**Healthy Schools London**

Achieving Healthy Schools London (HSL) Silver and Gold Awards

INTRODUCTION

This document includes both the HSL Silver Award Planning Template and the HSL Gold Award Reporting Template.

* *Please only complete the Silver Plan to apply for the HSL Silver Award. The Silver Plan must be for work that the school is planning to do and cannot be retrospective.*
* *Please only complete the Gold Report to apply for the HSL Gold Award. The Gold Report is to present the activities that you did and their outcome/results.*

|  |  |  |
| --- | --- | --- |
| **Silver Award** |  | **Gold Award** |
| A school will identify a main health priority for their pupils and devise new projects, practices and interventions to target the priority. Example health priorities might include healthy weight, oral health, emotional resilience, keeping safe and positive relationships.In order to achieve the Silver Award, a school should:* Undertake a needs analysis of the unique health and wellbeing issues affecting the school.
* Use the needs analysis to identify and define group/s and number of pupils e.g. whole school or year group, plus any smaller targeted group.
* Develop planned measurable outcomes and an action plan to achieve the health priority.
* Show how it will monitor and evaluate the project to measure success and demonstrate improvements.

**NOTE:** Projects and interventions undertaken as part of a Silver Plan should run over at least 2 terms or 6 months. |  | HSL recognises good practice in demonstrating, sustaining (and learning from) outcomes and impact in supporting children and young people to achieve and maintain good health and wellbeing. In order to achieve the Gold Award, a school should:* Have achieved the HSL Silver Award.
* Record results and outcomes.
* Detail approach taken.
* Provide analysis of results.
* Explain how activity is being sustained.
 |

SCHOOL DETAILS

Complete first 2 tables below when applying for Silver:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** |  | **Borough** | Ealing |
| **Key contact** |  | **Job title** |  |
| **Silver Plan Start Date** | **(Needs to be a date in the future)** | **Silver Plan End Date[[1]](#footnote-1)** | **(Needs to be 6 to 12 months after you silver plan start date)** |

|  |  |
| --- | --- |
| **Date achieved Bronze Award** |  |
| **Consent to share Silver Plan** | **Yes** [x]  *Plan can be used as an example of good practice to be shared with other schools and partners.* **No** [ ]   |
| **Headteacher sign off**  | *Name and date:* |
| **School Council Representative sign off** | *Name and date:* |

Complete table below when applying for Gold:

|  |  |
| --- | --- |
| **Date achieved Silver Award** |  |
| **Consent to share Gold Report** | **Yes** [ ]  *Report can be used as an example of good practice to be shared with other schools and partners.***Yes** [ ]  *Report without photographs can be shared with other schools and partners.*  **No** [ ]   |
| **Headteacher sign off** | *Name and date:* |
| **School Council Representative sign off** | *Name and date:* |

|  |
| --- |
| **HEALTHY SCHOOLS LONDON SILVER AWARD PLANNING TEMPLATE** |
|  |
| **PURPOSE** |
| **HEALTH AND WELLBEING PRIORITY:** Describe the issue that you are trying to improve. |
| ***EXAMPLES:*** *Improving participation in physical activities; oral health; mental health and emotional wellbeing* |
| Details: * Improve oral health
 |
| **GROUP:** Define your group/s and number of pupils who will benefit from the action plan (whole school or year group, plus any smaller targeted group). |
| ***EXAMPLES:**** *All children Year 1 to Year 6 (225 pupils), OR*
* *KS 2 pupils (120) and Reception children (30)*
 |
| ***Define your group/s and number of pupils who will benefit from the action plan.**** ***Choose either the whole school or year group i.e. all children in year 1 to year 6, AND***
* ***Choose a smaller target group i.e. KS1 pupils***
 |
|  |
| **NEEDS ANALYSIS** |
| **NATIONAL AND LOCAL DATA AND EVIDENCE:** Ask your local Healthy Schools Lead for help with completing this section. |
| ***Include details that provide evidence that your selected Health and Wellbeing Priority is an issue at national, regional or local level.*** ***EXAMPLES:**** *Data - Local Authority Child Health Profiles (data)*
* *Guidance and Reports – Public Health England, Department for Education, Local Authority Health and Wellbeing Strategy*
* *Evidence Base – reference strategies, research or best practices e.g. NICE, Cochrane Database of Systematic Reviews (include how the evidence base indicates that your planned work will be effective for your group/school or any adaptation you’ll need to make)*
 |
| Details:Ealing has high level of deprivation and its findings revealed that in Ealing dental health is worse than England: 29.4**%** of 5-year olds have experience of dental decay, significantly above the England average of 23%. In addition, hospital admission for dental caries for under 5s was a local value of 529, significantly higher than the England average of 286. Dental decay among young children remains an important public health issue and it leads to pain and distress, sleepless nights for children and parents, and time off school and work, which is being reflected in our absentee data. In 2019, a report from Public Health England on oral health survey conducted in Peteborough highlighted that 23.4% of 5-year olds in England start school with tooth decay. There are significant inequalities in tooth decay levels between the most deprived (34.3%) versus the least deprived (13.7%) five- year-old children. The CDC also reiterates the need for schools to do their part ‘Poor oral health can have a detrimental effect on children’s quality of life, their performance at school, and their success later in life. Tooth decay is preventable and ensuring that students have the preventive oral health services they need in school is important in helping them stay healthy and ready to learn’.Nationally, the UK has one highest rates of childhood obesity in Europe. According to Public Health England, in 2018, around one in 10 children aged four to five were classified as obese, and around one in five children aged ten to eleven. Every child is influenced by many factors, and we do not have a full understanding of how these factors interact when it comes to individual children. However, the messages reaching children need to consistently reinforce the importance of choices that lead to better health. Without this, the attractions of sugar, fat and inactivity will more often win the day over healthier choices. Guidance from the DfE and the school sport and activity plan states that, school’s meals and healthy eating standards state that children should be provided with high-quality meat, poultry or oily fish, fruit and vegetables, bread, other cereals and potatoes, and there can’t be drinks with added sugar, crisps, chocolate or sweets in school meals or more than 2 portions of deep-fried, battered or breaded food a week. As only some children are provided with school lunches and many children bringing their own pack lunches, it is a priority to educate parents and children on how to maintain a healthy and balanced diet.  |
| **SCHOOL DATA AND EVIDENCE** |
| ***EXAMPLES:**** *School Development Plan*
* *Survey data*
* *Staff observations*
* *Incident data*
 |
| Details: Oral health is a focus area for our school as we have high rates of pupils with tooth caries and pupils not brushing their teeth twice a da. An online oral health survey, completed by **XX** pupils in **MONTH**, **YEAR**, showed that **XX**% of pupils have sugary drinks at lunchtime, **XX**% of pupils have foods high in sugar in their lunchtime and **XX**% of pupils have sugary foods/drinks more than three times a week. The survey also showed that only **XX**% of pupils visit the dentists every six months and only **XX**% of pupils brush their teeth twice a day. This survey also found that **XX**% of our year **X pupils** have never visited a dentist and that **XX**% needed dental treatment last time they visited the dental, including a filling or a tooth extraction. The 2021 Health Related Behaviour Survey (HRBS) revealed that **XX**% of Year 4 and 6 of pupils had chocolate, sweets, crisps or fast/fried food in their lunch, and **XX**% who had fruit juice of other sugary drinks at lunch on the day before the survey. The 2021 Health Related Behaviour Survey also revealed that **XX**% of Year 4 and 6 had a tooth removed or filling last time they visited the dentist, significantly higher than the Ealing average of **XX**%. Finally, the 2019 Health related Behaviour Survey revealed that only **XX**% of Year 4 and 6 children said they brush their teeth twice a day, significantly lower than Ealing average of **XX**%. Our absence on SIMS for dental related issues (compared the same term as pupils were present in school for both these terms) in **TERM/YEAR** was **XX**% in year 1, **XX**% in year 2 and in **TERM/YEAR** 2021 was **XX**% in year 1, **XX**% in year 2, therefore the same cohort of children is having increased absences from school related to dental issues. For the overall academic year **20XX/2X,** **XX**% of all absences were related to dental issues.**XX** Primary school is a larger than average school in a deprived socio-economical area, where parents and pupils face challenging conditions including overpopulation, poverty and social issues. |
| **HEALTH INEQUALITIES:** Describe how you will ensure that your activities support all groups, including special educational needs, disabilities, Pupil Premium pupils etc. |
| ***EXAMPLES:**** *We are aiming to increase participation in physical activities for all pupils. Data from a survey undertaken in 2014 showed that there was a significant difference in up-take of after-school clubs between pupil premium recipients and non-recipients. Those who qualified for pupil premium were far less likely to be involved in any after-school clubs, including those incorporating physical activity. We have therefore set separate measurable outcomes and actions for Pupil Premium pupils as a targeted group.*
 |
| Details:**EXAMPLE ONLY:**We are aiming to improve the oral health for pupils in KS1 to avoid further teeth extraction due to tooth decay for these pupils. When the data was analysed it was significantly our pupils from our **XX** community that were absent due to dental issues. We will therefore look to target this community with our proposed interventions with the help of our parent ambassador. When delivering parent workshops, we will endeavour to ensure that translation is offered to parents who do not speak English and where possible, we will try to provide materials in a range of languages. With our overall aims for all our pupils in year 6 leaving the school knowing the following:* Understand how sugary drinks can affect teeth.
* Name ways to keep teeth healthy.
* Understand that eating or drinking too much sugar causes tooth decay.
 |
|  |
| **INTENDED RESULTS** |
| **PLANNED OUTCOMES** (there should be a minimum of 3 and maximum of 7 measurable outcomes).* **INDIVIDUAL:** List the specific measurable changes that you expect to result from your activities e.g. changes in attitudes, behaviours, knowledge or skills of your pupil group/s
* **WHOLE SCHOOL:** List any organisational changes which you expect to result from your activities and how you will measure them
 | **MONITORING METHODS**List the tools and methods that you will use to monitor whether your activities are being implemented as planned. |
| ***EXAMPLES:**** *Individual - To increase the percentage of students reporting the school helps them to understand and know how to manage their thoughts and feelings. From a baseline of 16% (45/278) to an endline of 70%.*
* *Individual - To increase the percentage of targeted Year 6 pupils reporting the school has helped prepare them for secondary school. From a baseline of 41% (11/27) to an endline of 80%.*
* *Whole School - To increase the number of days that salad and fruit are offered at tables rather than children self-serving from counter. From a baseline of 1 day per week, to an endline of 5 days per week.*
 | ***EXAMPLES:**** *Pre and post pupil surveys*
* *Pupil satisfaction survey for those that access school support*
* *School Menu analysis*
 |
| Details:***INCLUDE 3 TO 7 PLANNED OUTCOMES. SOME EXAMPLES ARE BELOW:*** 1. To increase the percentage of children who say they know why sugar is bad for their oral health from XX% (XX out of XX Key Stage 1 & 2 pupils) to XX%.
2. To decrease the percentage of Key Stage 1 who eat food high in sugar outside of school from XX% (XX out of XX Key Stage 1 & 2 pupils) to XX%.
3. To increase the percentage of parents who are aware of the health implications of consuming too much sugar from XX% (XX out of XX Key Stage 1 & 2 pupils) to XX%.
4. To increase the percentage of pupils who brush their teeth twice a day from XX% (XX out of XX Key Stage 1 & 2 pupils) to XX%.
5. To decrease the percentage of pupils who drink sugary drinks at lunchtime from XX% (XX out of XX Key Stage 1 & 2 pupils) to XX%.
6. To decrease the number of pupils targeted in year X reporting the need for dental treatment from XX% (XX out of XX Key Stage 1 & 2 pupils) to XX%.
 | Details:Pre and post pupil survey monkey |
|  |  |  |
| **ACTION PLAN** |
| **ACTIVITIES AND INTERVENTIONS:** List the specific activities that you have planned (for staff, pupils or parents) to achieve your improvements, including any resources or partner services that will be providing support. | **TIMESCALE:** List the month & year when you expect each activity to take place. | **LEAD:** List the staff member responsible for each activity. |
| ***EXAMPLES:**** *Staff training on emotional health and wellbeing*
 | *September 2019* | *D. Shaw, PSHE Coordinator* |
| * *Impacts of sugary drinks included in parent cooking sessions*
 | *November 2019* | *J. Jones, Healthy Schools Lead* |
| * *Across the curriculum, work with children about how to avoid conflict and work with children on to how to solve problems*
 | *January 2020* | *D. Shaw, PSHE Coordinator* |
| **Examples below:**Oral Health messages promoted in weekly parent newsletter. | **(Make sure dates are spread over several months)** |  |
| Lessons taught on oral health during National Smile Month. |  |  |
|  The Big Eat initiative promoted by British Nutrition Foundation to reinforce positive food choices. |  |  |
| To Continue the work from Early Years into KS1 of the initiative of brushing champions-pupils to actively brush and have tooth brushing modelled to them . |  |  |
|  Promotion of oral heath around the school using posters. |  |  |
|  Introduce the Sugar Smart campaign to the school to reduce daily consumption of sugar to in turn reduce dental decay. |  |  |
| Deliver parent sessions on oral health/ sugar awareness.  |  |  |
| Use other creative ways to raise money, rather than cake sales. |  |  |
| Liaise with food caterers to replace cakes and puddings offered on the lunchtime menu with fruit and yoghurt. |  |  |
| The oral health promoter for Ealing delivers an assembly on oral health. |  |  |
| Become a water-only schools and introduce a packed lunch policy. |  |  |

|  |
| --- |
| **HEALTHY SCHOOLS LONDON GOLD AWARD REPORTING TEMPLATE** |
| Complete this section when your above Silver Action Plan activities have been concluded and you are ready to apply for the Gold Award. |
| **RESULTS AND IMPACT**  |
| **RESULTS:** Describe your results and whether you were able to achieve your planned outcomes. |
| ***EXAMPLES:*** *The group of pupils remained the same throughout the implementation of the action plan, September 2018 to July 2019: All pupils (Reception & KS1) = 190. The sample size completing initial and final surveys varied, September 2018 = 135 and July 2019 = 175.****1. To increase the percentage of children eating a portion of salad with their lunch. Target 40%.*** *In September 2018, 17% (23/135) of children ate a portion of salad with their lunch. In July 2019, this had increased to 56% (98/175).* ***EXCEEDED******2. To reduce the percentage of pupils reporting that they ate an unhealthy snack after school on the previous day. Target 40%.*** *In September 2018, 61% (83/135) of children reported that they ate an unhealthy snack after school on the previous day (Note: unhealthy snack defined as chocolate, sweets, biscuits, pastries, crisps). In July 2019, this had reduced to 46% (81/175).* ***IMPROVED BUT NOT MET****Include tables, graphs and bar charts to demonstrate changes in data.* |
| Details: |
| **UNINTENDED OUTCOMES:** Describe any unintended outcomes (positive or negative). |
| ***EXAMPLES:**** *Healthy Eating week had a fantastic impact upon the whole school and had a wider impact upon the snacks children are choosing after school. We had at least one third of each class enter the competition, which prompted discussion around what children were eating after school and their understanding of what is healthy and unhealthy. The competition meant that children wanted to share with their parents their ideas for recipes and parents were happy to engage with their children to develop healthy snacks.*
* *The review of targeted individual pupil’s developmental abilities, emotional wellbeing and behaviour in comparison with levels of communication was so effective that it was extended across the school and similar workshops were held for class teams in each of the learning pathways – autism spectrum disorder (ASD), severe learning difficulties (SLD) and profound and multiple learning disabilities (PMLD).*
 |
| Details: |
| **ACTIVITIES:** Explain if the activities in your action plan were delivered as intended, or if there were any changes and why. Describe any external or unanticipated factors that had an effect on your project. |
| ***EXAMPLES:*** * *Activity: A partner organisation offered additional parent workshops, specifically focused on after school snacks and portion sizes. The workshops were well attended by a large group of reception parents - on average 15 parents attended each session. Parents were enthusiastic about the workshop with many requesting further hand-outs for friends. Some were parents who had been identified as needing targeting by teacher observations.*
* *External factor: The Local Authority commissioned an obesity prevention programme for families during the implementation of our action plan which we were able to access and plan for our school. This complemented the aims of our action plan and helped to support its success.*
 |
| Details: |
|  |
| **OVERALL** |
| **STRENGTHS:** Describe the overall strengths of your project. |
| ***EXAMPLES:**** *A zone structure was developed so that the playground had designated zones for different types of activities. The zones have been the major change to the school environment – the playground has structured titled zones e.g. music zone, construction zone, ball games zone. The children and lunchtime staff are clear about the zones which means that equipment in each zone stays in its designated zone all of the time. This has ensured the playground environment is less chaotic and more organised and structured.*
* *Tasting sessions provided an excellent opportunity for children to discuss unfamiliar fruits and vegetables and try these, then choose these independently in the lunchroom.*
 |
| Details: |
| **LESSONS LEARNT:** Describe what went well, what didn’t go so well, and what recommendations you would you make for the future. |
| ***EXAMPLE****:* * *We found that there was actually an increase in students accessing support for mental health and well-being. To begin with I felt this was a negative thing and felt concerned that the work we had put in had been unsuccessful. However, after talking to our pastoral managers we realised more students had accessed support because they felt more confident to talk about their own mental health, which is actually a positive thing and was one of our targets.*
* *I received feedback from teachers that cooking can be complex due to the location of our equipment, the need for a second adult to take food to ovens and the time taken for everything to be cleared away from classrooms. All of these things made cooking less desirable and taught less frequently. However, following these discussions I have made a proposal to our head teacher for a classroom to be built specifically for cooking.*
 |
| Details: |
| **SUSTAINABILITY:** Describe what you will do in future to sustain the project. |
| ***EXAMPLES:**** *Mindfulness has become an integral part of our school. The children and staff and many parents have loved doing it and have felt far reaching benefits from the programme. Our aim is now to keep developing our practice and to become a lead school and share our experiences with other schools. The PTA has enthusiastically agreed to support and fund the creation of a mindful area of the school playground. The intention is for the children to design and paint a wall mural in the area; to grow flowers and herbs and to position various items (e.g. wind chimes, glitter bottles etc.) which will create an area of calmness and reflection.*
* *This year we have had a very positive response to our school council deputies becoming salad monitors and encouraging children to eat more salad. Next year, we intend to give every child in KS1 an opportunity to be a salad monitor.*
 |
| Details: |
| **PHOTOGRAPHS & QUOTES:** Include any photographs, quotes, feedback or other evidence from your project. |
| Details: |

1. Projects and interventions undertaken as part of a Silver Plan should run over at least 2 terms or 6 months. [↑](#footnote-ref-1)