

How good is our network?



a tool for evaluating
the effectiveness of networks

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Chapter 1: national background

National Policy

In their foreword to the framework for health promoting schools in Scotland – *Being Well – Doing Well* (Scottish Health Promoting Schools Unit, 2004) – Ministers noted that the key national policies outlined in *Improving Health in Scotland: The Challenge, The Education (National Priorities) (Scotland) Order 2000, The Standards in Scotland's Schools etc Act 2000* and *Educating for Excellence* all give schools, working in close partnership with their communities and key services, an important role in securing the improvements in health and education that Scotland needs and deserves. The vital importance of effective partnership is accepted by all those engaged in promoting health in the school setting.

Note: In *How good is our network?* the term 'network' is taken to mean partnerships and groups that are committed to coordinated joint action in creating and supporting the development and maintenance of health promoting schools.

Improving health promotion in schools

For several years a number of Councils, NHS Boards and other key partners have been working jointly with staff in schools to develop health promoting schools. Some very good progress has been made. Ministers gave this good work a national impetus by setting a target whereby every school in Scotland should be a health promoting school by 2007. The Scottish Health Promoting Schools Unit was set up to help develop and support the partnership working that would be needed to achieve this national target.

The Scottish Health Promoting Schools Unit (SHPSU)

The Scottish Health Promoting Schools Unit is funded by The Scottish Executive and was founded through a partnership involving The Scottish Executive Education and Health Departments, Learning and Teaching Scotland, NHS Health Scotland and COSLA. The work of the Unit, which is given strategic direction by a broadly based Steering Group, places a high priority on working with Councils, NHS Boards and other partners as they develop and support local networks aimed at promoting health in schools.

The National Health Promoting Schools Network

In 2003, the Scottish Health Promoting Schools Unit set up the National Health Promoting Schools Network. This Network includes a representative from every Council and NHS Board in Scotland, and is the principal national means of discussing key issues and sharing good practice on health promoting schools. The Network meets three or four times a year, and members have played a strategic role in the development of key national policy and advice, including *Being Well – Doing Well, Arrangements for National Accreditation of Health Promoting Schools* and, not least, *How good is our network?* The Unit and National Network members also worked with HMIE in the development of the self-evaluation tool for schools *The Health Promoting School* (HM Inspectorate of Education, 2004).

The National Health Promoting Schools Website

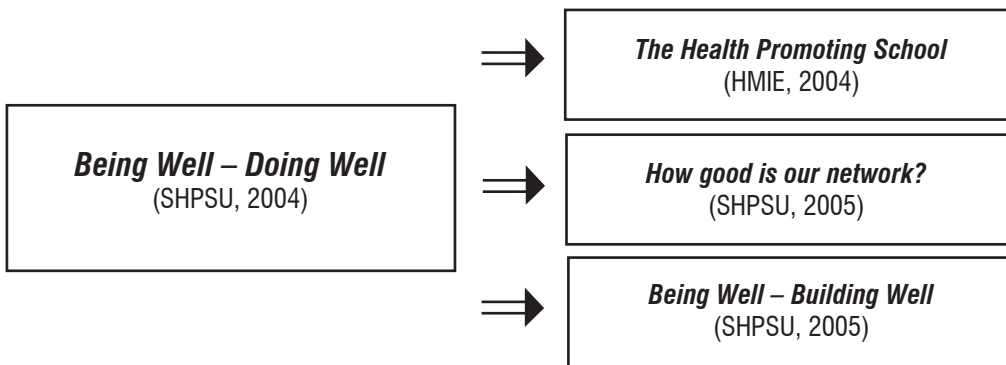
In 2004, the Scottish Health Promoting Schools Unit set up the National Health Promoting Schools Website, working in partnership with NHS Boards, Learning and Teaching Scotland, the National Health Promoting Schools Network, practitioners in the education and health services, pupils, teachers, parents and community representatives. The National Website www.healthpromotingschools.co.uk contains sections for practitioners, children, young people and families and communities. It is proving to be a valued means of discussing key issues and sharing information and good practice on health promotion in schools within and beyond Scotland.



Networking

Effective networking is widely accepted throughout Scotland as being the most effective way of taking forward health promotion in the school setting at local level. As a result, many Councils and NHS Boards have already set up local networks to provide a framework within which the planning, delivery and evaluation of health promotion in schools can be undertaken. Some of these local networks are well developed and are working well. Others are still in the early stages of development. In establishing a local health promoting schools network, care should be taken not to proliferate networks needlessly. There is value in giving careful consideration to bringing existing networks together rather than simply creating new ones. For example, some Councils have given one network the responsibility for supporting the development of integrated community schools, active schools and health promoting schools. Such an approach requires careful planning and management, but it is potentially very useful as Councils move towards more integrated planning, delivery and evaluation of children's services.

It seems clear that the many actions now being taken at national and local levels to make improvements in the health promoting nature of schools should be mutually supportive. One of the main aims of the Scottish Health Promoting Schools Unit is to support greater coherence between the planning of health promoting schools and other key developments in Scottish school education. With this aim in view, the Unit is continuing to work with a wide range of partners to provide national advisory papers that extend and support *Being Well – Doing Well* by suggesting ways in which planning for health promotion in schools might be harmonised with plans and activities in other initiatives. The current set of national advisory papers is outlined below.



***The Health Promoting School* (HM Inspectorate of Education, 2004)**

This paper provides a self-evaluation tool to assist schools in assessing the extent to which they are a health promoting school and in identifying the action that is needed to bring about further improvement. It aims to help schools integrate the development of health promotion into their ongoing processes of school self-evaluation and development planning. It is fully in line with the core national self-evaluation document *How good is our school?* and with *Being Well – Doing Well*. It is downloadable from www.hmie.gov.uk

***Being Well – Building Well* (Scottish Health Promoting Schools Unit, 2005)**

This paper centres on the health-related needs of all school users. It aims to prompt discussion among those who are engaged in working together to plan the building or refurbishment of school environments, to help ensure that they take appropriate account of the many issues that have consequences for health promotion in schools. It is downloadable from www.healthpromotingschools.co.uk

Chapter 2:

introduction

Purpose

The purpose of *How good is our network?* is to support the self-evaluation of local health promoting networks. As networks continue to develop, or as Councils, NHS Boards and other partners establish new ones, it is hoped that the paper will provide a focus for discussion of key characteristics that will provide a basis for ensuring more effective collaborative working. It is meant to be a practical guide for improving local school health promotion networks.

Organisation: key characteristics of effective networks

To ensure coherence of approach with national developments in the self-evaluation of schools, *How good is our network?* draws upon the style of the self-evaluation tool *The Health Promoting School* (HMIE, 2004), which itself is in line with *How good is our school?*. It also draws upon good practice already present in some of the local networks. Consideration of these networks suggests that effectiveness depends on good practice in terms of the following key characteristics:

1. Inclusion
2. Communication
3. Management
4. Objectives
5. Planning
6. Service delivery
7. Evaluating impact
8. Self-evaluation of the network
9. Accountability.

The self-evaluation tool in Chapter 5 is organised as a range of questions, and prompts under the key characteristics noted above.

Development process

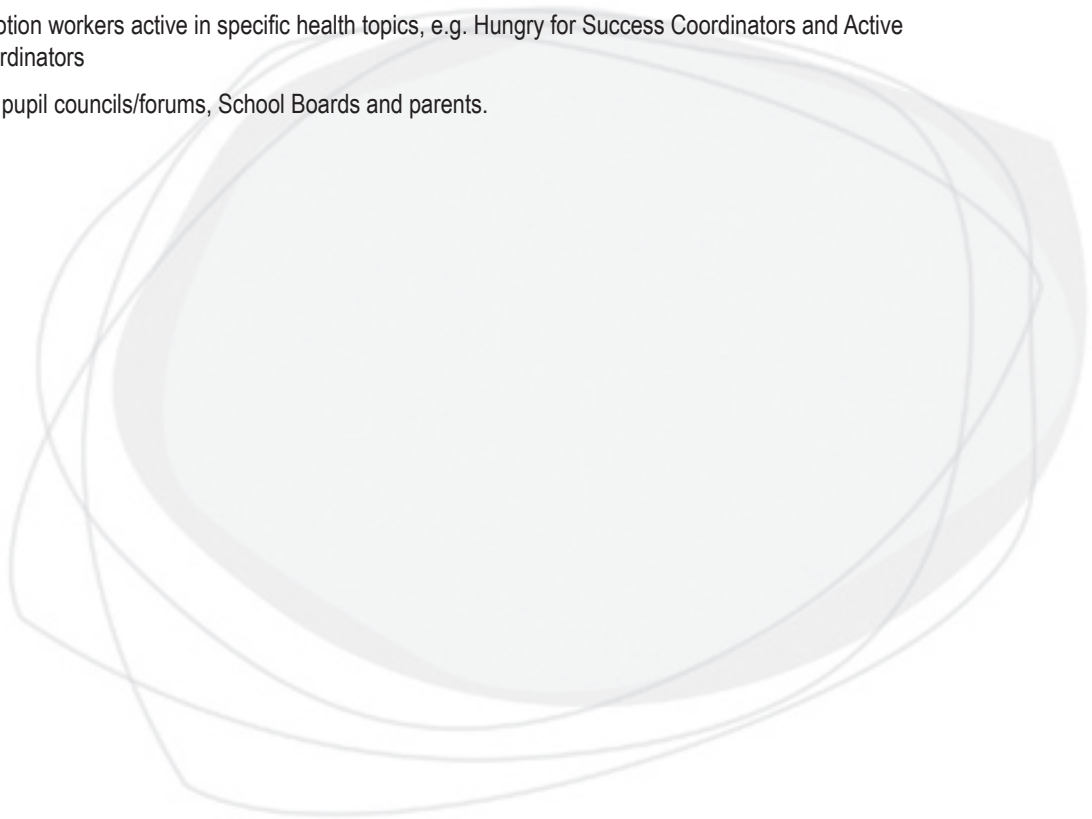
How good is our network? was developed by The Scottish Health Promoting Schools Unit during 2005 in conjunction with a range of key national and local partners. A draft version of the paper was revised in August 2005 following extensive national consultation.



Audience

The principal audience for *How good is our network?* is the local network whose main business is to support the development of health promoting schools across a Council or NHS Board area. It is therefore not aimed at a team operating within a single school but rather at a network that covers a number of schools and all partner agencies who have a role to play in the development of health promotion in all of these schools. The paper should be useful to a network as it plans and undertakes joint action and also to individual partners within the network as they take forward their own responsibilities in the context of joint action. Key audiences for the paper include the following.

- The Scottish Executive
- NHS boards
- Community health partnerships
- Council education/children's services departments
- Community planning partnerships
- Council sports development departments
- Children's services partnerships
- Contracted service providers, e.g. school catering services
- Local sports councils
- Local leisure trusts
- Health promotion workers active in specific health topics, e.g. Hungry for Success Coordinators and Active Schools Coordinators
- School staff, pupil councils/forums, School Boards and parents.



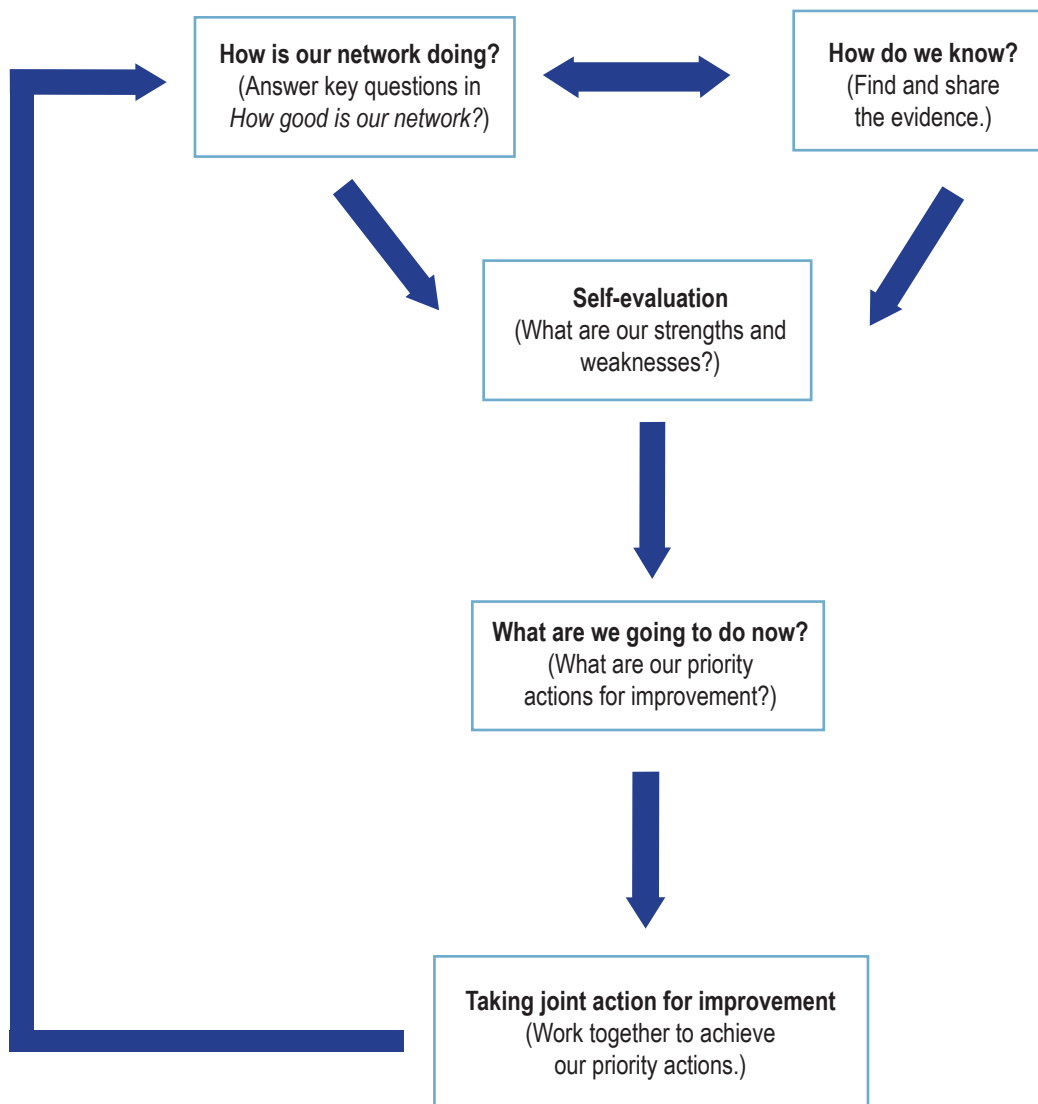
Chapter 3: the improvement process

As indicated in Chapter 2, the purpose of *How good is our network?* is to serve as a practical guide for improving the performance of school health promotion networks. The principles underlying the improvement process that *How good is our network?* aims to support are already well established in Scottish schools. The process has a number of inter-related, cyclical stages as follows.

- The initial stage is for the network to ask itself the question *How well are we doing?* in relation to some, or all, of the aspects of its performance. The question involves evaluating performance against the network's stated objectives. In order to do so, it is obviously necessary that the network should have agreed clear, specific objectives.
- To avoid the charge that it is self-congratulation, self-evaluation must be able to answer the question *How do we know?*, based on good evidence that clearly demonstrates where the strengths and weaknesses of the network's performance lie.
- When the strengths and weaknesses in performance have been identified the network needs to ask itself *What are we going to do now?* This question involves deciding priorities for action that will help to maintain the strengths and improve the weaknesses in the network's performance.
- When the priorities for action are agreed, it is important that the network agrees and undertakes a joint action plan that will bring about the improvements needed.
- Following an agreed period of time the network should repeat the cycle of stages that make-up the improvement process. The extent and timing of the network's self-evaluation activities may vary depending on local circumstances, but it is important that the network agrees a systematic approach that will bring maximum benefit to its performance throughout its lifetime. Further consideration of how to engage in self-evaluation is given in Chapter 4.



The **improvement process** may be outlined diagrammatically as follows.



Chapter 4:

how to use the self-evaluation tool

The nine sections of the self-evaluation tool are organised in terms of the key characteristics of effective school health promotion networks listed in Chapter 2. Each section is headed by a summary of the characteristic concerned. A number of questions and prompts are then provided under each of the characteristics. The prompts are intended to inform discussion and alert users to possibilities that they may not have considered, but the prompts do not cover every possible aspect of the question. Considerable effort has been made to keep the prompts distinct from one another but, inevitably, there is a degree of overlap. The scope of the tool is not, and cannot be, fully comprehensive. It does not claim to cover every possible local circumstance. Users are encouraged to identify further questions and prompts that are of particular relevance to their own network, and should feel free to adapt and amend the tool to make it as relevant as possible to their particular situation. The pages of the tool are designed for ease of duplication and contain blank columns for summarising the evidence for strengths and weaknesses in the network's performance.

Planning new School Health Promotion Networks

It is suggested that the pages of the tool be used as organisers in planning a new network to ensure that all the important elements that lead to effective partnerships are present from the start. Effectiveness is much more likely to be achieved if a new network is firmly based on characteristics that have proved their worth in existing successful networks.

Self-evaluation of existing School Health Promotion Networks

It is suggested that network members, working as a team, should use the pages of the tool as organisers for the self-evaluation of their network's performance, and use them to record the evidence they have to support their identification of strengths and weaknesses. As networks gain experience in self-evaluation, it is to be expected that they will evolve the ways in which they use the tool.

Experience indicates that it is usually better for self-evaluation to begin by taking small steps that are seen to make demonstrable improvements rather than by attempting to evaluate everything all at once. The maxim is to 'start small but start well'. The cyclical nature of the improvement process is such that a small initial successful step can be followed in a realistic timescale by further equally successful steps. In practice therefore, networks that are new to self-evaluation are probably better to begin by focusing on one or two of the key characteristics listed in Chapter 2 rather than on them all. The other characteristics and a possible return to those already considered can be left for subsequent cycles.

Notwithstanding the need to begin cautiously, however, the network should plan to cover all nine key characteristics within a manageable period of time – say once a year – so as to ensure that its performance is as effective as possible throughout its lifetime.



Chapter 5: the self-evaluation tool

1. Inclusion

Effective networks have given careful consideration to who should be included as partners within the network. They include all those who can make valuable contributions to the planning, delivery and evaluation of activities aimed at health promotion in schools. They ensure that those who represent partners at network meetings or who contribute to the development of the network are at an appropriate level of decision-making in their own organisations. They require and ensure appropriate commitment to joint working from all partners.

QUESTION 1.1 To what extent does our network include all the partners needed to provide an effective joint approach to health promotion in schools?

QUESTION 1.2 To what extent does each partner feel fully involved and valued by the network?

Prompts	Evidence	
	Strengths	Areas for improvement
<p>Council staff (e.g. quality assurance officers, curriculum officers, school estates staff, catering staff etc.)</p> <p>NHS staff (e.g. health promotion staff, school nurses, public health nurses)</p> <p>Active schools coordinators/ Hungry for Success coordinators</p> <p>School staff (Integrated Community Schools, Active and Eco schools)</p> <p>Children and young people</p> <p>Parents/carers, community, employers</p> <p>External support agencies</p> <p>Voluntary sector</p> <p>Involvement of staff at a level that facilitates decision-making and allocation of resources for health promotion</p> <p>Appropriate and consistent involvement of all partners</p> <p>Partners all feel included and valued</p>		

2. Communication

Effective networks have efficient communication arrangements that ensure all partners are appropriately consulted and informed about network business. They make judicious use of ICT, whole-network meetings and smaller meetings of task-oriented groups of partners.

QUESTION 2.1 How well does our network communicate?		
QUESTION 2.2 How well do partners feel that their views are taken into account by the network?		
Prompts	Evidence	
	Strengths	Areas for improvement
<p>Regular, well planned network meetings</p> <p>Communication within the network, use of ICT</p> <p>Communication with pupils, parents, carers, school staff, other agencies etc.</p> <p>Communication with networks beyond our own network</p> <p>Clear processes for others to contact the network</p> <p>Publicity, processes for communication with the media and wider community</p> <p>Opportunities for partners to feed information on health promotion into the network</p> <p>Feeding back network information to partner organisations</p> <p>Satisfaction of partners with communication within the network</p>		

3. Management

Effective networks are well led and have clear management arrangements that ensure efficient coordination of the activities of all partners. They are administered efficiently and make effective use of the individual strengths of partners. The roles and responsibilities of office bearers and individual partners are clear and well understood throughout the network.

QUESTION 3.1 How effectively is our network led? QUESTION 3.2 How well is our network managed?		
Prompts	Evidence	
	Strengths	Areas for improvement
<p>An identified chairperson and vice chairperson for the network, length and terms of office</p> <p>Responsibilities of partners for supporting the chairperson and vice chairperson</p> <p>Network recruitment, succession planning, terms of membership</p> <p>Balance between strategic direction and operational delivery</p> <p>Links to strategic management in the Council, NHS, community planning, health improvement networks</p> <p>Influence on the allocation of funds and strategic resources for health promotion</p> <p>Links to school management, self-evaluation and development processes</p> <p>Agreed processes for following up network decisions and actions</p> <p>Network administration, secretarial support, use of ICT</p> <p>Satisfaction of partners with the network's leadership and management</p>		

4. Objectives

Effective networks have clear, shared objectives that are well matched to the priorities agreed by all partners. The objectives cover all the key areas of the network's activities and are regularly reviewed and updated.

QUESTION 4.1 To what extent does our network have clear, shared objectives?		
Prompts	Evidence	
	Strengths	Areas for improvement
<p>Shared mission statement and sense of purpose in relation to health promotion in schools</p> <p>Clear (SMART) objectives for health promotion in schools (i.e. specific measurable, achievable, relevant and timetabled)</p> <p>Objectives cover all key characteristics (e.g. inclusion, communication, management, planning, service delivery, evaluation of impact, self-evaluation of the network's performance)</p> <p>Objectives responsive to identified needs and priorities</p> <p>Objectives for health promotion in schools linked to Children's Services Plan, school development and community planning priorities</p> <p>Objectives agreed, documented and shared with all partners</p> <p>Objectives regularly reviewed and updated</p> <p>Satisfaction of partners with the network's objectives</p>		

5. Planning

Effective networks result in joint approaches to planning that are well integrated with partners' own planning arrangements, including the allocation of resources towards agreed network objectives. Partners actively seek to combine their own individual planning processes with network planning.

<p>QUESTION 5.1 How good is our network at joint planning? QUESTION 5.2 How good is our network at sharing funds and other resources?</p>		
Prompts	Evidence	
	Strengths	Areas for improvement
<p>Involvement of partners at levels that facilitate decision-making in their own organisation</p> <p>Analysing and evaluating the needs and aspirations of partners as a basis for planning</p> <p>Coherent process for integrating planning involving all partners</p> <p>Compatibility with other local plans and priorities (e.g. Children's Services Plan, Community Health Plan, Joint Health Improvement Plan and school development and community planning priorities)</p> <p>Agreed documented network plan covering the range of the network's objectives</p> <p>A network plan agreed and shared with all network partners</p> <p>A network plan shared with all interested partners outwith the network Agreed process for planning review</p> <p>Commitment to, and arrangements for, pooling funds and resources to respond to shared priorities in the network plan</p> <p>Satisfaction of partners with the network plan and the planning process</p>		

6. Service delivery

Effective networks result in joint approaches to service delivery that are well integrated with partners' approaches to delivery in their own areas of responsibility. Partners seek to combine their own individual delivery processes with those of the network as a whole. The positive role of the network in coordinating and supporting the delivery of services is evident to, and valued by, everyone involved in the development of health promoting schools.

QUESTION 6.1 How good is our network at delivering services that lead and support health promotion in schools?		
Prompts	Evidence	
	Strengths	Areas for improvement
<p>Clear efficient means whereby individual partners deliver their own service in respect of health promotion in schools</p> <p>Clear outline understanding within the network of the ways in which individual partners deliver their own service</p> <p>Extent to which joint delivery of services is desirable and feasible</p> <p>Delivery complements other activities undertaken by schools</p> <p>Agreement between partners regarding leadership in areas of joint service delivery in relation to health promotion in schools</p> <p>Clear efficient processes for the delivery of services in areas where the network agrees to deliver the service jointly</p> <p>Assurance that the network, through individual partners or jointly, covers all the necessary areas of service delivery</p> <p>Avoidance of duplication and unnecessary overlap</p> <p>Role of pupils, school staff, parents and the wider community in service delivery</p> <p>Satisfaction of partners with joint service delivery and with service delivery as a whole</p>		

7. Evaluating impact

Effective networks undertake coordinated, systematic evaluation of the progress being made by schools in ways that are well integrated with partners' individual approaches to the evaluation of their own impact on schools, children and young people. They produce and share reports on the progress being made in schools with all partners and with the wider community. They work together in evaluation procedures that can lead to the accreditation of health promoting schools.

QUESTION 7.1 How good is our network at evaluating its impact and the progress of health promotion in schools?		
QUESTION 7.2 How good is our network at reporting its impact and the progress of health promotion in schools?		
Prompts	Evidence	
	Strengths	Areas for improvement
<p>Shared commitment to coordinated evaluation of the network's impact on the development of health promoting schools</p> <p>Agreed approach to coordinated, summative and formative evaluation that recognises the phased nature of the impact</p> <p>Agreed arrangements for coordinated evaluation of the progress schools are making towards becoming health promoting schools</p> <p>Schools and others contributing to the network's view of the development of health promotion in schools through their own self-evaluation activities</p> <p>Use of evaluative surveys and research conducted by agencies external to the network</p> <p>Clear processes for partners reporting to the network and other relevant partners on their individual and joint impact on schools and on the progress of health promotion in schools</p> <p>Reporting on impact to school staff, pupils, parents, carers and the wider community</p> <p>Designing and undertaking evaluation that contributes to accreditation of health promoting schools</p> <p>Arrangements for reporting and celebrating success</p> <p>Satisfaction of partners with the network's approach to the evaluation of its impact</p>		

8. Self-evaluation of the network

Effective networks undertake systematic self-evaluation of their own activities in relation to the achievement of their objectives. They produce and share reports on their performance, especially with regard to their joint impact on schools, and use them as a basis for continuous improvement of the network.

QUESTION 8.1 To what extent does our network evaluate its performance as a network?		
QUESTION 8.2 To what extent does our network undertake a process of improvement in its performance as a network?		
Prompts	Evidence	
	Strengths	Areas for improvement
<p>Shared commitment to coordinated self-evaluation of the network's performance</p> <p>Involvement with all stages of the improvement process outlined in Chapter 3 of <i>How good is our network?</i></p> <p>Self-evaluation of the network has practicable focus and timing</p> <p>Integration of the network's self evaluation within partners' own ongoing self-evaluation procedures</p> <p>Arrangements for coordinated self-evaluation including consultation with pupils, staff, parents, carers etc.</p> <p>Arrangements for collecting evidence on the network's performance as a network</p> <p>Priorities set for improvement in the network's performance based on self-evaluation</p> <p>Process of disseminating to partners the strengths and weaknesses in the network's performance and the priority plans for making improvements</p> <p>Improvements secured in network practices as a result of self-evaluation</p> <p>Arrangements for celebrating the network's achievements as a network</p> <p>Satisfaction of partners with the network's approach to the self- evaluation and improvement of its performance as a network</p>		

9. Accountability

Effective networks hold themselves accountable to their partners and all the individual partners hold themselves accountable within their own organisation for their performance in relation to the network.

- QUESTION 9.1 To what extent is our network accountable to its partner organisations?
 QUESTION 9.2 In what ways does each partner demonstrate commitment to the network?
 QUESTION 9.3 To what extent is each partner accountable within its own organisation for its performance within the network?

Prompts	Evidence	
	Strengths	Areas for improvement
<p>Arrangements for the network to report to partners its plans, performance and impact on health promotion in schools</p> <p>Arrangements for partners to report their plans, performance and impact to the network</p> <p>Arrangements for partners to report their contribution as partners in the network to their own organisation</p> <p>Arrangements for the network to report its plans, performance and impact on health promotion in schools to parent organisations and other relevant agencies</p> <p>Arrangements for the network to demonstrate appropriate financial accountability</p> <p>Arrangements for partners to share experience and good practice on health promotion in schools with the network and others through discussion and joint training events</p> <p>Satisfaction of partners with the network's accountability arrangements</p>		

Notes

Notes



Working together to support the child

Scottish Health Promoting Schools Unit

Gardyne Road

Dundee

DD5 1NY

Tel: 01382 443684

Fax: 01382 443628

www.healthpromotingschools.co.uk

E-mail: healthpromotingschoolsunit@LTScotland.org.uk



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