



The Healthy Schools London (HSL) Gold Award Reporting Tool



School Details

Name of School:		Borough:
George Eliot Primary		Westminster
Key contact and job title:	Joseph Mahoney - Lettington (Healthy Schools Lead)	
Date achieved HSL Bronze Award:	15/11/2016	
Date achieved HSL Silver Award:	01/02/2017	
Health Priority 1 (universal)	Group	Planned Outcome(s)
Healthy Lifestyles – Improving the wellbeing of all children	<p>For all pupils – 420</p> <p>A survey was carried out with 226 children from across years 2-6. Some children skipped questions which is reflected in the baseline data</p>	<ul style="list-style-type: none"> • An increase in children reporting that they usually travel to school by either cycling, scooting or walking from a baseline of 46% (194 out of 420) to an endline of 60% (250 out of 420) • An increase in children reporting that they enjoy being physically active – baseline of 71% (160 out of 226) to an endline of 90% (203 out of 226) • Increase in children saying that they know there is an adult that they can talk to if/when they need support - baseline of 59% (125 out of 213) to an endline of 90% (192 out of 213) • Decrease in number of children reporting that they only eat 1-2 or no portions of fruit and vegetables on a typical day - baseline of 28% (63 out of 226) to an endline of 10% (23 out of 226) • Decrease in number of children reporting that they drink 1 or more glasses of fizzy drinks at home each day – baseline of 59% (134 out of 226) to an endline of 30% (68 out of 226)
Health Priority 2 (targeted)	Group	Planned Outcome(s)



Name of School:		Borough:
George Eliot Primary		Westminster
Working towards a healthy weight by engaging with the MEND Programmes (5-7 and 7-13)	<p>71 families have been identified across the school as having children with a BMI above a healthy weight.</p> <p>These families will be invited to take part in one of the MEND programmes and baseline and endline data will be included in the Gold report to include those families that engage with the programme</p>	<ul style="list-style-type: none"> • 70% of families that complete the first session go on to complete the programme • 60% of families that complete the programme report that their child is taking part in 1 hour more physical activity (not including the MEND session) outside of school each week (baseline and endline data to be included in the Gold report) • 80% of pupils completing the programme demonstrate an improvement in knowledge of healthy eating by demonstrating an understanding of portion sizes and how to read food labels (numbers to be included in the HSL Gold Report). • 80% of pupils completing the programme demonstrate an improvement in knowledge of physical activity by demonstrating an understanding of their recommended levels of physical activity (numbers to be included in the HSL Gold Report). • 80% of pupils completing the programme report they feel more confident and healthy as a result (numbers to be included in the HSL Gold Report).
Project Start Date	January 2017	
Project End Date	July 2017	
Consent to share Report and Photographs	We agree that HSL may share this report and photographs Yes	

Reporting Template HSL Gold Award: Health Priority 1 (Universal)

Health Priority 1 (universal)	Planned Outcome/s
Healthy Lifestyles – Improving the wellbeing of all children	<ul style="list-style-type: none"> • An increase in children reporting that they usually travel to school by either cycling, scooting or walking from a baseline of 46% (194 out of 420) to an endline of 60% (250 out of 420) • An increase in children reporting that they enjoy being physically active – baseline of 71% (160 out of 226) to an endline of 90% (203 out of 226) • Increase in children saying that they know there is an adult that they can talk to if/when they need support - baseline of 59% (125 out of 213) to an endline of 90% (192 out of 213) • Decrease in number of children reporting that they only eat 1-2 or no portions of fruit and vegetables on a typical day - baseline of 28% (63 out of 226) to an endline of 10% (23 out of 226)
Group	
For all pupils – 420	
A survey was carried	



out with 226 children from across years 2-6. Some children skipped questions which is reflected in the baseline data

- Decrease in number of children reporting that they drink 1 or more glasses of fizzy drinks at home each day – baseline of 59% (134 out of 226) to an endline of 30% (68 out of 226)

Health Priority 1: Record and report impact: Evidence of what has changed as a result of the intervention (planned or unintended outcomes and wider impact)

A: Record results and outcomes

i) **Overview::**

Local Data and Evidence

The March 2016 local Child Health Profile for Westminster shows that:

- 10.2% of children aged 4-5 and 24.1% of 10-11 year olds are classified as obese.
- The level of child poverty is worse than the England average with 29.8% of children aged under 16 years living in poverty.
- Westminster City Council's Health and Wellbeing Strategy has six key health themes, two of which are:
- To ensure every child has the best start in life - Children have good oral health, with fewer instances of tooth decay (W.1.e)
- Enabling young people to have a healthy adulthood

School Data

Our School Improvement Plan states that we will engage with the healthy schools process and aim to achieve Gold by Summer 2017.

To back up staff observations the **HEP 'Healthy Lifestyles' Survey** was carried out by 226 of the children in **December 2016**. This survey helped us to identify the measurable outcomes we have set.

In our most recent hands up survey (Autumn term 2016) for our School Travel Plan we identified that under half of the children (46%) take part in active travel to get to and from school. We are hoping to increase this percentage through the various initiatives we have planned.



ii) Planned outcomes

- 1) An increase in children reporting that they usually travel to school by either cycling, scooting or walking from a baseline of 46% (194 out of 420) to an endline of 60% (250 out of 420)
- 2) An increase in children reporting that they enjoy being physically active – baseline of 71% (160 out of 226) to an endline of 90% (203 out of 226)
- 3) Increase in children saying that they know there is an adult that they can talk to if/when they need support - baseline of 59% (125 out of 213) to an endline of 90% (192 out of 213)
- 4) Decrease in number of children reporting that they only eat 1-2 or no portions of fruit and vegetables on a typical day - baseline of 28% (63 out of 226) to an endline of 10% (23 out of 226)
- 5) Decrease in number of children reporting that they drink 1 or more glasses of fizzy drinks at home each day – baseline of 59% (134 out of 226) to an endline of 30% (68 out of 226)

iii) Outcomes achieved and detailed results:

The baseline surveys were completed in November 2016 and in June 2017 249 children between year 2 and year 6 repeated the HEP Healthy Lifestyles survey. From the responses we were able to gather the following endline data. Note that some of the children skipped some of the questions so the sample number for the endline data is different across the outcomes:

- 1) An increase in children reporting that they usually travel to school by either cycling, scooting or walking from a baseline of 46% (194 out of 420) to an endline of 60% (250 out of 420)**

Result – 253 children repeated the School Travel Hands Up survey in June 2017 and 172 children reported that they either cycle, scoot or walk to school on a regular basis. **This equates to 68% of the children which means that we have exceeded our target of 60%, representing a percentage shift of 48%.**

- 2) An increase in children reporting that they enjoy being physically active – baseline of 71% (160 out of 226) to an endline of 90% (203 out of 226)**

Result – When we repeated the survey 174/206 children (43 skipped the question) reported that they enjoyed being physically active – **This equates to 84% of the children which means that we have partially met our target of 90%, representing a percentage shift of 20%.**

- 3) Increase in children saying that they know there is an adult that they can talk to if/when they need support - baseline of 59% (125 out of 213) to an endline of 90% (192 out of 213)**

Result – When we repeated the survey 146/240 children (9 skipped the question) reported that they know there is an adult they can talk to if/when they need support – **This equates to 61% of the children which means that we have partially met our target of 90%, representing a percentage shift of 3%.**



- 4) **Decrease in number of children reporting that they only eat 1-2 or no portions of fruit and vegetables on a typical day - baseline of 28% (63 out of 226) to an endline of 10% (23 out of 226)**

Result – When we repeated the survey 35/237 children (12 skipped the question) reported that they only eat 1-2 portions of fruit and vegetable on a typical day – **This equates to 15% of the children which was a significant decrease and means that we partially met our target of 10%, representing a percentage shift of 46%.**

NB: When we looked at the results further we can see that there was a significant increase in the number of children reporting that they eat 3-4 portions of fruit and vegetables on a typical day – In November 2016 32% (72/226) of the children reported eating 3-4 portions on a typical day compared to 45% (106/237) of the children in June 2017. Although there was no change in the number reporting that they eat at least 5 portions a day we are pleased that the behaviour change is moving in a positive direction and we will continue to promote the messages around healthy eating.

- 5) **Decrease in number of children reporting that they drink 1 or more glasses of fizzy drinks at home each day – baseline of 59% (134 out of 226) to an endline of 30% (68 out of 226)**

Result – When we repeated the survey 126/229 (20 children skipped this question) reported that they drink 1 or more glasses of fizzy drinks at home each day – **This equates to 55% of the children which means that we partially met our target of 30%, representing a percentage shift of 7%.**

NB: When we looked the results further we can see that there was also an increase in the number of children reporting that they don't drink fizzy drinks at home. In November 2016 41% (92/226) of the children reported that they don't drink any fizzy drinks at home compared to 45% (103/229) of the children in June 2017, representing a percentage shift of 10%.

B: Approach

- i) **Describe how you achieved the outcomes:**

- 1) **An increase in children reporting that they either cycle, scoot or walk to school on a regular basis**

Over the course of the last two terms, we have worked in partnership with SusTrans, a transport charity that promotes and encourages sustainable transport. We became a “Bike It” school and enjoyed the support of a Bike It Officer who worked in partnership with us to promote cycling to school. We had a range of activities with the aim of promoting cycling to school such as:

- Biker's breakfast
- Bike to school week
- The Big Pedal competition
- 'Bike It Crew' ambassadors
- Dr Bike Day
- Bling your Bike to School Day
- Love your Bike Day
- A weekly Bike Club



Working with our Bike It officer, we delivered a number of sessions that explained the benefits of cycling to school as opposed to coming by car such as a taught session about Air Quality. We were also able to engage and excite children about bikes by having taught sessions centred on bikes such as Forces and Friction. We encouraged families who do not own a bike to purchase one through the services of 'Peddle My Wheels,' who were able to visit the school and install a pop up bike market. Families could sell their bikes and receive the full sale price or purchase a heavily discounted second hand bike.

As part of our work to promote sustainable travel to school we set up a group of Junior Travel Ambassadors. Their job was to help promote sustainable travel around the school. They ran poster competitions and assemblies to that end. One of their important jobs was to promote walking to school. This was achieved by a monthly tally chart collated by each class to see which class had the highest amount of children walking to school. That class would win a trophy. This engaged the children in a fun and competitive manner to walk to school.

In January, we received funding from Westminster City Council to produce a short film working in partnership with Sandbox Journeys. The children who made up the Junior Travel Ambassadors wrote and starred in a film using a green screen and their own animations that spoke about sustainable travel and spoke about the benefits of walking to school. This was placed on the school website and used to engage children.



Still from Junior Travel Ambassadors film, 'Ways of Travelling.'

Children enjoyed being part of the project and thought it was a good way of communicating the importance of sustainable travel to the whole school. One child said, "making the film was really fun, and everyone got to see it in assembly so I think more people will try to walk or cycle to school now."

2) An increase in children reporting that they enjoy being physically active

As part of our aim to increase the amount of children reporting that they enjoy being physically active, we arranged for there to be training on delivering active playtimes and training for teaching staff on how to deliver fun and effective active PE lessons. The aim of the active playtime training was to equip staff with the skills and confidence to deliver fun and engaging games during playtimes and to enable them with a bank of ideas of games that can be played during breaks.



Teaching staff also received training for delivery of the PE curriculum. The aims of this session were to better familiarise staff with the National Curriculum for PE and to highlight the important elements of a session when delivering PE. There was also a practical element where staff were given the opportunity to partake in a range of games that could be used and adapted for their children.

Staff were pleased with this training, with one member of staff saying, "the training really helped me to understand what were the most important things I should be considering when I plan a lesson and I loved the games!"



Member of staff implementing one of the games learnt on 'Active Playtimes' INSET

3) Increase in children saying that they know there is an adult that they can talk to if/when they need support

This year we have implemented the Social and Emotional Aspects of Learning curriculum across the school. This ensures that we have coverage of the National Curriculum PSHE objectives and ensured that we were following the same themes across the school centred around emotional learning. Many of these themes deal with relationships and how to cope in times of stress. The aim of the scheme is to empower children to deal with their emotions in a practical and manageable way, but also to encourage children to seek the help of an adult if they need to. We also implemented the new George Eliot Primary School Code of Conduct. These are five basic rules which centre on keeping children safe and encouraging them to be positive. One of the Codes of Conduct states that you must "talk to an adult if you feel angry, hurt or frightened." This is used consistently by all teachers across the school.



Furthermore, we introduced 'Talk Boxes' across the school. We implemented this with an assembly that focussed on a child who never spoke about his feelings. The talk boxes were introduced and then children were allowed to take them back to their classes. They are consistent in size and colour and are all labelled the same in order to encourage children to see that it is possible to communicate with an adult at all times, even if they are not currently present.

4) Decrease in number of children reporting that they only eat 1-2 or no portions of fruit and vegetables on a typical day

We held a number of workshops in partnership with MyTime Active throughout the last two terms in order to educate and enlighten children about healthy eating in general. Parents and children across the school took part in the following workshops centred on making healthy choices:

- Fruit and Vegetable World Map Taster (children)
- Healthy Snacks (parents and children)
- Eatwell Guide (parents and children)
- Label Reading (parents and children)
- Fizzy Drinks (parents and children)
- Fats and Sugars (parents and children)
- Cooking in the Curriculum (staff)

This allowed children the opportunity to be educated about healthy food choices. There was also a workshop (World Map Taster) which was aimed specifically at exposing children to fruit and vegetables from around the world. Children tasted different fruits and vegetables that were unfamiliar to most and looked at the origin of that food on a map.

Children were engaged in the workshops and we feel they had a positive effect. One child in Year 1 said, "the fruits tasted yummy and now they are my favourite!"

The Nutritionists from MyTime Active said of the workshops: "The parents were very engaged during all the workshops, it was easy to create a discussion on a topic they had lots of share. They really enjoyed the practical elements of the session helping them to remember learning. Particularly the sugary drinks and the Eatwell Guide very useful visuals, making them think about what they are feeding their children and how they can encourage healthier choices by being role models themselves. Every session I had handouts for the parents which they found really useful, particularly the food label reader, one parent took a handful to hand out to her friends and family members. At the start of the food labelling workshop only a couple of parents stated they actively read and understood labels but by the end with the activity they felt more confident and were going to download the change4life food smart app and involve their children with making healthier food choices. They were very appreciative of the workshops asking when and what the next topic would be. I mentioned that we were teaching the children the same messages so that it was a family approach and they understood the importance of this."

5) Decrease in number of children reporting that they drink 1 or more glasses of fizzy drinks at home each day

One of our aims was to enlighten children about the nature of fizzy drinks and why it is important that they do not consume them. We held a workshop specifically talking about fizzy drinks and children were able to talk confidently about the sugar content. We made a display that highlighted the amount of sugar that is contained in certain fizzy drinks that featured prominently in the school hall: this is where the children eat their lunch. We distributed among children in the Early Years and Key Stage 1 a toothbrush and toothpaste each and families were invited to take part in a tooth brushing challenge.

Although we were unable to make a significant impact on the amount of fizzy drinks that children consume on an average daily basis, we felt that the message was well



received by some children. *One child in Year 6 said, "I didn't realise there was so much sugar in Coke! I don't think I will drink it every day now."*

C: Analysis of results

i) Include details of what worked and why

We found that the children responded in an overwhelmingly positive way to the 'Bike It' project run in conjunction with SusTrans. Children were engaged by the practical activities and were motivated to participate. Having the support of a Bike It Officer who the children recognised as an individual specifically there to help us cycle to school was successful. Children were engaged with the competitive elements of cycling to school also and were motivated to compete against other schools. There was an opportunity to win a prize and we found that this motivated children as well.

On top of this, the creation of a Junior Travel Ambassador group was successful and effective in implementing a range of initiatives. We found that the film reached out to parents and to children alike and was a fun, engaging way to talk about sustainable travel and road safety. The children were responsible for tallying the amount of children that had walked to school and handing out a trophy to that class who had the most.

We found that the training received from MyTime Active was very useful in supporting the development of new ideas for PE. This undoubtedly had a positive impact on the amount of physical activity that children engaged in at school as there were new and exciting games being offered.

Talk boxes were successfully introduced in to the school environment and will remain in classes. Children understand what they are used for and know that they can find them in any classroom and can talk to any adult in school should they need to. The Code of Conduct has been successfully introduced and embedded into the school and forms part of the language that we communicate in.

The workshops ran smoothly and successfully took place. There was a growing interest in parent workshops and parent attendance increased over the period of time that the workshops took place. Children were able to talk confidently about the topics that they had been learning about and were particularly engaged in the practical activities such as food tasting.

One teacher said, 'letting children try fruits and vegetables in a group was a really powerful thing. Children were more inclined to try other fruits if they saw their friends doing it. I noticed that children were able to speak more confidently about what was healthy and what was not healthy.'

ii) Include details of what did not work and why

- We currently have a number of children who are fasting as part of Ramadan which we feel may have had an impact on some of the results in our endline survey – for example children that are fasting are not expected to do PE at school. We don't have a breakdown of the results for these particular children so cannot back this up with specific data.
- We included year 2 in the online surveys but we feel that if we do surveys in the future with this age group they will need more support from teachers to ensure that they fully understand the questions they are being asked.
- Upon reflection when developing our Silver Action Plan we may have been too ambitious with the endline targets we set. The majority of planned outcomes were partially met when measured against the final targets set. However we are very pleased to have made a positive impact across all outcomes.

- **Increase in children saying that they know there is an adult that they can talk to if/when they need support.**



We found that there was not a great increase in the amount of children reporting that there was an adult that they felt they could talk to. It is possible that the wording of the question was not specific enough and children may have understood this question as having somebody to talk to all the time as opposed to simply at school. We felt that the implementation of Talk Boxes was successful but it is perhaps a concept that needs more time to be embedded and for children to feel comfortable and confident to use it.

- **Decrease in number of children reporting that they drink 1 or more glasses of fizzy drinks at home each day.**

Although we did a lot of work around fizzy drinks, we found that we did not make a massive impact on this target. We found that this is a difficult target for us to take control of as the fizzy drinks would have to be consumed at home; fizzy or sugary drinks are not allowed to be consumed on site by children and adults alike. This is perhaps a target that needs more time and more intervention going forward as it is a habit that needs modifying in somebody's behaviour.

iii) **Unintended outcomes/ wider impact:**

When the children repeated the survey in June 2017 we also noticed improvements across other areas, aside from the outcomes we set. These were as follows (note that there is a difference in sample size depending on whether children skipped a question):

- November 2016 - 111/233 (48%) of children reported that they were physically active 3 times or more in the past 7 days right after school. This has gone up to 138/218 (63%)
- November 2016 - 123/233 (53%) of the children reported that they took part in 3 or more instances of physical activity at the weekends. This has gone up to 145/218 (67%)
- November 2016 - 145/226 (64%) of the children reported that they would like to take part in more physical activity. This has gone up to 143/206 (69%)
- November 2016 - 215/251 (86%) of the children reported that they eat breakfast every day. This has gone up to 213/237 (90%)
- November 2016 - 39/242 (16%) of children reported that they don't have a water bottle. This has gone down to 22/227 (10%)
- November 2016 – 111/233 (48%) of children reported that they are physically active for 60 minutes on 4 or more days in a week. This has gone up to 149/221 (67%)
- November 2016 – 161/237 (68%) of children reported that they are very active during PE lesson. This has gone up to 177/221 (80%).

iv) **Detail changes that have been made to the school and/or local environment**

- There are new markings in the playground that promote active playtimes
- There are new vegetable patches where children have the opportunity to grow and harvest vegetables
- Talk boxes will remain a prominent feature in classes



D: How activity is being sustained

i) Demonstrate how you intend to share and sustain these activities so they continue beyond the life of this project.

There are a number of changes that have been made to both the physical environment at the school as well as the practice of teaching that will be sustained going forward. This includes

- SEAL curriculum being embedded
- Cooking being put into the curriculum and teachers having a sound knowledge of how to deliver it
- Bike It project from SusTrans will continue and will eventually be upgraded to Bike It Plus
- Competitions will continue to run that promote sustainable transport, e.g. The Big Pedal, Walking to School Trophy etc.
- There are new markings in the playground that promote active playtimes
- There are new vegetable patches where children have the opportunity to grow and harvest vegetables
- Teachers will continue to use examples of good practice in PE sessions
- A number of student groups will continue, e.g. School Council, Junior Travel Ambassadors, Sports Ambassadors, The Bike It Crew
- Talk boxes will remain a prominent feature in classes
- Fizzy drinks will remain a prominent feature of the health promotion that we do at George Eliot – we will continue to have a display for sugars contained in fizzy drinks and will promote healthy drinks and the dangers of fizzy drinks on our newsletter periodically throughout the year.



Reporting Template HSL Gold Award: Health Priority 2 (Targeted)

Health Priority 2 (Targeted)	Planned Outcome/s
<p>Working towards a healthy weight by engaging with the MEND Programmes (5-7 and 7-13)</p> <p>Group</p> <p>71 families have been identified across the school as having children with a BMI above a healthy weight.</p> <p>These families will be invited to take part in one of the MEND programmes and baseline and endline data will be included in the Gold report to include those families that engage with the programme</p>	<ul style="list-style-type: none"> • 70% of families that complete the first session go on to complete the programme • 60% of families that complete the programme report that their child is taking part in 1 hour more physical activity (not including the MEND session) outside of school each week (baseline and endline data to be included in the Gold report) • 80% of pupils completing the programme demonstrate an improvement in knowledge of healthy eating by demonstrating an understanding of portion sizes and how to read food labels (numbers to be included in the HSL Gold Report). • 80% of pupils completing the programme demonstrate an improvement in knowledge of physical activity by demonstrating an understanding of their recommended levels of physical activity (numbers to be included in the HSL Gold Report). • 80% of pupils completing the programme report they feel more confident and healthy as a result (numbers to be included in the HSL Gold Report).

Health Priority 2: Record and report impact: Evidence of what has changed as a result of the intervention (planned or unintended outcomes and wider impact)
<p>A: Record results and outcomes</p> <p>i) Overview:</p> <p>School Data</p> <p>My Time Active have identified our school through the NCMP data as having the potential to benefit from the MEND (Mind, Exercise, Nutrition, Do it!) Programmes for both 5-7 and 7-13 year olds.</p> <p>MEND 5-7 is an ideal referral pathway after the reception-year National Child Measurement Programme (NCMP). It's a multi-component obesity prevention and treatment programme based on nutrition, physical activity and behaviour change.</p> <p>Who: Children aged 5-7 with a BMI \geq 91st centile and those at risk of becoming overweight or obese (eg due to parental obesity/ ethnicity/identified by a health professional) accompanied by a parent or carer.</p> <p>When: One 1hr 45-minute session a week for ten weeks.</p> <p>What we cover: Fussy eating, reducing screen time and sedentary habits, increasing active play and family activity, positive parenting, creating a healthy home environment, role modelling, family meal planning and routines, portion sizes, reading food labels.</p> <p>MEND 7-13 is a multi-component obesity prevention and treatment programme based on nutrition, physical activity and behaviour change</p> <p>Who: Children aged 7-13 with a BMI \geq 91st centile accompanied by a parent or carer. You can run programmes for the whole age range or for specific subsets (e.g. 7-</p>



10 or 11- 13) to suit local obesity pathways.

When: One 2-hour session a week for twelve weeks.

What we cover: Regular eating and healthy family habits, family meal planning and routines, understanding fats and sugars, portion sizes, learning to read food labels, balanced eating, reducing screen time and sedentary behaviour, goal setting and rewards.

In **January 2017** My Time Active carried out **Healthy Growth Checks** with 311 children across the school and identified 71 children that have a BMI above a healthy weight and therefore fulfil the criteria for being invited on to the programme. A number of these families will be invited to take part in one of the two MEND programmes.

National and Local Data and Evidence

The Department of Health have published guidelines from the UK Chief Medical Officers on recommended levels of physical activity by age group. For children (aged 5-18) this is at least 60 minutes per day of moderate to vigorous intensity activity. The **Tri-Borough Physical Activity and JSNA Summary and Recommendations from 2014** states that - *There is strong evidence that school based strategies, particularly with a family or extra-curricular component, are effective in improving physical activity uptake among children and young people.*

As with our universal priority the local data supports our decision to focus on reducing obesity as a targeted priority:

The Report of the Director of Public Health 2015-2016 for Hammersmith & Fulham, Kensington & Chelsea, and Westminster states:

- **In England**, less than a quarter of children are classed as physically active. Overall, boys are more active than girls with 21% of 5-15 year old boys completing at least 1 hour of moderate intensity activity each day, compared to 16% of girls.
- There is a decline in physical activity for both boys and girls as they get older. For boys, the numbers meeting the recommended levels of activity decline from 24% in 5 to 7 years olds to 14% in 13 to 15 year olds. For girls the decrease was from 23% to 8% respectively. However, 41% of boys and 44% of girls do walk to and from school every day, and in school, most children participate in some type of physical activity (93% of boys and 92% of girls)
- Children spent on average 3.3 hours each weekday on sedentary pursuits such as watching TV, reading etc. outside of school. This rises to around 4 hours on the weekend.
- **Children in the three Boroughs**, generally, children in the three boroughs have lower participation rates in high quality PE and school sport compared with their peers in London and England. For Hammersmith & Fulham this is 70% of pupils, Westminster is 75%, and 77% in Kensington and Chelsea.

The March 2016 local Child Health Profile for Westminster shows that:

- 10.2% of children aged 4-5 and 24.1% of 10-11 year olds are classified as obese.
- The level of child poverty is worse than the England average with 29.8% of children aged under 16 years living in poverty.

Westminster City Council's Health and Wellbeing Strategy has six key health themes, two of which are:

- To ensure every child has the best start in life - Children have good oral health, with fewer instances of tooth decay (W.1.e)
- Enabling young people to have a healthy adulthood



ii) Planned outcome

- 1) 70% of families that complete the first session go on to complete the programme
- 2) 60% of families that complete the programme report that their child is taking part in 1 hour more physical activity (not including the MEND session) outside of school each week (baseline and endline data to be included in the Gold report)
- 3) 80% of pupils completing the programme demonstrate an improvement in knowledge of healthy eating by demonstrating an understanding of portion sizes and how to read food labels (numbers to be included in the HSL Gold Report).
- 4) 80% of pupils completing the programme demonstrate an improvement in knowledge of physical activity by demonstrating an understanding of their recommended levels of physical activity (numbers to be included in the HSL Gold Report).
- 5) 80% of pupils completing the programme report they feel more confident and healthy as a result (numbers to be included in the HSL Gold Report).

iii) Outcomes achieved and detailed results:

From the families that were targeted for support 10 signed up for the 5-7 programme and 9 signed up for the 7-13 programme

1) 70% of families that complete the first session go on to complete the programme

- Result for the 5-7 programme **60% (6/10) families** went on to complete the programme (which equates to 6 or more sessions) – **we partially met our target**
- Results for the 7-13 programme **11% (1/9) families** went on to complete the programme - this participant attended 11/12 sessions and the route into the service was via NCMP – **unable to meet target at only 1/9 completed**

For the 7-13 programme 5 participants attended 5 sessions (10 hours of contact) and 1 attended 4 sessions (8 hour) therefore although they are not a completer in terms of our targets they have attended a reasonable amount of sessions in order to improve their overall health and wellbeing. The other 2 that originally signed up completed less than 4 sessions. With regards to the MEND 7-13 outcome data, unfortunately if there are less than 5 completers on any programme we are unable to share this information as the participants would be easily identifiable to the school. I can however confirm that the outcomes show improvements alike to the 5-7 programme which are detailed below.

2) 60% of families that complete the programme report that their child is taking part in 1 hour more physical activity (not including the MEND session) outside of school each week

Our analysis was unable to render a result for this target, due to difficulties in reporting the data and inaccuracies in the stated amounts.

3) 80% of pupils completing the programme demonstrate an improvement in knowledge of healthy eating by demonstrating an understanding of portion sizes and how to read food labels



Due to the complexity of the question we asked parents of the pupils who took part in the MEND (5-7) programme if they felt that they had an improved knowledge of portion sizes and how to read food labels having attended the MEND programme and 4/4 reported that they did (two parents did not attend the final session when the questionnaires were given out.) This equates to 100%. **We have therefore exceeded our target**

'I joined the MEND programme with my son because he is a fussy eater and I wanted him to do an extra-curricular activity. As a result of MEND he is now aware of what different foods do for us. He saw his dad drinking a coke the other day and he told him it was a weak food! I have learnt all about the different food groups and how to read food labels. If anyone is thinking about joining the MEND programme I would highly recommend it.' Parent from one of the families that completed the 5-7 programme

4) 80% of pupils completing the programme demonstrate an improvement in knowledge of physical activity by demonstrating an understanding of their recommended levels of physical activity

Due to the complexity of the question we asked parents of the pupils of MEND (5-7) if they felt that they had an improved understanding of the recommended levels of daily physical activity and 4/4 reported that they did (two parents did not attend the final session when the questionnaires were given out.) This equates to 100%. **We have therefore exceeded our target**

5) 80% of pupils completing the programme report they feel more confident and healthy as a result

All of the participants who completed the programme rated themselves on a Quality of Life survey. This was on a scale of 1-20 with 20 being high and above 15 considered a good level. All participants were asked questions about their satisfaction with physical wellbeing, emotional wellbeing, self-esteem and their family (see table below). When we collected the baseline data we could see that the children already had fairly high scores with most of them already at 15 or above across all four areas. 1/6 (17%) children reported an increase across all four areas and 2/6 (33%) children either reported no shift or an increase across all four of the areas.

Result - All 6 children reported an increase in at least one of the 4 areas so we can say that 100% (6/6) children felt more confident and healthy as a result of the programme – **We therefore exceeded our target**

Table to show responses from the Quality of Life survey that the 6 children (from the 5-7 programme) completed (both baseline and endline)



Participant	Milestone Name	Physical Wellbeing	Emotional Wellbeing	Self Esteem	Family
1	Baseline	20	17	20	16
	Completer	16	18	16	15
	Shift	-4	+1	-4	-1
2	Baseline	18	20	16	17
	Completer	20	19	16	19
	Shift	+2	-1	0	+2
3	Baseline	17	18	12	17
	Completer	20	19	16	19
	Shift	+3	+1	+4	+2
4	Baseline	20	19	19	18
	Completer	20	20	20	18
	Shift	0	+1	+1	0
5	Baseline	16	19	16	19
	Completer	19	18	20	19
	Shift	+3	-1	+4	0
6	Baseline	14	16	13	14
	Completer	15	16	14	20
	Shift	+1	0	+1	+6

B: Approach

i) Describe how you achieved the outcomes:

- My Time Active carried out Healthy Growth Checks on 311 children across the school to identify the families that can be targeted for support. They identified 71 children that have a BMI above a healthy weight and therefore qualified to be part of the MEND programme.
- The next step was to promote the MEND Programme to targeted families – this was done by Nutritionists from MyTime Active having a presence at school through a variety of ways including:
 - All families were sent a report of their child’s weight and were informed whether this was within healthy ranges. Families with a child outside of the normal healthy weight range were given extra information about the MEND programme.
 - Parent workshops
 - Assemblies for whole school
 - “Flyering” on several occasions
 - Handing out free fruit at the end of the day and providing families with information about the programme
 - Reception and Year 6 were measured by School Nurse as part of the National Child Measurement Programme and received a phone call from MyTime if their child was outside of the normal healthy weight and were invited to partake.



- At the beginning of the programmes My Time Active carried out a questionnaire with all the families that had signed up. This questionnaire asked for information around the following are:
 - Dietary intake over the past 7 days gathering information about intake of fruits and vegetables
 - Dietary intake over the past 24 hours gathering information about intake of fruits and vegetables and dairy
 - Dietary intake over the past 7 days gathering information about high fat and sugar and salt items
 - Strengths and difficulties of a child's behaviour in the past school year
 - For the 7-13 programme, the child completes a section pertaining to the amount of physical activity they have taken part in in the past 7 days
 - For the 7-13 programme, the child completes a section about quality of life

- The MEND 5-7 programme began on Tuesday 9th May for 10 weeks (1hr 45 minutes per week) broken down as follows:
 - 60 minutes for a parent workshop and active play for the children
 - 25 minutes for healthy family time (for parents and children together)
 - 20 minutes for parents and children of power time/snack time

The sessions take the weekly format of the following:

- Each session begins with a 'MEND jingle' which the children write at the beginning of the programme.
 - Following this, the whole family takes part in 'Power Time.' During this phase of the session, everyone is given a piece of fruit and a vegetable and are invited to look, touch, smell, kiss and taste each piece.
 - The next part is the Moving Story based on the weekly Nutritional theme (e.g. regular meal machine, power food vs. weak food).
 - Following this, there is a family time activity to reinforce the learning intention of that week.
 - At this point, the children and parents are split. Children stay with the Physical Activity Instructor to partake in physical activities. Parents go with the Nutritionist to discuss the week's learning intention more in depth. They receive a hand-out to take away from the session to reinforce this.
 - At the end, families come back together to celebrate their achievements and sing the MEND jingle again. Children receive a token for their participation.
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- MEND 7-13: Weekly session began on Thursday 27th April for 12 weeks (2 hours per week) broken down as follows:
 - 60 minutes for mind and nutrition theory session for parents and children
 - 60 minutes for a parent workshop and for physical activity for the children



Parents and children taking part in a MEND session working together to focus on healthy lifestyles.

The sessions take the weekly format of the following:

- Each session begins with a 'MEND jingle' which the children write at the beginning of the programme.
- All participants take part in a game to warm up.
- Following this, there is a whole family session which takes the form of a workshop based on the week's learning intention. There are a variety of interactive activities aimed at ensuring that all participants are taking part and included.
- At this point, the parents and children are split. Children complete 60 minutes of physical activity with a Physical Activity Instructor and parents have a focussed workshop / discussion based on the week's learning intention and linked to the psychological aspects of a healthy diet.
- At the end, families come back together to celebrate their achievements and sing the MEND jingle again.

C: Analysis of results

- ii) **Include details of what worked and why**



Working in partnership with MyTime Active we were able to promote the programme well and we were able to hold assemblies etc. to that end. Children were well informed about the programme and we were able to drum up excitement across the school for the programme.

Additionally, teachers reported informally that the families that were participating in the programme were reporting positive changes in their child's eating habits.

One teacher said 'I noticed a change in the snacks that parents who are attending MEND are bringing for their children after school. One parent's mum used to bring Capri-Sun and crisps and now she brings them fruit.'

iii) Include details of what did not work and why

As this was the first year that we have run MEND at the school, it was difficult to sign up a large amount of families. We hope that with the exposure that the programme received this year, it will result in more parents being interested in the future. There were discrepancies with the data that was collected compared to the outcomes that were set which made it difficult to report back accurately in the Gold.

We intend to work with MYTime Active in advance of delivering the MEND family programmes this coming academic year to ensure there are clear baseline figures that can be established against which progress can be measured.

iv) Unintended outcomes/ wider impact:

We spoke to one family who attended MEND 5-7 on a weekly basis. The family consisted of a single parent (Mother) with two children both within Key Stage 1 and a new-born baby. The participant reported that she found the programme useful in terms of educating herself about proper nutritional guidelines and portion sizes. However, what she found even more impactful was the effect it had on her child's willingness to try new foods and be open to new food. She reported that her child was particularly 'fussy' before joining the programme and said that the presence of another adult as well as the structure of MEND meant that her child tried a new food every week and that he was more willing to do this at home.

v) Detail changes that have been made to the school and/or local environment

The MEND programme took place in classrooms and the main school hall so it was not necessary for us to make any environmental changes to the school. However, the presence of MEND itself in the school this year has acted as an incentive for other families and has promoted itself simply by being present in the school. We are hoping that this will mean that it is possible to have more participants next year.

D: How activity is being sustained

The MEND programme is available to schools on a yearly basis. As this is the first time that this programme has been we found that there was not a large intake of families. We are planning to provide MEND to children and families again in the following academic year.

We are also in discussion with MyTime Active about implementing the 'MEND in Schools' programme which will target children in Years 1 and 4 throughout the year to educate them about healthy lifestyles. This extends beyond the classroom and involved after school time as well.