

PLANNING HSP SILVER AWARD: Robinsfield Infants School

Health Priority 1 (universal)		Needs Analysis (the data and evidence to demonstrate why you have identified this outcome)			
Healthy weight (additional opportunities for physical activity outside the curriculum) Increase the number of children and young people, who report taking part in structured or unstructured physical activity in the evening.	NCMP data shows that 11.8% of children in Reception (aged between 4 and 5) were recorded as obese in the City of Westminster from the school years 2009/10 to 2011/12. This was 478 children out of the 4044 measured. This number increased to 25.5% for children in year 6 (aged between 10 and 11); 900 children out of 3526 measured. The March 2013 Health Profile for the borough reports children in Westminster have worse than average levels of obesity. This more recent data shows that 11.4% of children aged 4-5 years and 26.1% of children aged 10-11 years are classified as obese. Only 49.7% of children participate in at least three hours of sport a week, which is worse than the England average. A need to promote physical activity has been noted by our health surveys and staff observations have highlighted many children are not walking to school. Our school council has requested more opportunities to be physically active. Previous school improvement plan priority has been 'to embed obesity prevention strategies'. New SIP for 2013/2014 will include priorities for sustainable, healthy travel.				
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All pupils					
Planned Outcome/s	Success indicators	Timescale	Activities	Timescale	Lead
<i>What difference do you hope to make to the health and wellbeing of pupils in your school?</i>	<i>Changes you will see before you reach the final outcome – could be knowledge, understanding, attitudes, skills or behaviours.</i>		<i>Including evaluation processes and monitoring.</i>		
<ul style="list-style-type: none"> 50% increase in children taking part in after school sports clubs and physical activity. 	<ul style="list-style-type: none"> More opportunities for after school sports clubs and physical activity hosted at school. Promotion of sports clubs held in the local community – posters, coffee mornings, school website links. Changing attitudes to physical activity by competing against other schools. Children take part in inter-school competitions. 	<p>September 2013 – July 2014</p> <p>September 2013 – June 2014</p> <p>January 2014</p>	<ul style="list-style-type: none"> Review number of children participating in sports clubs and physical activity inside school. Questionnaire to find out how many children are involved in out of school clubs and physical activity, and what clubs the children would like to participate in. Follow up questionnaires after promotion. Enter inter-school competitions e.g. mini olympics 	<p>September 2013</p> <p>September 2013</p> <p>December 2013 March 2014</p> <p>January 2014</p>	

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<ul style="list-style-type: none"> 80% of children involved in physical activity and lunch time clubs. 10 lunch time sports clubs on offer over the course of the school year. 	<ul style="list-style-type: none"> More opportunities for active play and structured, purposeful physical activity are provided for pupils at break and lunchtime. Clubs established and being run by junior pupils/GSCE or A-level students from QK. Staff observe children making active choices during break and lunchtimes. 	<p>September - July 2014</p> <p>January 2014 – July 2014</p>	<ul style="list-style-type: none"> Regularly review with pupil representatives the activities available at break and lunchtimes. Training for staff to promote active play. Training for students to run the clubs. 	<p>October 2013 February 2014 May 2014</p> <p>October 2013</p> <p>November 2013</p>	
<ul style="list-style-type: none"> 80% of children report they are well supported to regularly walk/cycle/scoot to school. 	<ul style="list-style-type: none"> In depth research/consultation carried out with pupils. Pupils monitoring travel. Sustainable travel included within the curriculum. 	<p>October 2013</p> <p>October 2013 – July 2014</p> <p>October 2013 – July 2014</p>	<ul style="list-style-type: none"> Review of travel modes completed for comparison with earlier years and to set baseline figures for monitoring outcomes. Pupil training in monitoring travel. Parent evening/coffee morning to 	<p>September 2013</p> <p>October 2013</p> <p>September 2013</p>	

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<ul style="list-style-type: none"> • Increase by 40% the number of children who walk to school from home. • Increase by 10% the number of children who park and stride • Reduction by 40% in number of car journeys to and from school (via car sharing, park and ride, car free days and reduced parking space available and closer monitoring of zig zagged areas outside school – cones ordered) 	<ul style="list-style-type: none"> • Evidence of modal shift away from car journeys. • Reduction in number of times children are brought to school in pushchairs. • T.I.E. on safe travel. • School takes part in WoW e.g. Walk Once a Week, Walk on Wednesdays. • Pedestrian scheme introduced. • Take part in National Walk to school week and National Bike Week • Host Bike It and scooter events – e.g. bikers breakfasts, bling your bike, love your bike, Dr. Bike, Big Pedal, etc. 	<p>July 2014</p> <p>January 2014</p> <p>October 2013</p> <p>May and June 2014</p> <p>September 2013 – July 2014</p>	<p>promote active travel.</p> <ul style="list-style-type: none"> • Establish a STP working group with pupil representation. • Cycling/scooting initiative. • Pedestrian skills training for pupils – wiser walking. • Sponsored walk. • An incentive scheme is established for pupils who regularly walk and/or cycle to school. 	<p>September 2013</p> <p>September 2013 – July 2014</p> <p>September 2013</p> <p>May 2013</p> <p>November 2012</p>	

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Healthy Schools Partnership Planning and Reporting Tool

Health Priority 2 (targeted)		Needs Analysis (the data and evidence to demonstrate why you have identified this outcome)			
Oral health	From previous national surveys we know the proportion of children living in our area have large numbers of decayed, missing or filled teeth (for 5 year olds: 1.67 in WCC compared to the England average of 1.11). Teachers have informally reported significant numbers of children complaining of toothache. In Westminster 38.1% of 5 year olds (or children who start school) have experience of decay, compared to 32.7% across London and 30.9% in England. Additionally dental caries in this area are the reason behind the highest number of hospital admissions for children aged 1-18 years. From the record of absences due to Medical appointments this school year, 16 have been noted as being for dental appointments. 50% of these have been children from the Early Years (children aged 3- 5). A previous SIP priority has been 'to improve dental health of all pupils' and this is something we are continuing to work on.				
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<ul style="list-style-type: none"> 90% of children report that they brush their teeth twice daily when surveyed (increase from baseline data). 50% reduction or displacement of drinks at home that are bad for teeth e.g. fruit shoots. 50% increase in number of children with a registered dentist. 	<ul style="list-style-type: none"> Staff report they are confident in dealing with cases of dental trauma. Foundation stage curriculum includes age appropriate activities to promote oral health, including a role play area as a dental practice. A questionnaire on whether a child has a dentist and name of that dentist is added to the school registration form/health form. Children able to talk about the need to drink water Children are able to describe good teeth brushing habits. Less absences due to toothache. Fewer emergency dental appointments. 	<p>October 2013</p> <p>October 2013 – December 2013</p> <p>September 2013</p> <p>December 2013</p> <p>October 2013 – July 2014</p> <p>October 2013 – July 2014</p> <p>October 2013 – July 2014</p>	<ul style="list-style-type: none"> Survey to establish how often children brush their teeth and if they have a dentist. Children encouraged to complete diet diaries, recording snack, sweets, fizzy drink etc. consumption. Promotion of drinking water including age appropriate lessons on hydration across the school linked to other curriculum areas and/or specific topics. Toothbrushing charts given out to the pupils in Reception to complete at home for a month. Training for staff to enable teachers to incorporate key messages into lessons and into pastoral care with children. Parents are provided with details of local NHS dentists. Specific oral health guidance provided for foundation stage EAL 	<p>September 2013</p> <p>November 2013</p> <p>November 2013</p> <p>October 2013</p> <p>September 2013</p> <p>October 2013</p> <p>November 2013</p>	

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	<ul style="list-style-type: none"> Fewer children report they are concerned about visiting the dentist. Children demonstrate they understand the best time to eat sugary food. 	December 2013	<ul style="list-style-type: none"> parents in languages appropriate for parents. Brushing for Life packs distributed to parents. Promote fluoride varnish to parents Education session for parents on Healthy snacks and drinks Educational sessions for Reception children about teeth with the school nurse 	<p>October 2013</p> <p>October 2013</p> <p>October 2013</p>	