

School Health Profiling Tool

guidance notes

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1. Brief overview

This guidance document has been written to support the implementation of the School Health Profiling Tool. This accompanying document should be used as a guide by all key partners, working with children and young people in the school community.

Background: A School Health Profiling Tool

This School Health Profiling (SHP) Tool was borne out of *A Scottish Framework for Nursing in Schools* (Scottish Executive, 2003). The importance of school health profiling and the formation of school health plans were seen as the basis for directing the work of the school nursing team and a link to multi-agency working in schools.

In the past, approaches to health profiling have been complex and time consuming for school nursing staff, and not widely used in schools. The framework recognised this work, but highlighted the need for a national tool, which would take account of the diversity of schools population in Scotland.

This SHP Tool has been developed through a broad-based and widespread consultation with key partners across the country.

Underlying principles of this School Health Profiling tool

This Tool is underpinned by the principles of:

- The *health promoting school* – paying particular attention to the values, aims and characteristics in *Being Well – Doing Well: a framework for health promoting schools in Scotland* (Scottish Health Promoting Schools Unit, 2004)
- Partnership working
- Inclusive health planning – to ensure all children and young people have equal access and opportunity
- Joined-up working – to avoid duplication of services and facilitate the ease of access to both information and resources
- *Ambitious, excellent schools* (Scottish Executive, 2004) – ‘working together,

local authorities, headteachers, teachers, parents and pupils can, and do achieve great results’.

The *health promoting school*

In 1995 the World Health Organization (WHO) set out the following broad definition of *health promoting schools*, which is still relevant today:

‘A health promoting school is one in which all members of the school community work together to provide pupils with integrated and positive experiences and structures, which promote and protect their health.’

School health profiling builds on all of the characteristics of *health promoting schools*; in addition it should take account of the following:

Integrated Children’s Services Plans have a vital role in ensuring that local authorities in Scotland and other relevant agencies and organisations come together to plan services and support for children and families in each area in a co-ordinated way. This is done following a shared local vision and making effective use of combined knowledge and resources. Section 19 of the *Children (Scotland) Act 1995* places a statutory duty on each local authority, in consultation with other relevant agencies, to prepare and publish plans for the provision and development of children's services in their area. The local authority is also required to publish information about the full range of children's services that it provides or purchases, including early education and childcare, social work, adoption, fostering and residential care. The plan should also cover youth justice and youth services.

All local partners and relevant organisations should be involved in preparing the plan, including, amongst others, the local authority education, social work and housing departments, NHS Boards, children’s reporter services and voluntary organisations. There should be shared local ownership of the

Children's Services Plan and the planning process to ensure the best possible outcomes for children and families, in line with the principles set out in the *For Scotland's Children* (Scottish Executive, 2001) report and Action Plan. Children's Services Plans 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.

Ambitious, excellent schools

There are many ambitious, excellent schools in Scotland. And there is much to celebrate in Scotland's educational success: working together, local authorities, headteachers, teachers, parents and pupils can, and do, achieve great results.

In ambitious, excellent schools, young people get the best opportunity to realise their full potential. 'We want all Scottish schools to be truly excellent. We want them to reach higher and we will support them in doing so, ensuring that no individual or community is left behind in the process.' *Ambitious, excellent schools* (Scottish Executive, 2004)

Health promoting schools

Partnership working and seeking understanding of the school and its environment to focus workforce planning are the cornerstones of the school health profile tool. A *health promoting school* recognises the importance of, and value in, advice and support from a range of partners and agencies. This Tool will assist in mapping out those partnerships and practices.

The policy background to this SHP Tool is rich. *Appendix 1* provides an index of policies that support the development of school health profiling. The list is not exhaustive, nor does it attempt to cover the whole range of documents and initiatives.

2. Aims of this School Health Profiling Tool

This School Health Profiling (SHP) Tool will:

- Provide a clear and concise picture of the school health priorities and its community
- Assist schools to meet their key outcomes and objectives as set out in the School Improvement Plan
- Provide a broad overview of the wider aspects of school health to inform needs assessments
- Utilise existing data
- Determine key stakeholders in the health of the school community
- Include educational personnel and key partners in school developments
- Provide information on key initiatives both locally and nationally
- Enable the sharing of information in an appropriate and meaningful way
- Compile information regarding current school practices, services and activities
- Identify areas for collaborative action
- Facilitate effective workforce and resource planning which should be integrated into the school development planning process
- Work in harmony with local health improvement targets.

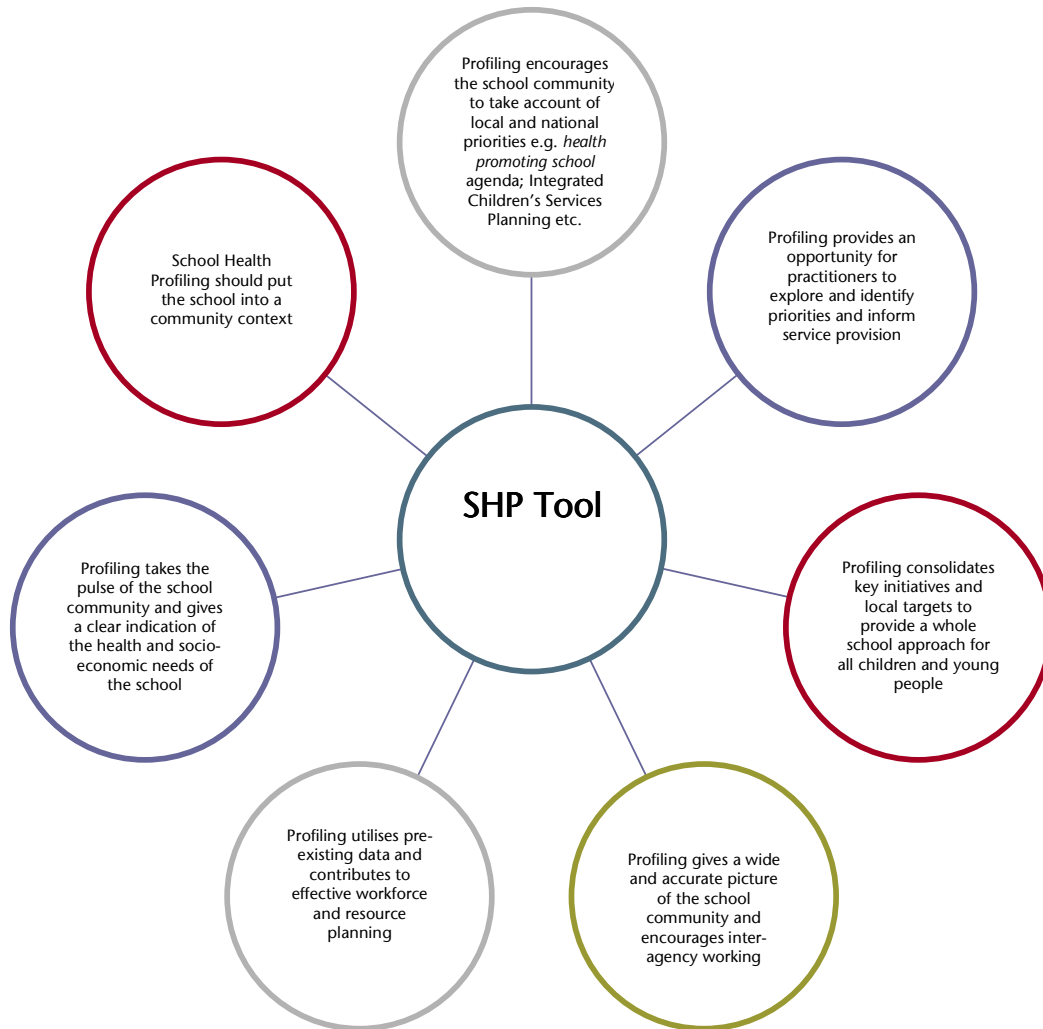
What is the school health profile?

This SHP Tool offers **all** agencies working within the school community a clear and concise way of evidencing health related practice and informing others of what services are in place. The tool ensures health related support services to children and young people are both focused and appropriate. A profiling tool should give a clear picture of the school community without having to search through other documents. Each school will have its own profile, which reflects the life of that school community. While many schools have similar geographical locations, school rolls etc., there is recognition that every school is unique. The profiling tool recognises this and allows for differences.

The success of this SHP Tool is dependant on a multi-disciplinary approach to filling it in. All of the information asked should be available to the school through a range of professionals and partnerships. This SHP Tool should not require additional forms or pupil surveys. There could be an opportunity to engage with children, young people and the wider community. This could be carried out on an individual school basis as the tool develops.

For a profiling tool to be meaningful, there has to be something in it for all relevant agencies. It should combine both qualitative and quantitative information to give both statistical perspective of the school and detailed information about the school itself.

3. Why is Health Profiling important?



To achieve their potential, schoolchildren must participate fully in educational activities. To do this they must be healthy, attentive and emotionally secure.

World Health Organization (WHO), 2000

The above model demonstrates what school health profiling is and why it is important. There are many local and national priorities focused on improving the health and well-being of children and young people. Nationally, there is a commitment from both the Scottish Executive Health and Education Departments, that all schools should be *health promoting schools* by 2007. Health profiling will be an important part of this process as partnership working with schools within local authorities across Scotland, NHS Boards and evolving Community Health Partnerships and the wider community will take place to facilitate more effective integrated working.

Only by working with key partners, and by involving the community, will schools improve the effectiveness of their health promotion and help the nation meet its target of improving the health and well-being of all.

The Health Promoting School (HMIE, 2004)

4. How to use this Tool

Rating system

Throughout this document there is an opportunity to rate levels of service and activity; document rough figures for service waiting times and self-evaluate own practice in relation to whole school approaches to health. The self-rating component of this document is considered useful as it very much ties in with the HMIE self-evaluation document *The Health Promoting School*. When completing this part of the SHP tool, it is important to rate current levels of status/activity as accurately as possible. The system works on the principle that 1 is unsatisfactory, 6 is excellent.

Page 2

School contacts

Guidance/rationale

- This section aims to provide a quick snapshot of the school
- It contains the names and phone numbers for key professionals linked to the health of the school and the lead name of the person responsible for the profile
- More information or details can be entered
- Further contact details are provided at the back of the document
- Staff turnover and the range of partnerships involved in the health of the school means not everyone will always know who the key individuals are and what their role is.

Date profile completed and date of review

Guidance/rationale

- Including when the profile was completed and committing to a review date makes older profiles easily identifiable.

Page 3

School community information

Guidance/rationale

- This section aims to give a fuller picture of the school, its environment, resources and facilities. The information collected within this profile helps to show the context within which the school sits
- Identifying the community within which the school sits as a Community School or New Learning Community is important. If a school is part of this type of cluster it will often benefit from increased resources (financial or otherwise) and support
- Where there are large numbers of pupils bussed to school, there will be a knock-on effect on after-school activities, breakfast clubs etc
- If the school is in an area of economic deprivation or part of a Social Inclusion Partnership (SIP)/Regeneration Outcome Agreement (ROA), it should be identified as such. Often when a school sits within an identified SIP/ROA there are additional resources available to the school and wider community
- To try to get a full picture of the school and its surroundings, any community facility that is not listed should be entered under *other*. This should be elaborated upon in the space next to the relevant tick box. If there are a number of playing fields, community centres within the school catchment area these would be regarded as community facilities. In order to get as full a picture as possible it would be useful to have the number of community facilities entered in the corresponding boxes
- Transport refers to the availability of trains, buses and any other form of public transport within the school catchment area
- Any identified health risks not listed should be entered in the *other* box. It is envisaged that the headteacher or a member of senior management team, within the school, will complete this section; guidance from relevant personnel should also be taken into account
- If there are aspects of the school environment considered to be health

promoting, it would be useful to include this.

Page 5

Ethnic origin

Guidance/rationale

- Ethnic origin and the linked question serve to give a full picture of both the ethnic mix within the school and the associated implications of this. For ease of completion, ScotXed census classifications have been used. For areas of good practice, it is also useful to know what new and innovative ways of working there are to adopt a whole school approach to health while taking account of the possible diverse ethnic mix within the school. There is space within this document to show any areas of good practice.

Page 6

Visiting support teachers

Guidance/rationale

- Acknowledging the input of visiting support teachers is important as pupils are given the opportunity to learn from a member of staff who specialises in one subject. For many pupils, this will be a new and exciting opportunity. It is also useful to know that support teachers are coming into the school as it gives an indication of the range of specialist input pupils are receiving.

Page 7

Needs of children and young people

Guidance/rationale

- This page covers a range of information relating to the number of pupils who may have additional support needs. This information is not about individual pupils in the school, this page aims to give a fuller picture of the support needs of the school population; numbers and service waiting time. The number and percentage number of pupils serves to

give associated school personnel a clear picture of the needs of the school population. When viewing the tool, it is important to consider for example, if there are high numbers of pupils seen by CAMHS, Education Psychology, Social Work and the Children's Panel. Whole school approaches to health may then include and focus upon anger management, mental health and well-being, emotional literacy and stress management, for example. The information on this page could inform the types of health promotion initiatives that develop within the school

- The waiting time and comments columns are about trying to gauge the constraints on individual services and their resulting waiting times. At the time of completing this page, please circle the waiting time for each service to the best of your knowledge. If you wish to comment, please use the corresponding column.

Page 9

Whole school approaches to health

Guidance/rationale

A *health promoting school* seeks to enhance and extend its expertise and resources by entering positively into partnership working. It offers many opportunities for pupils, staff, parents, carers and key stakeholders to contribute to the decision-making processes that lead to the development of school policies and practice. A *health promoting school* has a whole school approach to curriculum development and staff training that encourages staff to work as a team. As mentioned previously, a whole school approach takes account of the wider aspects of learning, both within the curriculum and in other settings e.g. Breakfast Clubs or Youth Drop-ins.

This allows the viewer to rate current level of activity within the school while also taking into account health initiatives and whether they:

- Are **Addressed in the Curriculum**
- Have a **Policy in Place**

- Are adopting and including key health messages as part of a **Whole School Approach**.

Addressed in the Curriculum

Health Education 5-14 National Guidelines (Learning and Teaching Scotland, 2000) provides the framework for graded general learning expectations for pupils aged 5-14 across the topic of health education. Personal and Social Education is also used as cross-curricular teaching time. It manifests itself in many different curricular areas, thus allowing an extension of pupils' knowledge and understanding of health issues. Local authority curricular guidelines also offer guidance on how topics can be approached and what resources can be used. For example, there are a number of different resources used to highlight the dangers of Substance Misuse.

Policy in Place

In addition to national policies, acknowledging local authority policies on Bullying for example, is important. It would also be useful to know what additional policies are used in schools, as these have a direct bearing on the school community.

Whole School Approach

A whole school approach to health does not simply refer to what pupils are taught in class. A whole school approach looks at every aspect of the school and how it can inform choice and impart knowledge. In a *health promoting school* there are six characteristics:

- Leadership and management
- Ethos
- Partnership working
- Curriculum, learning and teaching
- Personal, social and health education programmes
- Environment, resources and facilities.

With these key characteristics in mind, it is easy to see how the wider aspects of health can permeate through every part of the school and its community.

From anger management to First Aid (Heart Start) there is recognition that while the list of initiatives is not exhaustive, it does cover a wide range of practices seen within many schools across Scotland.

There is a section on Page 10, which asks about health promotion in-service activities and Continuing Professional Development (CPD) for staff. This information gives a clear picture of how the school addresses the needs of staff and if there is a policy in place.

The support, participation and involvement of parents and carers is an important part of what happens in a *health promoting school*.

Support for the transition of children and young people is an important time for all in education. It allows preparation time for transition whether it is from nursery to primary, primary to secondary or secondary to further education. This question is as pertinent for pre-5 establishments as it is for secondary schools.

If there are other initiatives in school that are not listed please state in the space provided. In order to establish models of good practice, and in particular types of resources used, please supply information on resource name, and if possible origin of resource.

Page 11

What are you doing?

Guidance/rationale

This page looks at what is actively happening in the school in relation to *health promoting schools*, it should also highlight areas of partnership working.

- The first question about becoming a *health promoting school* has two purposes. Firstly, it is useful for other agencies to know if the school is, or is not working towards becoming a *health promoting school*. It also serves as a prompt for other agencies out with the school setting that all schools are working to develop sustainable approaches to health promotion in schools

- At what stage is the school, in working towards becoming a *health promoting school*? It could be that the school is taking its first steps or is part of a local authority accredited scheme. It is useful for partners to know where the school is in that process
- Does the school have a health plan? This question relates directly to a formal health plan within the school. While it is recognised that school health plans may form the basis for health initiatives in the school, it would be useful to know who is involved in planning and where the health plan is located
- The health group question refers to a group set up solely to look at health issues within school, while it may operate in a similar way to a pupil council; the main focus of the health group is health issues within the school. It is important to recognise some groups may still be operating as SNAGs (School Nutrition Action Groups)
- If the school is working in partnership with other agencies to pursue funding, it would be useful to know who those agencies are
- If the school is working with local community initiatives, it would be useful to know what type of work is being undertaken. For example, a healthy eating project within the school facilitated by a local regeneration project or stress management for pupils/staff offered by a local health initiative
- Under *Additional Comments* there is space to add anything that may be of interest to other agencies on Page 12.
- This page relates to pupils with formal/informal diagnoses. It requires the percentage or number of children and young people with diagnoses to be entered into the corresponding boxes. This page will give the clinical health statistics of the school population and could inform future practice. For example, if there is a high incidence of asthma in the school, future awareness raising sessions could focus on asthma in children and young people
- The question about location for immunisations is important as it could have a direct bearing on the uptake of immunisations. Where immunisations are carried out in school, the uptake tends to be higher
- It is important to acknowledge the existence of health policies. This states there are procedures in place should an incident occur. The location of the health policies would be useful for any new personnel in the school
- The number of pupils with Individual Health Plans gives an indication of the resource requirements for pupils in school
- For *other*, this is recognition there may be additional clinical health policies not listed, please complete accordingly
- When asking about corresponding policies to support clinical policies, a school may have more specific or wider policies to cover clinical guidelines. For example, there may not be a policy, which covers an extraordinary incident within the general Emergency Situation Planning guidelines.

Page 13

Clinical data

Guidance/rationale

- The information on this page is extensive but not exhaustive. There is recognition both the diagnoses and existence of health policies should be expandable and adapted to meet the needs of the school

Page 15

Current health priorities and whole school issues

Guidance/rationale

This page should be filled out towards the end of the completed profile. This document focuses on the priorities for pupils within the school, from an agency perspective. This page brings together all discussion and information, into something tangible for the school community to identify as their health

priorities. As this SHP Tool will be completed on an annual basis, it also serves to document patterns of health priorities and changes as the school years progress.

- This page shows quite clearly the health priorities for each year group, including pre-5 children. Through consultation with pupils it may be possible to get an idea of what pupils see as the health priorities for them in their school. Health groups or pupil councils could provide the forum for pupils to highlight what they see as priorities for their school community
- The last question on this page sets out a requirement for identified priorities to be agreed and actioned. These priorities should be agreed and actioned by the relevant personnel
- Page 15 determines what the priorities are, while Page 16 lists the priorities and identifies the lead person.

Page 16

Priorities

Guidance/rationale

- In order for **priorities** to be taken forward, it is important that a lead person is identified
- **The Plan** gives an indication of how to proceed with the identified health priorities. For example, if a sensory garden or somewhere quiet for pupils to play and sit was identified as a priority, the first step could be to look at space within the school grounds. If it was felt this was a viable project then steps could be made to look at the requirements. Appropriateness, space, money, time, benefits, safety, timescale, upkeep etc. would all form part of the plan to address what had been identified as a priority
- The **Monitoring Process** would require the Lead Person to project manage and ensure the plan was progressing
- In conjunction with others the **Review Date** has to be identified, the Lead Person will report back on the progress of the identified priority and its outcome.

Page 17

Additional information

Guidance/rationale

- This page allows the inclusion of any pertinent information/general comments relating to this SHP Tool. This page should be used by anyone who feels they have something to say that may be of value to the school and/or other agencies.

Page 18

Sample list of agencies and contact details

Guidance/Rationale

- This page serves to offer an extensive list of the people who inform and influence the health of the school community.

Appendix 1: Policy context

A Curriculum for Excellence (Scottish Executive, 2004)

<http://www.scotland.gov.uk/Resource/Doc/26800/0023690.pdf>

This sets out the Scottish Executive's vision for transforming Scottish education by 2007. It seeks to establish the values, purposes and principles of education in Scotland for children between the ages of 3 and 18.

'Our aspiration is to enable all children to develop their capacities as successful learners, confident individuals, responsible citizens and effective contributors to society.'

A Scottish Framework for Nursing in Schools (Scottish Executive, 2003)

<http://www.scotland.gov.uk/Resource/Doc/47034/0023958.pdf>

The framework sets standards and provides the basis for delivery of a school nursing service within the state education sector. It covers children and young people from 5-18. There are 26 standards that cover three main areas: Service organisation and Management, Service Delivery and Service Components.

A Teaching Profession for the 21st Century (Scottish Executive, 2001)

<http://www.scotland.gov.uk/library3/education/tp21a.pdf>

This far-reaching report is prompting re-examination of the roles of teachers and promoted staff in the organisation and work of schools. An important opportunity has been created for schools and local authorities to build health promotion into the new arrangements.

Ambitious, Excellent Schools - Our agenda for action (Scottish Executive, 2004)

<http://www.scotland.gov.uk/Resource/Doc/26800/0023694.pdf>

This document sets out a plan of twelve key action points to achieve excellence in all schools to enable all young people to maximise their potential. The outcomes from

this plan will ensure that all young people are safe, nurtured, healthy, achieving, active, respected, responsible and included.

Being Well – Doing Well – a framework for health promoting schools in Scotland (Scottish Health Promoting Schools Unit, 2004)

http://www.healthpromotingschools.co.uk/images/beingwelldoingwell_tcm4-121991.pdf

This framework was developed by the Scottish Health Promoting Schools Unit in conjunction with national and local partners, including the Scottish Executive Education and Health Departments, the Convention of Scottish Local Authorities, Learning Teaching Scotland, NHS Health Scotland, Her Majesty's Inspectorate of Education and the National Health Promoting Schools Network. This document aims to be a broad statement based on a holistic view of education and health promotion that can be accepted by all key stakeholders as a foundation for planning purposes. It should be useful to many as confirmation of work they have already done.

Caring for Scotland: The Strategy for Nursing and Midwifery in Scotland (Scottish Executive, 2001)

<http://www.scotland.gov.uk/library3/health/snms.pdf>

This strategy outlines how nurses, midwives, the organisations they work within and the education providers, national bodies and leaders who support them will work together to ensure an innovative and effective response to the immense challenges presented by health and health care in Scotland.

Advances in knowledge and technology, combined with public demands for greater involvement in deciding where, when and how care is delivered, require increasing flexibility and accountability from healthcare staff.

***A Route to Enhanced Competence for Nursing in Schools* (NHS Education for Scotland, 2004)**

<http://www.space4.me.uk/qacpd/portfolios/Resources/QACPD%20nursing%20in%20schools%2004.pdf>

This document clarifies the competencies required for practice at a variety of levels from support posts through to public health nurses.

***Integrated Strategy for the Early Years* (Scottish Executive, 2003)**

<http://www.scotland.gov.uk/Resource/Doc/47034/0023915.pdf>

This consultation paper sets out a framework for the effective provision of universal and targeted services for children and their families from pre-birth to 5. The outcomes and indicators set out in the strategy are as follows:

- To improve children's health
- To improve children's social and emotional development
- To improve children's ability to learn
- To strengthen families and communities and to reduce barriers to employment.

***European Convention for the Rights of the Child* (Office of the High Commission for Human Rights, 1989)**

<http://www.ohchr.org/english/law/pdf/crc.pdf>

Article 24 of the Convention emphasises the right of each child to the enjoyment of the highest attainable standard of health and places a duty on all parties to ensure that all segments of society, in particular parents and children, are kept well informed, have access to education and are supported in the use of basic knowledge related to child health and nutrition. These entitlements lie at the heart of the philosophy of the *health promoting school*.

***Happy, Safe and Achieving their Potential* (Scottish Executive, 2005)**

<http://www.scotland.gov.uk/Resource/Doc/36496/0023588.pdf>

This is the report of the National Review of Guidance. This document:

- Describes common principles for the development of personal support in Scottish Schools
- Sets out a standard of support for pupils, parents and carers
- Clarifies the respective role of partner agencies in supporting pupils and assisting staff in schools to provide support
- Points to current practices in Scotland, which exemplify different approaches emerging to providing personal support in school.

***Health for All Children 4* (Scottish Executive, 2005)**

<http://www.scotland.gov.uk/Resource/Doc/37432/0011167.pdf>

The fourth edition of *Health for All Children* sets out to answer two questions posed on behalf of parents – 'What health care programmes are available to promote my child's health and development', and 'which are effective.' The report is based on evidence of effectiveness and expert opinion on best practice and sets out a proposed programme of child health promotion and surveillance.

***Hungry for Success* (Scottish Executive, 2002)**

<http://www.scotland.gov.uk/Resource/Doc/47032/0023961.pdf>

Setting national nutrient-based standards for school meals in Scotland, *Hungry for Success* follows up recommendations in the Scottish Diet Action Plan. This document sets out a vision for a revitalised school meals service in Scotland and presents a number of far-reaching recommendations connecting school meals with the curriculum as a key aspect of health education and health promotion.

***Improving Health in Scotland: The Challenge* (Scottish Executive, 2003)**

<http://www.scotland.gov.uk/Resource/Doc/47034/0013854.pdf>

This paper provides a framework for delivering a more rapid rate of health improvement in Scotland through the integration of work in four areas: 'Early Years', the 'Teenage Transition' the 'Workplace' and 'Communities'. Thematic programmes on physical activity, healthy eating, smoking, alcohol, mental health and health and homelessness operate across the four areas. The development of *health promoting schools* is a key action within the Challenge.

Improving Outcomes for Children and Young People: the role of schools in delivering integrated children's services (Scottish Executive, 2006)

<http://www.scotland.gov.uk/Resource/Doc/92327/0022073.pdf>

Specifically designed for local authorities, this document aims to clarify their role in delivering integrated children's services

Moving Forward-Additional Support for Learning (Scottish Executive, 2003)

<http://www.scotland.gov.uk/Resource/Doc/47021/0023972.pdf>

This paper outlines plans to develop the education system in line with the following principles:

- Education that is responsive to the needs of the child and the family
- Commitment to inclusion
- The rights and views of the pupils and their families to be heard and respected
- Improving standard of education for all children
- Commitment to the delivery of integrated services tailored to respond to local need

Our National Health-A plan for action, a plan for change (Scottish Executive, 2000)

<http://www.scotland.gov.uk/Resource/Doc/1095/0014725.pdf>

'This action plan sets out a challenge for the Scottish Executive, the local authorities and others to build a national effort to improve

health and reduce inequalities in health'. To help achieve these aims it required community planning partnerships to prepare joint health improvement plans.

Respect and Responsibility - Strategy and Action Plan for Improving Sexual Health Sexual Health Strategy (Scottish Executive, 2005)

<http://www.scotland.gov.uk/Resource/Doc/35596/0012575.pdf>

Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health provides a framework for improving sexual health. The strategy does not change national policy on sex and relationships education. It reinforces the principles of the McCabe report and the existing national guidance: Health Education 5-14 National Guidelines, Circular 2/2001 which provides guidance on the conduct of sex education in schools and guidance for schools and local authorities on effective consultation with parents and carers.

Safe & Well: A Handbook for Staff, School and Education Authorities (Scottish Executive, 2005)

<http://www.scotland.gov.uk/Resource/Doc/57346/0016229.pdf>

This document provides advice for all staff working in schools and other education services, on all aspects of their roles in keeping children and young people safe and well

The Educational (National Priorities) (Scotland) Order 2000

<http://www.opsi.gov.uk/legislation/scotland/ssi2000/20000443.htm>

The order sets out five national priorities in education that provide strategic direction for Scotland's schools. The national priorities are collected under headings as follows:

1. Achievement and Attainment
2. Framework for Learning
3. Inclusion and Equality
4. Learning for Life
5. Values and Citizenship

The national priorities summarise a vision that seeks every opportunity to help all pupils become confident, well motivated and fully rounded adults, play a full part as citizens in a modern democratic society, develop the skills and aptitudes to work flexibly in the workplace, embrace change throughout their future lives and seize the opportunities open to them regardless of their background.

The Health Promoting School (HMIE, 2004)

<http://www.hmie.gov.uk/documents/publication/hgiosph.pdf>

This document aims to offer advice and information on the self-evaluation and effectiveness of schools/centres becoming health promoting. It shows how schools/centres can select a cluster of quality indicators or performance indicators and national care standards that focus on key features, which have significant impact on the well-being and experience of the whole school community.

The Sum of its Parts: The Development of Integrated Community Schools in Scotland (HMIE, 2004)

<http://www.hmie.gov.uk/documents/publication/dicss.html>

The above report sets out the findings of the HM Inspectorate of Education teams evaluating eight pilots in the Integrated Community Schools Initiative. The report sets out several examples of good practice, including some from North Ayrshire, in creating integrated service delivery to young people in education, health and social services related issues.

Towards a Healthier Scotland: A White Paper on Health (The Scottish Executive, 1999)

<http://www.scotland.gov.uk/library/documents-w7/tahs-00.htm>

This paper underlines the importance of health and health promotion. 'We prize health for its own sake, and for the other things it makes possible. Being part of the pattern of opportunity and achievement we want for Scotland, as we start a new century. Being ill makes inequalities between people

and groups in Scotland worse and harder to bear.'