

# **Close to Home Manchester Communications Academy**

## **Introduction**

In areas of extremely poor health outcomes, where residents face complex social and economic challenges, schools can have powerful impacts beyond their pupils and set curriculum.

Through both involving the local community and placing health at the heart of the curriculum, wider health and wellbeing outcomes can be improved. How can a school effect sustainable change in areas of deprivation? How can the community be engaged in a meaningful way?

## **Origins of the project**

Manchester Communications Academy (MCA) is located in Harpurhey, an area of North Manchester which has some of the worst health outcomes in the country, with high rates of coronary disease and a poor life expectancy.

Established in 2010 and sponsored by British Telecom, the school represents a strategic investment in education as well as social and economic regeneration. The academy, which currently serves 1,200 pupils aged between 11 and 16, considers health and wellbeing to be as important as academic achievement. Moreover, MCA acts as a community hub for local residents; their health is also a key priority.

“We talk about the health problems in the surrounding area so the students know why we are taking this so seriously,” says Sue Watmough, who leads MCA’s Department of Health and Wellbeing. “We encourage them to take it seriously as well, to take ownership for their health and utilise the facilities available.”

## **Partnership working**

“A key feature to our approach is working very closely with the parents to ensure that they are an active partner in their child’s learning,” says Watmough. “We have excellent relationships with our partner primary schools and believe we have gained the support of the local community for this academy.”

## **Approach and delivery**

There are three pillars to MCA’s approach: involve the community, deliver appropriate curriculum and include the student’s family.

Firstly, many local community groups use the academy’s facilities. These include mothers and babies; people in recovery from mental health problems; and older people who meet for dominoes, badminton and socialising. MCA’s ‘Cook4Life’ sessions are available to anyone in the local community over 18 and focus on how to create meals on a budget. The conscious choice to share their facilities and resources has helped anchor the academy within the community.

Secondly, health forms a core part of the school curriculum. MCA has tailored its curriculum and resources to address the specific health needs of their students. An in-house nurse

ensures continuity of care, while the MCA's 'Project 60' responds to local health issues in a holistic way. The school doesn't follow the traditional Personal Social & Health Education (PSHE) curriculum. Sessions cover the same topics but are delivered through novel and creative methods. One group discussing the risks of smoking were taken to Harpurhey market to relay these messages to the general public, encouraging students to process messages at a deeper level and to take ownership of their own lives.

The academy uses PE sessions to monitor as well as develop students' health. Health and physical fitness is measured at three points over each academic year, tracking peak flow, blood pressure and Body Mass Index (BMI). The focus given by these measures, as well as clear communication about the importance of health, mean that pupils are aware of their health needs and encouraged to talk about these issues.

Thirdly, MCA recognises that to build on the successes made through education, the school must also work with families. When a child's Health Index indicates a required intervention, parents will be invited into school to talk about concerns and identify problems for the child – as well as discuss their own, or those within their families. Family activities include cookery, exercise classes, mother and daughter gym sessions, and 'Dads and Lads' football sessions.

### **Success and outcomes**

MCA's holistic, community-driven approach has yielded wide-ranging benefits. When the academy's football pitches were used to provide free, supervised use for anyone in the community, local crime rates dropped. The school's Health Index tool has recorded a reduction in the BMI of pupils referred to MCA's specialist exercise classes. Health data in the local areas surrounding the school have also improved since the academy was established (although MCA are careful not overstate their own influence on this).

### **Future plans and obstacles**

To build on its data set, MCA is developing a 'pastoral tracker' to map demographic information for each pupil including postcodes, Free School Meals, and English as an Additional Language. Through using both sets of information there is potential for identifying students who may be at risk or finding other patterns within the data to inform their ways of working.

### **Conclusion**

MCA demonstrates how a values-based, family and community assisted approach can improve health and social outcomes. Not only has the academy rethought its engagement with the community, using innovative and resourceful means, it has taken the crucial step of placing health on a level footing with other academic offerings.

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