences between groups' responses.
 - Were their perceptions of the inner thoughts, feelings and reactions of these individuals largely positive, or negative?
 - In general, do they think that young people like being seen as being different from their peers?
4. Reflect that some of the situations were about being different and others specifically around the issues of being an early or late developer. Drawing on the content of Chapter 1.3: *Adjusting to Puberty*, explain that some young people have difficulties managing or coping with puberty because they see themselves as different from others of the same age. This can have an impact on their social and emotional well-being, their behaviour and their relationships. Refer in particular to the points highlighted in the chapter about the 'social context' of puberty and the issues concerning 'early' and 'late' developers.
5. If you are continuing with Activity 33 (Puberty storyboards), explain that the next activity explores what schools can do to help pupils cope with the changes of puberty. If you do not have time for another activity, raise the following questions:
 - What, from your own experience, are the school's responsibilities in situations where young people appear not to be coping well in relation to the changes of puberty?
 - Is it always appropriate to take action?
 - What else could a health promoting school do to help pupils who appear not to be coping well with puberty or who are feeling different?

Activity 32 (contd)

Being different

Training issues:

Chapter 1.3: *Adjusting to puberty* provides background information that you could use to help groups with their tasks and the discussions that follow. You might want to make copies of the chapter available to participants.

It is worth validating the good work that schools are already doing and its importance.

Some participants may feel defensive about the school's role. They may feel that some issues are a matter of child protection and they can only refer. Reiterate that referral is a valid and important action. Discussion could also open out to what more could be expected from the community/family/media/etc., and if necessary you can move onto Activity 50: *Who do you turn to?*

Linking chapter

Adjusting in puberty (Chapter 1.3).

Linking factsheet

Biological changes in puberty (Factsheet 6).

Further discussion

It may be useful to be familiar with the chapters *Taking a Health Promoting School approach* and *Self-esteem* (Chapter 3.1) as they might come up in discussion.

Activity 32 handout

Being different

'Being different' situation cards

please add in your own stories

Greg is 12 and towers above his friends of the same age. He also has spots on his face, neck and back and some fine facial hair. His feet have grown so fast he feels they don't belong to him. He often bumps into things and his teachers think he's clumsy. He gets pains in his legs when he takes part in sports so he's stopped joining his friends in games of football.

Lauren is 10 and one of a small number of immigrant children in her school. She is very conscious of this and is shy when making friends. She sometimes gets bullied and is becoming more and more withdrawn. She longs for the bullying to stop.

Kirsty is 11 and had her first period several months ago. She's been wearing a bra since she was 10. She is very self-conscious about her body and gets teased by the boys in her class. She doesn't join in playground activities because of this and has become quite shy and withdrawn. Her mother is worried about her eating habits as Kirsty insists she needs to go on a diet.

Jack is in a wheelchair and attends his local primary school, where he is the only disabled person. He starts secondary school after the summer holidays and is worried about mixing with older boys who might be cruel to him.

Amy has a medical condition and takes medication which affects her weight. She is only 12 years old and weighs 11 stone (154 pounds, 70 kilos). She thinks no one likes her because of her size.

Chloe is 14. She's much smaller than the other girls in her year, and even though she wears a bra, other girls and boys in her year call her 'pancake' because she's so flat-chested. Until now, she's always been a good student but has recently been caught smoking and truanting from school. Her parents are worried about her change in attitude and the new friends she's started hanging around with.

Jamie is 16 and looks younger than his little sister who's only 14. He's the smallest in his class and hasn't started shaving yet. While most of his close friends have developed a fairly muscular physique, he still looks the way he was when he was 12. He has become quite disruptive in class and recently turned up at the school disco under the influence of alcohol.

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Activity 33

Puberty storyboards

Objectives

To identify the factors that can help or hinder the process of adjusting to change.

To identify the key role that the school can play in helping young people to feel good about themselves and their bodies as they progress through puberty.

Resources

Scenarios

Flipchart paper and pens

Marker pens/crayons (different colours)

A range of old magazines and/or catalogues with lots of coloured pictures and images

Pritt Stick or glue

Scissors

Blu-tack®.

Time

1 hour

Methods

1. Explain that this activity is going to focus on how the school can help young people feel good about themselves as they progress through puberty.
2. Divide into groups of four to six people. Explain that they will each be given a scenario around which they have to devise a storyboard. The storyboard should show how the school can play a pivotal role in turning this situation around so that the young person involved feels much more positive and confident about his or her predicament. The groups should be encouraged to use any of the materials available to assist in this task, and to be as creative as possible. (See under Resources above for suggestions of materials.)

Stories can be funny, or serious, or a bit of both. They can introduce other characters to the story, real or cartoon, and can take the story out of the school and into other

settings. The main thing is that the health promoting school plays an important role in how the situation is turned round.

3. Allow the groups about 30 minutes to complete the task.
4. Ask each group in turn to share their storyboard with the others. Ask them to identify the scenario they were given and to indicate what process they went through in coming up with the final product.
5. Stress that while it may not be possible for schools to succeed in making all pupils feel good about themselves all of the time, it is worth considering the 'ripple' effect of throwing just one small pebble into a pond. Enabling even one young person to feel good about his or herself can have positive repercussions that are much wider, farther reaching and which could last way beyond puberty. It may also be worth reflecting on and sharing some of the information from Chapter 1.3: *Adjusting to puberty*. Reflect on the activity, asking:
 - How did they feel doing it? Did they enjoy it?
 - What can they learn from this activity that might influence what they do in schools?

Training issues

As with all activities on puberty remember that discussion around puberty can bring up painful memories for people and reiterate that participants should be respectful of that. See the Trainers' Notes for more details on ground rules and respecting privacy.

> contd

Activity 33 (contd)

Puberty storyboards

Linking chapters

Adjusting to puberty (Chapter 1.3).

Taking a Health Promoting School approach.

Linking factsheets

Biological changes in puberty (Factsheet 6).

Food initiatives in schools (Factsheet 4).

Further discussion

Some participants might feel sensitive to discussion on puberty. Review of the chapter on *Self-esteem* (Chapter 3.1) may be helpful.

Activity 33 handout

Puberty storyboards

Storyboard scenarios

10 year-old girl: 'Ugh! I don't want to develop big boobs and get spots and hairs under my arms and on other places. I like myself the way I am.'

15 year-old boy: 'My friends are always talking about girls and sex and things but I'm not interested. I'm worried that there's something wrong with me.'

12 year-old girl: 'I'm frightened about puberty because it means I'll have to be all grown up and wear high heels and make-up and have sex. I want to play football and go swimming.'

13 year-old girl: 'I like a boy in my class and would like to go out with him. I'm scared to ask him though because I feel ugly. I've got lots of spots and I'm fat. I'm worried that he'd just laugh at me and say "no way" and then tell all his friends. I'd feel really bad if this happened and I don't know if I could face him or his friends again.'

Activity 34

What help can be given?

Objective

To identify strategies for helping young people to adjust positively to being 'different', especially during puberty.

Time

30 minutes

Resources

Situation cards from Activity 32, page 116

Flipchart paper and marker pens

Methods

This activity might continue on from Activity 32: *Being different* or stand on its own.

1. Change the groups around so that participants get the chance to work with other people but keep the group size between four to six members. Issue each group with fresh sheets of flipchart paper and a situation card from Activity 32: *Being different*.
2. Ask each group to consider the situation they have now been given and then to put themselves in the position of the young person's: a) friends; b) parents; c) teacher; d) school. They should then identify what each could do to help this individual to adjust more positively to his or her situation.
3. Ask groups to feed back the results of their task. Encourage discussion, by asking:
 - What difficulties might be encountered in trying to intervene?
 - What are the costs and benefits of the interventions?

- Do the benefits in the short term and long term outweigh the costs?
- Is it always appropriate to take action in situations where young people appear not to be coping well to the changes of puberty?
- What, from your own experience, are the school's responsibilities?
- How can a health promoting school help pupils who appear not to be coping well with puberty?

Training issues

If the issue of child protection is raised, you may want to continue with Activity 50: *Who do you turn to?* which explores the procedures to be followed in cases where children are suspected of being at risk.

Emphasise that referral is a valid and important action.

Linking chapters

Taking a Health Promoting School approach.

Adjusting to puberty (Chapter 1.3).

Linking factsheets

Food initiatives in schools (Factsheet 4).

Biological changes in puberty (Factsheet 6).

Activity 35

Persuade me

Objective

To become more aware of the techniques used by advertisers, especially in TV commercials, to persuade viewers to buy their wares.

Resources

Flipchart

Pens and paper

Time

30 minutes

Methods

1. In groups of three or four, ask participants to share an advertisement they have seen on TV or heard on the radio which has stayed in their memories. They should share:
 - Why they still remember it?
 - What impact it had?
 - How do they feel now when they recall it?
2. Ask them now to share an example of something they saw advertised on TV and which they decided or were tempted to buy. Discuss in their group:
 - What made them do this?
 - How do they feel about it now?
3. Ask the groups to brainstorm and summarise the techniques they see used in TV commercials to persuade people to buy. Ask them to consider categories such as:
 - If you do (buy or use, etc.) this item however, you will be ... have ... feel ... look ... etc.
 - If you don't (buy or use, etc.), you will be ... people will think you are ... you will look and feel ...

Ask them to underline the persuasion techniques which are also used in advertising directed at children.

4. In plenary ask for feedback on the persuasion techniques used in advertising directed at children. List these on central flipchart.
5. Encourage them to identify other methods which are used besides TV advertising, to influence children. Ask them to think in particular of those methods related to foods, drinks and fast food outlets.
6. Ask for ideas on how might we enable the children we work with to recognise and challenge this form of pressure?
7. Do we have to think about 'taking on' the media, or can we teach young people to live with its messages, and to become increasingly skilled in recognising fact, fiction, advertising, spin, myth, hearsay, emotional manipulation, pressure and persuasion?

Training issues

It might be helpful to have list of persuasions ready in case groups are having trouble. Look at Activity 37 'Decoding sheet' for ideas. Other possibilities include catchphrases, colours and lighting as well as techniques broader than just advertising such as sponsorship of events, tie-ins to movies (for instance toys or games from a movie to promote a meal or restaurant), etc.

Linking chapter

The role of the media (Chapter 3.3).

Linking factsheet

The media (Factsheet 8).

Activity 36

Media pressures

Objectives

To highlight recent trends in levels of physical activity and eating habits.

To explore the commercial pressures that might be contributing to this, and the potential impact on health and other aspects of life/well-being.

To explore ways in which the school can have a positive impact on a young person's health.

Resources

Flipchart paper

Marker pens

Time

30 minutes

Methods

1. Invite them to move into groups of four to six to look at the media pressures young people are subjected to in terms of food, patterns of eating, and physical activity.
2. Ask them to use some form of pictorial representation/poster to share with the whole group.
3. Display all the posters.
4. In plenary, discuss:
 - What appears as a feature of all the posters?
 - Any unusual aspect appearing on a poster?
 - Any common themes and concerns?
 - What are the chief risks to children and young people
5. Ask them to go back into their small groups to discuss how we raise the issue of these health risks without damaging children's sense of self-worth or causing them to embark on diets and patterns of eating which could involve even greater risks. Ask each group to make one or more practical suggestions for raising the issue in a positive way within a health promoting school and record these.
6. Share their suggestions to form a bank of practical strategies to use.
7. Encourage them to also consider and share strategies for involving parents in giving each child a sense of what is right for them.

Training issues

It might be helpful to hand out Chapter 3.3: *The role of the media* or Factsheet 8: *The media* during the plenary to see how what they have portrayed compares with the information given in the chapter.

Some of the practical suggestions might link to Factsheet 4: *Food initiatives in schools*.

Linking chapter

The role of the media (Chapter 3.3).

Linking factsheets

Current eating patterns among Scottish children and adolescents (Factsheet 1).

The media (Factsheet 8.)

Further discussion

In highlighting recent trends in levels of physical activity and eating habits (objective 1) it is helpful to familiarise yourself with *Food patterns and preferences* (Chapter 2.1) and *Physical activity* (Chapter 1.2) and Factsheet 4: *Food initiatives in schools*.

Activity 37

Advertisements

Objectives

To reinforce the impact of the media and advertising on attitudes towards health.

To identify the range of techniques used by advertisers to promote their products.

Resources

Newspapers, magazines

Scissors

Cellotape or glue

Flipchart paper labelled as below

Marker pens

A copy of the handout 'Decoding sheet' for each participant.

Time

30 minutes

Methods

1. Working in groups of four or five, give each a pile of newspapers and magazines. Ask them to cut out any advertisements carrying health messages.
2. Give each group four large sheets of paper labelled:
 - a. These can damage your health.
 - b. These claim to contribute to health.
 - c. These promote health and information about health.
 - d. These are neutral; leaving you to make up your own mind.

Ask each group to sort their advertisements and stick them on the appropriate sheet.

3. Give each group copies of the 'Decoding sheet' to help them analyse the ways in which advertisers promote their message or product.

4. Bring the groups together to share their views about the way health messages are promoted. The following questions could be used to encourage discussion:

- Which category had the most advertisements? Why do they think this is? Who pays for the advertisement?
- Which advertisements do they like best? Why?
- How were these advertisements persuasive? Was it the size? The use of colour? The use of famous names to endorse products? The use of competitions with valuable prizes?
- Can we get conflicting health messages in the same place?
- How can we assess the truth of the health message?
- Who has the most money to spend on advertisements?
- What effect do advertising hoardings have on the environment?
- How can we educate young people to develop a critical awareness of advertising?

Training issues

Give participants five minutes to go through the magazines as quickly as possible and take the material away, as having magazines and newspapers can prove distracting.

Linking chapter

The role of the media (Chapter 3.3).

Linking factsheet

The media (Factsheet 8).

Activity 37 handout

Advertisements

Decoding sheet

Place a tick to show which techniques were used in your advertisements.

Techniques	Adverts which can damage your health	Adverts making health claims	Adverts for health promotion
Use of sex appeal			
Wealth			
Humour			
Strength/Macho appeal			
Use of a famous name, personality			
Competitions			
Giving factual information			
Attractiveness of people involved			
Appealing to the emotions			
Use of slang terms or specific styles of clothing, etc. to appeal to a certain audience			
Any other techniques?			

Activity 38

Body image — Magazines

Objectives

To explore the link between the child's body as it really is and the body image he or she has.

To review external pressures on children's eating choices and patterns.

To heighten awareness on the invasive nature/ influence of the media.

Resources

Magazines for teenagers

Flipchart paper with two columns: one column labelled 'How their bodies are described' and the other column labelled 'The images/ personality projected'

Marker pens

Time

30 minutes

Methods

1. Working in groups of four to six, give each group several teenage magazines. Explain that, although these are intended for an older age group, they are often read by children aged 8–13.
2. Invite them to look at:
 - the language used
 - the mood or emotions encouraged
 - the physical and personality images projected by role models in these magazines.
3. Ask for feedback to the whole group, asking them to hold up any images that particularly illustrate their points. How powerful do they think the magazines are in persuading and influencing young people?

4. Back in their groups, ask them to share their views of who are the current role models for the 8–13 age range, and list these (by name or some other description) at the top of a sheet of flipchart paper. Under this, ask them to make two columns headed:

How their bodies are described

The images/personality projected

Under the first heading, ask them to list as many words and phrases they have seen and heard used to describe the bodies of these role models, such as: bronze, sleek, toned, honed, slim, sexy, fab.

Under the second column, ask them to list the words and phrases they have seen and heard used to describe the *image* or *personality* these role models project, such as: confident, cool, successful, sexy, tough, feminine, masculine, star, glam.

5. Come together as a group to amalgamate the lists into two large ones, and to look at the kind of vocabulary used. Encourage discussion by asking:
 - Looking at the two lists, how closely are they related?
 - What is the link the young people make between body image and personal confidence and success?
 - Would young people see these descriptions as positive and desirable?
 - What are the risks in this?
 - Does the fashion trade aimed at this age range play a part in supporting these images?

> contd

Activity 38 (contd)

Body image – Magazines

- How much do role models influence young people, in both positive and negative senses?
- How can we teach young people to examine these images more critically, and to see the reality behind them?
- How could the school work through the health education curriculum and wider school life to make these images more realistic and draw out positive healthy goals?
- How could health professionals help?

Training issues

Encourage groups to focus on what they will put on the flipchart paper and make sure that they have limited time. Some groups might get distracted or 'sucked in' and pay more attention reading articles than completing the task.

Linking chapters

Body image (Chapter 3.2).

The role of the media (Chapter 3.3).

Linking factsheet

The media (Factsheet 8).

Further discussion

This can also lead to discussion of dieting (Chapter 2.3: *Dieting*) particularly in relation to body image.

Activity 39

Body image and media stars

Objectives

To discuss the type of body image projected by media 'stars.'

To explore the impact of this on young people.

Resources

Flipchart paper

Marker pens

Post-its®

Time

30 minutes

Methods

1. Ask participants to work in groups of four to five. Assign each group a different type of media star, for example, film stars, models, pop stars, athletes, TV stars. Give each group several Post-its® and ask them to write on each Post-it® the name of a different well-known person from their category of media star. Ask them to pass these to another group.
2. Now give each group a piece of flipchart, paper and a pen. Ask them to make three columns: thin, normal and overweight. Looking at the names on the Post-its®, decide in which column they would place each person.
3. In these groups, discuss:
 - which columns have most names
 - why this might be
 - whether they can think of any people in that category who could be put in the other columns.
4. Ask for feedback from each group on what they have found and whether it was easy to agree.
5. In the whole group raise some of the following questions:
 - Are there any 'normal' celebrities? Are these normal people likely to be role models?
 - What is normal?
 - What about athletes? Although, generally, athletes would not be considered thin, is their body type still normal?
 - Is there any difference between the sexes?
 - What categories do most overweight celebrities fit into? Do they tend to be stereotyped, for instance most overweight celebrities (particularly women) tend to be comedians or chefs?
 - Is an overweight celebrity a good thing? Are they valued for their talent or for 'bucking the trend'? (For example, remind people of the pop idol competitions and the controversy surrounding Rick Waller and then the media focus on winner Michelle.) Is this kind media coverage on weight helpful?
 - What impact are the images of 'media stars' likely to have on young people?
 - What can schools do to help? In what other ways do children and young people get a measure on what is 'normal'?

> contd

Activity 39 (contd)

Body image and media stars

Training issues

It may be useful to draw attention to some of the facts from the chapter on the media:

- Research has consistently found that most female characters on TV or other parts of the media are thinner than average women. It has been estimated that models and actresses in the 1990s had 10%–15% body fat — the average body fat for a healthy woman is considered to be 22–26%.
- Successful larger women are famous for their comic roles, but there are far fewer larger women presenters or actresses in glamorous roles on TV.
- Overweight people tend to be portrayed in the media as figures of ridicule, and successful female celebrities find that their weight loss or weight gain can become the focus of media attention and speculation.

Linking chapters

Body image (Chapter 3.2).

The role of the media (Chapter 3.3).

Linking factsheet

The media (Factsheet 8).

Further discussion

Factsheets might be helpful for handing out — particularly for putting discussion in the context of current trends with *Current eating patterns among Scottish children and adolescents* (Factsheet 1) and school projects with *Food initiatives in schools* (Factsheet 4).

Activity 40

Self-esteem and the media

Objectives

To look at how four characteristics of self-esteem can be found in the media.

To consider the impact of the media young people's sense of self and identity.

Resources

Flipchart paper and pens

Handout on body image and self-esteem

Time

25 minutes

Methods

1. Point out that the media does not always have a negative effect on young people. It can play a useful and important function in their lives. They often discuss the media, including what music they are listening to and what songs they like, what video games they play, what TV programmes or movies they watch and what brands they wear. Ask participants to turn to the person next to them and share what they think young people get from the media.
2. Ask them to call out their ideas and record these on a central sheet of flipchart paper.
3. Give out the handout on body image and self-esteem and allow time for them to read it through. Invite any questions or comments.
 - The media give young people a way of connecting to other people and to the world around them. The media gives them something to talk about and something to have an opinion about.
 - It could be argued that young people's choices regarding the media give them a sense of empowerment, or could help define their 'uniqueness' as well as their connectiveness. The media is also a provider of role models.

4. Ask for suggestions on other ways in which young people can develop these four senses. Examples, besides the media, might include: home life, culture, religion, schools, recreational activities (music, drama, art, sports, nature, environmentalism).
5. Encourage a discussion on:
 - Which they feel are the most important influences?
 - How important is the media?
 - What part can schools play?

Training issues

The section on body image and self-esteem in Chapter 3.2 (see page 70, Book 1) includes under each heading suggestions on how school might impact on these four conditions. It might be helpful to make a case for school when working through step 4.

This activity links together the themes of Chapter 3.3: *The role of the media* directly to the content in Chapter 3.2: *Body image*. It is important to feel comfortable with the material in these chapters.

Linking chapters

Self-esteem (Chapter 3.1).

Body image (Chapter 3.2).

The role of the media (Chapter 3.3).

Linking factsheet

The media (Factsheet 8).

Activity 40 handout

Self-esteem and the media

Self-esteem and the media

Body image and self-esteem can be considered synonymous in terms of their importance in influencing how young people feel about themselves. The most effective way of improving body image, therefore, will be to boost self-esteem, and *vice versa*. Ikeda and Naworski (1992) built on the earlier work of Bean (1992) to develop the idea of four conditions or senses necessary to maintain a high level of self-esteem, and related them to body image.

A sense of connectiveness

This enables young people to feel strong links to the people and places around them, and to feel secure with them. If they are not happy with their body image, their sense of connectiveness may deteriorate.

A sense of uniqueness

This is threatened when the young person feels his or her body doesn't 'fit' expectations (either his or her own or others), meaning his or her 'uniqueness' is perceived in a negative, rather than positive, way.

A sense of power

Young people with a sense of power feel they have some control over their lives.

A sense of role models

Role models represent the standards and values young people need to help them make sense of the world and to develop their own sense of responsibility. Some young people, such as those who are overweight or disabled, may find it difficult to identify appropriate role models, so they should have access to resources which present people of all abilities, cultures, sizes, and gender.



Dieting

Section plan

Activity	Time (minutes)	Linked chapters	Linked factsheets	Comments on activity and further reading
41. All change	10	2.3: Dieting		
42. Draw a person of ideal weight	10			This activity could open a number of discussions including 2.2: <i>Overweight and obesity</i> , 2.3: <i>Dieting</i> and 3.2 <i>Body image</i>
43. Diet fads and fictions	30	2.3: Dieting 3.3: The role of the media	1: Current eating patterns among Scottish children and adolescents 4: Food initiatives in schools	
44. Reasons for dieting	30	2.3: Dieting	1: Current eating patterns among Scottish children and adolescents	
45. DIETING!	30	2.3: Dieting	1: Current eating patterns among Scottish children and adolescents	
46. What would you do?	30	Taking a Health Promoting School approach 2.3: Dieting	4: Food initiatives in schools	

Activity 41

All change

Objectives

To use the 'changing places' activity as a means of encouraging people to circulate.

To heighten awareness of the popularity of dieting.

Resources

Chairs arranged in a circle, one for each person

Time

10 minutes

Methods

This could be used as a warm-up activity.

1. Invite people to sit in a circle (or two circles if numbers are large). Ask them to listen to each statement called out and, if they fit the criteria, to stand and exchange places with another person who is also standing up.

Had breakfast today

Has a book or video on losing weight

Ate fruit yesterday

Has a friend who has gone on a diet at some time to lose weight

Knows someone who has been on a diet they enjoyed

Can name two diets

Knows someone who has been on the Atkins diet

Knows someone who goes to a slimming club

Knows someone who would like to put on weight

Knows someone who has put weight on again after being on a diet

2. Thinking back over their responses and on how many people moved each time, you could open discussion by asking:
 - What does this tell us about the popularity of dieting nowadays?
 - What do they think are the drawbacks of dieting?
3. Make the point that there has been a significant increase in recent years in the proportion of 15 year-old girls and boys who report ever having been on a diet to lose weight and that self-imposed diets are beginning at increasingly younger ages. However, it has been established that most diets are not effective in the long term. Most people who lose weight in dieting will regain most of the pounds they have lost, leading to further attempts at weight loss.

Training issues

This is a short activity to remind people how much dieting has pervaded our culture. More statements can be added to the list.

Linking chapter

Dieting (Chapter 2.3).

Activity 42

Draw a person of ideal weight

Objective

To heighten awareness of the limitations of labels such as 'ideal weight'.

Resources

Sheets of paper

Pens or crayons

Time

10 minutes

Methods

This is a possible activity for use after Activity 1: *Draw a healthy person*.

1. Ask the participants to draw a second picture, this time of a person of 'ideal weight' taking no more than two minutes to draw it.
2. Ask them to share their pictures with people around them.
3. Back in the whole group, you could ask:
 - Was this a more difficult picture to draw?
 - Did they want to challenge the concept of an 'ideal weight'?
 - Would any of their pictures of a 'healthy person' be excluded from this 'ideal' image? If so, on what grounds?
 - Whose ideal does this phrase represent? Is it a medical term, or a media one? How widely do these differ?

Training issues

The issues for this activity are similar to issues for Activity 1: *Draw a healthy person*. Participants might be familiar with the Draw and Write technique through *Confidence to Learn* and you should remind them that this is an activity for opening out discussion.

It might help to follow Activity 1 with this activity.

Linking chapters/discussion

Although this activity could introduce any number of discussions, it is particularly linked to:

- *Overweight and obesity* (Chapter 2.2).
- *Dieting* (Chapter 2.3).
- *Body image* (Chapter 3.2).

Linking factsheet

Dietary targets and activity guidelines for young people in Scotland (Factsheet 2).

Activity 43

Diet fads and fiction

Objectives

To consider critically the impact of articles in magazines and newspapers promoting 'fad' and celebrity endorsed diets.

To consider how to educate children and young people to recognise this kind of promotion and to question them in terms of role models for healthy lifestyles.

Resources

Examples of magazine/newspaper articles promoting weight loss, new diets, fad diets, articles by celebrities on keeping in shape, magazine covers promising diet or slimming advice.

Up-to-date leaflets showing the 'eating for health plate' and any other information relating to diet and dieting.

Paper and pens

Handout 'Things to look for' for each participant

Time

30 minutes

Methods

1. Ask them to work in pairs. Distribute magazines and newspapers with articles about diets.
2. Remind participants that publishers of magazines and newspapers know that sales are increased if the cover or front page promises something inside about dieting. Ask them to note down:
 - the words, images and celebrity names being used to ensure it attracts the reader
 - what age-range of people might read this article?

3. Back in the whole group invite them to say what their article was about and what they have noted. Are all the articles in agreement about what enables weight loss, or do they contradict each other?
4. Give out the handout and ask them to work again in the same pairs to consider the questions on it with reference to their article or advertisement.
5. Ask the participants to share their responses in a plenary session. Encourage discussion by asking:
 - How would they encourage children and young people to apply their analytical skills to identify celebrity-style 'hyped' diets and dietary advice, diets based on fads and those used to promote the sale of a 'slimming' product?
 - How would they introduce the dangers of these in terms of physical and emotional well-being, so that the children would feel motivated and not threatened?

Training issues

Make sure that the point comes across that the pressure that idealises a thin shape for girls and a broad muscular shape for boys starts early and continues to be reinforced through the media. This activity is similar to Activity 38: *Body image — Magazines*. It is recommended that you do not choose to do both activities with the same groups.

Linking chapters

Dieting (Chapter 2.3).

The role of the media (Chapter 3.3).

Linking factsheets

Current eating patterns among Scottish children and adolescents (Factsheet 1).

Food initiatives in schools (Factsheet 4).

The media (Factsheet 8).

Activity 43 handout

Diet fads and fiction

Things to look for

	Yes	No
The language of 'diet' emphasises 'slim' as its selling point		
The article uses words such as 'miraculous', 'effortless'		
The article emphasises a quick or 'speedy result'		
A permanent result is implied		
The balance between physical activity and intake of food is mentioned		
The suggested diet would pass guidelines for a balanced diet		
There is any medical support or evidence		
There are any warnings tied to the diet		
Any foods that are 'banned' in the diet, or are otherwise labelled 'bad'		
The images accompanying the diets are realistic, or is the representation of 'slim' closer to 'thin'?		
The recommended foods are expensive		
Something is being sold on the strength of the article		
Something in particular would make the article or advertisement appealing to young people, for example associations with popular culture, fashion and music		

Activity 44

Reasons for dieting

Objective

To encourage a wider understanding of the range of issues and pressures that lead people to 'go on a diet'.

Resources

Index cards with different ages and genders, for example:

girl – 8, boy – 8,

girl – 13, boy – 13,

woman – 18, man – 18

woman – 30, man – 30

Flipchart paper and marker pens

Blu-tack®

Time

30 minutes

Methods

1. Ask participants to think of a time when someone they knew (for example, a close friend, a relative or themselves) decided to go on a weight loss diet. Think about what was going on in their lives at the time and what might have led them to making that decision.
2. Invite them to work with two other people to share their views of why and when this occurred. Jot down the reasons. Did they feel under any pressure from other people to go on the diet?
3. Give each trio a sheet of flipchart, marker pens and a different card (with an age and gender written on it). Ask them to Blu-tack® their card in the middle of the flipchart paper and all around it write all the reasons why that person might go on a weight loss diet. Explain that they have 10 minutes.

4. When time is up, ask them to remove their card and pass it on to the next group. They should then look at the reasons they gave initially and underline any that still apply for this new person.
5. Continue this process several times.
6. Back in plenary, discuss:
 - Which of their reasons were underlined several times, applying to most people?
 - Were any reasons more age specific? Point out that the age at which dieting becomes common continues to fall, with reports of children as young as five to seven years of age restricting their food intake.
 - Were any reasons more gender specific? The triggers for dieting are likely to be concerns about appearance and associated changes in body shape that accompany puberty, particularly for girls

Stress that dieting can be motivated by a range of concerns and pressures, hopes and fears, and these need to be reflected in our planning and practice, particularly in the primary school age range.

Training issues

Be prepared that this activity might lead to a discussion on child protection. You may find it useful to include Activity 50: *Who do you turn to?* in your session.

A possible point to make is that in describing underweight people, young children tend to use vocabulary that includes evidence of concern — unhappy, sad, fading away, something wrong with them.

Linking chapter

Dieting (Chapter 2.3).

Linking factsheet

Current eating patterns among Scottish children and adolescents (Factsheet 1).

Activity 45

DIETING!

Objectives

To consider ways in which research findings could be used to inform the health education programme.

To encourage a wider understanding of the issues and pressures that lead people to 'go on a diet'.

Resources

A copy of the handout 'DIETING!'

Flipchart paper

Marker pens

Time

30 minutes

Methods

1. Give participants the workshop handout 'DIETING!' Ask them to read through the four extracts and make mental notes of information which:
 - was new to them
 - surprised them
 - did not surprise them
 - they already knew
 - concerned them.
2. Invite them to share these perceptions in pairs.
3. Move into four groups, allocating a different extract to each group. Challenge each group to discuss and present:
 - One way in which the health promoting school could address the issues in their extract regarding pupils.
 - One way in which the content of their extract could be used with colleagues to inform their approach and practice.
4. In plenary, collect in their ideas on flipchart paper and discuss the importance of these and other research findings in developing healthy eating programmes within the health promoting school and related work on body image and body language.

Training issues

Being familiar with some of the facts and information in Chapter 2.3: *Dieting* might enrich discussion.

Linking chapter

Dieting (Chapter 2.3).

Linking factsheet

Current eating patterns among Scottish children and adolescents (Factsheet 1).

Activity 45 handout

DIETING!

DIETING!

Extract 1

Studies of the waist:hip ratio of mannequins and calculation of the amount of body fat this would represent show that if women possessed the shapes commonly used to display clothes from about 1970 onwards, they would have ceased to menstruate and therefore be infertile. Similarly, it has been calculated that for a woman to have the same proportions as a Barbie doll they would have to grow an additional 17 inches in height and have an overall body shape found in less than 1 in 100,000 women within the general population (Norton, 1996).

Norton, K.L., Olds, T.S., Olive, S., Dank, S. (1996). Ken and Barbie at life size. *Sex Roles*, 34: 287-294.

Extract 2

When children are shown silhouette figures and asked to choose ideal shapes, they select shapes closer to these 'icons' than to real life. This discrepancy is much greater in girls than in boys. Boys consistently select female silhouettes which are fuller and more rounded than do girls, which demonstrates an interesting mismatch between what is considered attractive by the two sexes.

The pressure that idealises a thin shape for girls and a broad muscular shape for boys starts early and continues to be reinforced through magazines, TV and cinema.

Extract 3

In terms of meal patterns, there is an increasing tendency for girls to eliminate breakfast eating, with over half of Scottish 13 and 15 year-olds not eating this meal every day (Currie *et al.*, 2004). This understandably fuels concern for the alertness of children during lessons at school, although the research picture on the relationship between missed meals and measures of attention is not clear.

Currie, C., *et al.* (Eds) (2004). *Young People's Health in Context. Health Behaviour in School-aged Children (HBSC) Study: International report from the 2001/2002 survey.* Copenhagen: World Health Organization.

Extract 4

Concerns about weight may also prompt initiation of smoking as, for a minority of people, nicotine has an appetite suppressant effect. The common belief in the likelihood of weight gain following smoking cessation may also fuel this idea. Recent research in America suggests that, among both girls and boys aged between 9–14 years, contemplation of smoking is positively associated with weight concerns. It is important, therefore, that school health programmes address healthy methods of weight maintenance and dispel the notion of tobacco use as an effective or desirable method.

Activity 46

What would you do?

Objective

To identify appropriate responses to a young person thinking of or already dieting.

Resources

Index cards with different ages and genders, for example:

girl – 8, boy – 8,

girl – 13, boy – 13

woman – 30, man – 30

Flipchart paper

Marker pens

Time

30 minutes

Methods

1. Working in threes, give each group a card with a different age and gender. Explain that they are to imagine a situation involving a member of school staff (teacher or support staff) and regarding the person on their card. That person is thinking of, or already is, dieting. How is the member of staff likely to engage with the following people:
 - The person asking advice.
 - A concerned friend mentioning that the person is dieting.
 - A concerned parent.
2. Ask them to write a realistic scenario on their card about the person on a diet.

Ask them to exchange their cards with another trio. Check that they understand the scenario. Ask them to jot down how they think a teacher should respond to that situation.

3. In plenary, ask them to read out their scenarios and to give their ideas on responses. You could ask the following:

- Would the age and/or gender of the person affect how the member of staff would respond?
- What questions would they want to ask before responding? Does anyone else need to be involved?

Training issues

This activity may lead into a discussion on child protection. Be sure that participants are aware of referral policies. If it becomes an issue, consider Activity 50: *Who do you turn to?*

Linking chapters

Taking a Health Promoting School approach.

Dieting (Chapter 2.3).

Linking factsheet

Food initiatives in schools (Factsheet 4).

Eating disorders

Section plan

Activity	Time (minutes)	Linked chapters	Linked factsheets	Comments on activity
47. Eating disorders thought shower	30	2.4: Eating disorders	3: Energy balance and nutrient requirements	This activity should be used as a warm-up to other activities on eating disorders
48. Eating disorders case studies	40	2.4: Eating disorders		It is recommended that you read through the chapter on <i>Taking a Health Promoting School approach</i> or feel confident in understanding the health promoting school concept
49. Eating disorders: roles and responsibilities	30	2.4: Eating disorders		It is recommended that you read through the chapter on <i>Taking a Health Promoting School approach</i> or feel confident in understanding the health promoting school concept
50. Who do you turn to?	30			This activity aims to help participants identify sources of support and appropriate courses of action when child protection and risk become issues in the training session

Activity 47

Eating disorders thought shower

Objectives

To raise awareness and discuss some of the features of eating disorders.

To discuss the possible reasons behind the increased numbers of young people living with eating disorders.

To discuss what can be done to help young people who suffer from eating disorders.

Resources

Flipchart paper

Marker pens

Chapter 2.4: *Eating disorders*

Time

30 minutes

Methods

1. Split the participants into groups of four to five. Give each group a sheet of flipchart paper and ask them to draw a line down the middle. On one side, write all they know about anorexia nervosa and on the other, bulimia nervosa (these could include features of the illness, who it affects and what the signs are).
2. When the groups are finished, ask them to move around the other groups and look at what others have written. Follow this up with a summary of the main points. Ask the group if there was anything that came up that surprised them.
3. You may find it useful at this point to hand out a copy of Chapter 2.4: *Eating disorders*, as a back-up to the information on the flipcharts.

Training issues

It might be helpful to visit the Eating Disorders Association website (www.edauk.com) for comprehensive lists of features and signs of disorders, and also to refer participants who would like more information.

This activity should be done as warm-up for either of the following two activities.

Remind the group that some of them are likely to have experiences of eating disorders — either through people they know or personally. We all need to be sensitive in the language we use and in not putting people on the spot. Review the Trainers' Notes (page 2) for more information.

Linking chapter

Eating disorders (Chapter 2.4).

Linking factsheet

Energy balance and nutrient requirements (Factsheet 3).

Activity 48

Eating disorders case studies

Objectives

To explore the possible reasons for the number of young people living with eating disorders or who are in a pre-clinical stage of an eating disorder.

To discuss what can be done to help young people who suffer from eating disorders.

To understand the role and value of referral to specialist services.

Resources

Copies of case studies 1 and 2 handouts

Time

40 minutes

Methods

1. Split the participants into groups of four to five. Give them either case study 1 or 2, and ask the groups to discuss them and answer the questions.
2. When the groups have done this, ask for feedback. First, discuss what they have considered doing. Possible approaches might include:
 - Approaching the young person sensitively and getting their confidence. How would they deal with the issue of confidentiality?
 - Consulting other members of the pastoral team. Do they know who they should approach?
 - Talking to parents.
 - Dealing with the concerns of fellow pupils.
3. Discuss what feelings this sort of situation would evoke in them. You may want to reassure them that most people would feel unsure and lacking in confidence about the best way to handle the situation. As with other mental health problems, historically in our society we tried to distance ourselves and hide them away. They are not easy subjects to deal with. Many teachers will have had nothing on dealing with eating disorders in their training.
4. Check whether they are aware of any school policy or procedure about eating disorders? Reiterate that referral is a valid and important course of action, and, if it is all they can do, it might be the best thing.
5. Besides reacting to a specific case, what wider strategies could a school implement to help young people who suffer from eating disorders? The following suggestions are given on the Eating Disorders Association website (www.edauk.com). They come from conversations with a number of students with anorexia and/or bulimia:
 - Help young people reduce their stress. Conduct a 'stress' audit to identify factors which are contributing to stress.
 - Help young people to set realistic standards and have realistic expectations.
 - Empower young people to take control of their lives.
 - Have a policy on dealing with bullying (sometimes a reason for a young person developing an eating disorder).

> contd

Activity 48 (contd)

Eating disorders case studies

Training issues

You should begin with Activity 47: *Eating disorders thought shower* to help put the case studies in the context of the illness.

Remind the group that some of them are likely to have experiences of eating disorders — either through people they know or personally. We all need to be sensitive in the language we use and in not putting people on the spot.

For those who want more information on eating disorders, they could contact the Eating Disorders Association: www.edauk.com

Linking chapter

Eating disorders (Chapter 2.4).

Further discussion

It is recommended that you read through the chapter on *Taking a Health Promoting School approach* or feel confident in understanding the health promoting school concept.

This could link to discussion on:

- *Current eating patterns among Scottish children and adolescents* (Factsheet 1).
- *Biological changes in puberty* (Factsheet 6).

Activity 48 handout

Eating disorders case studies

Case study 1

Lauren is 14 years old and has been in the gymnastic team at school since she was seven. Recently, her body has started to change. Her periods have started but are irregular, and she has not had one for several months.

Lauren has always been quite small and petite but increasingly she feels fat and uncomfortable in her body. She has stopped having family meals and uses the excuse of having to delay eating until she has finished her training. She feels hungry a lot of the time but is pleased with herself for not giving in to hunger. If she does eat, she feels sick and sometimes makes herself vomit.

Lauren used to love going to the cinema with her girlfriends, but recently they have been showing interest in going with a group of boys. Lauren doesn't want the boys to see how 'fat' she is, so wears baggy clothes and lots of layers to cover up her body. One boy, James, seems interested in her, and although her friends think he's really nice, she can't stand the thought of being with him.

Lauren's mum has started to become worried about her losing so much weight, but Lauren continues to believe that she looks fat.

If you were Lauren's teacher:

- What changes do you think you might have noticed?
- How would you handle the situation? Who would you turn to? Do you know the procedure you should follow?
- What feelings would this evoke in you?

Activity 48 handout

Eating disorders case studies

Case study 2

Jackie is 14 and really fancies one of the boys in the year above her at school, Jack. But he never seems to notice her, and always seems to talk to the pretty girls in his year — the ones who are slim and have really cool clothes.

Jackie decided that she needed to lose weight so that Jack would notice her. She enlisted the help of one of her friends, who said she would diet with her.

Jackie's diet had been going fairly well, but she has started to get really strong cravings for food. One night, she could not resist her cravings any longer and started eating some of the foods she had forbidden herself: chocolate, biscuits, crisps, bread. She couldn't stop, and felt completely out of control.

After a couple of hours, she felt very sick. Her stomach ached, and she was ashamed of her behaviour and her lack of will-power. She made herself sick, as she felt so ill with all the food she'd eaten.

The next day, she did not tell anyone about it, but felt very bad and hated herself for being so weak. How would she ever get Jack's attention when she did such terrible things? But she binged again a few days later, as she had not done so well in a class test and was upset.

Six months later, Jackie continues to binge when she feels out of control. She sometimes takes laxatives to get rid of the food, as her teeth have been getting sore and discoloured from her vomiting. She is so ashamed of herself and her weakness that she has not discussed it with any of her friends, but they seem less interested in her anyway. Her best friend says Jackie is not any fun anymore so her best friend has been spending more time with other groups of friends. Jackie feels that she doesn't deserve any friends anyway because she is so weak and isn't very interested in things anymore.

If you were Jackie's teacher:

- What changes do you think you might have noticed?
- How would you handle the situation? Who would you turn to? Do you know the procedure you should follow?
- What feelings would this evoke in you?

Activity 49

Eating disorders: roles and responsibilities

Objectives

To discuss and consider the various roles of schools and teachers, parents, carers, friends and medical staff in identifying and dealing with eating disorders.

To understand and appreciate the role and value of referral to specialist services.

To identify factors that help or hinder a young person's self-awareness.

Resources

Flipchart paper

Marker pens

Time

30 minutes

Methods

1. Ask them to work in groups of four to five. Give each group a sheet of flipchart paper and ask them to draw a cross on the paper, splitting it into four. In each corner, write either: school, teacher, parents/family, friends, medical staff.
2. Invite the groups to identify the various roles and responsibilities each has in identifying and dealing with young people living with eating disorders or some of the symptoms. When the groups are finished, ask them to move around the other groups and look at what others have written.
3. Hold a plenary discussion, focusing on the role and responsibility of schools and teachers. Draw on the experience of the group in dealing with eating disorders and how they have responded in the past. A particular emphasis could be on the identified responses in helping the young person deal with his or her illness.
4. Summarise the main points raised, and round-off the workshop with a discussion and reflection on how they would run a session with pupils to explore the issues raised.

Training issues

It may be useful to link this to Activity 47: *Eating disorders thought shower*.

Remind the group that some of them are likely to have experiences of eating disorders — either through people they know or personally. We all need to be sensitive in the language we use and in not putting people on the spot.

For those who want more information on eating disorders, they could contact the Eating Disorders Association: www.edauk.com.

Linking chapter

Eating disorders (Chapter 2.4).

Further discussion

It is recommended that you read through the chapter on *Taking a Health Promoting School* approach or feel confident in understanding the Health Promoting School concept. This activity might also lead to discussions on *Self-esteem* (Chapter 3.1) or *Body image* (Chapter 3.2).

Activity 50

Who do you turn to?

Objective

To identify sources of support and appropriate courses of action if you think a child is at risk.

Resources

Handout based on information in *Protecting Children — A Shared Responsibility. Guidance for Education Authorities, Independent Schools, School Staff and All Others Working with Children in an Education Context in Scotland*. Check the Scottish Executive website www.scotland.gov.uk for the most up-to-date version available.

Time

30 minutes

Methods

1. Explain that often teachers are fearful of opening up the area of body image or eating disorders in case it leads them into disclosure of mental health problems or of child abuse. A recent study by the NSPCC, surveying schools in England and Wales, found that although the school's role in child protection has been set out by the government, the reality of day-to-day practice is very different. Whilst teachers take their responsibility towards the protection of children seriously, many feel ill prepared to deal with child abuse. Others feel the teaching profession in general is not supported in this important role.
2. Working in groups of three, give each group one of the following situations:
 - A child discloses to you that they are being mistreated/abused at home.
 - You suspect a child is being mistreated/abused because of their behaviour, although nothing has been said.

- A child tells you that they are worried about their friend, because they are very unhappy at home.

What would you do? Who would you turn to? Do you know the procedure you should follow?

3. Give out the handout. Discuss:
 - Whether what they decided to do is in line with the information in the handout.
 - Whether they know who is the person responsible for child protection in their school.
 - Whether they are aware of any school policy/procedure about child protection.
 - What support they feel they need to allay any fears of what to do in situations of suspected child abuse.

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