

# **Schools (Health Promotion and Nutrition) Scotland Act**

## **Health promotion guidance for local authorities and schools**

### Ministerial Foreword

### 1. Introduction

1.1 Background	3
1.2 Purpose of the Act	4
1.3 Purpose of this guidance	5
1.4 The role of health promoting schools	5
1.5 The role of local authorities and managers of grant-aided schools	6
1.6 The role of health boards	6

### 2. Policy context

2.1 Curriculum for Excellence	7
2.2 Health and wellbeing outcomes	8

### 3. Implementation

3.1 Introduction	12
3.2 Leadership and management	12
3.3 Ethos	13
3.4 Partnership working	13
3.5 Curriculum, learning and teaching	14
3.6 Environment, resources and facilities	17
3.7 Continuing professional development (CPD) and training	17
3.8 Monitoring and evaluation	18

Annex A: Relevant legislation	20
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Annex B: Further Information & Resources	20
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## Ministerial Foreword

Our vision for Scotland is that we will live longer, healthier lives. This is one of the national outcomes set out in the Concordat with Local Government and lies at the heart of the Better Health, Better Care Action Plan. The health challenges for Scotland's young people are well-documented. We recognise the role played by health inequalities and the impact of poverty. We pursue a healthier Scotland within the context of our central purpose: to focus Government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.



I welcome the duty that I share with local authorities under the Schools (Health Promotion and Nutrition) (Scotland) Act to endeavour to ensure that schools are health promoting. I have been impressed by the work that has already taken place in schools across Scotland to pursue a whole school approach to health promotion. I trust that this guidance will support continuous improvement.

I am delighted that, as part of Curriculum for Excellence, release of the draft experiences and outcomes for Health and Wellbeing is taking place at the same time as the Health Promotion Guidance because they are inextricably linked. I will also shortly release a new document, *Building the Curriculum 3 – a framework for learning and teaching*. This document offers guidance to curriculum planners on bringing together the various elements of *Curriculum for Excellence*. It will make clear that one of the entitlements for all children and young people is a curriculum with a continuous focus on health and wellbeing, including beyond 15 when young people begin to work towards qualifications.

Taken together, this package will provide a comprehensive approach to developing the skills, knowledge and experience needed to support children and young people to lead healthy lives, now and in the future.

The health and wellbeing of our young people is a responsibility we all share. We have a unique opportunity to take this forward in new ways, including helping them to take responsibility for their own health. Together we can realise our vision for a healthier Scotland.

A handwritten signature in black ink that reads "Fiona Hyslop".

**FIONA HYSLOP**

**Cabinet Secretary for Education and Lifelong Learning**

## 1. Introduction

### 1.1 Background

The central purpose of the Scottish Government is to focus Government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.

The [Government Economic Strategy](#) sets out how the delivery of the government's Purpose is supported by five strategic objectives – to make Scotland wealthier & fairer, smarter, healthier, safer & stronger and greener. While health promotion is most strongly linked to the healthier objective, it can contribute to all five strategic objectives.

Within the Government Economic Strategy, five strategic priorities have been identified as being critical to economic growth. These are learning, skills and wellbeing; a supportive business environment; infrastructure development and place; effective government; and equity. The contribution of health promotion is most readily identifiable through the learning, skills and wellbeing strand, and will be an important contributor to achieving equity.

The [concordat](#) between the Government and COSLA and the development of Single Outcome Agreements has established a new relationship between central and local government. This is a relationship based on mutual respect and partnership. The Scottish Government will set the direction of national policy and the over-arching outcomes while freeing up local authorities and their partners to meet the varying local needs and circumstances across Scotland. One of the fifteen national outcomes set out in the concordat is that 'we will live longer, healthier lives'.

Similarly, under the concordat, local authorities must fulfil their statutory obligations with respect to health promotion in schools, but should develop their health promotion and health improvement strategies based on local priorities and needs.

The provisions of the Act complement the vision of [Getting It Right for Every Child](#). There are also clear links with the provisions of the [Education \(Additional Support for Learning\) \(Scotland\) Act 2004](#). The ten standards for personal support set out in [Happy, Safe and Achieving Their Potential](#) (2005) also complement the vision of the health promoting school, and provide concrete examples of action that can be taken to support children and young people in this context. These are relevant to all children and young people, but are especially significant for those who are looked after or who face any kind of difficulty.

The key policy surround in education is [A Curriculum for Excellence](#), and in particular the draft experiences and outcomes in health and wellbeing and the associated paper [Health and wellbeing for all](#) which should be read in conjunction with this guidance. A whole-school approach to improving the health and wellbeing of all pupils, staff and the wider community is illustrated in [The Journey to Excellence, parts 1-3 \(HMIE 2007\)](#) and [The Health Promoting School \(HMIE 2004\)](#). A holistic approach will impact on all aspects of school life and benefit all who learn and work in schools. Such an approach will provide a supportive environment for those who

experience barriers to learning, including children and young people from disadvantaged home and social backgrounds.

In Scotland, mortality rates for key diseases and overall life expectancy are improving. However, the inequalities between the most deprived and least deprived communities are still evident and are increasing. Therefore, it is a priority of the Scottish Government to tackle inequalities. A particular focus of this is to reduce inequalities in education, to prioritise targeted early years intervention with vulnerable families and children, such as those who are looked after, and to encourage partnership working. We want to share information and experience in improving the health outcomes for young people, particularly those most vulnerable to poor outcomes.

We must encourage pupils to go significantly beyond merely acquiring knowledge and understanding into actively promoting their own health and wellbeing throughout their lives. This approach is evident in [‘Building the Curriculum 1’](#) which emphasises the centrality of health and wellbeing to a child’s learning and, for example, indicates that schools should provide planned opportunities for pupils to develop life skills, including skills for independent living.

*“Mental, physical and emotional wellbeing of young people are essential preconditions for successful learning. These qualities cannot be developed for individuals in isolation from the health and wellbeing of the school community as a whole.”* ([The Journey to Excellence](#), HMIE 2006)

The [Schools \(Health Promotion and Nutrition\) \(Scotland\) Act 2007](#) (‘the Act’) builds on work that has already taken place in Scottish Schools and ensures that health promotion will have a central and continuing focus in education. This is statutory guidance issued by the Scottish Government under section 2A(4) of the Standards in Scotland’s Schools etc. Act 2000 [as inserted into that Act by section 1 of the Act].

## **1.2 Purpose of the Act**

In summary, the Act:

- **imposes duties on the Scottish Ministers, education authorities and managers of grant-aided schools to endeavour to ensure that public schools and grant-aided schools are health-promoting. (this guidance relates to this duty.)**
- places duties on education authorities and managers of grant-aided schools to ensure that all food and drink provided in schools complies with nutritional requirements specified by Scottish Ministers in regulations;
- places a duty on education authorities to have regard to the nutritional requirements regulations when purchasing a place at an independent school;
- gives education authorities the power to provide pupils with snacks, either free of charge or subject to a charge;
- places a duty on education authorities to promote school lunches and, in particular, free school lunches;

- places a duty on education authorities to take steps to protect the identity of those receiving free school lunches; and
- places a duty on education authorities and managers of grant-aided schools to have regard to any guidance issued by the Scottish Ministers on the application of the principles of sustainable development when providing food or drink or catering services in schools.

A copy of the Act and Explanatory Notes can be found on the website of the Office of the Public Sector Information at [www.opsi.gov.uk](http://www.opsi.gov.uk).

### **1.3 Purpose of this guidance**

This guidance has been devised to support local authorities and schools, and managers of grant-aided schools, in working with partner agencies to meet the duty to ensure that all schools are health promoting. The guidance provides signposting to the policy framework that is already in place. Separate guidance will be issued relating to the other duties. We will explore options for supporting health promotion across the early years sector.

While this guidance is aimed at local authorities and their schools, and managers of grant-aided schools, it will be of interest to all partners involved in aspects of health promotion for the benefit of children and young people. Partnership working with pupils, parents, health, social work and the voluntary sector has become the hallmark of health promoting schools.

### **1.4 The role of health promoting schools**

As defined in the Act, “a school or hostel is ‘health promoting’ if it provides (whether on its own or in conjunction with Health Boards, parents or any other person) activities, and an environment and facilities which promote the physical, social, mental and emotional health and wellbeing of pupils in attendance at the school or residing in the hostel.”

Health promoting schools adopt a whole-school approach to integrating health promotion into every aspect of school life. Through effective partnership working with pupils, all teachers and other staff, parents and the wider community, the health promoting school:

- promotes the mental, emotional, social and physical health and wellbeing of all children and young people; and
- works with partners to identify and meet the health needs of the whole school and its wider community.

In a health promoting school all staff are involved in developing a supportive environment that encourages health promotion. Her Majesty’s Inspectorate of Education’s (HMIE) guide for schools, [How good is our school? The Journey to Excellence, Excellence Dimension 9](#) (‘Dimension 9: promotes well-being and respect’), highlights the importance of promoting health in helping a school achieve excellence. It emphasises the need for schools to:

- promote positive relationships within a caring and inclusive school community;
- provide the whole school community with positive experiences that promote and protect their health; and
- promote positive and healthy attitudes and behaviour.

### ***1.5 The role of local authorities and managers of grant-aided schools***

The Act amends the Standards in Scotland's Schools etc. Act 2000 to require that local authorities include health promotion in their improvement objectives. School development plans are also required to reflect these improvement objectives.

The duty within the Act to ensure that schools and hostels are health promoting falls to the local authority. As set out in the Standards in Scotland's Schools etc. Act 2000, the local authority's role is both to support and to challenge schools. The local authority must set out the health promotion improvement objectives and the strategic direction. The authority may choose to continue to use a local accreditation scheme or to adopt other accreditation processes. There is value in such recognition for the achievement of health promoting status while continuing to ensure the mainstreaming of health promotion.

Managers of grant-aided schools have the same responsibilities as local authorities.

### ***1.6 The role of health boards***

National Health Service (NHS) boards manage local NHS resources to improve the health and wellbeing of the populations they serve. They are key partners in the development and implementation of the Act. The Boards engage in Community Planning with local authority Education Department/Children's Services partners to take forward health promotion in all schools in the Board area. To assist local authorities, Health Boards should ensure that:

- the requirements of the Act are reflected in NHS strategies and plans;
- specialist health promotion and nutrition advice is given to Education /Children's Services staff responsible for implementing the Act, and for monitoring and evaluating its implementation;
- NHS health promotion, nutrition, public health and community nursing expertise is engaged in the planning and delivery of health promotion and nutrition activities in schools;
- services for children and young people with chronic health needs reflect the Act; and
- NHS staff support schools in assessing progress towards objectives for health promotion and nutrition in their school development plans.

## 2. Policy context

### 2.1 Curriculum for Excellence

*Curriculum for Excellence* has at its heart the aspiration that all children and young people should be successful learners, confident individuals, responsible citizens and effective contributors. There are strong connections between effective, successful learning and health. Through the health and wellbeing curriculum area, *Curriculum for Excellence* takes a holistic approach to health and wellbeing.

The main purpose of health and wellbeing within *Curriculum for Excellence* is to develop the knowledge and understanding, skills, capabilities and attributes necessary for physical, mental, emotional, social and physical wellbeing now and in the future.

A *Curriculum for Excellence* advocates approaches to learning and teaching that challenge children and young people to develop their knowledge and understanding, skills and attributes. It suggests that schools encourage pupils to develop life skills, such as taking responsibility for their own health and fitness. It also underlines the role of all teachers in supporting the health and wellbeing of all children and young people. A *Curriculum for Excellence* is not prescriptive about teaching - activities should meet the needs of individual pupils. Approaches to learning and teaching should include participation as well as outcomes. The need for teachers to respond to pupils' views, especially where sensitive issues are involved, is also highlighted.

#### *Personal and social development/personal and social education (PSD/PSE) and health education programmes*

Focussed programmes covering key elements of personal, social and health education provide a key medium for implementation of the Act and should include whole-school, cross-curricular and special focus components as outlined in [Personal Support for Pupils in Scottish Schools](#) (HMIE 2004) and *Health and wellbeing for all*. Staff with responsibility for providing guidance and personal support, class teachers and other partners have key roles in delivering these programmes.

#### *Environment, resources and facilities*

Health promoting schools provide a safe, supportive, accessible and well-resourced environments and facilities for all pupils, staff and the wider community, including appropriate provision for all who have additional support needs. [Being Well – Building Well](#) (Scottish Health-Promoting Schools Unit, 2005) identifies the health-related needs of all school users and informs key stakeholders who are planning the building or refurbishment of school environments.

## **2.2 Health and wellbeing outcomes**

### *Mental, emotional, social and physical wellbeing*

Good mental and emotional health is a fundamental and underpinning component of positive health and wellbeing. A whole-school approach to improving mental and emotional wellbeing will have an impact on all aspects of school life and benefit all who learn and work in schools, as well as providing a supportive environment for those who are experiencing difficulties.

Mental and emotional wellbeing underpins other aspects of health within a school and cannot be considered in isolation. It is crucial to understand how physical activity, healthy eating and emotional wellbeing interact, and how these interactions affect children's behaviour and learning capacity.

Developing positive relationships in school communities is fundamental to fostering a good climate for learning including positive behaviour, and many approaches to promoting positive behaviour aim to improve relationships and develop emotional literacy. These approaches include the use of restorative practices and programmes which develop pupils' inter-personal skills to help them manage their feelings and responses, and to participate fully in school, at home and in the community.

### *Planning for choices and changes*

Children and young people will face a range of challenging stages in the course of their school career, including the transition from primary to secondary school, changes in their personal circumstances, coping with exams and deadlines, and leaving school to start work or embark upon further study. Supporting children and young people to cope with stress and anxiety arising from such changes will be integral to promoting mental and emotional wellbeing. In addition to the specific requirements relating to health promotion, schools need to support children to meet their personal, social and learning needs, and to plan for their future beyond school education.

### *Physical education, physical activity and sport*

The promotion of physical activity in children has been a long term priority for the Scottish Government. ['Let's Make Scotland More Active'](#) set long-term targets for daily moderate physical activity. For children, the aim is to ensure that by 2022, 80% of all those aged 16 and under will meet the minimum level of recommended physical activity. The health and wellbeing experiences and outcomes reaffirm the aspiration of daily physical activity for all.

Schools are a key setting for the promotion of physical activity and a number of major programmes set in the school environment have been introduced. These include the [Active Schools](#) programme, the School Travel Coordinators network and the [Safer Routes to Schools](#) programme.

In 2004, a report on a review of physical education in schools reinforced the important role schools play in providing opportunities for being more active (through play, walking and cycling, etc). However, it also highlighted the fact that these wider opportunities need to be complemented by high quality learning and teaching, and carefully-planned curricular frameworks to ensure all children develop a sufficient range of skills and competencies.

While Curriculum for Excellence gives local freedom and responsibility to those planning the curriculum, the Scottish Government expects schools to continue to work towards the provision of 2 hours of physical education for every child each week. This commitment will be reflected in Building the Curriculum 3: a framework for learning and teaching.

### *Food and health*

A good diet is essential for good health. Health promoting schools can make a valuable contribution to improving the nutritional quality of children's and young people's diets and promoting consistent messages about healthy eating.

School meals in Scotland have undergone a transformation due to the [Hungry for Success](#) initiative. The Act builds on Hungry for Success and will require local authorities and managers of grant-aided schools to ensure that food and drink provided in schools comply with the nutritional requirements specified by Scottish Ministers in regulations. These regulations will apply to all food that is sold or served in local authority and grant-aided schools - including at tuckshops and in vending machines, not just school meals - and are supported by guidance. The regulations and guidance are, at the point of writing, still subject to Parliamentary approval after which they will be published on the Scottish Government website. However, a draft version of the regulations is already available on the website.

Health promoting schools should help children and young people to develop an understanding of the relationship between food, health and wellbeing. They should also develop an awareness of various issues regarding food, including sourcing and production and cultural differences.

The Food Standards Agency's food competences framework is intended to help schools and community-based organisations provide children and young people with the foundation to make healthy food choices now and into adulthood. As a framework of core skills and knowledge for children and young people, it sets out the essential building blocks for healthy eating, cooking and food safety.

In terms of dental health, the [Scottish Dental Action Plan](#) has targets for supervised tooth brushing schemes in primary schools. The target is to have 20% of schools with the highest need offering tooth brushing schemes by March 2008. Many schools have extended this to other age groups.

[Guidelines on Commercial Activities in Schools](#) were published by the Scottish Consumer Council in March 2006 and the Public Health and Wellbeing Directorate have commissioned the Scottish Consumer Council to prepare similar guidelines that extend to the wider public sector environment. This will provide additional information

to ensure that sponsorship decisions reinforce positive messages around health promotion.

### *Substance misuse*

Substance misuse education in schools is often the first line of prevention against smoking and alcohol and drug misuse, providing opportunities to pass on accurate, up-to-date facts, explore attitudes and, crucially, foster the skills needed to make positive decisions. The key focus of policy on substance misuse (including alcohol, tobacco and illegal drugs as well as prescription medicines and other substances) is to help young people resist substance misuse in order to achieve their full potential in society. Through Curriculum for Excellence, schools have an important role to play in developing in young people qualities of resilience and adaptability so that they are able to make informed choices to enhance their own and their families' health and wellbeing.

Substance misuse education is not just about classroom teaching, but encompasses all policies, practices, programmes, initiatives and events in the school connected with the prevention and reduction of tobacco, alcohol and drug-related harm. The evidence is clear that no single approach to prevention and education is effective, and that one-off interventions will have limited value. Furthermore, we know that the culture, relationships and opportunities in schools contribute to young people's social and academic outcomes, and that these are relevant to a whole range of behaviours including drug use ([Evaluation of the Effectiveness of Drug Education in Scottish Schools](#) 2007)

The Scottish Government is seeking long term, sustainable improvements in teaching practice, including the partnership delivery that should come from the Curriculum for Excellence approach. An expert steering group on substance misuse education in schools has been established, to produce advice, guidance and proposals aimed at helping schools and authorities to achieve improvements, in the context of Curriculum for Excellence and the Concordat with local government. In particular, it will look at how to boost knowledge, skills and confidence about substance misuse, for teachers and other professionals involved in delivering health education in schools, through improving access to suitable resources appropriate for each age group and more effective partnership planning and delivery with Health, the Police and the community. More emphasis is also being placed on the role of parents or carers in educating their own family about substance misuse.

If young people are misusing drugs within the school premises or grounds, staff should refer to the [Guidelines for the Management of Incidents of Drug Misuse](#) (June 2000). All schools are expected to have a policy on the handling of drug-related incidents, developed in consultation with the police and Children's Reporter.

This Government is committed to the continuation of public information campaigns, such as [Know the Score](#), which has been effective in increasing knowledge and promoting avoidance of substance misuse and positive lifestyles. Specific campaigns for young people, currently from around age sixteen, though the merits of providing information for younger age groups are currently being investigated. The [Choices for Life](#) initiative for all Primary 7 children has also provided a mechanism

for information and messages around substances and healthy living more generally. In addition, the informative and popular "[Parents' Guide](#)" is to be distributed to every household/family in the country, as well as to key public institutions such as Further Education colleges, Universities and prisons.

The Government plans to work with all concerned to implement a programme to tackle the drug misuse problem in Scotland and will be publishing a new drugs strategy later in May 2008. The Government will work with all interests to ensure successful implementation.

In addition, the Scottish Government has a new 5-year smoking Prevention Action plan. The plan is based on the recommendations made in [Towards a future without tobacco](#) (2006) which highlights the need for education on drugs, alcohol and tobacco to embrace the concept of health promoting schools and to inform parents about tobacco and other substances, and their related responsibilities.

The Scottish Government is developing a longer term, cross-Government approach to tackling alcohol misuse, appropriate to the scale of the problem in Scotland and focussing on the long term objectives of reducing harm and achieving sustainable change. We intend to publish our proposals for action for consultation before the summer.

#### *Relationships, sexual health and parenthood*

[Respect and Responsibility, Strategy and Action Plan for Improving Sexual Health](#), (2005) makes recommendations for the provision of sex and relationships education (SRE) for children and young people. In particular, it recommends that schools, in consultation with parents, should provide SRE linked to other aspects of the curriculum and delivered by trained and supported staff. This includes contributions from partners such as sexual health promotion specialists, public health nurses and the voluntary sector. As a priority, SRE should be supported by local services for young people such as 'drop-in' centres which are in or near to schools.

It is important to take account of the beliefs and philosophies of denominational and faith schools in structuring provision for education in relationships, sexual health and parenthood. For example, the Catholic Education Commission provides the '[Called to Love](#)' programme of teaching resources. The programme promotes a Catholic Christian vision of loving relationships.

Children and young people attending primary and secondary schools should receive consistent and accurate messages regarding sex and relationships education through materials which are stage and age-appropriate.

### **3. Implementation**

#### **3.1 Introduction**

This section is concerned with the steps that schools, local authorities and managers of grant-aided schools can take to implement the Act in each of the areas for health and wellbeing indicated in Curriculum for Excellence. The advice for each area is structured around the key characteristics of health promoting schools identified in [\*Being Well - Doing Well\*](#) and is consistent with the draft *Curriculum for Excellence Health and Wellbeing Experiences and Outcomes* (The following key characteristics apply generally to all of the outcomes).

- leadership and management
- ethos
- partnership working
- curriculum, learning and teaching
- focussed programmes in personal and social development/personal and social education (PSD/PSE) and health education programmes
- environment, resources and facilities

The general contribution which each of these makes to achieving the outcomes is indicated below and is exemplified through reference to some outcomes.

#### **3.2 Leadership and management**

Local authorities can lead through the introduction of whole-authority approaches to health promotion. Clear leadership from authorities is needed to ensure a consistent approach across the authority, for example in ensuring that healthy food is served not only in schools, but also in other authority facilities such as sport and leisure and community centres. It is important that they lead in highlighting health promotion as a key permeating aspect through supporting and challenging schools to enhance and develop their provision.

Schools, authorities and managers of grant-aided schools should provide clear and concise guidance on health promotion objectives. Some examples of these objectives include:

- fostering genuine and participative communication and building a culture of listening across the whole school community
- school lunch menu development and the uptake of school lunches;
- dealing with special dietary needs or allergic reactions to food;
- how staff and pupils can access appropriate services relating to alcohol, tobacco and drugs; and
- clear child protection procedures developed in conjunction with key partner agencies including NHS, voluntary sector and faith interests.

It is also important that schools, local authorities and managers of grant-aided schools lead in encouraging and supporting staff and volunteers to take up relevant health and wellbeing CPD opportunities.

Within individual schools positive leadership from the headteacher will encourage contributions from pupils, parents, staff and other partners. Effective leaders look after their own health and wellbeing, model a positive approach to change, and encourage and support well-judged trial and innovation.

Effective leaders ensure that school and authority improvement planning embodies commitment to health promotion. Partners and stakeholders are involved in developing health promotion policies and plans which are based on consultation, shared values and open communication.

It is important that the key lead individuals for health promotion in each school are known to all staff, partner agencies and local authority departments.

### **3.3 Ethos**

In a health promoting school, policies and structures are based on shared values which support communication that is open, honest and practised in all aspects of a school life. This enables the development of relationships based on mutual respect and allows everyone in the school to understand and manage their own feelings and those of others.

Health is promoted through positive relationships in a climate that is inclusive, promotes equality, is conducive to learning and where pupils and staff feel safe, secure, valued and respected. Schools with such an ethos are likely to:

- have an atmosphere of emotional wellbeing, respect and caring;
- foster a positive attitude towards a healthy lifestyle;
- ensure entitlement to and participation in physically healthy activities for all, particularly those who are less active;
- make children and their families aware of the formal and informal opportunities to engage in healthy activities;
- consider the impact of all decisions, including around commercial activity, on all aspects of health and wellbeing;
- implement clear and effective procedures for child protection;
- continually foster an informed attitude towards relationships and sexual health and identify appropriate services and support;
- work with pupils, parents, special interest groups and other partners to assess and contribute to meeting the community's health and wellbeing needs;
- embed physical activity within the school development plan; and
- create opportunities to celebrate the school community's successes and achievements in promoting health and wellbeing.

### **3.4 Partnership working**

Genuine participation of pupils, parents, staff, community representatives and partner agencies is essential to encourage, support and develop initiatives for promoting health. Local authorities, schools and managers of grant-aided schools

need clear protocols for involving partners in the delivery of health promotion policies and plans and they should be clear about the outcomes they wish to achieve. Effective joint planning needs balanced representation from partners with their roles, remit and responsibilities being fully understood. Partnership working should reinforce work across transitions and cluster planning across sectors.

The benefits of partnership working have been demonstrated through many initiatives including [Eco-Schools Scotland](#) and *Hungry for Success* which have typically included joint working among education, community organisations, catering, health and finance departments, as well as pupils, parents and staff. Good practice occurs when parents are consulted, encouraged to get involved and to see things through a health promotion perspective themselves. Effective outcomes are achieved when staff work in partnership with pupils, for example through Pupil Councils, to ensure that their views and ideas are incorporated into practice.

A key partner in delivery of health promotion is the National Health Service (NHS). NHS boards manage local NHS resources to improve the health and wellbeing of the populations they serve. They are key partners in the development and implementation of the Act. The Boards engage in Community Planning with local authority Education Department/Children's Services partners to take forward health promotion in all schools in the Board area. The role of health boards is set out in Section 1.6

It is important that schools engage with local partners to ensure that policies and activities which promote health are inclusive and consistent, and are embedded across schools and their communities. Such local partners include Alcohol and Drug Action Teams, specialist health promotion staff, local police, and community and voluntary sector organisations such as substance misuse support services. It is essential that work undertaken by partners in schools is reinforced on an authority-wide basis by other community services and local authority provision such as sports and leisure and community centres.

### **.3.5 Curriculum, learning and teaching**

#### *Curriculum*

The main purpose of health and wellbeing within *Curriculum for Excellence* is to develop the knowledge and understanding, skills, capabilities and attributes necessary for mental, emotional, social and physical wellbeing now and in the future. Promoting health across the curriculum will help support children and young people's development as successful learners, confident individuals, responsible citizens and effective contributors. There should be flexibility which allows teams and individual teachers to make innovative provision which addresses current circumstances and meets pupils' changing needs.

Here are some examples of ways to use the curriculum to promote aspects of health and wellbeing in a holistic way.

- promote the development of positive mental and emotional wellbeing across all areas of the curriculum;

- build physical education into a whole-school approach to promoting health and physical activity across the curriculum, most notably in physical education, physical activity and sport but also, for example, in the sciences (beneficial effects of regular exercise, need for good personal hygiene and dental hygiene) and in mathematics (BMI, comparing energy intake and energy expenditure);
- broaden the curriculum through outdoor learning in all curriculum areas by including activities in school grounds, urban spaces, rural or city farms, parks, gardens, woodlands, coasts and outdoor centres;
- incorporate aspects of food, nutrition and dental health in the curriculum at all stages through for example, mathematics, science (energy in various foods, the effects of good dental hygiene), home economics (healthy diet, principles of nutrition, food hygiene, safety and handling) and social studies (the importance of sustainable development and fair trade, where our food is sourced from and how it is produced);
- when preparing food and drinks as part of school enterprise projects, ensure that nutritional regulations are met. ;
- use outside agency programmes to enrich the health component of the curriculum;
- use all curriculum areas to exemplify the benefits of a safe and healthy environment with due regard to all aspects of child protection;
- use a range of curriculum areas to promote safe behaviour outside of school, such as road safety, safety when playing outdoors, safety at home and dealing with domestic abuse;
- view sex and relationships education as one element of health education, set within the wider context of the health promoting ethos of the school;
- build in health and wellbeing provision which reflects the cultural, ethnic and religious influences within the home, school and community, and which is sensitive to the diverse backgrounds and needs of all young people;
- include activities which develop pupils' emotional resilience and their emotional literacy.

At all stages, primary and secondary schools should aim to develop pupils as successful learners, confident individuals, responsible citizens and effective contributors to society. The promotion of health is a key component in developing these capacities. It is important that focussed programmes in personal, social and health education within health and wellbeing complement other contributions to health promotion throughout the curriculum. Effective programmes blend whole-school and special focus components and have continuity and progression from stage to stage but also take account of the changing health and wellbeing needs of individual pupils, the school and its community.

Key characteristics of programmes which effectively promote health and wellbeing are: carefully-planned coverage of all of the Curriculum for Excellence experiences and outcomes for health and wellbeing, and use of external speakers such as parents, school nurse, community health workers, dieticians, GPs, police, road safety officers, fire service and theatre groups.

## *Learning and teaching*

Learning and teaching to promote health should involve a wide range of inputs. Pupils, staff, special interest groups, Parent Councils and other partners should be involved in a health and wellbeing needs assessment of the whole school community. Particular attention should be given to gender, disability and additional support needs to ensure inclusive learning and teaching. All staff within the school should understand that health promotion is their responsibility.

For example, effective health promoting schools maximise opportunities for pupils to be active within the classroom throughout the school day in order to improve concentration and focus for learning. They help pupils to understand that physical activity can be incorporated into all aspects of school life and beyond through such activities as walking to and from school or work, attending a dance class, playing outside with friends, rambling and cycling.

Teaching in health and wellbeing should motivate learners through drawing on their curiosity, creativity and critical thinking. Activities relating to healthy eating and safe, hygienic practices might include research on the nutritional value of the food they eat, consultation on which healthy foods should be included in school vending machines, lunches and tuckshops, and designing presentations on healthy eating as part of a peer education project. Informed discussion and research can be used to explore the links between physical activity, mental health, obesity and eating disorders.

Pupils are generally more motivated to learn through approaches which involve them directly, where their views are taken into account and which relate to aspects of their own lives and experiences. Examples include the use of role play, small group discussions and theatre group presentations which enable pupils to explore, for example, the health and social effects of drugs, alcohol and tobacco. The skilful use of questioning by a teacher or other partner, and opportunities for young people to ask their questions, leads to increased motivation and engagement of learners. Such approaches enhance the development of skills such as strategies for dealing with risk and how to say 'no', and address pupils' misconceptions about, for example, the prevalence of drug use in their own age group.

Teaching and learning in aspects of health and wellbeing should provide young people with life skills which develop their confidence and respect for themselves and others. One way of doing this is to raise pupils' awareness of sources of help and support outwith the school. An example is to encourage members of the community, members of staff, appropriate partner agencies and parents to develop skills in supporting sex and relationships education. It is important that lessons and activities to promote health and wellbeing are presented in a positive way. For example, presenting education in relationships, sexual health and parenthood through an informed, interactive and non-judgemental approach can have a lasting influence on how young people develop social, emotional and physical relationships, and who they approach for support at this time

### **3.6 Environment, resources and facilities**

The whole school environment should be conducive to health promotion. Schools with health promoting environments provide opportunities and space for physical activity, play, eating, socialising and privacy. They make these facilities available both during and outwith normal school hours and work with local community groups to explore ways of making their provision, including drop-in, available to the wider community. In a health promoting school, members of the school community demonstrate a commitment to enhancing the quality of the immediate and wider environment. Staff and pupils adopt Eco-School Scotland principles through taking steps to minimise negative environmental impacts of the school.

Pupils are encouraged to be physically active when school grounds and facilities are clean, safe and maintained to a high standard. In promoting physical activity schools should provide cycle racks, secure lockers and appropriate areas for changing and showering. In addition they should promote active travel such as walking and cycling to school. Many School Travel Coordinators have worked with staff, pupils, parents and Road Safety Officers to promote road safety through devising school travel plans which include use of the 'Safer routes to school' initiative.

Providing physical activity opportunities through wider school and community activity allows young people to be physically active in less formal settings and gives them more choice and influence on the type of activities in which they participate.

Canteen facilities, vending machines, tuck shops and breakfast and after school clubs should give consistent messages about healthy eating and oral health. Other service providers should be expected to do likewise.

The nutritional regulations will require that pupils have access to free drinking water throughout the school and it is important that its consumption is actively promoted. Toothbrushing activities and programmes should be supported and encouraged at breakfast clubs and after lunch. Staff and pupils should have ready access to quality display points for information on such aspects as

- food and oral health;
- infection control measures;
- physical activity;
- mental health and wellbeing;
- drugs, alcohol and tobacco;
- relationships, sexual health and parenthood, and
- signpost information to relevant support services.

### **3.7 Continuing professional development (CPD) and training**

It is fundamental to the promotion and delivery of health and wellbeing in schools to recognise the impact of the adults who work there. A school's culture is directly influenced by its staff and supporting their needs is a vital aspect of the whole-school approach to health promotion.

Schools that do this well:

- increase staff awareness and understanding of health and wellbeing through training, development and opportunities to practise;
- provide inter-agency training which embeds health promotion within all aspects of provision;
- use a range of appropriate training providers;
- give school staff access to resources and information about services and agencies to support them in promoting health;
- ensure access to appropriate training for volunteers;
- give staff opportunities to reflect on, discuss and feed back on their health and wellbeing;
- provide clear procedures and support for staff when dealing with children and young people in difficulty;
- provide specialist support for staff delivering the physical education curriculum;
- ensure that all staff contributing to education in relationships, sexual health and parenthood attend child protection training; and
- ; promote pupil peer education in some aspects of health and wellbeing.

Examples of appropriate areas of training, provided with involvement of other partners, include:

- drugs, alcohol and tobacco education;
- sex and relationships education;
- links between drug and alcohol misuse and sexual ill health; and
- links between poor sexual health and social inequalities.

### ***3.8 Monitoring and evaluation***

Under the Act, strategies for health promotion must be an integral part of an Education Authority's annual statement of improvement objectives. In turn, these strategies must be reflected in school development plans. It is important that authorities and schools evaluate the effectiveness of these strategies and plans within their ongoing self-evaluation. Local authorities and managers of grant-aided schools should promote and monitor provision at school level.

Best practice in evaluating health promotion occurs when schools encourage a sense of ownership by giving young people and their families' opportunities to discuss their views and reflect on their experiences. This is particularly effective when schools have mechanisms to consult with parents including the provision of advance information on the proposed timing and content of planned programmes to develop aspects of health and wellbeing.

Internal self-evaluation by schools, local authorities and managers of grant-aided schools is complemented by external evaluation through HMIE's inspection programme. HMIE inspects a sample of schools each year and publishes a report on each one which is inspected. HMIE currently asks the school to complete a pre-inspection profile which includes a section on health and wellbeing. The information

provided by the school is confirmed, or otherwise, by the inspection. HMIE collates and analyses information on health and wellbeing gleaned from inspection.

For the purposes of inspection and reporting, HMIE uses a core set of quality indicators from [\*How good is our school?\*](#) (2007 edition) to evaluate the work of a school. Two key quality indicators currently used in inspection are: *Learners' experiences* and *Care, welfare and development*. These QIs make specific reference to positive outcomes for pupils in terms of their health and the processes by which a school seeks to ensure these positive outcomes.

In a proportion of inspections, HMIE's specialist Assessors evaluate and report on a school's progress in implementing specific duties, including those in the Act related to school meals and compliance with the nutritional regulations as specified by Scottish Ministers.

HMIE ensures that inspections are 'proportionate' and does not inspect each aspect of provision in every school. School inspection work is supplemented by tasks at national level which enable HMIE to provide comment on progress nationally with the delivery and impact of aspects of provision in health and wellbeing.

## **Annex A: Relevant legislation**

*Education (Additional Support for Learning) (Scotland) Act 2004.*

*Schools (Health Promotion and Nutrition) (Scotland) Act 2007.*

*Standards in Scotland's Schools etc Act 2000.*

## **Annex B: Further information and resources**

*A Curriculum for Excellence: Progress and Proposals – A Paper from the Curriculum Review Programme Board (2006).* The Scottish Executive.

*A Curriculum for Excellence (2004).* The Scottish Executive.

*A Review of Sex and Relationships Education in Scottish Secondary Schools (2008).* Health Scotland.

*An Action Plan for Improving Oral Health and Modernising NHS Dental Services (2005).* The Scottish Executive.

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

*Being Well – Doing Well (2004).* Scottish Health Promoting Schools Unit.

*Better Health, Better Care Action Plan (2007).* NHS.

*Called to Love (2007).* Catholic Education Commission.

*Designing and Delivering Smoking Cessation Services for Young People: Lessons from the pilot programme in Scotland (2007).* NHS Scotland and ASH Scotland.

*Evaluation of Healthy Respect Phase Two: Interim Report (Executive Summary) (2008).* Health Scotland.

*Exploring the Changes: What Happens at Puberty (2006).* Health Scotland.

*Food Competences Framework (2007).* Food Standards Agency.

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

*HMIE Guide - Hungry for Success - Benchmarks for Self-evaluation (2006).* HMIE.

*HMIE Guide - The Health Promoting School - Tackling Drugs in Scotland (2004).* HMIE.

*HMIE Guide - The Health Promoting School (2004).* HMIE.

*HMIE Guide - The Health Promoting School - The Conduct of Education About Responsible Personal Relationships and Sexual Health in Scottish Schools* (2004). HMIE.

*HMIE Guide - The Health Promoting School - The Role of local authorities and their Partners* (2004). HMIE.

*How good is our school? The journey to excellence, Part 3* (2007). HMIE.

*How to run a successful "Safer Routes to School"* (1999). The Scottish Executive.

*Hungry for Success - Further Food for Thought* (2008). HMIE.

*Hungry for Success* (2002). The Scottish Executive.

*Improving Relationships and Promoting Positive Behaviour in Scottish Schools* (2008) Scottish Government.

*Inequalities in Health in Scotland: What Are They and What Can We Do About Them?* (2007). Medical Research Council Social and Public Health Sciences Unit, Occasional Paper Number 17..

*Let's Make Scotland More Active* (2003). The Scottish Executive.

*Monitoring the Implementation of Hungry for Success: A Whole School Approach to School Meals in Scotland* (2005). HMIE.

*National Programme for Improving Mental health and Wellbeing* (2003-2008). The Scottish Executive.

*Needs Assessment Report on Child and Adolescent Mental Health* (2003). Public Health Institute for Scotland.

*Personal support for pupils in Scottish schools* (2004). HMIE.

*Report of the Review Group on Physical Education; Report into physical education in the curriculum* (2004). The Scottish Executive.

*Respect and Responsibility – Strategy and Action Plan for Improving Sexual Health* (2005). The Scottish Executive.

*Safe and Well* (2005). The Scottish Executive.

*SHARE: Sexual Health and Relationships Education* (2006). Health Scotland.

*Talking With Your Child About Relationships and Sexual Health* (2006). Health Scotland.

*Talking With Your Teenager about Sexual Health and Relationships* (2006). Health Scotland.

*The evaluation of the effectiveness of drugs education in Scottish schools (2007).* The Scottish Executive.

*The journey to excellence, parts 1 and 2 (2006).* HMIE.

*Towards a Future Without Tobacco: The Report of the Smoking Prevention Working Group (2006).* The Scottish Executive.

*Towards a Mentally Flourishing Scotland (2008-2011).* Scottish Government.

Weare, K. (2000) *Developing mental, emotional and social health, a whole school approach.* London: Routledge.

Weare, K. and Gray, G. (2003). *What works in promoting children's emotional and social competence? Report for the Department of Education and Skills.* London: DfES.

## **Web links**

British Nutrition Foundation  
<http://www.nutrition.org.uk>

Childline 0800 1111: The free helpline for children and young people in the UK.  
<http://www.childline.org.uk>

Determined to Succeed  
<http://www.determinedtosucceed.co.uk>

EcoSchools Scotland  
<http://www.ecoschoolsscotland.org>

Food Standards Agency  
<http://www.food.gov.uk>  
<http://www.eatwell.gov.uk>  
<http://good.gov.uk/healthiereating/nutritionschools/>

Food Standards Agency Scotland  
<http://www.food.gov.uk/scotland/>

HandsOnScotland: A toolkit of helpful responses to encourage children and young people's emotional wellbeing.  
<http://www.handsonscotland.co.uk>

HeadsUpScotland: The national project for children and young people's mental health in Scotland.  
<http://www.headsupscotland.com>

Health Promoting Schools

<http://www.healthpromotingschools.co.uk>

Health Scotland

<http://www.healthscotland.org.uk>

Healthy Living

<http://www.healthyliving.gov.uk>

Healthy Respect

<http://www.healthyrespect.co.uk>

HMIE

<http://www.hmie.gov.uk>

LTScotland

<http://www.ltscotland.org.uk/cpdscotland/>

NHS Health Scotland's Young People's Programme: The programme focuses on issues relevant within the area of young people and teenage transitions.

<http://www.healthscotland.com/young-people.aspx>

NHS Stop Smoking Campaign

<http://www.canstopsmoking.com>

Safer Routes to School

<http://www.saferoutestoschool.org.uk>

Schools (Health Promotion and Nutrition) (Scotland) Act 2007 & Explanatory notes

<http://www.opsi.gov.uk/legislation/scotland/s-acts2007a>

Sustainable development education

<http://www.ltscotland.org.uk/sustainabledevelopment>

Young Scot: Feeling Good section of Young Scot website

<http://www.youngscot.org/channels/feelinggood>

## **Resources**

A range of posters and literature are available through organisations such as NHS Health Scotland, NHS Boards, ASH (Action on Smoking and Health) Scotland, Alcohol Focus Scotland, Learning and Teaching Scotland and TACADE.