**The Healthy Schools London (HSL) Silver Award**

**Supporting Documents**

Guide to Achieving the Healthy Schools London Silver Award

This document introduces the Healthy Schools London Silver Award, outlines the process for achieving Healthy Schools London Silver Status and provides supporting information for schools in completing their needs assessment and action plan.

Introduction to HSL Silver Award Page 3

Process for achieving HSL Silver Award Page 4

**Supporting Tools:**

Needs analysis and data sources Page 6

Evidence summaries Page 8

**Example Action Plans:**

Healthy eating Page 11

Physical activity Page 12

Mental health Page 13

Dental health Page 14

Alcohol, substance misuse and smoking Page 15

Sexual health and positive relationships Page 16

**Introduction to the Healthy Schools London Silver Award**

Healthy Schools London (HSL) recognises good practice in supporting children and young people to achieve and maintain good health and wellbeing.

To achieve the HSL Silver Award schools should:

1. **Have achieved the HSL Bronze Award**
2. **Undertake a needs analysis to identify the unique health issues affecting their school**
3. **Use this needs analysis to identify at least one universal and one targeted health priority**
4. **Develop planned outcomes and an action plan to achieve these priorities**

Boroughs with a Local Healthy Schools Programme (LHSP):

* The LHSP will work with the school to plan and implement its action plan to achieve the HSL Silver Award
* The school will self-validate and agree final validation for HSL Silver with the LHSP

Boroughs without a Local Healthy Schools Programme:

* Healthy Schools London will work with the school to plan and implement its action plan to achieve the HSL Silver Award
* The school will self-validate and agree final validation for HSL Silver with Healthy Schools London

Applications for Silver Awards should be made as early into the project as possible.

**Process for achieving Healthy Schools London Silver Status**

1. **Undertaking a needs analysis**
* The needs analysis is an assessment of the unique health and wellbeing issues affecting your school. Schools can use borough wide data but each school must assess the data in relation to the needs of their pupils and school. For example, data may show that the borough has high levels of overweight and obesity but the school may have lower than borough average levels and through their needs analysis find that their pupils have higher needs around mental health and wellbeing.
1. **Using the needs analysis to identify one universal and one targeted health priority**
* The **universal health priority** and associated outcome(s) will impact on all pupils, class, year group or entire school community through a whole school approach.
* A universal priority aims to improve outcomes for all pupils or a large group i.e. a whole key stage and thus requires a whole school approach while a targeted priority will support a subset who have been identified as having greater needs or at higher risk of poor outcomes.
* The **targeted health priority** and associated outcome(s) will impact on a particular subset of pupils who, through the needs assessment were identified as having specific health needs, which require a targeted approach.
* The universal and targeted health priority may be the same for a silver application but will focus different activities on different pupils. For example, a school’s universal and targeted health priority may be to improve physical activity with a universal priority of increasing physical activity amongst all Key Stage 1 pupils and a targeted priority of increasing it amongst pupils who have been identified as being overweight and obese.
* Health priorities will be informed by the schools needs assessment and may be around healthy eating, increasing physical activity and reducing sedentary behaviour, improving mental and emotional health and wellbeing, improving dental health and health protection, drugs and alcohol and sexual health and may link to school improvement outcomes.
1. **Developing planned outcomes and an action plan to achieve your priorities**

The action plan should:

* Focus on new activities designed to achieve the priorities identified through the needs assessment.
* Be linked to the School Improvement Plan using the HLS Silver planning template or the Local Healthy Schools planning tool, which has been aligned to HSL.

**Planned outcome(s)** – What do you want to improve or change as a result of your activities?

* Remember outcomes should be SMART (specific, measurable, attainable, realistic, timely)
* SMART – All lunches meet the standards outlined in the schools healthy lunchbox policy
* Not SMART – Improve the quality of lunchboxes
* Include actual numbers as well as percentages

**Success Indicators** – Improvements you will see before you achieve your outcome to show you are on the right track

* These can be qualitative (change in attitudes towards healthy food) or quantitative (increase in number of children participating in sports clubs)

**Activities** – What are you going to do?

* It is important that activities are clearly linked to the success indicators, which together realise the improvements stated in the outcome.

**Timescale** – What is the timescale for your project and when do individual activities start and finish?

* Projects should be new projects designed to achieve the HSL Silver Award and the action plan should show what the school is going to do.
* Show the Project start and end date on the HSL Silver Award Planning Template ‘School Details’ page 2. The Project start date may include the Needs Analysis and planning time within the current school year.
* Show how long you expect it will take for activities or Success Indicators to be achieved in the ‘Timescale’ column on the HSL Silver Award Planning Template.

**Lead** **and Job Title** – Who is leading the work?

**Monitoring & Evaluation** – What will you use to measure your success and demonstrate your improvements?

* Remember to use a range of qualitative and quantitative evaluation and monitoring tools.
* Examples of qualitative tools include pupil, staff and parent feedback, focus groups, suggestion boxes and pictures.
* Example of quantitative tools include questionnaire or survey data, increases in pupils attending activities, recorded behaviour incidents, take up of school meals and audits.

**Needs Analysis and Data Sources**

Schools need to conduct their own needs assessment. Schools may use borough wide data but this should specifically relate to the unique needs of their pupils and staff. Below are examples of data sources which can be used to assess needs and some example outcomes for these needs.

| **Health Area** | **Evidence of needs** | **Sources of Data** | **Develop SMART outcomes around:** |
| --- | --- | --- | --- |
| **Healthy Eating**  | Levels of overweight and obesity | National Child Measurement Programme (NCMP) data | * Pupils eating a healthy breakfast
* Take up of hot school meals
* Pupil/family cooking skills
* Vegetable and fruit consumption
* Take up of Free School Meals
* Lunchtime experience and behaviour
 |
| Levels of deprivation in the school catchment area | Child Health Profiles |
| Children who eat breakfast | School data |
| **Physical Activity** | Levels of overweight and obesity | National Child Measurement Programme (NCMP) data | * Pupils engage in physical activity outside of school
* Pupils walking or cycling to school
 |
| Take up of after school activity provision | School data |
| Opportunities to be physically active outside of school hours  | Child Health Profiles |
| **Mental health and emotional health and wellbeing** | Levels of self-esteem, resilience and emotional wellbeing  | School data  | * Pupils feeling safe at school
* Staff have the skills to support pupils
* Pupils know who to approach if they have worries or concerns
 |
| Bullying and playground incidents |
| Family homelessness in the borough | Child Health ProfilesLocal Authority JSNA  |
| Levels of child poverty and deprivation in the borough |
| Children admitted to hospital as a result of self-harm |
| **Dental Health**  | Levels of decayed, filled or missing teeth | Child Health ProfilesDentist registrations | * Children cleaning their teeth twice a day
* Reduced consumption of sugary drinks
* Pupils regularly visiting the dentist
 |
| Low levels of dentist registrations |
| **Alcohol, substance misuse and smoking** | Reported alcohol misuse | Child Health ProfilesLocal Authority JSNA  | * Increased knowledge of the health effects of alcohol, drugs and smoking
* Pupils have the skills to deal with peer pressure
* Parents have the skills talk to their children about drugs and alcohol
* Parents know where to access help if they are worried about drugs and alcohol
 |
| Reported drug misuse |
| Levels of hospital admissions for alcohol or drug related illness amongst under 18s |
| **Sexual Health and positive relationships**  | Levels of sexually transmitted infections amongst under 18s | Child Health ProfilesLocal Authority | * Pupils recognise what they want and value from a relationship
* Pupils know what types of health services they can access and where they are
* Pupils can identify unsafe behaviour in relationships
* Pupils know about how to prevent STIs and pregnancy
 |
| Pupils withdrawn from SRE lessons | School data  |
| Qualitative feedback from school nurse | School Nurse |
| **Health protection**  | Number of children killed or seriously injured in road traffic accidents | Child Health Profiles | * Pupils know how to cross the road safely
 |
| Uptake of vaccinations | Child Health ProfilesSchool Nurse | * Reception children are up to date with their immunisations
 |

**Resources for assessing need**

* Healthy Schools Profiles <http://atlas.chimat.org.uk/IAS/dataviews/healthyschoolsprofile>
* Child health Profiles [www.chimat.org.uk](http://www.chimat.org.uk)
* Local Authority Joint Strategic Needs Assessment via Local Authority website
* Pupil health and wellbeing surveys, e.g. SHEU [www.sheu.org.uk](http://www.sheu.org.uk); School Wellbeing Survey, Health Education Partnership, <http://www.healtheducationpartnership.com/consultation/public/>

**Evidence summaries for school-based activities to improve health and wellbeing**

Schools should look at what works best to improve their chosen outcomes. There is good-quality evidence that a whole school approach which incorporates activities to change the school environment rather than just the behaviour of individuals is more effective in improving health, particularly around healthy eating and physical activity.

| **Area**  | **Summary of evidence** | **Resources**  |
| --- | --- | --- |
| **Using Healthy Schools to Improve Attainment** | The impact of poor physical and mental health on learning and academic achievement is well researched and in particular the negative impact of:* Obesity and overweight
* Sleep disorders
* Poor nutrition and smoking
* Anxiety and depression

Being a Healthy School improves health and educational outcomes and is associated with: * Higher Ofsted ratings and greater school effectiveness.
* Lower rates of authorised and unauthorised absence.
* Improved pupil learning through improved concentration and confidence.
 | * [An Evaluation of the National Healthy Schools Programme:](http://www.nottinghamhealthyschools.org.uk/downloads/natcen_evaluation_nhsp-interim_report_2009.pdf) Interim Report (NatCen, 2009)
* [National Healthy Schools Programme: developing the evidence base](http://www.nottinghamhealthyschools.org.uk/downloads/tcru_dev_evidence_base_2009.pdf) (TCRU, 2009)
 |
| **Promoting a Healthy Weight** | * Include healthy eating, physical activity and body image in school curricula
* Increase opportunity for physical activity and the development of movement skills
* Improve the nutritional quality of food available throughout the school day
* Create environments which support healthier food choice and physical activity
* Professional development and capacity building activities which support teachers and other staff as they implement health promotion strategies and activities
* Parent support and home activities that encourage children to be more active, eat more nutritious foods and spend less time in screen-based activities
 | * Preventing childhood obesity

<http://www.cochrane.org/features/evidence-shows-how-childhood-obesity-can-be-prevented> |
| **Increasing physical activity and reducing sedentary behaviour** | * Reduce time spent sedentary e.g. reducing screen time
* Increasing school-based activity has positive effect on activity outside of school
* Provide daily opportunities for participation in physically active play
* Ensure opportunities, facilities and equipment are available to encourage children to develop movement skills
* Make school facilities available to children and young people outside of the school day
* Develop multi-component physical activity programmes
* Identify local factors that may affect whether or not children and young people are physically active
* Find out what type of physical activities children and young people enjoy, based on existing research or local consultation
* Remove locally identified barriers to participation
 | * Promoting physical activity amongst children and young people<http://www.nice.org.uk/nicemedia/live/11773/42885/42885.PDF>
 |
| **Improving Dental Health**  | * Reduce consumption of sugary drinks and promoting water as a drink
* Promote fluoride varnish
* Promote fruit juices and smoothies to be drank at meal times and not as a snack
 | * <http://www.healthscotland.com/uploads/documents/19664-OralHealthAndNutritionGuidance.pdf>
 |
| **Alcohol, substance misuse and smoking** | * Focus on encouraging children not to drink, delaying the age at which young people start drinking and reducing the harm it can cause among those who do drink
* Integrated into the curriculum and a whole school approach
* Links and referral to external agencies
* Include health effects, attitudes and perceptions, role of the media
* Develop of skills around self-esteem, decision-making assertiveness and coping
 | * Interventions in schools to prevent and reduce alcohol use among children and young people. [www.nice.org.uk/PH007](http://www.nice.org.uk/PH007)
* Preventing the uptake of smoking by children and young people [www.nice.org.uk/PH014](http://www.nice.org.uk/PH014)
 |
| **Improving mental and emotional health and wellbeing** | * Training for staff in developing and supporting emotionally wellbeing
* Whole school approach to improving mental and emotional health and wellbeing
* Emotionally secure environment which prevents bullying
* Targeted help for children most at risk
* Support to parents and carers
* Bullying prevention programmes which aim to change the ethos of the school and develop zero tolerance policies
* Behaviour management programmes in which teachers are trained in behaviour management approaches
 | * [Social and emotional wellbeing in primary education](http://www.nice.org.uk/nicemedia/live/11948/40119/40119.pdf) [www.nice.org.uk/PH012](http://www.nice.org.uk/PH012)
* [Social and emotional wellbeing in secondary education](http://www.nice.org.uk/nicemedia/live/11948/40119/40119.pdf) [www.nice.org.uk/PH020](http://www.nice.org.uk/PH020)
* Resilience and results: How to improve the mental wellbeing of children in your school <http://www.cypmhc.org.uk/media/common/uploads/Final_pdf.pdf>
* Faculty of Public Health School Mental Health Promotion<http://www.fph.org.uk/school_mental_health_promotion>
 |
| **Sexual health and positive relationships** | * Focus on reducing sexual behaviours that lead to unintended pregnancy or HIV/STIs
* Based on theory, identify specific sexual antecedents to be targeted
* Clear messages about abstaining from sex and/or using contraception
* Information about risks of sex and ways to avoid intercourse or protect against pregnancy and STIs
* Activities to resist social pressures
* Examples of, and practice with, communication, negotiation and refusal skills
* Participatory teaching methods
* Goals, teaching methods and materials that match the group
* Adequate and substantial duration
* Led by those who believe in the programme and receive training.
 | * Teenage Pregnancy Overview of the evidence

<http://www.nice.org.uk/niceMedia/documents/teenpreg_evidence_overview.pdf>* 10 Principles of Good PSHE Provision <http://www.pshe-association.org.uk/content.aspx?CategoryID=1156>
 |

**Example Action Plans - Healthy Eating**

| **Health Priority 1 (Universal)** | **Needs Analysis (the data and evidence to demonstrate why you have identified this priority and outcomes)** |
| --- | --- |
|  Healthy Eating  | The school is situated in a ward where 29% of children are overweight and obese and 46% are entitled to free school meals. A lunchtime audit revealed that 87% of lunchboxes were unhealthy and take up of school lunches is only 50%.Increasing take up of school meals will ensure children have a healthy lunch. |
| **Group** |
| All pupils |
| **Planned Outcome** | **Success indicators** | **Activities** | **Timescale** | **Lead and Job Title**  | **Monitoring and Evaluation** |
| What do you want to improve? | How will you know you are on your way to achieving your outcome? | What are you going to do to achieve your outcome? | How long will it take to achieve? | Who will lead the work? | What will you use to measure your success and demonstrate your improvements? |
| **50% increase in uptake of school lunches (from uptake of 100 to 150 school lunches)** | More parents choose hot meals for their childChildren enjoy having a school lunch and demonstrate a positive attitude towards school lunch | * Menus sent out to parents
* Taster days for parents
* Taster days for children
* Improve dining environment by putting up display boards and replacing water jugs
* MTS Training
* Lunchtime supervisors to identify children not eating and offer help
* New plates and cutlery
 | Sept – Dec 2014 |  | * Audit of increase in hot lunches
* Questionnaire to pupils on did you enjoy your lunch
* Feedback from lunchtime supervisors
* Suggestion box in hall
 |

**Example Action Plans -** Increasing participation in physical activity & reducing sedentary behaviour

| **Health Priority 1 (Universal)** | **Needs Analysis (the data and evidence to demonstrate why you have identified this priority and outcomes)** |
| --- | --- |
| Physical Activity | While the school has a wide range of opportunities for physical activity and sport throughout the school day a pupil survey showed that pupils have limited opportunities to be physically active outside of school. Working with the Local Authority Physical Activity Lead we aim to increase the number of children who are active outside of school. |
| **Group** |
| Key Stage 1 pupils |
| **Planned Outcome** | **Success indicators** | **Activities** | **Timescale** | **Lead and Job Title** | **Monitoring and Evaluation** |
| What do you want to improve? | How will you know you are on your way to achieving your outcome? | What are you going to do to achieve your outcome? | How long will it take to achieve? | Who will lead the work? | What will you use to measure your success and demonstrate your improvements? |
| **20% increase (40 extra pupils from 200) who undertake physical activity outside of the school day** | * More children are walking or cycling to school
* Parents know what activities are on offer locally
* Parents and pupils know the benefits of being physically active
 | * Review school travel plan
* Parents given leaflets detailing the free activities available in the borough
 | Jan – July 2014 |  | * Pupil survey
* Parent feedback
 |

**Example Action Plans -** Improving mental health and wellbeing

| **Health Priority 1 (Universal)** | **Needs Analysis (the data and evidence to demonstrate why you have identified this priority and outcomes)** |
| --- | --- |
| Mental and Emotional Health | Staff survey identified training needs around promoting mental and emotional health and wellbeing and the school wants to ensure all pupils know who to approach with worries or concerns. The school’s catchment area has high levels of deprivation, family homelessness and unemployment, which can result in family stress and worries.  |
| **Group** |
| All pupils |
| **Planned Outcome** | **Success indicators** | **Activities** | **Timescale** | **Lead and Job Title** | **Monitoring and Evaluation** |
| What do you want to improve? | How will you know you are on your way to achieving your outcome? | What are you going to do to achieve your outcome? | How long will it take to achieve? | Who will lead the work? | What will you use to measure your success and demonstrate your improvements? |
| **Increase the proportion of pupils who report that they know who to approach if they have worries or concerns from 76% to 100% (238 pupils to 314)**  | * Increase the proportion of all pupils knowing who to go to
* Increase in staff confidence in how to deal with children’s worries
* Increase in staff understanding of emotional health and wellbeing
 | Displays on support available in school Staff training on emotional health and wellbeingReview of staff confidence to support pupils and of staff understanding of emotional health and wellbeingDiscussions on help and support available in school included in all IEP meetings  | September to July 2014  |  | * PASS survey
* Staff training evaluations
 |

**Example Action Plans – Improving Dental Health**

| **Health Priority 1 (Universal)** | **Needs Analysis (the data and evidence to demonstrate why you have identified this priority and outcomes)** |
| --- | --- |
| Dental Health | Data from the Local Authority Joint Strategic Needs Assessment showed that the borough has a high proportion of children with decayed, filled or missing teeth. A lunchbox and healthy eating policy has been introduced and the school has a water only drinks policy which has been well received by pupils. We want to extend this work to encourage pupils to drink less sugary drinks outside of school. |
| **Group** |
| All pupils |
| **Planned Outcome** | **Success indicators** | **Activities** | **Timescale** | **Lead and Job Title** | **Monitoring and Evaluation** |
| What do you want to improve? | How will you know you are on your way to achieving your outcome? | What are you going to do to achieve your outcome? | How long will it take to achieve? | Who will lead the work? | What will you use to measure your success and demonstrate your improvements? |
| **50% of all pupils (100 of 200 pupils) report drinking less sugary drinks outside of school**  | * Parents say they are more aware of the impact of sugary drinks on health
* Pupils have increased knowledge about dental health and how sugar acts on teeth
 | * Information to parents on health impacts of sugary drinks
* Impacts of sugary drinks included in parent cooking sessions
* New water bottles for pupils
* Develop lesson plan for session
* Public Dental Health to give a talk to pupils
 | Sept – Dec 2014 |  | * Parent survey on health impacts of sugary drinks
* Before/after pupil survey on health impacts of sugary drinks
 |

 **Example Action Plans - Alcohol, substance misuse and smoking**

| **Health Priority 2 (Targeted)** | **Needs Analysis (the data and evidence to demonstrate why you have identified this priority and outcomes)** |
| --- | --- |
| Drugs and Alcohol | Staff and the school nurse have identified the need for more joined up school and parental support around drugs and alcohol. A school survey identified that only 39% of pupils feel confident in talking to their parents about drugs and alcohol and would not know where to go to get advice and information about drugs and alcohol. The school is also in a borough with higher than average hospital admissions for drugs and alcohol amongst young people (Source: Local Authority Public Health Team). |
| **Group** |
| 1) Pupils identified by school nurse and teaching staff. |
| **Planned Outcome** | **Success indicators** | **Activities** | **Timescale** | **Lead and Job Title** | **Monitoring and Evaluation** |
| What do you want to improve? | How will you know you are on your way to achieving your outcome? | What are you going to do to achieve your outcome? | How long will it take to achieve? | Who will lead the work? | What will you use to measure your success and demonstrate your improvements? |
| **1) All Parents of pupils who have been identified as needing support around drugs and / or alcohol report that they feel confident in talking to their children about drugs and alcohol****2) All targeted pupils know how to access support around drugs and alcohol from other services** | * Pastoral care meetings are used to discuss concerns about alcohol / drugs
* Pastoral staff feel confident in discussing concerns with parents
* Pastoral staff know where to refer pupils and parents for support
* Parents report positive feedback about pastoral care meetings
 | * Training for pastoral staff on support available re. alcohol
* Briefing for staff on health and wellbeing issues to be raised at ‘pupil achievement’ meetings
* Run parent meetings on alcohol: ensure parents with concerns are invited
* Discuss issues with parents
* Pupil Focus groups/PSHEE lessons
 | Jan - July 2014 |  | * Feedback questionnaire by parents on pastoral sessions
* Evaluation forms for staff training
* Pupils asked about how to access services in PHSE lessons
 |

**Example Action Plans – Sexual health and positive relationships**

| **Health Priority 2 (Targeted)** | **Needs Analysis (the data and evidence to demonstrate why you have identified this priority and outcomes)** |
| --- | --- |
| Healthy Relationships | The school nurse has feedback that pupils in Year 8 need support around healthy relationships. The school wants to focus on this year group so that they are better able to identify unsafe relationships as they go through adolescence.  |
| **Group**  |
| Year 8 Pupils |
| **Planned Outcome** | **Success indicators** | **Activities** | **Timescale** | **Lead and Job Title** | **Monitoring and Evaluation** |
| What do you want to improve? | How will you know you are on your way to achieving your outcome? | What are you going to do to achieve your outcome? | How long will it take to achieve? | Who will lead the work? | What will you use to measure your success and demonstrate your improvements? |
| **Increase in the numbers of pupils in Year 8 able to identify unsafe behaviours in a relationship (from PSHE assessment) 65% to 88% (237 pupils to 307 pupils)** | * Increased teacher confidence in this area of the curriculum
* Discussion with parents show they support the new curriculum
* Pupils report finding the new unit enjoyable
 | * Baseline assessment during PSHE lessons
* Review of SRE curriculum with teachers and community partners, taking into account pupil evaluations
* Review of SRE policy and consultation with parents on proposed curriculum
* School Council working party on new SRE curriculum
* New scheme of work developed
 | Sept 2013 – April 2014 |  | * End of unit assessment and evaluation
* Sampling of pupils’ work
* Questionnaire with staff
* Parent consultation
 |