

Health Promoting Schools

Coherence in Planning and Reporting



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Scottish Health Promoting Schools Unit

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1. Introduction

Research indicates that Scotland's health is improving but that there is still a long way to go before we are as healthy as we could be. *Improving Health in Scotland - The Challenge*, The Scottish Executive (2003) outlined a strategy for improving the health of the nation. It highlights the important role schools play in positively influencing the health and well-being of children, young people and the wider community. The role of schools was given particular focus by The Scottish Executive setting a national target that all schools should be health promoting schools by 2007.

In many areas it is evident that schools are already promoting health and making an invaluable contribution to improving the health and well-being of children and young people. This good work requires to be extended in a more consistent way across all areas and all schools in Scotland as a whole.

A particular challenge for schools, Councils, NHS Boards and other local partners is to take forward the development of health promoting schools within a broad range of national and local policy initiatives, whilst at the same time responding to the particular needs of individual schools.. Working in this complex situation is difficult and it appears that some clarification and advice on the planning, evaluation and reporting of developments in health promoting schools would be widely welcomed.

The Scottish Executive in partnership with CoSLA, NHS Health Scotland and Learning and Teaching Scotland set up the Scottish Health Promoting Schools Unit (SHPSU) to support schools, Councils, NHS Boards and their partners as they work together to develop health promoting schools. SHPSU is directed by a broadly based Steering Group representing the education and health sectors. A number of significant developments have been taken forward to support partners in their efforts to develop health promoting schools.

- The establishment of the National Health Promoting Schools Network comprising representatives from every Council and local NHS in Scotland.
- The production of *Being Well – Doing Well - a framework for health promoting schools in Scotland*, Scottish Health Promoting Schools Unit (2004). This document followed widespread consultation and clearly defines the collective vision of health promoting schools. The document has been widely disseminated and is being used throughout the country.
- The production of the National Health Promoting Schools Website (www.healthpromotingschools.co.uk), which provides useful and up to date information for practitioners, children, young people and families and community members who wish to support the development of health promotion in schools.
- The appointment of three National Development Officers to operate as part of an integrated team within SHPSU which is taking forward objectives from three National Programmes: Eating for Health, Physical Activity/Active Schools and Mental Health and Well-being within a wider generic health improvement approach in the school setting.

2. Purpose of the Paper

The purpose of this paper is to:

- highlight a selection of current national policies which relate to health promotion in schools
- map current forms of planning, evaluation and reporting processes for the purposes of facilitating greater cohesion
- identify some key principles for ensuring the development of health promoting schools is appropriately embedded within these processes.

3. Planning context for Health Promoting Schools

Currently there are several layers of plans that impact on the development of health promoting schools.

The Scottish Executive requires Councils and NHS Boards to draw up area plans based on Community Planning Priorities. In 2005-06 Councils and NHS Boards are drawing up Integrated Children's Services Plans and Joint Health Improvement Plans that relate directly to Community Planning Priorities in Education and Health Improvement. Plans that come under some of the other Community Priorities may also have consequences for health promoting schools.

Prior to the introduction of the more integrated approaches to planning, Councils and NHS Boards have been drawing up Service Level plans that impact on health promotion in schools.

Schools, through their School Development Plans, also undertake planning that has a direct effect on the development of health promotion.

The chart on the next page illustrates the planning infrastructure within which Councils, NHS Boards and schools currently operate

There is an expectation at all levels of planning that the needs of the local community will be identified and addressed.

3.1 National Policy Context

Local planners at Service and school levels often feel that they are “wrestling to tame a blizzard of initiatives” and find it difficult to establish effective coherence in their approaches. The many challenges they face include the need to:

- keep up to date with the requirements of national policy
- focus and present local expectations and policy in ways that are practicable at the local level
- ensure the development of health promoting schools is embedded in the range of national and local policy and guidance.

The chart on the next page gives an overview of the current national policy context for health promotion in schools. The chart is not exhaustive and will change with the emergence of Integrated Children’s Services and Community Health Partnerships. Further advice may be required to support the planning for the development of health promoting schools as more integrated planning is introduced.

National Policy Context

Health

- Towards a Healthier Scotland, The Scottish Office, 1999
- Our National Health, The Scottish Executive, 2000
- National Programme for Mental Health, The Scottish Executive, 2003
- Hungry for Success, The Scottish Executive, 2003
- Framework for Nursing in Schools, The Scottish Executive, 2003
- Respect & Responsibility, The Scottish Executive, 2004
- Lets make Scotland more active, The Scottish Executive, 2003
- Improving Health in Scotland - The Challenge The Scottish Executive, 2003

Social

- For Scotland's Children, The Scottish Executive, 2001
- Growing Support, The Scottish Executive, 2002
- Tackling drugs in Scotland, The Scottish Office, 1999

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Education

- The 21st Century School, The Scottish Executive, 2003
- New Community Schools The prospectus, The Scottish Office 1998
- Moving forward! Additional support for Learning, The Scottish Executive, 2003
- A Teaching Profession for 21st Century, The Scottish Executive, 2001
- Better Behaviour, Better Learning, The Scottish Executive, 2001
- Count us in – Inclusion in Scottish Schools, HMIE, 2002
- Eco – Schools Handbook, Keep Scotland Beautiful, 2003
- 3 – 5 Curricular Framework, Learning and Teaching Scotland, 2003
- 5 – 14 Health Education, Learning and Teaching Scotland, 2000
- Education for Excellence, The Scottish Executive, 2003
- Education for Citizenship, Learning and Teaching Scotland, 2002
- Being Well – Doing Well, Scottish Health Promoting Schools Unit 2004
- Ambitious, excellent schools, The Scottish Executive, 2004

3.2 Local Planning Context for Health Promoting Schools

A synopsis of the relevant local plans is provided within the tables that follow.

3.2.1 Area Plans

The Community Plan is central to all Council, NHS and other partner agencies plans.

Community Plan

Responsibility for the Plan	Councils
Accountable to	The community, The Scottish Executive
Planning Cycle	5 years
<p>Commentary The 'Duty of Community Planning' puts the onus on Councils to plan and provide public services together with other public bodies, called Community Planning Partners, and with the communities affected by the service. The emphasis is on the processes of bringing together all relevant parties rather than producing a document. Health is one of the key themes of Community Planning and will be taken forward in the form of a Joint Health Improvement Plan.</p>	

The community planning process encourages partners to form alliances, establish effective partnerships and to create joint plans. The joint plans include:

Integrated Children's Services Plan

Responsibility for the Plan	Council
Accountable to	The Scottish Executive
Planning Cycle	current planning cycle is 2005 – 2008
<p>Commentary All Councils, together with NHS Boards and other partners are required by law to prepare, monitor and review plans relating to children's services. The Children's Services Plan should link with other relevant local plans, including the child component of the Local Health Plan, the local Education Improvement Plan, and the wider Community Plan. Health promotion in schools should feature in all of these plans; the Children's Services Plan provides a framework for integrating health promotion in schools with the full range of policy initiatives relating to children.</p>	

Joint Health Improvement Plan

Responsibility for the Plan	NHS and Councils
Accountable to	The Scottish Executive
Planning Cycle	5 years
Commentary Joint Health Improvement Plans are being developed for each Council area by Community Planning Partnerships. These Plans will set out a strategy with identified objectives and actions for each partner organisation to improve health and reduce inequalities within the local population. Health promotion in schools should be seen as an essential part of delivering health improvement and should be embedded in this joint plan.	

The Council Business Plan

Responsibility for the Plan	Council
Accountable to	Scottish Executive
Planning Cycle	Annual
Commentary A Corporate Plan linked to community planning objectives which sets out the Council's corporate objectives and reflects national priorities such as those in education, including health promotion in schools.	

3.2.2 Service Plans

Services are requested to prepare corporate plans that are aligned to community planning processes and anticipated outcomes.

Education Service Plan

Responsibility for the Plan	Council
Accountable to	Council, HMIE, Scottish Executive Education Department
Planning Cycle	3 Years
Commentary The Education Service Plan provides a detailed account of integrated planning for service developments in education, including: <ul style="list-style-type: none">• the incorporation of the national educational priorities• reflection on key council objectives• inter-agency and partnership arrangements• details of long term financial planning. As noted above, health promotion in schools should feature in these plans as an outcome of National Priority 2 and key policy themes linked to the Statement of Education Improvement Objectives.	

Statement of Education Improvement Objectives

Responsibility for the Plan	Council
Accountable to	Scottish Executive Education Department
Planning Cycle	Annual, submitted in December
<p>Commentary Under the terms of the <i>Standards in Scotland's Schools etc.</i> Act 2000, Councils are required to produce and publish an annual 'Statement of Education Improvement Objectives'. The objectives should be set in respect of each of the national priorities in education and by reference to such measures of performance. National Priority 2 includes an outcome for schools to enhance the school environment so that it is more conducive to teaching and learning, and a performance measure for local authorities to report on the percentage of health promoting schools¹.</p> <p>The requirement to prepare and publish an annual statement does not imply the production of a further plan but the clear articulation of a set of objectives. Some Councils may choose to do this by embedding their improvement objectives within existing plans such as Service Plans while others may find it more convenient to prepare a stand-alone statement.</p> <p>An authority's Statement of Education Improvement Objectives should continue to make clear how a number of key policy themes will be addressed, including health promotion.</p>	

Local Health Plan

Responsibility for the Plan	NHS Board
Accountable to	Scottish Executive Health Department
Planning Cycle	5 year plan with annual updates
<p>Commentary The Local Health Plan is the main strategic document for NHS. The focus of the plan is on addressing 3 key objectives, namely improving health, reducing inequalities and improving health services. The Local Health Plan should take account of priorities highlighted by national strategic framework documents such as <i>Improving Health in Scotland: The Challenge</i> (2003), which identifies the development of health promoting schools as a key action. Community Health Partnerships should be fully involved in overall NHS strategic planning, priority setting and resource allocation and they will be responsible for the delivery of their part of the strategic plans.</p>	

¹ National Priority 2: Framework for Learning

'To support and develop the skills of teachers, the self-discipline of pupils and to enhance school environments so they are conducive to learning and teaching.'

Community Health Partnership Plans (from April 2005)

Responsibility for the Plan	Community Health Partnerships
Accountable to	NHS Boards, Scottish Executive Health Department
Planning Cycle	Annual
<p>Commentary <i>The National Health Service Reform Act (Scotland) (2004)</i> provides for the establishment of Community Health Partnerships (CHPs) by NHS Boards by April 2005. Community Health Partnerships are evolving out of Local Health Care Co-operatives and will play a more pivotal role in delivering health improvement for their local communities. In terms of responding to child health issues, CHPs are expected to be key drivers for integrating child health services, primary care services, respite services, social care, education and other services for children and young people and are expected to work within the existing and future national, regional and local planning guidance and strategic frameworks relating to Children and Young People's services. CHPs will also be expected to be the principal NHS partner in Integrated Community and Health Promoting Schools.</p>	

Hungry for Success

Responsibility for the Plan	Council
Accountable to	The Scottish Executive Health and Education Departments
Planning Cycle	Annual
<p>Commentary Funding has been made available to Councils via the National Priorities Action Fund on the basis that they will work with local partners to develop and take forward a strategy relating to the implementation of the recommendations within Hungry for Success, and report twice a year on the strategic use to which resources have been put.</p>	

Active Schools

Responsibility for the Plan	Council
Accountable to	Sportscotland
Planning Cycle	Annual
<p>Commentary Councils in partnership with a range of local stakeholders are expected to develop an Active Schools Strategy. Access to funding is dependent upon the production of an action plan.</p>	

3.2.3 School Plans

The School Development Plan lies at the heart of planning at school level. In practice all additional plans connect to this.

School Development Plan

Responsibility for the Plan	The School
Accountable to	Council, School Board, parents
Planning Cycle	Annual, published in June
<p>Commentary <i>The Standards in Scotland's Schools etc. Act (2000)</i>, requires every school to produce an annual school development plan. The school development plan is the main tool whereby schools organise and report their development objectives and activities. The plan arises from priorities identified by the Council and by the school's own self-evaluation procedures. It takes account of the Council's annual Statement of Education Improvement Objectives and sets objectives for the school in consultation with pupils, parents, the School Board and the Council. Health promotion frequently features in school development plans.</p>	

Integrated Community Schools Plan

Responsibility for the Plan	Schools, Councils, NHS Boards
Accountable to	Scottish Executive Education Department
Planning Cycle	Annual
<p>Commentary The Scottish Executive has indicated that all schools in Scotland are to be integrated community schools (ICS) by 2007. There is growing recognition that ICS is being seen as a central part of an overall approach to improving health and addressing health inequalities. A core dimension of an integrated community school is the consideration of the health needs of the whole school community and the adoption of a holistic approach and integrated response to health promotion. <i>Improving Health in Scotland: The Challenge (2003)</i> states that every integrated community school will also be a health promoting school.</p>	

Eco School Plan

Responsibility for the Plan	The School
Accountable to	Eco Schools (Scotland)
Planning Cycle	Annual
<p>Commentary Many schools across the Country are committed to developing as Eco schools. The programme encourages schools to develop five strands of work relating to improving and sustaining the environment. One of the strands healthy living relates directly to health promoting schools.</p>	

4. Overview of Planning for Health Promotion at Regional and School Level

It is evident that in many areas across Scotland, coherent approaches to planning the development of health promoting schools is emerging. In these areas there is:

- a clear vision for health promoting schools that takes account of the range of national and local policy initiatives
- engagement with a wide range of local partners
- good communication between local services
- agreement among partners about joint working.

There is a general understanding throughout the country that the characteristics and principles in the national framework document *Being Well – Doing Well*, make a sound foundation for the development of health promoting schools.

Evidence based on practice across Scotland indicates that planning for health promotion often takes account of the following actions:

- Making links to integrated community schools, active schools and eco schools.
- Establishing a Health Action Group, Steering Group or Working Group at Council level to take forward an Action Plan for health promoting schools.
- Introducing School Nutrition Action Groups in many schools.
- Establishing Council-wide approaches to recognition or accreditation for Health Promoting Schools through local accreditation schemes or ‘kite marking’.
- Including the evaluation of health promoting schools within quality assurance mechanisms carried out by multi-agency teams.

5. Reporting Context for Health Promoting Schools

The large number of statutory, cross-cutting and internal reporting requirements made upon Councils and NHS Boards has created a web of linked and overlapping reports. The picture is further complicated by requirements to report on the use of ring fenced funding streams such as the National Priorities Action Fund, and the need to be involved in partnership arrangements linked to plans and strategies.

The chart on the next page outlines the context within which the development of health promoting schools is currently being reported. Reporting takes place at several levels.

Reporting the implementation of community planning has the potential to act as a central organiser for all other reports. Perhaps understandably, many Councils and their partners are currently wrestling with the implementation of the community planning process rather than considering how it might best be reported.

Many Councils, NHS Boards and other services have made excellent progress in planning and implementing integrated children's services and joint health improvement targets, and have been generating more integrated reports.

Reporting at Service and school level treads a more familiar path and appears to be more systematic across the country with clear procedures and support in place.

Reporting Context for Health Promoting Schools

Area Reporting

Community Planning Reports

Education

Health Improvement

Jobs & Prosperity

Crime & Community Safety

Infrastructure, Environment and Sustainable Development

Integrated Children's Services

Joint Health Improvement Targets

Service Level Reports

Councils

NHS Boards

Other Service Providers

Statement of Education Improvement Objectives

Performance Assessment Framework

Other reports relating to children and young people (Statutory, Voluntary and Community)

Report on Best Value Review

Director of Public Health Annual Report

Hungry for Success Report

Inspection of Education Authority (INEA) Profile

Community Health Partnership Report

Active Schools Report

Standards and Quality Report

Choose Life Report

School Reports

Standards and Quality Report

School Inspection Reports

5.1 Area Reporting

This section identifies the range of reporting requirements of Councils and NHS Boards that may relate to health promoting school development. A variety of tools are used by organisations to undertake performance assessment and self-evaluation. These tools often include the national performance indicators for measuring progress towards national priorities.

5.1.1 Reporting on Community Planning

Reporting on community planning progress (replacing Statutory Performance Indicators)

Responsibility for the Report	Local authorities and NHS
Reporting to	Audit Scotland
Reporting Cycle	Annual
<p>Commentary</p> <p>Audit Scotland is developing an integrated approach to reporting on community planning priorities for Community Planning Partnerships. The proposed approach involves reporting on a national menu of cross-cutting indicators which are grouped under the 5 national priorities of Building a Better Scotland² from which community planning partnerships can select to support performance reporting against their community plan priorities. In addition to the national menu of Community Planning Indicators (CPI), it is proposed that there will be a local menu of CPI grouped under the 5 national priorities from which partnerships can select indicators to support local performance management and reporting arrangements. The proposals and how they relate to health promoting schools is summarised as follows:</p> <p><i>National menu of Community Planning Indicators</i></p> <p>The national menu includes performance indicators grouped under Health Improvement and Education which are two of the five national priorities for Community Planning Partnerships. However, the proposed indicators for these areas do not include Health Promoting Schools but do include a small number of specific indicators under Health Improvement that relate to children and young people, namely:</p> <ul style="list-style-type: none"> • Improving the health of young people through reductions in the rates of suicides among young people • Conceptions among females ages 13-15 years • Percentage of people eating cooked green vegetables 5 or more times a week • Percentage of people eating fresh fruit once a day or more. <p>The indicators proposed under Education are concerned with attainment levels in maths, reading and writing; achievement in standard and higher grades; and, levels of attendance.</p>	

² Five National Priorities of *Building a Better Scotland*: Jobs & Prosperity, Health Improvement, Infrastructure, Environment & Sustainable Development, Education, Crime & Community Safety.

Local Menu of Community Planning Indicators

Community Planning Partners may choose to include indicators relating to Health Promoting Schools within their local menu of Community Planning Indicators.

It is proposed that Community Planning Partnerships will submit a statement of intent along side details of their selection of national and local indicators.

Report on Integrated Children's Services

Responsibility for the Report	Councils
Reporting to	Audit Scotland
Reporting Cycle	Annual
Commentary Councils are expected to report on behalf of the partnership progress in relation to integrating children's services as part of their community planning report as outlined above.	

Report on Joint Health Improvement Targets

Responsibility for the Report	Council and NHS
Reporting to	Audit Scotland
Reporting Cycle	Annual
Commentary Councils in partnership with NHS Boards are expected to report on joint health improvement targets as part of the community planning report as outlined on page 15.	

5.2 Service Level Reporting

Services are expected to report on their progress through a range of reporting mechanisms including:

Report on achievement objectives (Statement of Education Improvement Objectives)

Responsibility for the Report	Education Authorities
Reporting to	Scottish Executive Education Department
Reporting Cycle	Annually each January
<p>Commentary</p> <p>Authorities are required, under the terms of the Standards in Scotland's Schools (etc.) Act, to prepare and publish an annual report on their success in meeting the objectives set in their most recently published annual Statement of Education Improvement Objectives. The report should focus on how the outcomes within the National Priorities are being delivered, using evidence from the nationally defined performance measures and quality indicators, and locally identified measures, if appropriate. Education Authorities are encouraged to use the report to highlight examples of effective practice which they are using in the delivery of these outcomes and, almost equally importantly, the strategies they have used which have not produced the expected results. In order to achieve these aims, it is suggested that a report on the delivery of any outcome would generally include:</p> <ul style="list-style-type: none">• a Statement of the Improvement Objectives for the outcome• a description of the local context and an indication of current position• the success or otherwise of the strategies and practices that have been or are employed to implement the objectives. <p>An authority's report on their Statement of Improvement Objectives should make clear how a number of key policy themes have been addressed, including health promotion.</p>	

Best Value Reviews

Responsibility for the Report	Education authorities
Reporting to	Audit Scotland
Reporting Cycle	3 years, follow-up reviews in intervening years
<p>Commentary The ‘Duty of Best Value’ is the duty of a Council to make arrangements which secure continuous improvement in the performance of the authority’s functions. The main elements of the audit are:</p> <ul style="list-style-type: none"> • a self-assessment of the council’s strengths and weaknesses, and a draft improvement plan • an analysis by the auditors of the performance of the council drawing on statutory performance indicators, value for money studies and reports of inspection / regulatory bodies (HMIE etc) • selected areas for detailed audit • public report. 	

Inspection of Education Authority (INEA) Profile

Responsibility for the Report	Education authority
Reporting to	HMIE
Reporting Cycle	5 years
<p>Commentary Education Authorities are now subject to inspection by HMIE and Audit Scotland. The education authority is required to complete a profile and self-evaluation pro-forma prior to the inspection. The profile is based on use of the QIs in Quality Management in Education Much of the information sought will be in documents already possessed by the EA, which may be referred to and appended. The self-evaluation pro-forma makes the following requirements:</p> <ul style="list-style-type: none"> • The EA should award itself an evaluation grade (1-4) for each QI. • It should briefly list the evidence in bullet form with reference to the themes of each QI. It should clearly cross-refer to key documents and policies enclosed in the package and the EA profile. All profile materials should be very clearly numbered, to assist this process. • The self-evaluation pro-forma will culminate in the Education Authority’s assessment of its current key strengths and areas for development. 	

Standards and Quality Report

Responsibility for the Report	Education authority
Reporting to	The Council, Scottish Executive Education Department
Reporting Cycle	Annual
Commentary This is the Education Services Performance Assessment. Performance indicators are used to report on progress.	

Performance Assessment Framework

Responsibility for the Report	Community Health Partnerships (from April) and NHS Boards
Reporting to	Scottish Executive Health Department
Reporting Cycle	Annual
Commentary Community Health Partnerships will be responsible on behalf of the Health Board for meeting the requirements of the Joint Performance Information and Assessment Framework (JPIAF), and in developing and monitoring joint Local Improvement Targets with their Council partner.	

Annual Performance Report

Responsibility for the Report	Council
Reporting to	The Scottish Executive
Reporting Cycle	Annual
Commentary The Council Annual Performance Report provides information on the Council's overall performance, its priorities, key achievements, service improvements and key targets for the coming year. It describes the Council's key objectives and demonstrates how services performed against the targets set in relation to those key objectives. The key objectives and associated targets for the Council Term should reflect the Council Plan.	

In addition to preparing reports in response to core corporate functions many services are requested to provide reports on ring-fenced projects; where funding is allocated to take forward a particular area of work. Examples of this in terms of health promotion in schools include:

Active Schools

Responsibility for the Report	Education authorities
Reporting to	Sportscotland, Scottish Executive Sports Policy Unit
Reporting Cycle	Annual
Commentary Councils are expected to report on their activities in relation to taking forward their strategy for Active Schools. Within the plan council departments and their partners are committed to delivering a range of objectives. Funding is dependant upon the production of a comprehensive local action plan.	

Hungry for Success Reports

Responsibility for the Report	Council
Reporting to	Scottish Executive Education and Health Departments
Reporting Cycle	Annual
Commentary Councils are charged with taking forward the implementation of the recommendations of <i>Hungry for Success: A Whole School Approach to School Meals in Scotland</i> . Funding has been allocated to Councils to make improvements in relation to food provision and uptake in schools encouraging a whole school approach to food and diet. Councils co-ordinate and lead on a range of initiatives and are required to report to The Executive on an annual basis.	

Choose Life

Responsibility for the Report	Councils
Reporting to	National Choose Life Co-ordinator
Reporting Cycle	Annual
Commentary The National Mental Health and Well-being Programme issued funding to Councils to take forward a locally determined strategy to prevent suicides. Developments require to be monitored and reported to Choose Life on an annual basis	

5.3 School Level Reporting

Mechanisms for school level reporting have been in place for some time. Schools are requested to evaluate their work in respect of health promotion in the same way as they monitor and report on all other aspects of school performance. Health promoting school developments ideally should be integral to the ongoing quality assurance process currently adopted by schools.

Standards and Quality Reports

Responsibility for the Report	School
Reporting to	Education Authority, School Board, and parents
Reporting Cycle	Annual
<p>Commentary Schools used a series of guides to self-evaluate their effectiveness and enable them to produce reports on standards and quality. Self-evaluation practice enables schools to generate Reports on Standards and Quality by helping them to:</p> <ul style="list-style-type: none"> • recognise key strengths in provision • identify areas where good quality need to be maintained or where improvement is needed • identify priorities for the school development plan. <p>The Health Promoting School (HMIE 2004) is a self-evaluation guide, which builds on the advice given in the publications <i>How good is our school?</i> and <i>The Child at the Centre</i>. This guidance helps schools compare performance against benchmarks of good practice in each of the key characteristics of health promoting schools set out by <i>Being Well – Doing Well</i>.</p>	

HMIE Core Inspections Reports (replaces Standards and Quality model)

Responsibility for the Report	HMIE
Reporting to	School, Education Authority, Scottish Executive Education Department, School Board, and parents
Reporting Cycle	6 years
<p>Commentary Within the core inspection, a key set of quality indicators (QIs) focusing on impact and outcomes are evaluated as part of the whole school inspection, there are 19 QIs, these are arranged under the following headings:</p> <ul style="list-style-type: none"> • how good is the curriculum • how good is learning and teaching • how well are pupils achieving • how well are pupils supported • how good is the environment for learning • improving the school. <p>These questions provide the basic structure to the final school report, which also includes a section on the views of parents / carers, pupils and staff.</p>	

6. Overview of Reporting on Health Promotion at Regional and School Level

Several Councils and NHS Boards have developed health promoting school award schemes, in some cases creating an additional reporting requirement. A particular challenge involves ensuring that evaluation and reporting associated with local accreditation are embedded within on-going quality assurance procedures and that they are not allowed to become separate processes. It is evident that in many areas across Scotland consideration has been given to simplifying and integrating approaches to the evaluation and reporting of developments in health promoting school activity.

The benefits of such approaches include the following:

- health promotion becoming embedded in school, Service and area planning and reporting systems
- creating a basis for long term sustainability of health promotion in schools
- promoting partnership working.

7. The Way Forward

The planning and reporting activity outlined above represent no more than a fraction of the work that Councils and other partners undertake. The problems caused by the range and nature of the planning and reporting arrangements required by The Scottish Executive have been raised on many occasions by Councils and NHS Boards.

Some action has been taken to reduce unnecessary complexity around planning and reporting, particularly in relation to integrated children's services. There is a discernible national movement by Councils and NHS Boards towards the single collection of data required by The Scottish Executive and by national monitoring organisations such as Audit Scotland and HMIE.

The Executive is working with CoSLA, ADSW, ADES and the voluntary sector to develop a strategic framework for children's services that will incorporate objectives and performance measures in relation to children's services and link to related education and health plans.

The First Minister and Minister for Education and Young People have asked HMIE to lead a major initiative to integrate the various approaches to the inspection of services for children.

A development group set up by HMIE and the new Services for Children Unit is working to extend the range of self-evaluation tools made available to partners committed to providing local services for children. The suite of quality indicators has been extended to evaluate key aspects of services to children and young people. The intention is to provide a 'box of tools' from which appropriate quality indicators can be selected.

The large number of plans and reports that Councils and NHS Boards are required to submit to The Scottish Executive and the plans and reports that schools are required to submit to Councils provide a fertile field for considering how better coherence might be developed in the planning and reporting processes.

As noted in this paper health promoting schools are developing within a landscape that is continuously changing. The Scottish Health Promoting Schools Unit is committed to producing further guidance to support planning and reporting of health promoting school activity as part of the implementation of the national accreditation framework for health promoting schools and as arrangements for Integrated Children's Services Planning and Community Health Partnerships evolve.