



Leicestershire
healthy schools
programme

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WELCOME

Schools play an important role in supporting the health and wellbeing of children and young people.

Leicestershire Healthy Schools continues to offer a practical, 'plan-do-review' approach to improving health and wellbeing in children and young people.

The Leicestershire Healthy Schools toolkit is designed to help schools to 'plan, do and review' health and wellbeing improvements for their children and young people and to identify and select activities and interventions effectively. This approach will ensure schools put in place the most appropriate services and meet the needs of children and young people.



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LEICESTERSHIRE HEALTHY SCHOOLS

PROCESS FOR SCHOOLS



Complete the **Whole School Review** (WSR) using the examples and guidance template to help. This will help to audit health and wellbeing needs to identify priorities.



Email WSR and chosen health and wellbeing priorities to healthyschools@leics.gov.uk



Receive confirmation of renewed Healthy Schools Status after WSR is reviewed by Leicestershire Quality Assurance Group.



Identify another priority to work on for Enhanced Healthy Schools Status.

See **completed example planning templates**.



Achieved all outcomes related to a priority area. Complete and E-mail School Story to healthyschools@leics.gov.uk.

Receive confirmation of Enhanced Healthy Schools Status.



See completed **example planning templates** and adapt one for your school. Example **interventions/ activities & surveys** can be found here.

E-mail to healthyschools@leics.gov.uk, after confirmation to begin to work towards priorities and outcomes for Enhancement status.

- It is recommended that the WSR is submitted biennially (every two years) to maintain the foundation of health and wellbeing.
- Support for schools will be provided through training days, Leicestershire HS website, Facebook, Twitter, termly newsletters, School Comms through EIS, school visits, e-mail, telephone and locality Healthy schools network meetings.
- Healthy Schools Team representatives are: bejal.gohil@leics.gov.uk, jane.roberts@leics.gov.uk and antonia.gallo@leics.gov.uk



WHERE SHOULD I START?

If you're new to Healthy Schools, start by completing the [Whole School Review](#) and then read the [PLAN](#), [DO](#) and [REVIEW](#) phase overviews to understand the purpose of each phase of the Healthy Schools approach. Then read the school examples.

IF YOUR SCHOOL PREVIOUSLY...

...achieved **National Healthy School Status** (NHSS) and/or used the **Healthy Schools Whole School Review**.

...THEN YOU MAY FIND IT HELPFUL TO:

- Read the [PLAN](#), [DO](#) and [REVIEW](#) phase overviews to understand the purpose of each phase of the Healthy Schools approach.
- Read the [school examples](#).
- Read the information pages for the [PLAN](#) phase.
- Look at the [Whole School Review Template](#).



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HOW TO USE THIS DOCUMENT

You can read this toolkit from front to back like a document, or click around it like a website using the menu bar and links within the text.

The toolkit contains:

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ENHANCEMENT Plan Phase Do Phase Review Phase
PHASES

USEFUL Useful Templates Index
RESOURCES

PROFILES School Health Profiles



SELF-VALIDATION



PART ONE

SELF-VALIDATION

This is a straight forward document that schools can use to summarise their foundation of health & wellbeing provision and to confirm that their healthy schools work has been sustained and developed since achieving National Healthy School Status.



Download a blank guidance template of the [Whole School Review](#).



Download an example of a [Primary School completed Whole School Review](#).



Download an example of a [Secondary School completed Whole School Review](#).



Download an example of a [Special School completed Whole School Review](#).



ENHANCEMENT
PLAN PHASE



ENHANCEMENT

PLAN PHASE

"It would be good to have our own style of action plans and targets for Healthy Schools." Head Teacher, Voluntary-aided Primary School

The purpose of the PLAN phase is to:

- establish a group to lead health and well-being improvement;
- select your school's current health and well-being (HWB) priority/ies based on data about your children and young people's needs using the school health profiles;
- define the outcomes you plan to achieve, and identify milestones along the way; and
- identify activities/interventions.

YOU WILL NEED

- Your school improvement plan
- Children and young people's health and well-being data from the school health profiles.

YOU MAY FIND HELPFUL...

-  Health and well-being group
-  Using data from school health profiles
-  Pupil/student surveys
-  Healthy Schools planning template
-  Healthy Schools planning examples
-  Activities/interventions



PLAN

HEALTH & WELL-BEING GROUP

- It is good practice for schools to have a health and wellbeing (HWB) group to coordinate Healthy Schools work. Consider whether any existing group in your school could serve as your health and wellbeing group.

Your health and wellbeing group can help make sure:

- strategic decisions at governors' meetings and senior leadership team (SLT) meetings reflect your school's commitment to the health and wellbeing of children and young people;
- health and wellbeing is included in your school improvement plan; and
- consideration is given to health and wellbeing in budget decisions.

When setting up your HWB group, try to:

- include a representative from the senior leadership team and be clear about reporting to senior leadership;
- include a member of staff who is confident handling data;

- include a member of staff who is aware of special educational needs, inclusion and pastoral issues;
- involve the whole school community including children and young people; and
- agree roles and responsibilities.

Reflection

- Does the health and wellbeing group represent the whole school community?
- What roles and responsibilities has the health and wellbeing group agreed?
- How does the health and wellbeing group report to the SLT?

PLAN

SCHOOL PLANNING EXAMPLES INDEX

This section contains school planning examples.

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Substance Misuse (Primary Schools)

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YOU MAY FIND HELPFUL...



Healthy Schools planning template

SCHOOL PLANNING EXAMPLES

ALCOHOL

Priority: Substance Misuse by Young People

I = Impact
 P = Process

OUTCOMES

Quantitative:

To Decrease the number of young people drinking alcohol from xx to xx.

Qualitative:

To Increase the number of young people who report that they can make informed choices about substance use from xx to xx

Targeted:

To Increase the number of identified young people affected by substance misuse that have a planned support programme in place from xx to xx

MILESTONES

- Staff trained to deliver quality alcohol/drug education (P)
- Resources – Learning from *substance misuse training* is included in lesson planning and resources used (P)
- Peer Evaluation – Teacher/Teacher & Teacher/Pupil evaluations are used to improve teaching and learning (P)
- Increase in numbers of Young people who report an increased understanding of drug education from xx% to xx% (I)
- Pupils, Parents and staff all involved in the development of school drug education policy and drug incident policy (P)
- Increase from xx% to xx% in staff reporting they feel more confident when teaching drug education (P)
- Increase from xx to xx in staff reporting they are using active learning methods effectively when teaching drug education (P)
- Increase in the number of active drug education lessons planned and delivered (P)
- Increase from xx% to xx% in young people reporting they can make informed choices about substance use (I)
- Decrease in the number of young people who regularly drink alcohol after the first year (I)
- Young people affected by substance misuse identified (P)
- Agreed planned support programme is in place for individuals (P)
- Appropriate professionals in place to deliver planned support programme (P)
- Increase in the number of active drug education lessons planned to include vulnerable pupils (P)
- Pupils report school has a good support system in place (I)
- Targeted young people use support service offered (I)
- *Participation in the LHSP alcohol social norms project (P)*
- Implementation of the PSHE '*Understanding and Managing Risk*' toolkit (P)

**Italics are possible interventions you can implement*

SCHOOL PLANNING EXAMPLES

ANTI BULLYING

Priority: children who have experienced bullying

I = Impact
 P = Process

OUTCOMES

Quantitative:

Increase the number of pupils who are confident to report bullying from xx to xx

Qualitative:

Increase the number of children who report that they feel the schools deals well with bullying from xx% to xx%

Targeted:

To increase the number of vulnerable children/young people who report feeling safe at school from xx% to xx%.

E.g. Children who have been bullied due to disability, sexuality, race, religion, gender or gender identity, appearance or home circumstances.

MILESTONES

- The school displays an anti-bullying charter, owned by all and signed by the SLT. (P)
- The school has a named anti-bullying lead. (P)
- The school has a named governor responsible for anti-bullying. (P)
- The school has a widely available policy in line with local/national guidance, reviewed annually after inclusive consultation. (P)
- Anti-Bullying work is identifiable in curriculum planning and includes all prejudice driven bullying including homophobic, bi-phobic and transphobic bullying.(P)
- Increase in children reporting that they are able to manage their emotions or show empathy (from xx to xx.) (I)
- Effective evaluation of learning and attitudes is in place. (P)
- Increase from xx to xx in % of children reporting that they feel safe at school/travelling to and from school. (I)
- Staff and pupils report a 'listening and telling school' (x to x.) (I)
- All children report that they know what to do if they are bullied, or witness bullying.
- Awareness of right and responsibilities. (I)
- Positive messages and information are displayed. (P)
- Bullying data is subject to regular analysis to inform planning. (P)
- All staff reports that bullying is everybody's business. (I)
- Pupils are represented and actively involved in anti-bullying work, including policy development. (P)
- Increase in pupils reporting they know where to get support. (I)
- Governors discuss anti-bullying, including pupil feedback. (P)
- Confidential advice available to all pupils. (P)
- Support in place to facilitate recovery (e.g peer support.) (P)
- Increase in pupils reporting they can access a range of support. (I)
- The criteria for the 'Beyond bullying' award have been met (P)

**Italics are possible interventions you can implement*

SCHOOL PLANNING EXAMPLES

BEREAVEMENT

Priority: Emotional Health and Wellbeing

I = Impact
P = Process

OUTCOMES

Quantitative:

Increase the number of C/YP accessing support systems for their emotional needs in school from xx to xx

Qualitative:

Increase in % of pupils reporting that the school deals well & provides support if they have worry or if they are upset xx% to xx%

Targeted:

Pupils & families when suffering a bereavement reporting that the school deals well with bereavement & is supportive (Personal feedback)

MILESTONES

- Development of a Bereavement policy, including an audit of awareness and implementation. The policy should include parent and pupil voice, and a summary is available in school (P)
- Bereavement & loss is included in the curriculum (P)
- Stepped increase in staff answering 'The school deals well with bereavement/loss' from xx% to xx% (I)
- Whole staff bereavement training to encourage consistency of support & response (P)
- There is an increase from xx% to xx% in staff saying that they feel confident and competent in dealing with loss and bereavement, including raising the issue in lessons (I)
- Increase in pupils answering 'I know the person in school who I can talk to if I am upset or have a worry or concern' from xx% to xx% (I)
- There is a named member of staff who takes the lead at times of bereavement including if necessary family liaison (P)
- The school systematically records previous bereavements/loss and shared appropriately with staff (P)
- The school has a clear plan for informing all staff members in the event of an unexpected death (P)
- There is a clear procedure in place for sensitively communicating the news of a death to children (P)
- Information & support material are available in school for distribution to children and staff as required (P)
- Bereavement Resources that are suitable for children are used in relevant lessons
- A support system is in place for all staff (P)
- The school provides opportunities for remembrance (P)
- PSHE curriculum has been implemented across the key stages (P)

**Italics are possible interventions you can implement*

SCHOOL PLANNING EXAMPLES

EMOTIONAL HEALTH & WELLBEING I

Priority: Emotional Health and Wellbeing

I = Impact
 P = Process

OUTCOMES

Quantitative:

Decrease in the number of behaviour related incidents at break and lunchtimes from xx to xx (max) per week.

(Recorded by school behaviour tracking system)

Qualitative:

Increase in % of pupils reporting that the school deals well with bullying from xx% to xx%

Targeted:

Increase in the number of young people who report feeling well supported by the school from xx% to xx%

MILESTONES

- Review of anti-bullying policy, including an audit of awareness and implementation. Review includes parent and pupil voice, and a summary is prominently displayed in school. (P)
- Anti-Bullying is included in the curriculum/assembly time termly. (P)
- Stepped increase in children answering 'The school deals well with bullying' from xx% to xx% (I)
- Whole staff bullying awareness training to encourage consistency of reporting and response.
- Training for lunchtime supervisors around positive behaviour management, and facilitating positive play at breaktime. (P)
- Playground 'zoned' to minimise conflicts identified by audit
- Systems in place to record playtime incidents (P)
- School council run a consultation on causes of conflict at break times. Specific changes implemented as a result, and communicated to all (P/I)
- Increase in pupils answering 'I almost always have something to do at break times' from xx% to xx%
- School council sub-committee to monitor popular playground equipment, and consult on how to spend budget on play equipment in demand, and equipment for those not currently engaged in positive play. (P)
- 1 to 1 interviews with children on SEN record to ascertain how they would most like to be supported in their work. Pupil preference regarding withdrawal from class considered and implemented where practicable. (P)
- Increase in special mentions, merits, stars, positive visits to head, positive notes home
- Training for staff examines the domains of self-esteem to encourage a 'whole-child' approach to raising self-esteem.
- Anti-bullying policy revised to explicitly recognise bullying of SEN children.
- Increase from xx% to xx% of children answering yes to 'Do you feel safe in school?' (pupil perception survey)

**Italics are possible interventions you can implement*

SCHOOL PLANNING EXAMPLES

EMOTIONAL HEALTH & WELLBEING 2

Priority: Emotional Health and Wellbeing

I = Impact
 P = Process

OUTCOMES

Quantitative:

Increase the number of CYP accessing support systems for their emotional needs in school from xx to xx. Decrease in the number of incidents at playtime from xx to xx

Qualitative:

Increase in the number of CYP who feel systems are in place to support their emotional needs from xx to xx. Increase number of children who feel they have a voice in school from xx to xx

Targeted:

Increase the number of identified CYP reporting that they feel better able to manage their emotions from xx to xx. Reduction in the number of playtime incidents for identified children displaying emotional difficulties from xx to xx.

**Italics are possible interventions you can implement*

MILESTONES

- An effective nurture/positive play programme is provided in school (P)
- An effective buddy/peer listening system is provided in school (P)
- Systems in place to record playtime incidents (P)
- There is an increase in the number of staff trained to support positive play/buddy systems/circle of friends/nurture groups (P)
- *Circle time/RTime* has been implemented across all key stages (P)
- A support system is in place for all staff (P)
- Updated behaviour policy is in place consulted on with the whole school community (P)
- Decrease in playground incidents from xx to xx after the first year (I)
- Increase from xx to xx in number of children accessing various support systems after the first year (I)
- PSHE curriculum has been implemented across the key stages (P)
- Increased staff awareness of how active learning contributes to EHWP (P)
- Increase in the number of active lessons across the curriculum (P)
- An updated confidentiality policy is in place (P)
- An increase in numbers of children and young people who report feeling the school is a positive place to be (I)
- Improved mechanisms in place to enable young people to be more involved (P)
- An increase from xx to xx in the number of children who report they feel that their contribution is making a difference to their school after the first year (I)
- An increase from xx to xx of the whole school community report that the school council has high priority in school (I)
- Improved systems in place to identify and monitor young people's needs (P)
- Referral system is in place for young people to access school nurse/peer mentors/school councillor etc. (P)
- Signposting and care pathway in place for referral to specialist Child and Adolescent Mental Health Service (CAMHS) and other support services (P)
- Parents advised of developments within EHWP in school and made aware of support services available for families (P)
- Identified children feel better able to manage their emotions (I)
- Systems in place to record playtime incidents (P)

SCHOOL PLANNING EXAMPLES

HEALTH & WELLBEING (EXTENDED SERVICES)

Priority: Improve Health and Wellbeing (Extended Services)

I = Impact
P = Process

OUTCOMES

Quantitative:

Increase the number of agencies working with school from xx to xx. Increase the number of young people accessing school nurse drop in from xx to xx

Qualitative:

Increase the number of young people and families reporting meaningful multi agency access and support from xx to xx

Targeted:

Increase of identified vulnerable pupils that have structured support networks in place from xx to xx

MILESTONES

- Increased number of agencies working with school after first year from xx to xx (I)
- Liaison between school and school nurse ensuring continuity (P)
- All staff aware of referral pathways (P)
- Relevant staff trained in Early Help (previously CAF) procedures (P)
- Parent and young people's consultation has taken place regarding extended services (P)
- Survey completed to establish young people and parents preference for extended services (P)
- Raised awareness of staff of the access and contribution of agencies (P)
- Designated area established for extended services (P)
- Raised awareness of young people of the availability of support (P)
- Improved referral pathway (P)
- Increase in the number of young people accessing support after first year from xx to xx (I)
- Increase in the number of parents/carers accessing agency support after first year from xx to xx (I)
- Increase after first year in the number of young people and parents reporting meaningful agency access and support on school site (I)
- Increase in the number of vulnerable young people that have support networks in place after first year from xx to xx (I)

**Italics are possible interventions you can implement*



SCHOOL PLANNING EXAMPLES

HEALTH & WELLBEING (PSHE)

Priority: Improve Health and Wellbeing (PSHE)

I = Impact
P = Process

OUTCOMES

Quantitative:

There is a decrease in the number of peer fallouts reported since the revision of PSHE in school from xx to xx

Qualitative:

There is an increase in the number of pupils reporting that PSHE impacts on their behaviour from xx to xx

Targeted:

An increase in the number of vulnerable pupils reporting that PSHE is making a difference to their wellbeing from xx to xx

MILESTONES

- Separate timetabled time for PSHE in place (P)
- There is an increase in the amount of time dedicated to PSHE (P)
- The identity of PSHE is established and enhanced (P)
- There is a named governor for PSHE ensuring that it is an integral part of school development and improvement (P)
- An increased amount of governor meeting time is spent on PSHE profile (P)
- A specialist team of PSHE teachers established (P)
- Staff report that pupils behaviour is improving since the additional time spent on PSHE (I)
- There has been a decrease in the number of incidents of peer fallouts reported in the first year since the revision of PSHE in school (I)
- A diverse range of resources are available to support the teaching of PSHE (P)
- PSHE lessons are characterized by active learning and pupil led units (P)
- PSHE is enhanced by using local services and people (P)
- Pupils report that they access more local services due to information learned in PSHE (I)
- PSHE is accepted as an entitlement for all pupils, with provision equal to that of other subjects (P)
- Assessment of progress in PSHE is recorded and reported on (P)
- Innovative ways of increasing the presence of and interest in PSHE issues such as national events (i.e. anti-bullying week) are in place (P)
- Parents have an understanding of the importance of PSHE and are aware of the profile of PSHE in the school community (P)
- Parents report that they feel the PSHE curriculum and ethos in school has impacted on their child's behaviour (I)
- There is an increase after the first year of pupils reporting that PSHE curriculum and ethos is having an impact on their behaviour (I)
- PSHE is understood and valued by staff and leadership (P)
- The school recognises how PSHE enhances the culture and ethos of school for the benefit of all (P)
- Increase in the number of pupils identified as having a specific need in PSHE (P)
- Vulnerable pupils have an individualised PSHE element to their IEP (P)
- Vulnerable pupils report feeling that PSHE element is making a difference to their well-being (I)
- PSHE is enhanced because it reflects accurate needs of the pupils (P)
- Pupil voice is promoted in the development of the PSHE curriculum (P)
- Implementation of the Cambridgeshire Primary (PSHE) PD toolkit (I)

**Italics are possible interventions you can implement*

SCHOOL PLANNING EXAMPLES

HEALTHY WEIGHT: FOOD FOR LIFE

Priority: To encourage Healthy Weight: Focus on Food

I = Impact
 P = Process

OUTCOMES

Quantitative:

Increase the number of children having a healthy school dinner from X to XX.
 Increase the number of balanced meal choices made by children/young people from X to XX

Qualitative:

Increase the number of children reporting that they enjoy the school meal from X to XX

Targeted:

Increase the number of eligible children taking up a free school meal from xx to xx

MILESTONES

Food leadership & school food culture

- Establish a SNAG (School Nutrition Action Group) to lead a review of food culture in the school (P)
- Increase the number of parents who attend school lunches. (I)
- An increase in the number of children reporting a calm positive dining experience (I)
- Increased uptake from xx to xx of FSM after the first year (I)
- Increased number of pupils and parents consulted on school meal improvements (P)
- Act on pupils suggestions on improvements to the school dining experience (I)
- Commit to phasing out flat trays (P)
- Extend the support for younger children at lunchtime (P)
- An increase in the number of children able to use cutlery & crockery (I)

Food education

- All pupils have access to annual farm visit (I)

- All pupils have the opportunity to take part in cooking activities, the opportunity to grow and harvest food and make compost (I)
- The topic of healthy and sustainable food is used as a theme for assemblies. (I)

Food quality

- An increase in Pupil knowledge about where food comes from. (I)
- All food on menu satisfy welfare standards stipulated by FFLP Bronze Level (I)
- Increased number of Catering Staff accessing skills training (P)
- Ensure at least 75% of dishes on menu are freshly prepared (I)
- All menus comply with national standards or guidelines on food & nutrition (I)

Community & partnerships

- Increase the number of parents and/or the wider community that are engaged in growing and cooking activities.(I)
- An event on a food theme for our pupils, parents and the wider community is held on an annual basis (P)

**Italics are possible interventions you can implement*

SCHOOL PLANNING EXAMPLES

HEALTHY WEIGHT: FOOD ROUTES

Priority: To Promote a Healthy Weight and culture of making healthy choices as ‘cool’

I = Impact
 P = Process

OUTCOMES

Quantitative:

Increase the number of children who have developed cooking and related skills as a result of cooking in the classroom/attending BCLC

Qualitative:

Increase the number of children having a healthy balanced packed lunch/meals (based on ‘eatwell’ plate)

Targeted:

Increase the number of children having healthier snack choices at break time/in packed lunch Increase in amount of fruit and veg from xx to xx

MILESTONES

- Staff trained/updated re food and nutrition and use ‘eatwell’ plate for healthy balance (P)
- Food Route ‘I can’ sheets used in school (Diet &Health, Cooking, Shopping, Food Safety)(P)
- Nutrition included in the curriculum (FR Diet and Health) (I)
- *Increase in understanding of where food comes from (FR shopping/consumer awareness) (I)
- *Staff trained re cooking in the curriculum(P)
- Children attended BCLC (FR Cooking, Diet &Health) (P)
- Stepped increase from xx to xx in pupil achievement of cooking and related skills (FR Cooking)(I)
- Improved provision for learning and developing cooking skills including food hygiene and ability to wash and tidy up (FR Food Safety)(P)
- Increased children & family awareness of healthy diet using ‘eatwell’ plate (FR Diet &Health)(I)
- Lunch boxes show an increase in healthy balance (I)
- Increase in children having fruit and veg at lunch time (I)
- Increase of children having healthy snack at break time including more fruit and veg (I)
- *An Increase in the number of children growing fruit and vegetables (I)
- An increase in the number of children cooking food (FR Cooking)(I)
- *Raised awareness of food policy content linking to benefits of ‘whole school approach’/school food culture(P)
- Raised profile of healthy eating in school (P)
- Up to date Whole School Food policy (P)
- *Increased consultation regarding food in school (P)
- Increase from xx to xx in the number of children reporting they understand a balanced lifestyle after the first year (FR Diet& Health)(I)
- An increase in support of children who make unhealthy choices to choose healthier options (P)

**This milestone will also support FFLP bronze award criteria*

SCHOOL PLANNING EXAMPLES

PROMOTING A HEALTHY WEIGHT

Priority: To promote a healthy weight

I = Impact
 P = Process

OUTCOMES

Quantitative:

To increase the number of pupils participating in 3 hours and more physical activity from XX to XX

Qualitative:

To increase the number of pupils who report that they enjoyed participating in physical activity from XXX to XXX.

Targeted:

To increase the participation of physical activity of targeted pupils who do not currently participate from xx to xx

MILESTONES

- Systems in place to identify children's/young people's participation in PA (P)
- Successful working with cluster schools with increased facilities and range of equipment (P)
- School travel plan supports increased range of activities offered both within school and extra curriculum activities (P)
- Walking/cycling to school scheme in place (P)
- An increase in the number of staff who understand that active learning contributes to PA (P)
- Increase in the number of staff delivering active lessons contributing to PA across the curriculum (P)
- Increase in the number of staff using drama, singing and active breaks in lesson activities (P)
- An Increase in provision of exercise DVD/games for local community in school library (P)
- An increase in access to bike facilities (e.g. bike hire, bike racks) (P)
- An increase in the number of opportunities for cycle training (P)
- Development of safe cycle storage capacity (P)
- An Increase in the number of children/YP cycling to school from X to XX (I)
- An Increased in the number of children/YP walking to school from X to XX (I)
- An increase in the range of PE curriculum sports available (P)
- Needs led extended training programme for all staff delivering physical activity in the locality (P)
- An increase in the number of children participating in physical activity within local community groups
- An Improvement in Children and YPs Physical Development through the implementation of the Physical Literacy framework (Youth Sport Trust) (P/I)
- An increase from xx to xx of children/YP who report enjoying PA after the first year (I)
- An increase from xx to xx of children accessing extra curricular activities (I)
- An increase in identified children accessing extra curricular activities (I)
- An increase in the number of young carers with support plans (P)
- An increase in free transport from school to home for targeted groups (P)
- An increased number of free/funded places for target groups (P)
- Raised awareness of support agencies to families of target groups (P)
- Number of trained identified members of staff who provides support to targeted groups (individuals/groups) increased from X to XX (P)
- Understanding of what is a healthy weight and teaching links between healthy lifestyle and emotional health e.g. body image (P)

**Italics are possible interventions you can implement*



SCHOOL PLANNING EXAMPLES

TAKE UP OF SCHOOL LUNCHES

Priority: To increase the uptake of school lunches

I = Impact
P = Process

OUTCOMES

Quantitative:

Increase the number of children having a school lunch from X to XX. Increase the number of balanced meal choices made by children/young people from X to XX

Qualitative:

Increase the number of children reporting that they enjoy the school meal from X to XX

Targeted:

Increase the number of eligible children taking up a free school meal from xx to xx

MILESTONES

- A decrease in the number of packed lunches from xx to xx after the first year (I)
- Extend the support for younger children at lunchtime (P)
- An increase in the number of children able to use cutlery & crockery (I)
- Improved knowledge of a balanced diet (P)
- An increase in the number of healthier options available (P)
- An increase from xx to xx in the number of children making healthy choices after the first year (I)
- An increase from xx to xx of children who report they enjoy the school meal after the first year (I)
- Relevant, needs led training programme for kitchen staff (P)
- Increase in number of kitchen staff accessing training (P)
- Reviewed provision of healthy eating education in the curriculum (P)
- An increase in the number of mid-day supervisors (MDS) accessing training (P)
- An increase in the number of children understanding the content of a healthy meal (I)
- Increased visibility of meal and meal choices (P)
- Improve quality of school meals (P)
- Expand communication between school & kitchen (P)
- Increased number of staff receiving training on healthy eating (P)
- Extend provision of practical food opportunities in school (P)
- An increase in the time allocated for eating food (P)
- Improved dining room environment (P)
- An increase in the number of children reporting that the rota system is fair (I)
- An increase in the number of staff visibly eating school lunches (P)
- Improved access to funding for promotion of school lunches (P)
- Adoption of a family service (P)
- Education and support for parents to access free school meals (P)
- Increased uptake from xx to xx of FSM after the first year (I)



SCHOOL PLANNING EXAMPLES

HEALTHY WEIGHT: FOCUS ON FOOD

Priority: To encourage Healthy Weight: Focus on Food

I = Impact
P = Process

OUTCOMES

Quantitative:

Increase the number of children achieving all food competencies from X to X. Increase the number of balanced packed lunches from X to XX. Increase the number of children who are eating 5ADAY from X to XX'

Qualitative:

Increase the number of children reporting that they understand a balanced lifestyle and make decisions that reflect this from xx to xx

Targeted:

Increase the healthier choices made by children who made unhealthy food choices from xx to xx

MILESTONES

- Staff trained in awareness of food competencies (P)
- Improved provision for learning and developing cooking skills including food hygiene and ability to wash and tidy up (P)
- Stepped increase from xx to xx in pupil achievement of food competencies (I)
- Improved curriculum provision for learning about diet and nutrition and clear links between emotional health and healthy diet/weight (P)
- An increase in the number of healthy snacks children are eating after the first year (I)
- An increase in the uptake of School Fruit and Vegetable Scheme (SFVS) from Xx to xx after the first year (reception/ KS1) (I)
- Improved access, awareness, uptake of Change4Life/ Family Lifestyle Club/ Food Routes (P)
- Increased awareness of portion size (P)
- An increase in adoption of suitable portion size (I)
- An Increase in the number of children growing fruit and vegetables (I)
- An increase in the number of children cooking food (I)
- Raised awareness of food policy content (P)
- Raised profile of healthy eating in school (P)
- Children and parents awareness raised of what is a healthy balanced lunchbox through workshop delivery (P)
- Up to date Whole School Food policy (P)
- Increased consultation regarding food in school (P)
- Increase from xx to xx in the number of children reporting they understand a balanced lifestyle after the first year (I)
- An increase in support of children who make unhealthy choices to choose healthier options (P)
- An increase in the number of children making healthier choices (I)



SCHOOL PLANNING EXAMPLES

PHYSICAL ACTIVITY

Priority: Physical Activity

I = Impact
P = Process

OUTCOMES

Quantitative:

Increase the number of pupils participating in three hours a week of PE and sport organised by the school from xx to xx

Qualitative:

Increase the number of children who report attending an after school sport or activity club that they enjoy from xx to xx

Targeted:

Increase the number of overweight /obese children participating in one hour of sport or activity a week organised by the school beyond the curriculum from xx to xx

MILESTONES

- Stepped increase in the number of children participating in the > 3 hours a week of PE and school sport (I)
- 95% participation by year 6 children in the National Child Measurement Programme maintained year on year (P)
- Staff report having the confidence and skills to deliver PE, sport and activity clubs (P)
- Staff report an increased awareness of how to adapt activities for the less able / overweight children (P)
- xx % of pupils report having an influence on what activities are offered by the school (P)
- Young leaders such as *Young Ambassadors, sports leaders, playground leaders* are involved in the promotion and delivery of activity opportunities (P)
- A wide variety of activity / sporting opportunities are provided including alternative activities (P)
- xx% of pupil understand why being active is important and the level at which they should be active to benefit their health (I)
- xx% of overweight / obese children report enjoying at least one after school sport or activity club (I)
- Parents report understanding the levels at which their children need to be physically active in order to benefit their health including those whose children are overweight / obese (I)

**Italics are possible interventions you can implement*



SCHOOL PLANNING EXAMPLES

POSITIVE ACTIVITIES

Priority: Participation in Positive Activities

I = Impact
P = Process

OUTCOMES

Quantitative:

Increase the number of pupils who are able to socialise positively with other young people and adults from xx to xx. Increase the number of pupils who are able to listen effectively from xx to xx

Qualitative:

Increase the number of pupils who have a positive understanding of their local identity and how that is important globally from xx to xx

Targeted:

Increase the number of pupils from split families who are now willing to access help from xx to xx

MILESTONES

- Increase the number of pupils who have had first hand experience of a different community in the UK/Europe from xx to xx (I)
- Create a working link with another school from a different community in the UK/Europe/(P)
- Develop curricular health theme working across the linked communities. (P)
- Increase the number of KS1 working with over 60s to promote positive understanding using drama, music, sewing or food from xx to xx.(I)
- Identify those pupils living in split families. (P)
- Review support and referral processes for vulnerable pupils. (P)
- Increase the number of pupils who are willing to access support after the first year from xx to xx (I)
- Put in place after consultation with pupils systems to improve accessibility of support. (P)
- Increase the number of pupils in KS2 who are buddies (I)
- Increase and widen the membership of school councils to include parents and the over 60s (I)
- Provide training for staff around school council.(P)
- Provide training for pupils engaging in democratic processes. (P)
- Develop debating or philosophical enquiry methods across the whole KS1 and KS2 curriculum. (P)
- Increase curriculum time spent practising team and group work skills from xx to xx. (I)
- Through training increase the number of staff confident to deliver effective group and team work skills, debating and philosophical enquiry to pupils. (P)
- With appropriate support the targeted group explore family models in different communities and their own school community. (P)
- Increase the number of pupils in the targeted group experiencing real responsibility and deadlines (P)
- Volunteers from the school community organise a sport and/or arts festival or health event. (P)

SCHOOL PLANNING EXAMPLES

SCHOOL TRAVEL

Priority: School Travel

I = Impact
 P = Process

OUTCOMES

Quantitative:

Increase the number of children actively travelling to school from xx to xx

Qualitative:

Increase the number of children reporting feeling safe on the journey to school from xx to xx. Reduction in the % of children who report the roads around school being busy

Targeted:

Increase the number of overweight / obese children choosing to walk or cycle to school from xx to xx. Increase in the number of girls cycling to school

MILESTONES

- 100% participation by pupils in the usual mode of travel to school element of the School Census (updated annually) (P)
- Stepped increase after year 1 in the % of children walking and cycling to school (I)
- Pupils / parents / staff / governors report being consulted on sustainable travel (P)
- Increased awareness of all staff of the school travel plan and the benefits of sustainable travel (P)
- x% of parent's report that they understand why walking or cycling to school is good for them and their child (I)
- Adequate facilities are provided to encourage walking and cycling including secure cycle parking, parent waiting shelters, changing facilities (P)
- Reduction in the number of cars parked outside the school at specific locations from xx to xx (I)
- x% of pupils have attended road safety talks / visit to the *Warning Zone / Bikability* training (P)
- x% increase in the number of pupils, parents and staff taking part in Walk to School week (I)
- Introduction of sustainable travel initiatives - e.g. *WoW (Walk once a Week)/park and stridel/ bike clubs/walking bus*(P)
- Increase in the amount of time spent on sustainable travel in the curriculum / assemblies (P)
- Increased pupil awareness of the benefits of wearing health and safety equipment such as reflective jackets and cycle helmets when walking or cycling to school (P)
- Schools anti bullying policy to include the school journey (P)

**Italics are possible interventions you can implement*



SCHOOL PLANNING EXAMPLES

SEXUAL HEALTH (PRIMARY)

Priority: EH & W/PSHE/RSE (Primary Schools)

I = Impact
P = Process

OUTCOMES

Quantitative:

There is an increase in the number of children achieving specified outcomes in relation to Relationships & Sex Education/PSHE

Qualitative:

Increase in no. of children from x% to x%, who report finding it easy to talk to their parents about growing up/puberty and relationships. Increase in parents who report feeling more informed and confident to discuss this issue.

Targeted:

Increase the number of overweight /obese children choosing to walk or cycle to school from xx to xx. Increase in the number of girls cycling to school

MILESTONES

- Relationships & Sex education policy and practice has been reviewed with the involvement of the whole school community. (P)
- There is an increase in the amount of time dedicated to PSHE. (P)
- Assessment in PSHE is recorded and reported. (P)
- All teachers have received PSHE/RSE training in relation to their needs and to support the scheme of work. (P)
- The reviewed PSHE programme has been trialled and pupil feedback has been positive. (I)
- Teacher assessments show and increase year on year of children fully achieving outcomes from PSHE programme (I)
- Initiatives to support and increase in parental knowledge and confidence in discussing growing up/puberty and relationships are in place. (P)
- Parents report feeling more confident in talking to their children about puberty/growing up and relationships (I)
- An increase from X% to X% amongst targeted children reporting they feel happier in school.(I)
- Increase in pupils reporting they know where to get support. (I)
- Support & advice available to all pupils (either from school staff and /or school nurse). (P)

SCHOOL PLANNING EXAMPLES

SEXUAL HEALTH (SECONDARY)

Priority: Sexual Health (Secondary)

I = Impact
 P = Process

OUTCOMES

Quantitative:

Increase the number of pupils accessing support from school regarding sexual health related issues.

Qualitative:

Increase the number of pupils who report they are receiving relevant; age appropriate and helpful RSE from xx to xx

Targeted:

Increase the number of regular poor attendees/ looked after children/ children with poor attainment who have an appropriate RSE component in their IEP from xx to xx.

MILESTONES

- Staff including support staff have attended appropriate RSE training CPD (P)
- Parents report being confident about the content of the RSE curriculum (P)
- RSE learning in PSHE has been reviewed by parents, pupils and staff (P)
- RSE is a planned part of the PSHE curriculum (P)
- RSE short term planning reflects a greater range of active learning and / or targeted work (P)
- An increase of xx to xx of curriculum time has been dedicated to RSE (P)
- Pupils are accessing staff support more frequently (I)
- Pupils report they are confident to access support in school (I)
- Pupils regularly evaluate their RSE (P)
- RSE planning reflects the pupil evaluations (P)
- Needs assessment takes place where relevant in RSE lessons – using the 'Are you getting it right?' toolkit (P)
- An increase of xx to xx of staff now feel confident to deliver RSE (P)
- Pupils report the RSE taught is relevant to their needs (I)
- The 'Social Norm' in relation to sexual behaviour is promoted in school (P)
- RSE policy has been reviewed with stakeholders & is up to date (P)
- Pupils can identify good and bad relationships at an age appropriate level (I)
- All pupils know how to report unwanted touches and approaches (I)
- All staff know how to refer inappropriate sexual behaviour; safeguarding issues and bullying. (I)
- RSE is monitored regularly as part of the PSHE monitoring programme (P)
- Staff/school is engaging with appropriate external agencies (P)
- The school nurse is more aware of the school RSE policy, the spiral curriculum and is integrated appropriately into PSHE and staff meetings (P)
- The school nurse/ community safer sex project / School based health services are seen as a point of reference for pupils and staff (P)
- An increase of xx to xx of parents and pupils have accessed school based health services for support after the first year (I)
- Parents/carers receive appropriate RSE information from the school (P)
- Targeted children have been identified for additional RSE (P)
- The RSE component of the ILP (Individual Learning Plan) clearly has an appropriate person responsible and capable of supporting the pupil.
- Targeted children access support from school/school nurse (I)

SCHOOL PLANNING EXAMPLES

SMOKING

Priority: Substance Misuse by Young People

I = Impact
 P = Process

OUTCOMES

Quantitative:

Decrease the numbers of young people who smoke from xx to xx

Qualitative:

Increase the number of Young People who report when surveyed that Tobacco education has had an impact on their behaviour from xx to xx. Increase the number of YP who have a realistic perception of the social norm regarding YP's attitude & behaviour towards smoking.

Targeted:

Increase the number of identified Young People attending a Stop Smoking Group within school from xx% to xx%. Increase the number of identified students who report living in a smoke free home.

MILESTONES

- Identification of how many students in the school smoke (survey) (P)
- Stop smoking group for students in place (P)
- Stop smoking group for parents and staff in place (Stop Smoking Service) (P)
- A variety of Tobacco Education interventions are booked in throughout the academic year across all year groups. (P) (*Includes lessons, peer education, SmokeScreen assemblies, Cut Film*)
- Increase in the number of staff feeling confident to provide brief interventions regarding smoking (P)
- The Whole School are involved in the development & implementation of a Whole School Smoke-Free Policy (P)
- Increase from xx% to xx% in the number of staff who feel confident when delivering tobacco education (P)
- Increase from xx% to xx% in the number of students reporting that the tobacco education interventions & activities have had impact on their attitude & behaviour regarding smoking(I)
- Increased awareness among young people that NOT SMOKING is the social norm (survey)(I)
- Decrease from xx% to xx% in the number of young people who regularly smoke after the first year (I)
- Increased success rate from xx% to xx% of young people quitting smoking in school (I)
- Stop smoking leaflets and support made available to parents (P)
- The SmokeScreen stop smoking booklets are used by students caught smoking (P)
- Increase from xx% to xx% in numbers of students reporting that homes/cars are becoming smoke free (I)
- Identification how many students in the school who live with somebody who smokes, and are subjected to second hand smoke (P)
- Targeted young people use the stop smoking support on offer (I)
- Implementation of the PSHE 'Understanding and Managing Risk' toolkit (P)

**Italics are possible interventions you can implement*



SCHOOL PLANNING EXAMPLES

SUBSTANCE MISUSE (PRIMARY SCHOOLS)

Priority: Substance Misuse (Primary Schools)

I = Impact
P = Process

OUTCOMES

Quantitative:

There is an increase in the number of children achieving specified outcomes in relation to Drug, alcohol and tobacco education/PSHE.

Qualitative:

Increase in no. of children from x% to x%, who report that they find it easy to talk to their parents about drugs and alcohol. Increase in parents say reporting feeling more informed and confident to discuss this issue.

Targeted:

To increase the number of children identified as being affected by drug and alcohol issues and appropriately supported and/or referred.

MILESTONES

- Drug, alcohol and tobacco education policy and practice has been reviewed with the involvement of the whole school community. (p)
- There is an increase in the amount of time dedicated to PSHE. (p)
- Assessment in PSHE is recorded and reported. (p)
- All teachers have received PSHE training in relation to their needs and to support the scheme of work. (p)
- The reviewed PSHE programme has been trialled and pupil feedback has been positive. (I)
- Teacher assessments show an increase year on year of children fully achieving outcomes from PSHE programme (I)
- Initiatives to support and increase in parental knowledge and confidence in discussing drugs, alcohol and tobacco are in place. (p)
- Parents report feeling more confident in talking to their children about drugs and alcohol. (I)
- An increase from X% to X% amongst targeted children reporting they feel happier in school.(I)
- An increase from x% to x% for appropriate referrals to support agencies. (I)
- Increase in pupils reporting they know where to get support. (I)
- Key staff have received appropriate training to support children experiencing family/carer related substance misuse. (p)
- Confidential advice available to all pupils. (p)
- Implementation of the *Cambridgeshire Primary (PSHE) PD toolkit* (I)
- Visit from the *Coram Life Education bus* (I)

**Italics are possible interventions you can implement*



PLAN

ACTIVITIES & INTERVENTIONS INDEX

This section contains examples of activities and interventions.

ACTIVITIES & INTERVENTIONS

Substance Misuse

[→ READ](#)

Smoking Prevention

[→ READ](#)

Sexual Health: Teenage Pregnancy

[→ READ](#)

Healthy Weight

[→ READ](#)

Emotional Health and Wellbeing

[→ READ](#)

USEFUL LINKS

Health for Teens

[→ VISIT](#)

Health for Kids

[→ VISIT](#)



ACTIVITIES AND INTERVENTIONS

SUBSTANCE MISUSE

CONTEXT

- De normalise substance misuse
- Stimulate demand for support to quit smoking/access support services
- Increase access to support services - delivery of brief interventions, actively signpost to support services

UNIVERSAL INTERVENTIONS

- **Leicestershire Healthy Schools staff training**
- **Social Marketing campaign/ materials - Talk to FRANK** Drugs education site providing information about the effects of legal and illegal drugs, advice, help and support and details about treatment.
- **Peer education** The use of an informal peer led approaches Peer supporters to diffuse new norms of non-substance misuse behaviour through social networks
- **Whole School Drug policies including drug education & managing drug related incidences** Create a whole-school approach to substance misuse in order to prevent the uptake of, and reduce the prevalence of substance misuse (including DATE) across the school community.
- **Parental awareness raising sessions & information materials**
- **Extended School activities, Library & internet activities**
- **HIT Materials & Resources** Range of drug and alcohol resources and publications.
- **The Warning Zone** Leicester based interactive education centre encouraging young people to explore issues around risk, peer pressure, anti-social behaviour and personal responsibility.



ACTIVITIES AND INTERVENTIONS

SUBSTANCE MISUSE

CONTEXT

- De normalise substance misuse
- Stimulate demand for support to quit smoking/access support services
- Increase access to support services - delivery of brief interventions, actively signpost to support services

TARGETED INTERVENTIONS

- **Alcohol norms project** Social norm project generating positive normative messages.
- **Tobacco Free Schools Project** project Smoking prevention project to embed non- smoking as the 'norm' & to encourage young people not to become a 'replacement smoker' (See 'Smoking prevention' intervention sheet for more details).
- **Life Education centre (Primary schools & KS3)** Specially trained and equipped educators who come to your school to deliver lessons to young people about making positive health and lifestyle choices and drug education.
- **Substance Misuse Partnership - Leics & Rutland** Help and support for young people and access to drug and alcohol treatment services which meet their needs, encourage recovery and social re-integration.
- **'Understanding and managing risk' resource toolkit** Features complete units of work and resources to enable teaching and learning in Risk and Drug Education for KS3 & 4. Also contains a Drug Education toolkit including developing a drug and alcohol policy, managing drug-related incidents and working with young people, parents and governors.
- **Police Youth Involvement officer support**
- **Red Cross First Aid (Alcohol related)** Teaching plans and lesson resources to help teach young people to make informed decisions. Offer ways of reducing risk and minimising harm in risky situations and being able to keep safe.

ACTIVITIES AND INTERVENTIONS

SMOKING PREVENTION & STOPPING

CONTEXT

- **De normalise tobacco smoking**
Promote smoke free campaigns within community, targeted action against underage sales, action on illicit sources of tobacco & increase number of seizures
- **Stimulate demand for support to quit** Use social marketing techniques to inform targeting and delivery of services, positively promote a smoke free lifestyle, increase the number and scope of smoke free environments
- **Increase access to stop smoking services** Delivery of brief interventions, actively signpost motivated adults / parents to Stop Smoking Support, increase accessibility of stop smoking support

UNIVERSAL INTERVENTIONS

- **Leicestershire Healthy Schools staff training**
- **Tobacco Free Schools Project project – includes the following interventions:**
 - **Social Marketing campaign** SmokeScreen assemblies- prevent uptake/inflow
 - **Peer education** the use of an informal peer led approach. Peer supporters to diffuse new norms of non smoking behaviour through social networks /Youth Advocacy
 - **Normative education campaign** a social norm survey generates positive non smoking normative messages (De normalise tobacco smoking)
 - **Whole School Smoke Free policies** To create a whole-school approach to tobacco in order to prevent the uptake of, and reduce the prevalence of, smoking across the school community
 - **Cut Films** Groups of young people produce a 2 minute film and enter into national competition
 - **Tobacco Education provision** focusing on wider issues surrounding tobacco e.g. influences on smoking, toxic tobacco industry, illicit sources of tobacco, the cost of smoking, advertising & the media, body image. Use of Toxic Tobacco Truth Teaching pack
 - **Parental awareness raising sessions** (smoke free homes) encourages them to be involved in homework assignments on tobacco. Step Right Out campaign aims to encourage smokers to 'step right out' of their homes and cars and keep them smoke free.



ACTIVITIES AND INTERVENTIONS

SMOKING PREVENTION & STOPPING

CONTEXT

- **De normalise tobacco smoking**
Promote smoke free campaigns within community, targeted action against underage sales, action on illicit sources of tobacco & increase number of seizures
- **Stimulate demand for support to quit** Use social marketing techniques to inform targeting and delivery of services, positively promote a smoke free lifestyle, increase the number and scope of smoke free environments
- **Increase access to stop smoking services** Delivery of brief interventions, actively signpost motivated adults / parents to Stop Smoking Support, increase accessibility of stop smoking support

TARGETED INTERVENTIONS

- **Tobacco Free Schools Project project** comprehensive smoking prevention project to embed non-smoking as the 'norm' & to encourage young people not to become a 'replacement smoker'
- **Identify smokers & those who want to quit** and provide them with Stop Smoking support (signpost/referral)
- **Identify smokers** brief intervention to ascertain 'stage of change' > signpost/referral if appropriate
- **Establish referral pathways** in conjunction with the school nursing service & the Stop Smoking Specialist for young people
- **Stop Smoking support for young people, school staff & families** providing a range of approaches and services
- **Targeted tobacco education** targeting those who are 'at risk' of starting to smoke
- **Clinical intervention** e.g. Nicotine replacement therapy (NRT)



ACTIVITIES AND INTERVENTIONS

SEXUAL HEALTH: TEENAGE PREGNANCY

CONTEXT

- Identification and promotion of a realistic 'social norm' in relation to sexual health related behaviour
- Promotion of self esteem, self concept, helping young people 'make sense of the world'
- Promotion of positive values such as respect, responsibility, love, caring and trust

UNIVERSAL INTERVENTIONS

- Provision of Relationships and Sex Education (RSE) within a broader framework of PSHE
- Leicestershire Healthy Schools staff training
- Confidentiality policy implementation
- Up to date Relationships and Sex Education Policy
- Peer education projects
- Normative Education approaches- promotion of the 'social norm'
- Self Esteem workshops
- Leicestershire Teenage Pregnancy Partnership (TPP)
- Resources for young people, young families and professionals. Information on Locality TPP Workshops, training, meetings and events.
- Promotion of the role of parents
- Extended Services/Youth Service activities
- Library, websites, internet activities
- School Staff governor INSET/CPD
- School based health service provision



ACTIVITIES AND INTERVENTIONS

SEXUAL HEALTH: TEENAGE PREGNANCY

CONTEXT

- Identification and promotion of a realistic 'social norm' in relation to sexual health related behaviour
- Promotion of self esteem, self concept, helping young people 'make sense of the world'
- Promotion of positive values such as respect, responsibility, love, caring and trust

TARGETED INTERVENTIONS

- Signposting and referral
- Young People friendly NHS/ GP services
- Post termination counselling and support
- School nurse drop in
- School based health services
- Community Safer Sex project
- Confidential young people friendly support and advice
- Identification of 'at risk' young people-Targeted RSE support
- Promotion of the importance of aspirations, support with post 16 options and transitional support
- Consideration of the needs of young parents in relation to continuing in education
- **Leicestershire Sexual Health** Awareness of local support services, how and when to signpost to these.



ACTIVITIES AND INTERVENTIONS

HEALTHY WEIGHT

CONTEXT

- Promote a positive physical activity and food 'culture' within school where eating a healthy balanced diet and participating in physical activity becomes the 'social norm'
- Adopt the use of a 'whole school' approach where everyone 'buys in' to the promotion and participation of a healthy lifestyle
- Develop Whole School Food & Physical Activity Policies – create a health promoting environment where the healthier choice

UNIVERSAL INTERVENTIONS

- **Leicestershire Healthy Schools staff training**
- **Change4Life** Materials and resources including details of activities in the local area, healthy eating tips and fun ways to exercise.
- **Food for Life Programme (FLLP)** Health and education programme promoting a positive food culture in schools. Emphasis is based around understanding and development of skills around growing, supporting cooking and farm-linked education for pupils, parents and the wider school community.
- **Let's Get Cooking clubs** Country's largest network of school-based cooking clubs for children, families and communities. Resources, recipes and details of how to set up a club available.
- **Whole School Food Policy including packed lunches**
- **Eatwell plate** Highlights the different types of food that make up our diet and shows the proportions we should eat them in to have a well-balanced and healthy diet.
- **Sports Club links – Leicester-Shire & Rutland Sport** Local network and support team for sport and physical activity in your area. Works together with School Sport & Physical Activity Networks (SSPANs), School Games Organisers, Local Authorities and other key partners to help co-ordinate and deliver sport for young people.
- **Health for Kids** Information, games and advice for health-related subjects aimed at children aged 4-11 years.



ACTIVITIES AND INTERVENTIONS

HEALTHY WEIGHT

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UNIVERSAL INTERVENTIONS

- **Active School Travel- Walk once a Week (WoW) scheme** Living Streets' WoW scheme encourages children to walk to school by rewarding them with collectible badges.
- **Outdoor Learning & Residential Services** Run a number of activity days and courses aimed at families and/or young people.
- **Youth Sport Direct** Engages young people in active lifestyles by offering a range of innovative products and resources for schools, colleges and sporting communities.
- **Active Clubs British Heart Foundation resources for schools** Tailored Active Club Packs to make effective programmes for your group.
- **5-a-day TV** Provides online access to fully demonstrated five-minute exercise routines and language learning resources designed specifically for projection onto classroom whiteboards.



ACTIVITIES AND INTERVENTIONS

HEALTHY WEIGHT

CONTEXT

- Promote a positive physical activity and food 'culture' within school where eating a healthy balanced diet and participating in physical activity becomes the 'social norm'
- Adopt the use of a 'whole school' approach where everyone 'buys in' to the promotion and participation of a healthy lifestyle
- Develop Whole School Food & Physical Activity Policies – create a health promoting environment where the healthier choice

TARGETED INTERVENTIONS

- **Family Lifestyle Club (FLiC)** Targeted 8 week programme for children aged 8-13 years and their families, offering guidance about weight management. Sessions include fun active games for children, dietitian led topic discussions for parents and practical food preparation and tasting sessions for both.
- **Food Routes and Big Cook Little Cook** Whole school approach supporting, teachers, children and families around healthy balanced nutrition. Compliments the FFLP and provides a 'journey through food', diet, health, food safety plus a follow up 6 week family 'Big Cook Little Cook' practical cookery programme.
- **Follow up with families identified through National Childhood Measurement Programme-referral to a school nurse/ referral to a dietitian** Measures the weight and height of children in reception class and year 6 to assess overweight children and obese levels within primary schools.
- **SAQ International | Speed, Agility, Quickness** Various products including resources, books, DVDs, sports equipment, training courses and awards to encourage young people to participate in sport and physical activity.



ACTIVITIES AND INTERVENTIONS

EMOTIONAL HEALTH AND WELLBEING

CONTEXT

- Provide a supportive, nurturing ethos and environment
- Provision of support and robust referral for children and young people with additional needs
- Promote positive emotional health & Wellbeing to help pupils understand and express their feelings, build their resilience and therefore their capacity to learn

UNIVERSAL INTERVENTIONS

- **Leicestershire Healthy Schools staff training**
- **Peer support/ buddy systems**
- **R time** Personal and Social Education programme designed for Early Years' Foundation Stage settings and Primary schools. Emphasis is upon creating effective, respectful relationships, improve behaviour, reduce bullying, raise self-esteem and accelerate learning.
- **Circle Time** Ensures that each student gets a chance to contribute and feel valued.
- **SEAL** Social and Emotional Aspects of Learning. Curriculum resource to help primary schools develop children's social, emotional and behavioural skills. It includes assemblies and follow-up ideas for work in class.
- **Massage in Schools Programme** Programme developed as an inclusive whole school strategy for reducing children's stress levels, aggression and bullying.
- **EH & W /Anti Bullying/ Behaviour Policy**
- **Transition work**
- **Creative/Physical Activity approaches**
- **Intergenerational work**



ACTIVITIES AND INTERVENTIONS

EMOTIONAL HEALTH AND WELLBEING

CONTEXT

- Provide a supportive, nurturing ethos and environment
- Provision of support and robust referral for children and young people with additional needs
- Promote positive emotional health & Wellbeing to help pupils understand and express their feelings, build their resilience and therefore their capacity to learn

UNIVERSAL INTERVENTIONS

- **Bereavement**
 - **EH & W / Bereavement policy / Guidance**
 - **Include death and bereavement as topics in PSHE curriculum- losing someone special, changes timeline**
 - **Creative/Physical Activity approaches**
 - **The Laura Centre** Based in Leicester the centre offers specialist bereavement counselling to parents whose child has died and to children or young people who have been bereaved of a parent or significant person.
 - **Cruse Bereavement Care** Offer support, advice and information to children, young people and adults when someone dies.
 - **Winston's Wish** Leading childhood bereavement charity in the UK.
 - **YoungMinds** Offers information to young people and children about mental health and emotional wellbeing.



ACTIVITIES AND INTERVENTIONS

EMOTIONAL HEALTH AND WELLBEING

CONTEXT

- Provide a supportive, nurturing ethos and environment
- Provision of support and robust referral for children and young people with additional needs
- Promote positive emotional health & Wellbeing to help pupils understand and express their feelings, build their resilience and therefore their capacity to learn

TARGETED INTERVENTIONS

- **Supporting Leicestershire Families service** Team of family support workers will work directly with vulnerable families to support them to achieve better outcomes and turn their lives around.
- **Pastoral Care Team**
- **Anger management/ anxiety management**
- **Conflict resolution**
- **School nurse drop in**
- **Nurture Groups**
- **Student Support Services**
- **Parenting Programmes**
- **Self Esteem/ Transition workshop**
- **Worth-it Projects**
- **Positive Play** Helps schools develop very positive playing environments by utilising grounds in the most creative, positive and cost effective ways.



ACTIVITIES AND INTERVENTIONS

EMOTIONAL HEALTH AND WELLBEING

CONTEXT

- Provide a supportive, nurturing ethos and environment
- Provision of support and robust referral for children and young people with additional needs
- Promote positive emotional health & Wellbeing to help pupils understand and express their feelings, build their resilience and therefore their capacity to learn

TARGETED INTERVENTIONS

- **Circle of Friends** Strategy to promote the inclusion into mainstream school of students with disabilities and difficulties.
- **Therapeutic Story Writing**
- **Parent Teen Mediation**
- **Bereavement**
 - **Refer if necessary to specialist teams** Child and Adolescent Mental Health Service (CAMHS), school nurse
 - **Remembrance activities** memory tree, memory board, assemblies, commemorative activities

PLAN

SURVEY QUESTIONNAIRES

Below are a variety of different survey questionnaire templates you can download.

TEMPLATES

Drug Education - Staff Survey



Drug Education Survey



Emotional Health & Wellbeing Survey



Healthy Weight Primary Survey



Healthy Weight Secondary Survey



Safety Survey



Smoking Survey



SRE Survey





ENHANCEMENT
DO PHASE



ENHANCEMENT

DO PHASE

“Health and well-being is embedded in ongoing school systems. The standing items for senior leadership team meetings are the priorities in the school improvement plan.” Head Teacher, Special School

The purpose of the DO phase is to:

- select and implement activities/interventions that will help achieve your outcomes;
- monitor progress towards your milestones and outcomes; and
- make any necessary adjustments to milestones and outcomes.

YOU WILL NEED

- Your school improvement plan
- Information about evidence-based health and well-being activities/interventions.

YOU MAY FIND HELPFUL...

-  [Activities/interventions](#)
-  [Healthy Schools planning template](#)
-  [School examples](#)



ENHANCEMENT

REVIEW PHASE





ENHANCEMENT

REVIEW PHASE

“Recognition from children and parents is most important”

Head Teacher, Primary School

The purpose of the REVIEW phase is to:

- evaluate your achievement of outcomes;
- review, share and celebrate your improvements in children and young people's health and well-being; and
- review your school's provision for health and well-being.

YOU WILL NEED

- Your school improvement plan

YOU MAY FIND HELPFUL...



School story template



School examples



USEFUL TEMPLATES



USEFUL TEMPLATES

INDEX

Here are some useful tools to both renew your Healthy Schools Status and to record your progress on enhancing your healthy schools work.

SELF VALIDATION

Blank guidance template of the Whole School Review



Primary School completed Whole School Review



Secondary School completed Whole School Review



Special School completed Whole School Review



ENHANCEMENT

Blank healthy schools planning template



Examples of interventions & activities



Completed example planning templates



Examples of surveys



Blank school story template



Completed school stories





USEFUL RESOURCES

SCHOOL EXAMPLES INDEX

This section contains examples of Healthy Schools' work in the form of school stories and examples of schools' planning.

INFANT SCHOOL EXAMPLES

- 1: Emotional Health and Wellbeing [→ READ](#)
- 2: Emotional Health and Wellbeing [→ READ](#)

PRIMARY SCHOOL EXAMPLES

- 1: Emotional Health and Wellbeing [→ READ](#)
- 2: Emotional Health and Wellbeing [→ READ](#)
- 3: Healthy Weight [→ READ](#)
- 4: Healthy Weight [→ READ](#)
- 5: Substance misuse & relationships and sexual health [→ READ](#)

SECONDARY SCHOOL EXAMPLES

- 1: Relationships and Sexual Health [→ READ](#)
- 2: Emotional Health and Wellbeing [→ READ](#)
- 3: Relationships and Sexual Health [→ READ](#)
- 4: Substance misuse - Alcohol [→ READ](#)
- 5: Substance misuse - Tobacco [→ READ](#)

SPECIAL SCHOOL EXAMPLES

- 1: Emotional Health and Wellbeing and Healthy Weight [→ READ](#)
- 2: Emotional Health and Wellbeing and Healthy Weight [→ READ](#)



INFANT SCHOOL

SCHOOL STORY EXAMPLE 1

Enhancement priority area: Emotional Health and Wellbeing

We are a larger than average-sized primary school and share our campus with the Junior School. A lot of our pupils enter with a level of skills below that expected of four-year-olds. We have a unit for pupils with moderate learning difficulties, and includes pupils with behavioural, emotional and social difficulties. Pupils with communication, interaction and physical needs are also supported. We have a higher proportion of pupils with statements of SEN.

Most of the pupils attending our school are of White British heritage. A few come from other heritage backgrounds, mainly from Mixed, Asian or Asian British backgrounds. Almost all pupils speak English as their first language.

What needs did we identify?

We identified the need to increase the number of parents actively involved in their children's learning. We wanted to increase the number of parents

who felt that systems were in place to support their own and their child's learning. We recognised the need to increase the variety of activities on offer for parents to support their child's learning. We also wanted to encourage and target parents/carers who sometimes find it difficult to attend school events to be involved in their child's education.

What outcomes did we focus on?

- To improve relationships between children & parents and to raise children's self esteem
- To Increase the percentage of parents involvement in school life
- To Increase in the number of children who say they feel happy at school
- To increase the amount of parents are actively involved in their child's learning



What activities/ interventions did we put in place?

We ran a basic literacy and numeracy course and then introduced different curriculum afternoons; science art cooking, ICT. We held Fun and Family Learning workshops and invited outside speakers to discuss and demonstrate movement, African drumming and yoga.

What did we achieve, and how did we know?

Parent evaluations from family learning literacy and numeracy workshops suggest that these workshops have helped them to know how to support their child's learning as well as helping them personally (pronouncing words using the phonics teaching method used in school). Parent evaluations show that as a result of the workshops they feel more confident in supporting their child with the new handwriting style at home.

Pupils' whose parents have attended family learning sessions have made greater progress in reading, writing and mathematics across 2 terms than the average progress for the year group.

All the Fun and Family Learning workshops were oversubscribed and parental surveys indicated that the parents felt they had greatly benefitted from the sessions. A large proportion of the hard to reach parents attended the workshop.

Parents comments on the school website suggest they valued the experience during Healthy School Week to read with their child, meet their friends and look through their child's work together.

We have received many positive verbal feedback comments from parents and carers suggesting that text messaging is an effective way to stay in touch. We will be asking parents and carers about the effectiveness of this service in our annual questionnaire.

Parents are now more confident to talk to school staff about any difficulties that they are having in supporting their child with homework and are becoming involved in curriculum events and activities that take place in school.

What will we do next?

We have been able to involve more parents in their children's learning. Data shows that pupils whose parents attended one or more of these courses made more points progress than their peers.

Target parents/carers have attended very successful weekend family days that have also been attended by staff and governors. Examples are walking in the xxxxxxxx and a water activities day. These interventions have improved the relationship between children and their parents. The children's self-esteem has raised as a result improving their emotional health & wellbeing.

Parents/carers are now more confident to talk to staff about any difficulties they are having in supporting their child with homework and they are becoming involved in curriculum events and activities that take place in school.

Senior leader quote:

'The opportunities that have been offered to the parents/carers at xxxxxxxx have enabled them to support their child's learning through an improved understanding of the curriculum and terminology used in school. The sessions have also shown parents/carers how they can extend everyday activities at home, shopping trips and family days out into learning opportunities at the same time as having fun with their children!

Staff are seeing the impact of the increased involvement parents/carers are having in their child's education and we hope that we are sowing the seeds for long term family learning experiences.'





INFANT SCHOOL

STORY EXAMPLE 2

Enhancement priority area: Emotional Health and Wellbeing

We are a slightly larger than average-sized infant school. The school's Reception children learn in a separate building across the school's playground. Most pupils are of White British heritage. A range of minority ethnic groups is represented in smaller numbers, very few of whom have EAL. Healthy Schools is a central part of our school's ethos and, having gained Healthy School Status, we've been working on the 'enhancement model' prioritising emotional health and wellbeing.

SEN – 18%

FSM – 10%

BME – 15%

What needs did we identify?

Many of our children were spending large amounts of time at home playing computer games and watching television, which we felt could adversely

affect their social interaction and emotional development. We decided to conduct an audit of emotional health and wellbeing following an increase in incidents of poor behaviour:

We followed this audit by conducting a survey about behaviour with parents/carers and used this to help set out some outcomes.

What outcomes did we focus on?

- Reduce recorded instances of poor behaviour;
- Reduce the number of children with poor social skills; and
- Reduce the number of children referred to our emotional literacy support assistants (ELSAs).



What activities/ interventions did we put in place?

We spent time developing a comprehensive positive behaviour policy, exploring interventions, and coordinating activities with social and emotional aspects of learning (SEAL).

We looked at social interactions in class. We asked children to respond confidentially to questions about who they play with and turned the results into a sociogram (a graphic representation of social links that a person has). This revealed many different levels of skill in social interaction. Teachers could then focus on the children who were having weaker interactions. We used the sociogram to track the success of our interventions, which ranged from SEAL small group activities to constant informal attention and praise to encourage a change in perception of others towards these children

To support certain children who find mornings difficult we used nurture groups, which children go to first thing in the morning to participate in calming social activities. Teachers have found the groups have helped children deal more easily with the rest of the day.

At lunchtimes our ELSAs helped identified children to play better with others and are available for all children to talk to. We also implemented a Fun Friends programme for all our children to enjoy. Fun Friends has been designed to build emotional resilience, social skills and self-confidence. We

ran a successful pilot scheme involving parents/carers before rolling out to all classes. Weekly sessions included play-based activities such as role-play, puppets, games, stories, music, movement and art, and focus on particular skills.

What did we achieve, and how did we know?

At the end of last year we completed another audit and set of behaviour surveys. These clearly indicated an increase in appropriate behaviour from our children. The children also told us that they felt happier. Parents/carers, who completed surveys, provided us with additional anecdotal evidence that their children were happier.

Specific achievements have included:

- 8% reduction in the number of recorded instances of poor behaviour
- 6% reduction in the number of children highlighted as having poor social skills
- 7% reduction in the number of children being referred to an ELSA.

What will we do next?

Spurred on by the success of our interventions we intend to continue our Healthy Schools work. We will review to check that children's social and emotional development continues to improve. We plan to do more work with parents/carers and the wider community to strengthen these vital partnerships.

Senior leader quote:

'Everything we do, we do as a whole school ensuring that all our children benefit. We could not achieve this success without the commitment and enthusiasm of every member of staff.'





PRIMARY SCHOOL STORY EXAMPLE 1

Enhancement priority area: Emotional Health and Wellbeing

Our school is a smaller than average primary school. Almost half the pupils come from a wide area beyond the three small communities in the xxxxxxxx. Almost all the pupils are White British and speak English as their first language. Apart from the pupils in xxxxxxx, all of whom have a statement of SEN, there are relatively few pupils with learning difficulties and/or disabilities.

What needs did we identify?

The school has had to deal with the impact of parental bereavement within the school community. We recognised that a whole school approach to life changing events was essential to support staff, pupils and parents through difficult times. Findings from a pupil voice survey carried out showed that family problems were a concern for pupils, particularly among Year 6 where 30% said that family problems were a significant concern.

What outcomes did we focus on?

- To increase the number of pupils who are able to describe strategies that help them to cope with difficult life changing events
- To increase the number of teachers and teaching assistants that feel prepared and equipped to support pupils who experience difficult and sometimes harrowing circumstances

What activities/interventions did we put in place?

The Healthy Schools work was included in the Whole School Improvement Plan. There was a whole school focus on the development of pupil voice and oral language skills across the curriculum with specifically planned opportunities in Literacy, PSHE Education, RE and Philosophy for Children. This focus included use of partner talk, group work specific roles (e.g. scribe), hot seating, drama, digital cameras, easi-speak microphones, flip share cameras etc.



The following universal activities were already part of school life, although teachers specifically planned to maximise these existing opportunities to further promote emotional literacy skills and resilience:

- Use of the 'Cambridgeshire PD toolkit' PSHE Education scheme of work and assessment tools
- Getting On and Falling Out conflict resolution theme of SEAL
- Team building activities including: orienteering, trips to outdoor activity centres, house groups, clubs and fund raising
- Opportunities for leadership and responsibility including: school council, class job rotas, school bank, sports captains, prayer team.
- Discussion forums including: Circle Time, school council, Life Education Centre, pupil questionnaires, pupil presentations, school newspaper
- Anti-bullying week
- Opportunities to talk to visitors including: the Vicar; community police officer; School Council Network
- All teaching staff received P4C Philosophy for Children training.

Bereaved pupils were provided with access to a school counsellor. All staff were made aware of pupils' needs through a staff meeting led by a counsellor. Class teachers regularly reviewed and assessed the emotional needs of pupils and organised access to counselling where appropriate, after

consultation with the Headteacher; SENCO and parents. There was close communication between the school and surviving parents. Bereaved children received additional support to help rebuild their emotional resilience.

What did we achieve, and how did we know?

Following the implementation of the plan most pupils were able to describe strategies to help them manage challenging life changing events; there has been an emphasis on sharing feelings and talking to people that you trust. Staff confidence has grown through work with counsellors and support from agencies including CRUSE. Pupils' communication, dialogue, expression and associated emotional literacy skills have been strengthened. The school community feels better able to cope with and respond to life changing events. The bereaved pupils, who received specialist support, are thriving and have been able to enjoy a class residential trip.

What will we do next?

The Philosophy for Children programme has been very successful. The impact on the emotional, social and spiritual development of the pupils was evidenced in a recent SIAMS inspection and has enhanced provision for language, literacy and communication skills across the curriculum. The role of the school counsellor was invaluable, not only in supporting recently bereaved pupils, but also in providing emotional support for staff and other children affected by change such as divorce and separation

Senior leader quote:

'We are really pleased with the impact of the P4C Philosophy for Children training, the Cambridgeshire PD toolkit and interventions put into place. Staff feel a lot more prepared and confident to support pupils who experience difficult circumstances. We aim to continue providing support and improve access to the school counsellor.'





PRIMARY SCHOOL

STORY EXAMPLE 2

Enhancement priority area: Emotional Health and Wellbeing

We are a small, voluntary-aided, rural primary school currently providing education from reception to year 5. From September 2014 we will be retaining year 6 children, becoming an all-through primary. Our families have a range of needs such as a high level of free school meal entitlement and poor access to transport. Healthy Schools has been an important feature of school life for over six years, helping to meet the social and health needs of our families. At the moment we have 86 children on roll including:

36% FSM,
25% SEN,
5% BME

What needs did we identify?

We identified the needs of our pupils through a school based survey, organised and implemented by our School Council in response to questions such as:

- How well do you think bullying is dealt with in your school?
- Is there someone at your school you can tell about bullying?
- Do you know about your school's anti-bullying policy?
- How much does bullying worry you?
- Does your school listen to children's ideas for anti-bullying work?
- Does your school teach you about different types of bullying?

What outcomes did we focus on?

- Production of a comprehensive and effective anti-bullying policy which could achieve greater well-being for pupils
- An improved PSHE curriculum, which engages learners
- To achieve the Leicestershire 'Beyond Bullying' Award
- To develop an inclusive whole school approach towards anti-bullying.



What activities/interventions did we put in place?

We elected anti-bullying stars in Key Stage 2. These were children who were approachable by other members of their year group for help if they felt they were being bullied.

We wrote a child-friendly anti-bullying policy with the anti-bullying stars and our student council members. A new Anti-Bullying policy was also written and ratified by the governing body. The policy is displayed on the school website.

We made sure anti-bullying displays and messages were prominent around school. We instilled a 'worry box' in classrooms and monitored it was being used effectively by children.

Work from all classes done during Anti-Bullying Week was displayed in the school Foyer. This included poems, posters, stories, 'Say something nice today' competition and art work. Children also entered the Anti-Bullying Week

Design a post card competition.

Staff members were given training to ensure they felt confident spotting and dealing with bullying.

What did we achieve, and how did we know?

We fulfilled the criteria to achieve the Leicestershire "Beyond Bullying" Award and achieved the quantitative, qualitative and targeted outcomes that we set out to achieve.

The children in our school have a good understanding of what bullying is, what they can do to prevent bullying and how to stay safe online. We carried out a Behaviour and Safety questionnaire post intervention survey following an earlier baseline one carried out last year. The results showed an increase in the number of children who could say what 'bullying' is and could give suggestions on how to prevent bullying.

There was also an increase in the number of children who knew what action to take if they saw someone being bullied.

Our parents and carers feel that our school deals with cases of bullying effectively. A questionnaire for parents and carers sent out by the headteacher showed an increase of parents that were happy with the way school dealt with reports of bullying.

Our recent Ofsted report also made the following comments in the report:

- the school's work to keep pupils safe and secure is good
- pupils say they feel safe because they are well cared for by teachers and other adults
- pupils are not concerned about bullying. They understand the different types of bullying, including physical, verbal and cyber bullying. They know how to tell an adult if bullying happens to them and are confident that staff will help them.

What will we do next?

- We will continue to sustain and develop the work that we have started. Our aim is to give our parents more opportunities to share their concerns with school and work with staff to address them.
- We will be developing a training programme for peer mentors to support other pupils, who require anti-bullying support,
- We will carry on curriculum work on Anti-Bullying in 2014-15 including Anti-Bullying Week events planned by pupils

Senior leader quote:

'The impact of this award has enabled the staff and children of our School to become more aware of the different types of bullying. Children have the knowledge and strategies to deal with all aspects of bullying, understanding the importance of respect and equality for all.'





PRIMARY SCHOOL

STORY EXAMPLE 3

Enhancement priority area: Healthy Weight

We are an average sized primary school which has a large proportion of pupils known to be eligible for FSM. The majority of our pupils are from a White British background. We have an average number of SEN pupils and pupils are taught in mixed aged classes. We recently re-opened as a voluntary aided Church school and the moment we have 230 children on roll including:

35% FSM,
20% SEN,
4% BME

What needs did we identify?

The school were aware that tooth decay figures for the area were very high with 39% of 5 year olds having "experience of tooth decay". Coupled with observational evidence of the pupil's teeth in the school, particularly in Early Years, and the school's continuing commitment around healthy eating and

lifestyles; they felt that a project around oral health would be appropriate for working towards Healthy Schools Enhancement.

What outcomes did we focus on?

- To increase the number of children registered at a dentist
- To increase the frequency that children visit the dentist
- To decrease the amount of sweets and sugary drinks pupils consume

What activities/interventions did we put in place?

The project was supported throughout by the Healthy Schools advisor to discuss aims, objectives, means of collecting data and designing a survey, and the practicalities of carrying out the project.

It was decided the project would be concentrated in Early Years although work would still be done with the rest of the school where appropriate. A staff meeting was held to discuss the project with the Early Years staff, who were keen to contribute as they had all witnessed first-hand pupils with teeth removed due to decay.

The Oral Hygienist ran workshops with all year groups including a parent workshop in the Early Years, and there was a high parent turn-out, particularly in Nursery. The school ran three more healthy eating workshops for parents over three consecutive weeks based which again received a high turn-out.

This work was incorporated into the classroom and a dental surgery was set up in the home corner. Children were also asked to fill in a tooth diary, which helped them to see which healthy and unhealthy food they eat and reminded them of the importance of brushing their teeth.

What did we achieve, and how did we know?

We conducted a parent survey and results showed that the amount of parents taking their children to the dentist every 6 months had almost doubled from 20% to 39%.

Children are now more aware of the requirement to look after and brush their teeth. Teachers have also reported seeing a decrease in the amount of unhealthy snacks and drinks being brought in for break time.

What will we do next?

We aim to continue work around healthy eating and lifestyles and are developing lessons around how to look after your teeth in the current PSHE scheme of work. We are looking to implement a snack policy which will limit the types of snacks allowed at break time.

Senior leader quote:

'I really think a lot of our parents and children have benefited from the project and being an Enhanced Healthy School. Our children now know what drinks they should be drinking and love to try different types of healthy foods... (The) project highlighted the importance of parental involvement and parent workshops and the need to continue next year.'





PRIMARY SCHOOL

STORY EXAMPLE 4

Enhancement priority area: Healthy Weight

We are a larger than average sized primary school which has a smaller than average proportion of pupils known to be eligible for FSM. We also have a smaller than average proportion of pupils from ethnic minority groups and a small minority of pupils who speak EAL. There is a before and after-school club on site which is not managed by the governing body and is inspected separately. We have held Healthy Schools Status for six years and have recently achieved the Eco-Schools Green Flag award.

What needs did we identify?

Based on local and national data, in addition to our own school profile, we identified looking at the healthy weight priority area focusing on obesity in Primary School children.

What outcomes did we focus on?

- To increase the number of children who participated in Out of School Hours Learning (OSHL) in PE and school sports, and to improve the provision of PE within lesson time.
- To increase the number of children eating '5 a day'.
- To reduce the amount of unhealthy food brought into school in lunchboxes and break time.

What activities/interventions did we put in place?

The Healthy Schools Coordinator worked with the Eco-Schools Committee and School Council representatives to embed the priorities across the whole school.



A sports coach has been funded to teach high quality PE during teacher's PPA time in addition to the extra PE sessions that each class teacher runs. There are also now two clubs each week for UKS2 which feed into the local league teams to increase the number of children who have the opportunity to play competitive sport.

We also provide a cross country club free of charge. We now compete in more sporting competitions throughout the school year and have progressed to the national finals.

Sporting achievements are celebrated in assemblies in order to encourage more children to take part. We also provide a range of other clubs that the parents pay for, which include: multi sports, basketball, dance and judo.

The school councillors helped to create a survey that the KS2 classes did in order to find out how many children were bringing in fresh fruit or veg to have as a snack at break time. The results were then analysed and it was discovered that a fairly low proportion of KS2 children were bringing in fresh fruit/veg.

Fruit tasting days were carried out where pupils brought in their favourite fruit to share with the class, also an exotic fruit tasting day, where the children had the opportunity to try different fruits they may not have had before.

Teachers have been encouraged to reward children who bring in a healthy snack at break time and the school councillors have continued to promote the fruit trolley at break time.

KS1 children made some healthy sandwiches and ate them together during their pirate picnic. The head teacher presented a whole school assembly about healthy eating and choosing a wide variety of fruit and vegetables for health.

The school Food Policy has been updated to include a separate lunchbox policy, containing advice for parents and to be shared with the school council at the start of each year and discussed in classes. This policy will be distributed to families at the start of each academic year and published to parents as part of our normal policy routines. The policies will be included in our induction pack for new families.

A visiting speaker came in to talk to the whole school about food miles, which linked in to our Eco-Schools initiative. She talked to the whole school in assembly about seasonal food and reducing the carbon footprint of our lunchboxes, and then she completed a lunch box survey with the school councillors, where they investigated the carbon footprint of a typical school lunchbox.



In addition, she then ran some taster sessions with children from each year group (identified by the teachers as children who could benefit from trying some different food items), where they tried different sandwich fillings such as hummus, etc.

In addition to this, each year group in school carried out some curriculum work on healthy lunchboxes. Each year group set a healthy plate homework task, where the children had to research and create a healthy plate – this was then used as a hall display and referred to during head teacher's assembly. The children in UKS2 completed some persuasive and discussion writing on the topic of healthy lunchboxes.

A gardening club has been implemented, where the children in year 3/4 grow their own vegetables. The children in 4+ run a farm cafe once a year where the children plan a day for the parents where they shop, cook and sell healthy food like vegetable soup and homemade bread. A healthy lunch box club has been reinstated, aimed at the children in KS1 who were identified by their teachers as children who would benefit from learning more about healthy options.

Finally, a survey of lunchbox items was completed with the Food Routes team, which was analysed and will be used to inform future targets. This has all helped to impact on the children's health in a positive way as they are now more aware of what food choices make up a healthy lunch box and

they have tried to include a wider range of healthy food options.

What did we achieve, and how did we know?

- Children are better equipped to maintain a healthy weight as a result of our achievements surrounding exercise and healthy eating.
- The children are now more active, more enthusiastic about taking part in clubs and competitive sport, which will have a long term impact on their future health and wellbeing.
- Teachers report seeing more children bringing in fruit snacks in KS2 to eat at break time and a wider variety of fruit and vegetables being eaten at break time. The children are now more aware of the importance of eating fresh fruit or vegetables.
- Some children have had the opportunity to taste healthy foods that they would not normally include in their lunchboxes. The food policy and lunchbox policy will help to ensure that new families joining the school are aware of our requirements for lunchboxes and the publication of the lunch box guidelines at the start of each academic year will, hopefully, reduce the inclusion of unhealthy food items over time.
- Our most recent whole school survey found that 98% of children believe that their school helps them to be healthy.

What will we do next?

Focus on using the audit results from the lunchbox survey – work with the Food Routes team and the School Council to analyse the nutritional content of drinks commonly included in lunch boxes and promote the inclusion of more healthy drinks brought into school.

Embed cooking in the curriculum through D+T. The Food Routes team will come and do a staff meeting in the Autumn term to support the school in finding more opportunities to teach cooking throughout the school year. We are looking into implementing 'Big Cook Little Cook' sessions. We want to improve the outdoor area with the gardening club and look to attend the Food For Life programme training sessions around growing and cooking in the curriculum.

Senior leader quote:

'The promotion of choosing healthy food and encouraging more children to exercise has had a great impact on pupil's attitudes. Significant work has been done to build on the good provision for supporting the emotional well being of the children. School practise has been analysed and reflected upon and excellent training has taken place for lunch time staff to help improve communication and behaviour at lunch, and for all staff to improve their understanding of attachment issues. This has served to give staff confidence that their practise is good as well as helping them to improve their practise even further and broaden their strategies'.





PRIMARY SCHOOL

STORY EXAMPLE 5

Enhancement priority area: Substance misuse & Relationships and sexual health

We are a larger than average primary school. Most pupils come from White British backgrounds and speak English as their first language. A minority of pupils come from other ethnic groups, predominantly Asian British Indian heritage. The proportion of pupils who are entitled to FSM is below average as is the percentage with learning difficulties or disabilities. Pupils transfer to the local high school at the end of Year 5. The school has held Healthy Schools Status for 8 years.

What needs did we identify?

Locally we identified a higher than average rate of teenage pregnancy. Use of drugs and alcohol within families were also identified as a problem area. We recognised the need to raise the profile of PSHE (including SRE and DATE) within the school and the need to encourage children and parents to talk together about these issues.

What outcomes did we focus on?

- To review the policy and practice on PSHE (including SRE & DATE)
- To increase the number of children and young people, who show an increase in their knowledge skills and attitudes in relation to developing and managing relationships in Year 5
- To increase the number of children and young people, who report they find it easy to talk to their parents about sex and relationship issues from 41% to 63% out of Year 5
- To increase the number of children and young people, who achieve specified outcomes in relation to DATE/PSHE in Year 5
- To increase the number of children and young people, who report they find it easy to talk to their parents about drugs and alcohol

What activities/interventions did we put in place?

We increased the amount of time we dedicated to PSHE lessons and improved the recording and reporting of PSHE. We provided INSET for teachers in PSHE. Baseline assessments were undertaken at the end of Year 4 and children were assessed at end of Year 5 to check progress. We also had the Life Education van make their annual visit.

What did we achieve, and how did we know?

Timetabled lessons for PSHE have increased from 30 to 45 minutes per week and there is a SoW for each Year Group progressing through the school. There is a comprehensive assessment rationale for PSHE, including trackers and self-assessment sheets. Teacher assessments have shown an increase in the percentage of children fully achieving the outcomes from the PSHE SoW.

There has been an increase in the number of children who report that they can talk openly to their parents about sex and relationship issues. There is an increase in the number of children who are able to identify adults they can trust and ask for help. Also an increase in the number of children who report that they can talk openly to their parents about drugs and alcohol issues.

What will we do next?

We are aiming to focus our work with targeted groups of children, namely our Pupil Premium children. We want to ensure PSHE lessons provide children and young people with the knowledge required and feel supported and encouraged to speak to SRE and drug and alcohol concerns or issues.

Senior leader quote:

'This exercise has raised the profile of PSHE within the school. We hope to carry the work forward by continuing to prioritise PSHE and SMSC aspects of the curriculum, and ensure that the school and classroom ethos is characterised by these areas.'





SECONDARY SCHOOL STORY EXAMPLE 1

Enhancement priority area: Relationships and sexual health

We are an average size secondary school with an age range of 11-18. The majority of pupils are from a White British background in a fairly deprived area of the county. We have a large proportion of pupils eligible for FSM and an average amount of SEN pupils.

What needs did we identify?

We decided to focus on this area after finding a number of pupils were withdrawing from SRE lessons for various reasons. Qualitative feedback from the school nurse identified that pupils wanted to know what types of health services they could access and where they are. Local authority data also revealed the levels of sexually transmitted infections amongst under 18s was high for the area and we wanted to ensure pupils were accessing appropriate information in lessons around this issue.

What outcomes did we focus on?

- To increase the number of pupils accessing SRE lessons and know about how to prevent STIs and pregnancy
- To increase the number of pupils who report they know what types of health services there are and where to find them
- To increase the number of pupils who report they are receiving relevant, age appropriate and helpful RSE

What activities/ interventions did we put in place?

We looked at the SRE curriculum in place and decided to focus our teaching on including lessons around reducing sexual behaviours that lead to unintended pregnancy or HIV/STIs. We also focused on activities to resist social pressures and targeted specific pupils who we knew were sexually active.



We invited a theatre group in who did an interesting and informative assembly with clear messages about abstaining from sex, information about risks of sex and ways to avoid intercourse. For the older year groups they presented information around using contraception and how to protect against pregnancy and STIs.

In the SRE lessons pupils practised healthy communication skills in a relationship, negotiation and refusal skills. Teaching methods and materials were adapted to meet the needs of the groups being taught.

We developed a School Council working party on the new SRE curriculum. They conducted surveys finding out what pupils wanted to learn about in lesson and how lessons could be improved/made more interesting. We did baseline assessments to assess pupil's gaps in knowledge.

What did we achieve, and how did we know?

We did a review of the changed SRE curriculum with teachers and community partners, taking into account pupil evaluations and found pupils were reporting they found SRE lessons informative and useful.

Discussions with the school nurse reported pupils were more knowledgeable about where to access help and the sexual health services available.

Questionnaires from parents showed they supported the focus of our teaching.

What will we do next?

We aim to continue to tailor our SRE curriculum to the needs of the pupils in our school. We will continue to signpost sexual health services available and school nurse drop in sessions.

Senior leader quote:

'We are proud of the outcomes we have achieved. Pupils are better informed in their Relationships and Sex Education lessons and engage fully. There is greater support from parents and the School Council is actively involved in evaluating feedback from pupils to inform teachers. We hope the new curriculum we have put into place will ensure pupils continue to know the full risks for examples of unintended pregnancies and STIs.'



SECONDARY SCHOOL STORY EXAMPLE 2

Enhancement priority area: Emotional Health and Wellbeing

We are a mixed comprehensive 11-16 high school and community college. The intake comes mainly from three feeder primary schools with children occasionally being admitted from out of catchment. Almost all pupils are from White British backgrounds but we have an increasing number of pupils from minority ethnic groups. The socio-economic background is broadly average. We currently have 613 pupils on role of which:

SEN – 16%

FSM – 8%

BME – 5%

What needs did we identify?

We appointed an Anti-Bullying Co-Ordinator who needed to identify the needs and attitudes of all pupils via a whole school survey. This survey included questions such as:

- Have you been bullied in the last twelve months?
- Does the school deal with bullying effectively?
- What would you like to see in place to tackle bullying at this school?
- From this, a plan was created that incorporated the wider school community, in order to create a sense of belonging and pride. We also identified the need to consider the following:
- Pupil and parental awareness of what actually constitutes bullying.
- Re-writing the school's anti-bullying policy in line with national strategies and individual pupil needs.
- Working closely with parents, pupils, governors and all staff to effectively combat bullying.
- What outcomes did we focus on?
- An improved PSHE curriculum that had specific anti-bullying strategies for all year groups.



- Parents, pupils, staff and governors working together towards a sense of collective responsibility.
- Producing a comprehensive anti-bullying policy that focused on the multiple layers of bullying
- What activities/interventions did we put in place?
- We developed new PSHE schemes of work and implemented a new Anti-Bullying policy.
- We held regular Anti-Bullying assemblies led by staff and students and a parent forum that focused on Anti-Bullying interventions and strategies. Weekly staff briefings that informed all staff about issues and patterns relating to Anti-Bullying.
- We introduced a text service and e-mail address for easier and safer reporting of bullying incidents.
- We appointed a named Anti-Bullying governor; who worked with students, analysed data, and liaised fully with the Anti-Bullying Co-Ordinator.

What did we achieve, and how did we know?

We fulfilled the criteria to achieve the Leicestershire “Beyond Bullying” Award and achieved the outcomes that we set out to achieve.

In the first twelve months, bullying incidents had reduced by 80%, with racist incidents reduced by 73%. There was improved understanding and

participation of staff, parents and students with regards to Anti-Bullying. Also a greater sense of collective responsibility across the school community and we raised the standards of the PSHE curriculum.

What will we do next?

- We hope to develop the work that we have started by maintaining the positive ethos across the school community.
- We seek to further improve by obtaining a national award concerning cyber bullying and e-safety.
- Work with peer mentors and school prefects to ensure a student-centred approach to Anti-Bullying initiatives.
- Seek to talk to primary schools about our Anti-Bullying message, in order to establish a strong code of conduct even before the students begin life at our school.



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Senior leader quote:

'I am very proud that the whole school community has shown a dedicated commitment to Anti-Bullying. We are constantly striving for our school to improve, and having a school which is safe for all children is fundamentally important to us. The hard work shown by the Anti-Bullying Co-Ordinator; the named governor; as well as pupils and parents has seen a commitment to our Anti-Bullying provision. We do not tolerate any kind of bullying, and all children have the confidence to tell someone if they feel they are being bullied.'





SECONDARY SCHOOL

STORY EXAMPLE 3

Enhancement priority area: Relationships and sexual health

We are a larger than the average-sized secondary school with an age range of 11-18. The proportion of students eligible for the pupil premium is below average as is the number of SEN students. We have a small minority of EAL pupils with the majority of pupils from a White British background. A small number of students in Key Stage 4 have access to part-time work-related courses at xxxxxx College.

What needs did we identify?

From auditing staff and questioning pupils we identified that the sexual health awareness of students was not as consistent as we wished. We wanted to improve both staff and student perception.

What outcomes did we focus on?

- Increase the knowledge of staff delivering the sexual health programme
- Increase the % of pupils reporting that that the school offers a sufficient sex education programme
- Increase the % of pupils using the drop in service and the local health centre

What activities/ interventions did we put in place?

In the last 18 months we changed the delivery of sexual health. We now have specialists teaching the subjects and the school nurse assists with contraception lessons for those without red box training.



Specialist assemblies on Chlamydia were delivered to students aged between 14 and 18. This increased awareness and also highlighted the role of xxxxxx Health Centre and the ease of access to this service.

The training procedure for staff teaching in this area is more structured and monitored by auditing.

We signposted opportunities for students to access experts in sexual health and also had experts visit to deliver assemblies. There was also an opportunity for 16-18 year olds to take chlamydia tests on site.

What did we achieve, and how did we know?

We audited staff both before and after training and there was a significant positive increase in how staff felt about delivering the sexual health part of the personal development programme.

There has been an increase in pupils using the drop in service at xxxxxx Health Centre. There was also an increase in those young people requesting condoms, chlamydia testing and pregnancy testing.

The views of young people have considerably improved. 18 months ago, students recognised there were some areas for development in the delivery of sexual health in PSHE lessons. After student interviews these opinions are more positive towards the subject and the subject content.

What will we do next?

We will endeavour to improve the sexual health awareness in the college. The practices that have been put into place have been successful and will continue to be part of xxxxxxxx's Healthy Schools procedures.

Senior leader quote:

'We are pleased with the support provided from the specialists and school nurse. Staff feel more confident now in delivering lessons in PSHE around sexual health. The training procedure for staff teaching in this area is better structured. It is also beneficial to know students are more aware of the services of the xxxxx Health Centre.'



SECONDARY SCHOOL

STORY EXAMPLE 4

Enhancement priority area: Substance misuse - Alcohol

We are a smaller than the average-sized secondary school located in xxxxxx, Leicestershire who recently converted to become an academy. A few of our students are taught jointly in alternative provision away from the academy site at xxxxxx.

Our age range is 11-14 and the current intake includes approximately 20% of students with SEN and 13% of students are eligible for FSM. The great majority of our students are of White British heritage and very few speak English as an additional language.

What needs did we identify?

We were aware that drinking alcohol is not a huge problem amongst current students in our school. However we were concerned about current perceptions and how the older, and particularly female, students in the school could influence these perceptions further. We wanted to

confirm our impressions that the number of students drinking alcohol is low and improve the perceptions the students have of how many other students are drinking.

What outcomes did we focus on?

- To reduce the proportion of students who think “about half”, “most” or “all” of their peers have drunk in the last six months.
- To reduce the number of students who say they drink alcohol regularly.
- To particularly focus on improving the alcohol behaviour in Y9 girls.
- To increase the number of Young People who report when surveyed that the alcohol social norms campaign has had an impact on their behaviour.



What activities/ interventions did we put in place?

- We carried out a social norms survey with nearly 400 students to get a baseline survey which included identification of how many students in the school drank.
- Year 9 pupils used the findings from the survey to incorporate its messages through designing slogans, messages, posters and having Facebook and Twitter inputs.

Posters were displayed in key locations around the school, including where students line up for classes. Three alcohol awareness assemblies were carried out to spread the campaign and raise awareness.

We implemented a series of lessons to educate the consequences of peer pressure on alcohol behaviour and supported staff to deliver the current, local, alcohol social norms advice.

What did we achieve, and how did we know?

The project had a positive effect on the students in the school which is most evident in conversations with students both in Science / PSHE lessons and in conversations at break and dinner time.

The key results of the whole school survey showed that those that saw the posters have healthier perceptions of peer drinking than the adjusted baseline in years 8&9.

Those that saw the posters have a lower approval of drinking and a lower intention to drink. Overall, those pupils who say they have seen the posters have, in most cases and in most years, healthier attitudes, perceptions and behaviours than an age adjusted baseline.

What will we do next?

We are aiming to use the findings from the survey in the alcohol related units of work next year to continue the normative approach. We will be attending a meeting with the other teachers involved in the project this year to share experiences and start planning for next year.

We are continuing with the project next year by building on the experience of this year but focusing on developing and delivering an intervention that ensures that normative messages reach more students, more often and in more ways.

Senior leader quote:

“Our Y9 students steered this project with enthusiasm and creativity. Every student was surprised by the actual normal situation rather than their own perceptions. Students responded well to the messages, as did staff. The target group of Y9 girls was well led by some peer leaders in the group driving this project. The impact was most positive with this target group.”





SECONDARY SCHOOL

STORY EXAMPLE 5

Enhancement priority area: Substance misuse - Tobacco

We are a mixed comprehensive 11-16 high school and community college. The intake comes mainly from five feeder primary schools with children occasionally being admitted from out of catchment. We have close relationships with all schools in the xxxxxxxx Partnership.

Almost all pupils are from White British backgrounds but we have an increasing number of pupils from minority ethnic groups. The socio-economic background is broadly average.

We currently have 513 pupils on role of which:

SEN – 16%

FSM – 8%

BME – 5%

What needs did we identify?

We acknowledged a small number of students who were under pressure to smoke for a number of reasons. We wanted to affirm our impressions of a low number of pupils smoking compared to the national

average and then establish a relevant and up-to-date programme of smoking prevention and cessation that would maintain this low level. With new students arriving each year at an impressionable young age we felt it was important to provide a current and up to date smoking prevention programme. We also identified that peer pressure plays a big part in our students that do smoke and so wanted to establish support for students who did feel pressured into smoking.

What outcomes did we focus on?

- Decrease the numbers of young people who smoke in school and at home.
- Increase the awareness of smoking education and support to parents and the wider community.
- Identify Young People who would benefit from attending a Stop Smoking Group within school



What activities/ interventions did we put in place?

We participated in the Tobacco Free Schools Project project - school based smoking prevention and stop smoking project. Through the support of the professionals running the project we provided the following activities/interventions.

The school re-wrote its whole school Smoke Free Policy by involving a wide range of interested parties within the school and wider community.

Innovative assemblies to all years were carried out by the Smoke Screen Team whose approach to smoking showed pupils how tobacco manufacturers recruit new smokers and some detailed facts on smoking.

The PSHE Drug-Smoking unit of work was re-written developing new approaches to the teaching of this aspect of the curriculum stressing that the norm is not to smoke using the Toxic tobacco truth lesson plans.

Pupils got involved in a 'Cut Films' competition where a group of pupils worked for a day with specialists to make a two-minute short film, with the objective to persuade their friends and community not to smoke. Our film won the Leicestershire Cut Film award for the best use of music.

Support was given to the school by the NHS to set up Stop Smoking Support where 1-1-1 sessions could be held with a specialist nurse. All staff including teaching, support and office staff also received Brief Intervention training.

A small group of pupils were trained to be peer educators within the school and are identified within the school and are identifiable in displays about smoking and its consequences.

What did we achieve, and how did we know?

We carried out a follow up survey to the baseline survey carried out at the beginning of the project. Key results from the survey showed the number of pupils who strongly disapproved of smoking rose and the number of pupils who were ambivalent to smoking dropped.

All students who attended the Smokescreen assembly thoroughly enjoyed it and were very keen to take part in the follow up. They felt the messages were delivered clearly and concisely. They did not focus on health issues which are considered boring and 'irrelevant' and provided a fresh take to stopping smoking.

Around the school the smoke free message is clear and identified pupils who smoke have been supported both by internal and external support mechanisms.

What will we do next?

- We will continue to advertise and signpost stop smoking services. We want to expand our smoking prevention group work to include shisha and educate pupils about e-cigarettes.
- We will be carrying out a yearly survey and put appropriate strategies in place.
- We will continue to use the Toxic tobacco truths resources and look at rolling the programme into other year groups.

Senior leader quote:

'Over the last academic year all members of the school have supported the programme in a positive and effective manner. Staff, students, parents and carers and Governors are fully engaged in this initiative and participation in the smoking cessation drive. This includes the impact and risk taking events, national non-smoking day and the Smokescreen. The impact has been far reaching and extremely beneficial.'





SPECIAL SCHOOL STORY EXAMPLE 1

Enhancement priority area: Emotional Health and Wellbeing and Healthy Weight

We are a large special school providing education for children and young people with severe, complex and profound learning difficulties from across the county. Many of our children and young people have additional sensory difficulties such as hearing or visual impairment. We hold specialist status in three areas: sports, mathematics and computing, and modern foreign languages. We have been committed to Healthy Schools for over five years.

We aim to provide as stimulating and inspiring a learning environment as possible for every one of our children. We include in this opportunities to learning outside the school, both in local community activities and at mainstream schools. Our drive to provide the best in health and wellbeing support to our children and young people is overseen by our health and wellbeing group. This is led by one of our assistant head teachers and participants include a cross-section of staff and our school nurse.

Number of pupils - 290 students aged 4 – 19 year olds,
43% FSM, 100% SEN, 74% BME
Entry level qualification passed: 29%.

What needs did we identify?

We discussed the areas that our needs analysis should consider. We then used existing data, including data on attendance, teacher questionnaires looking at children's emotional health and wellbeing, and surveys of parents/carers and teaching assistants regarding children's health and wellbeing needs and behaviours.

For example, we looked at how many fruit and vegetables children were eating on a typical day. We also collected information about vulnerable groups in the school and identified as a need the limited participation in wider school activities by our looked- after children.



We decided our priorities would be to focus on improving emotional wellbeing and improving the healthy weight among our children and young people.

What outcomes did we focus on?

- Increase the proportion of children and young people who participate in out-of-school physical activity clubs from 20 to 40 per cent.
- Increase the number of overweight and obese children who have accessed targeted support from 0 to 12.
- Increase the numbers who show improved self-confidence (as monitored through public speaking and peer support) from 41 to 62 children and young people.
- Increase the looked-after children who feel well-supported at school (monitored through the number of students accessing inclusive activities) from 9 to 45 percent.

What activities/ interventions did we put in place?

We set up nutritional workshops for parents/ carers of children who are obese and overweight. We agreed with the Food Routes programme that, in addition to delivering the workshops, they would approach the parents/carers directly to offer further support, for example we carried out a 6 week 'big cook little cook' session. This involved practical cookery

sessions which encouraged parents/carers and their children to eat a variety of foods and learn together about cooking and healthier eating.

We developed a targeted approach to involving looked-after children who have lower attendance at out-of-school activities by regularly monitoring attendance and proactively encouraging their participation. We hired a specialist sports apprentice to deliver physical activity sessions who could tailor the activities to meet the needs of the children.

What did we achieve, and how did we know?

- Parents/carers and children are now more knowledgeable about healthy eating following the 'big cook, little cook' sessions and workshops.
- Children are now more actively participating in out-of-school physical activity clubs following implementation of a specialist sports apprentice to deliver physical activity sessions.
- Our teachers now have easy access to information about our looked-after children, and they track their progress across the curriculum as well as participation in activities.

What will we do next?

We are now looking at how we can use and adapt our PSHE programme to further improve the self-confidence of children and young people. We have recently introduced PSHE mornings, which parents/carers are invited to attend.

Each morning has a theme of an aspect of emotional health and wellbeing. Parents/carers can find out about the knowledge and skills their children are developing relating to emotional health and wellbeing. We are also currently identifying a range of opportunities for children to speak publicly within school and build their self-confidence in this way.

Senior leader quote:

'We are very proud of the outcomes we have achieved, children a lot more confident and engaging in more physical activities. We aim to continue this work and the interventions put in place.'





SPECIAL SCHOOL

STORY EXAMPLE 2

Enhancement priority area: Emotional Health and Wellbeing and Healthy Weight

We are a happy, family-friendly Community special school for 3-11 year olds. Our children have moderate learning difficulties (MLD) and many of our children also have EAL. We have recently relocated into a new building on a shared site with a mainstream primary school, including communal outdoor spaces and eating areas. Our partnerships with parents/carers, health professionals and mainstream schools are really important to providing good support for our children's health and wellbeing.

Number of pupils: We currently have 89 children on site, 51% FSM, 100% SEN

What needs did we identify?

- We identified and gathered existing data, which helped us to better understand our children's health and wellbeing needs at a school level. This included PSHE progress and expected targets, parent/carer

satisfaction questionnaires, records of annual reviews with parents/carers and student questionnaires.

- Our recent relocation has resulted in a smaller outdoor space, which our children need to learn to share with children from the mainstream school. We were concerned about the effect of this on wellbeing.
- Following discussions, we selected two priorities: improving emotional health and wellbeing, and the prevalence of healthy weight among children and young people.



What outcomes did we focus on?

- Increase the number of children (years 2, 3 and 4) who say they are happy with their outside environment.
- Decrease in the number of children with behavioural, emotional and social difficulties (BESD) who exhibit challenging behaviours at lunchtimes.
- Increase from in the number of children from year 2, 3 and 4 who participate regularly in physical activity clubs

What activities/ interventions did we put in place?

We made changes to the outdoor environment to improve emotional and physical health by creating a new grass area, bike storage space and by investing in play equipment.

We worked with our the primary school on our shared site to create joint activity clubs at lunchtime and a joint Friends Against Bullying (FAB) club to improve understanding between the two groups of children. Some of our children have been trained as play leaders and help to organise lunchtime activities.

We have built on our active involvement in the local schools sports partnership to successfully encourage external partners to run activities for free, including street dance, golf, and tennis. Year 11s from a local

grammar school also run a lunchtime athletics club for our children.

What did we achieve, and how did we know?

- A greater number of students have stated they feel happy with their outside environment.
- There is an increase of children who actively participate in joint school life.
- More students participate regularly in physical activity clubs and exhibit less challenging behaviours at lunchtimes.

What will we do next?

- We are beginning to monitor our early milestones, which will provide us with evidence of the impact we are already having on our children's knowledge and health behaviours.
- We are about to start a 'food growing club' so that children can learn practically about benefits of fruit and vegetables. We hope to coordinate with the school kitchen so that produce can be used in some school dinners. In this way children will better understand how their food is prepared and cooked.
- We also plan to encourage parent/carer involvement in the food growing club to promote their understanding of healthy eating and increase parent-school engagement.



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Senior leader quote:

'As a school, it has made us think about our priorities. For us it's been a good process to actually record the steps and to be able to show that there has been an impact.'





SCHOOL HEALTH PROFILES

SCHOOL HEALTH PROFILES

These have been created by Leicestershire County Council's Public Health team and can help you to understand the needs of your children so you can work to improve their health and reduce health inequalities. The profiles present an aggregation of school census, school nursing and nationally published data to inform the reading of the health status of children in your area. The profiles are split into two levels of geographies, a four page district profile and a smaller cluster profile based on a family of schools.

BLABY	District Profile	Countesthorpe Cluster	Enderby Cluster	Leicester Forest East Cluster
NWL	District Profile	Castle Donington Cluster	Ashby Cluster	Coalville Cluster
OADBY & WIGSTON	District Profile	Oadby Cluster	Wigston Cluster	
HINCKLEY & BOSWORTH	District Profile Desford Cluster	Hinckley Redmoor Cluster	Groby Cluster	Hinckley Earl Shilton Cluster
HARBOROUGH	District Profile	Harborough Villages Cluster	Lutterworth Cluster	Market Harborough Town Cluster
MELTON	District Profile	Melton Town Cluster	Vale of Belvoir Cluster	
CHARNWOOD	District Profile Quorn Cluster	Anstey Birstall Cluster	Loughborough Cluster	Thurmaston & Syston Cluster