

Health and wellbeing: the responsibility of all 3-18

September 2013

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Foreword

The strong links that exist between health and wellbeing, on the one hand, and achievements in learning on the other, are widely recognised. Effective learning supports positive health and wellbeing, and good levels of health and wellbeing support effective learning. The impact of this inter-dependency on long-term health and social outcomes is most acutely played out in the crucial developmental period from early childhood through to the teenage years. That is when we can make the most positive impact and that is why we have such a core focus on children's and young people's health and wellbeing in key national policies such as Getting It Right for Every Child (GIRFEC) and Curriculum for Excellence.

The findings presented in this report focus on the extent to which **all** staff in early years centres, schools and their community partners across Scotland are working together to tackle the health issues and inequalities that face our children, young people and their families today. Although we identify a number of areas for improvement there are also many examples of highly effective practice. These examples demonstrate what is possible when everyone is clear about why health and wellbeing is fundamental to improving outcomes for learners and understands their role in achieving successful outcomes. From my perspective I also see this report as marking the determination of Education Scotland to work with educational practitioners and the wider health and social justice communities in Scotland to make sure that our children and young people have the best possible chances in life, now and in the future.

I hope you find this report and future related follow-up activities useful and I invite you to join with us in addressing the challenges it poses.

Bill Maxwell
Chief Executive
Education Scotland

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Introduction

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This report evaluates current practice in the aspects of health and wellbeing that are the responsibility of all staff ¹and adults who work with learners. It identifies good practice and highlights important areas for further discussion and development. The report comes at a time when Scottish schools are taking forward Curriculum for Excellence and the findings reflect this changing landscape. Curriculum for Excellence provides a strong focus on health and wellbeing. It emphasises the need for **all** professionals and volunteers to work together towards the common goal of improving the health and wellbeing and life chances of children and young people across Scotland. It describes the importance of embedding health and wellbeing across learning, whether this takes place within the school or other learning environment, at home or in the wider community. This new and welcome approach offers the opportunity to transform the health and wellbeing of Scotland's children and young people.

Education Scotland will continue to support these changes and share new and emerging good practice as part of its commitment to the national on-line [professional learning community](#) for health and wellbeing. It is intended that this web-based report will be a stimulus for professional dialogue and debate, and that the professional learning community will be a hub for on-going discussion and development in schools and communities across Scotland. The report will be a focus for dialogue at The Scottish Learning Festival in 2013 and will set the agenda for taking forward improvements in health and wellbeing in the future. Practitioners will then be encouraged to engage with each other and with Education Scotland staff to further share practice and address areas requiring further development. Further links will be added to the report over time.

The report is one in a [series](#) designed to gauge the impact of a changing curriculum on learners' experiences and achievements. It is important that readers consider the report's messages in line with other key national reports and documents that refer to the health and wellbeing of children and young people. *A list of key national reports and documents is included in Appendix 2.*

¹ Where the term 'staff' is used this refers to all practitioners including early years workers, community learning and development workers and teachers.

The evidence that informed this report came from the following sources:

- A series of focused engagement visits within a learning community or cluster of schools in four education authorities across Scotland. Importantly, this approach enabled the team to visit a range of provision across a locality, which included early years centres, primary, secondary and special schools. This provided the team with a more coherent picture of the overall experience for the children, young people and families of these communities. *A list of establishments visited for this report is included in Appendix 1.*
- An analysis of relevant evidence from general inspections over the past three years.
- Background reading of other relevant reports to take account of key messages pertinent to health and wellbeing.
- Engagement in professional dialogue with- practitioners and specialists across Education Scotland; Scottish Government colleagues with responsibility for health and wellbeing in communities; and members of the health and wellbeing community, both within and out-with the education sector.

Context

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“What is also clear from the relentless widening of the gap between rich and poor is the fact the origins of health inequalities are complex and that they are to be found in the many interactions between social economic, educational and environmental determinants”.

Sir Harry Burns, Chief Medical Officer

[Annual Report, Health in Scotland 2011 - Transforming Scotland's Health](#)

The Chief Medical Officer for Scotland makes it clear in his Annual Report of 2011, that tackling health inequalities is a priority in improving outcomes for all in Scotland. It is also important to understand that the interactions between the health determinants listed above, will require professionals working in

those areas to come together and develop approaches that are new, challenging, creative and sustainable.

He goes on to say that *“the interactions between an individual and the people and events which surround him are absolutely crucial to his health and wellbeing”*. What is currently known is that individuals exposed to four or more adverse life events such as abuse and neglect in early in life, have a significantly higher risk of alcoholism, drug abuse, depression and suicide attempt in adulthood. But there is also evidence that health inequalities can be reversed. Interventions which support and enhance early life experiences for children and their families currently offer the best possibility for change. Scottish Government has invested heavily in an attempt to address these issues through the [Early Years Framework](#) and [Getting it Right for Every Child \(GIRFEC\)](#). These are brought together through the [Early Years Collaborative \(EYC\)](#) initiative, which focuses on effective joint-working between health professionals and local authorities, including education services. This strengthened approach is already resulting in improved joint planning and service provision across Scotland.

Scottish Government in [Supporting Scotland’s Young People’s Health and Wellbeing](#) state that:

“Actions across the life course to improve health and wellbeing contribute to delivering the Government’s overall purpose of increasing sustainable economic growth. Improving Scotland’s health record is both an essential driver of growth and a key outcome of economic success. The Purpose is supported by the Strategic Objective for Health which is “Helping people to improve and sustain their health, especially in disadvantaged communities, ensuring better, local and faster access to health care”, and by 16 National Outcomes, a number of which are particularly relevant to children and young people’s health and wellbeing:

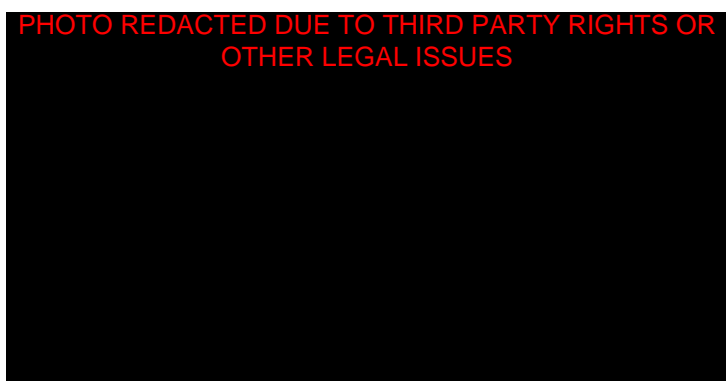
- *our children have the best start in life and are ready to succeed.*
- *our young people are successful learners, confident individuals, effective contributors and responsible citizens.*
- *we have improved the life chances for children, young people and families at risk.*
- *we live longer, healthier lives.*
- *we have tackled the significant inequalities in Scottish society”*.

Scottish Government is clear that one of the main drivers for bringing about improvements in health outcomes for children and young people is through education and the implementation of Curriculum for Excellence. The Curriculum for Excellence [Health and Wellbeing Principles and Practice paper](#) sets out the purposes of learning within health and wellbeing and describes how the experiences and outcomes are organised. It further provides guidance on aspects of learning and teaching, broad features of progression, assessment and connections with other curriculum areas. It outlines an ambitious agenda for all professionals as well as the entitlements of all children and young people in this area.

Curriculum for Excellence identifies the aspects of health and wellbeing which are the responsibility of all as:

- mental and emotional wellbeing;
- social wellbeing;
- physical wellbeing;
- some features of planning for choices and changes;
- some features of relationships; and
- some features of physical activity and sport.

Alongside acquiring the essential skills of literacy and numeracy, the development of skills and knowledge in health and wellbeing sits at the very centre of all learners' experiences, from age 3 to 18. Learning in health and wellbeing ensures that children and young people develop the knowledge, understanding and skills which they need now and importantly, in the future. The development of knowledge and skills embedded within health and wellbeing are central to healthy development, rewarding and fulfilling lifestyles across the life stages, and the employability prospects of learners. They have the potential to impact positively on the development of self-belief, self-efficacy and on the attitudes and dispositions of Scotland's children and young people. If successfully understood and coherently delivered by all staff and adults who work with learners, the experiences and outcomes can provide a solid foundation upon which children and young people can enhance their achievements across all aspects of their learning, throughout their lifetime.



In early years centres, schools and learning communities across Scotland three key elements contribute to the effective delivery of health and wellbeing and these are used to summarise the key strengths and areas for development within this report. These are:

- the **culture** which is necessary to build and sustain a supportive ethos and high-quality relationships;
- the **systems** which are in place to develop and sustain a strong and shared focus on creating a supportive and nurturing ethos. There is a clear goal, which is understood by all, to improve the outcomes and life chances for all children and young people; and

- in **practice**, productive partnerships, and a sense of teamwork which creates positive and productive environments for learning and teaching.

An analysis of the inspection evidence identified five key themes which are central to how centres, schools and communities are working together to deliver the aspects of health and wellbeing that are the responsibility of all. These key themes are:

- partnership
- career-long professional learning
- learners' voice and engagement
- leadership
- self-evaluation and looking ahead.

These five themes are used to organise and present the findings in the following sections of the report, and each answer the core question: *How well are children and young people being supported in their health and wellbeing development?*

Partnership

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How well are children and young people being supported in their health and wellbeing development as a result of effective partnership working?

“To overcome the challenges involved in partnership working, all those involved take personal responsibility for continuing to focus on the purpose and outcomes of partnership working. The purpose is to deliver better outcomes for children and young people by working together to ensure they can access and benefit fully from education.”

Adapted from [Scottish Government, Guidance on partnership working May 2010](#)

Across Scotland, a wide range of individuals, organisations and charities work together to plan and deliver improvements in health and wellbeing for children, young people, families and communities. Many of these individuals

and organisations, for example in the fields of public health, justice and community learning, are responsible for delivering Scottish Government policies, whilst also responding to local issues and concerns.

Working together with a variety of local partner agencies, most early years centres and schools across Scotland take advantage of the specialist skills, expertise and knowledge that is available to them within their community. In turn, this adds value to learning in health and wellbeing for children and young people. Where partnerships work best, there is a real clarity of purpose which is shared by all across a locality. In these schools and centres, staff really value the contributions of others and strive continuously to find the best ways to achieve shared goals. Four key elements of effective partnership working that were identified are:

- having a shared expectation, across a community, about what learning in health and wellbeing is about and why it is important;
- having specific health improvement targets that are based on the needs of the local community;
- having clear plans about how the school/centre plans to address these targets; and
- knowing how partners and stakeholders can support the school/centre in doing so.

Across Scotland, [community planning partnerships](#) provide a means for partner organisations, communities and local authorities to agree what they want for their area and the people who live there. In doing so, all parties contribute and take responsibility for aspects of planning. The combined impact of services, agencies and educational establishments, working together in partnership, can significantly increase the health, wellbeing and life chances for learners.

In the best examples of community planning, partners support schools and centres in identifying the key health and social issues within the local community. Partners know how their input contributes to a shared and complementary approach to delivering the health and wellbeing outcomes. They know what preparatory work has taken place prior to their involvement and how their involvement will be followed up. Partners from outwith education sometimes have a limited understanding of the aims of health and wellbeing within Curriculum for Excellence. Where centres and schools share successfully their vision for health and wellbeing, partners have a much clearer understanding of the curricular context and are therefore better placed to work with education professionals and learners in a complementary way.

It is clear that positive relationships are a key factor in effective partnership working. In the schools and centres visited, where partners reported that they felt welcomed, included, respected and listened to, a shared understanding of the role of partners was evident. A few schools have developed a 'partner strategy'. Through such a strategy, consideration is given to existing systems and structures to ensure that these support and encourage joint working. Simple things such as the timing of meetings and awareness of constraints

which can affect the capacity of partners' involvement are considered. For instance, scheduling meetings over lunchtimes may well suit teachers and learners, but can exclude catering staff, therefore adversely affecting their capacity to support a centre's health and wellbeing activities.

As a result of effective partnership working and positive relationships, children and young people build confidence and trust in the adults working with them. For example, youth workers often get to know young people very well through a range of community activities, where issues relating to risky health behaviours can be identified and discussed in 'safe' environments. Similarly, opportunities for discussion and exploration of health issues that are important to learners can often present themselves during out-of-class activities and residential experiences. The extent to which this important, complementary learning is taken into account by schools and centres is variable across Scotland. More effective communication between education and community learning and development (CLD) professionals should ensure that learning in these situations is taken into account as part of broader learning experiences. It has been recognised nationally that this is an area for improvement. By 2015, each education authority is required to publish plans, as part of [the Requirements for Community Learning and Development \(Scotland\) Regulations 2013](#), which came into effect on 1st September 2013. This sets out the role of CLD in contributing to the delivery of better health and wellbeing outcomes for learners and communities.

Curriculum for Excellence states clearly that, for effective delivery of health and wellbeing experiences and outcomes, partnership working must engage the active support of parents and carers. In most schools visited this is working well. Where parents are engaged most successfully by schools and centres, the following features of culture, system and practice are evident:

- Good relationships - *parents feel welcome and part of the centre/school. Staff are accessible, approachable, responsive and where necessary, offer non-judgemental support for parents.*
- Communication – *a range of methods are in use. Parents have clear, comprehensible information about health and wellbeing and the progress their child is making. Parents are better equipped to support their children's learning about health and wellbeing and to put this into action at home.*
- Shared understanding and values – *the centre/school involves parents in discussions to agree priorities for health and wellbeing. Everyone knows who is involved in making this happen and parents share expectations and understand the responsibilities of those involved, including themselves.*
- Skills recognition – *the centre/school is aware of the experience and skills parents can offer to support improvement in health and wellbeing outcomes.*
- Targeted personal support - *this ranges from providing parenting skills courses, to finding out about how to spot signs of cyber-bullying, to accessing literacy classes or college courses to enable parents to better support their child's education.*

Where parental involvement is less effective, parents talk of a desire to find ways of agreeing and sharing a common understanding of terms related to health and wellbeing. The responsibility for improving health and wellbeing does not lie solely with the schools and centres, but they are in a position of considerable influence to engage positively with families. In most schools visited parents viewed their child's progress in health and wellbeing in relation to 'healthy eating and physical education'. This needs to be addressed so that parents understand the importance of mental, emotional, social and physical wellbeing in relation to their child's learning and essential skills for life.

Where partnerships have the greatest impact on the health and wellbeing of children and young people:

- parents are seen and valued as key partners in improving health and wellbeing;
- partners (teaching, CLD, health and voluntary organisation staff) are well briefed and share intelligence about the health and social priorities within the locality;
- partners are involved in the early stages of joint planning and in the delivery and evaluation of success and impact;
- all partners have a shared understanding of health and wellbeing within Curriculum for Excellence and work closely with schools/centres to agree how best to support the delivery of learning within and out with schools; and
- leaders ensure that all contributions come together coherently and result in experiences and programmes that build learners' knowledge, understanding and skills in a progressive way, through cluster planning and moderation arrangements that take into account 3-18 provision (and earlier and beyond).

[Click here to find out about good practice in this area.](#)

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Career Long Professional Learning

How well are children and young people being supported in their health and wellbeing development as a result of teachers' professional learning?

“Long-term and sustained improvement which has a real impact on the quality of children’s learning will be better achieved through determined efforts to build the capacity of teachers themselves to take responsibility for their own professional development, building their pedagogical expertise, engaging with the need for change, undertaking well-thought through development and always evaluating impact in relation to improvement in the quality of children’s learning. That is the message from successful education systems across the world.”

‘Teaching Scotland’s Future’
G. Donaldson 2010

Scottish education recognises the importance of high quality, career-long professional learning (CLPL) for all teachers. National partners such as Education Scotland and the General Teaching Council for Scotland (GTCS) are working together to take forward the recommendations within the [Teaching Scotland’s Future](#) report.

On 1 August 2013, the GTCS suite of revised [Professional Standards](#) came into effect. These standards, which include the Standard for Career-Long Professional Learning, take full account of the opportunities and challenges for teachers within changing and often complex social contexts. For the first time in Scottish education, a set of core professional values which stretch across the suite of Professional Standards is central to the continuing development of the education profession, irrespective of individual teachers’ experience and stage in career. It is important for schools and centres to note that these new professional values, which encompass social justice, integrity, trust and respect and professional commitment, link strongly with the roles and responsibilities of staff and other adults in delivering the aspects of health and wellbeing that are the responsibility of all, as set out in the Curriculum for Excellence [Principles and Practice](#) paper.

The strong, positive ethos of teamwork and partnership working evident in almost all centres and schools creates opportunities for effective professional learning. In these establishments, staff recognise the benefits of sharing what works well and identifying together areas for development. In most centres and schools, staff have a positive attitude overall to delivering the health and wellbeing experiences and outcomes. This is particularly strong in early years, primary and special school sectors, with almost all staff seeing health and wellbeing as central to their remit and daily practice. This picture is more variable in the secondary sector. Whilst many secondary schools have successfully embedded the principles of health and wellbeing into their practice, an equally significant number of staff in many secondary schools do not yet feel that they have had adequate time for professional dialogue or

appropriate training in health and wellbeing. As a result, they are not yet clear about their role in delivering the aspects of health and wellbeing which are the responsibility of all, or how health and wellbeing will be implemented in the senior phase (S4 to S6).

Across Scotland, the access to and effectiveness of professional learning and training opportunities in health and wellbeing is variable. Within some education authorities, staff feel very well supported by the strong lead shown by central staff, and report that they have high-quality and relevant information and training on aspects of health and wellbeing that have been identified as local health priorities. In a few education authorities, health and wellbeing officers are deployed to focus particularly on improving specific health targets, such as tackling drug and alcohol misuse or reducing rates of teenage pregnancies. As a result, staff in the early years centres and schools in these authorities feel that they are better equipped to deliver the health and wellbeing experiences and outcomes, and that they more fully understand the needs of the children, young people and families with which they work.

Meanwhile, in other education authorities, staff report a lack of centrally-organised professional learning and training opportunities in relation to health and wellbeing. Barriers to such provision that were reported include: the decrease in numbers of central officers with a responsibility or remit for health and wellbeing; the lack of available funds at education authority level to offer a wide and diverse range of professional learning and training activities; and a shortage of supply teachers to allow staff to attend training or courses. In these schools and centres, although staff were often proactive themselves in seeking out advice and training, many staff lacked confidence and felt ill-equipped to deliver some aspects of the health and wellbeing curriculum. In particular, many secondary school staff felt anxious about tackling sensitive aspects with learners, such as bereavement, suicide prevention, inappropriate sexualised behaviours and the abuse of technology and social media. In a few schools, teachers in the early phase of their career reported that they did not feel that their initial teacher education had prepared them sufficiently well to teach health and wellbeing confidently. Some reported only a very small proportion of their university or placement-based learning being dedicated to exploring aspects of health and wellbeing, compared with other newly qualified teachers who, in contrast, felt very well prepared to teach this area of the curriculum.

There is a need to ensure that all staff and adults who work with children and young people have access to high-quality professional learning and training opportunities in health and wellbeing. These learning opportunities should be related to staffs' own development needs, and focused on improving the health and social needs of the school population and local community. This support for professional learning in health and wellbeing should begin at the earliest phase of teachers' education and continue throughout their careers.

Many centres and schools have highly successful and well developed partnerships with CLD, health and other professionals, including the voluntary sector, in order to deliver aspects of the health and wellbeing curriculum.

There is scope for education professionals in all sectors to make further use of their existing partnerships in order to share professional learning, knowledge and expertise with partner colleagues, thereby building further the capacity for health improvement across the community.

There are a range of providers across Scotland including universities, specialist providers, associations and national bodies who deliver training and learning opportunities for educators in aspects of health and wellbeing. Learning and training providers in the field of health and wellbeing must support and challenge teachers to think deeply and become critically informed professionals. This in turn will better equip staff across learning communities to help to improve the life chances of Scotland's children and young people.

Professional learning has the greatest impact on supporting the health and wellbeing of children and young people when:

- there is a strong ethos of support and collegiality with appropriate opportunities for relevant, career-long professional learning in health and wellbeing;
- staff and their partners recognise the value of sharing effective practice. They learn from one another how to identify and address issues affecting children, young people and their families in their community; and
- all staff understand and demonstrate that health and wellbeing is central to their remit and everyday practice.

[Click here to find out about good practice in this area.](#)

Learner voice and engagement

How well are children and young people being supported in their health and wellbeing development through direct involvement and leadership of their own learning?

"I cannot teach anybody anything. I can only make them think."

Socrates (469-399)

It is widely recognised that that a culture shift is required within public services in Scotland, moving from doing things 'to and for' communities, towards empowering and enabling communities to 'do it for themselves'. In order to have the very best chances, all children and young people need to develop the skills and confidence to enable them to develop a sense of coherence about and feel in control of their lives. In developing and applying these skills, they can become co-producers of improvements that impact positively on their own health and wellbeing and even on their communities. In order to achieve this, it is vital that staff in early years centres, schools and community settings, provide learners with meaningful opportunities to

contribute to, influence and lead on aspects of their learning within health and wellbeing. Some of the most effective approaches to learning in aspects of health and wellbeing involve children or young people themselves, who make a significant contribution by acting as peer educators and mentors. In the best examples, children and young people who are trained to deliver health and wellbeing messages to their peers or to younger learners, provide positive, credible role models and also help to build the capacity of schools and centres to deliver health and wellbeing experiences and outcomes in a highly relevant, meaningful and sustainable way.

To engage learners effectively in their own health and wellbeing, their views need to be sought, valued and acted upon. As the recent [Learning for Sustainability report](#) highlights, there are tangible health and wellbeing benefits to be gained through learning that promotes citizenship and sustainability. For example, participation in initiatives such as The Duke of Edinburgh Award Scheme, Rights Respecting School, Eco Schools Scotland and John Muir Trust awards allow children and young people to have a voice, to express their views and ideas and take the lead in shaping and directing their communities and their learning in health and wellbeing. Most centres and schools visited have well-established processes in place to recognise and celebrate children and young people's achievements generally. Only a few schools have developed further these processes to ensure that learners' progress in health and wellbeing is both recognised and accredited as part of children and young people's portfolio of nationally recognised achievements, such as personal development or health and wellbeing awards.

Where schools and centres have most success, it is clear that they place a high priority on gathering and valuing young people's views about health and wellbeing provision and how it can be improved. Most of the schools and early years centres visited were able to demonstrate the effectiveness of their processes in responding to children and young people's ideas. These centres and schools have effective mechanisms in place to hear learners' views and in most, health and wellbeing was considered to be an integral role of existing forums for learners, such as pupil councils and committees. In a minority of schools and centres, the feedback part of the process requires to be strengthened further. Children and young people don't always feel they are informed well enough about the action taken as a result of giving their opinions and ideas. In some schools and centres, and in secondary schools in particular, young people would like more of say in what and how they learn in health and wellbeing. In a similar number of centres and schools, learners think that committees such as pupil councils require to be much more effective in the way that they operate, in order to be meaningful mechanisms for bringing about improvement and change.

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“Alienation is the precise and correctly applied word for describing the major social problem in Britain today. People feel alienated by society....It’s the frustration of ordinary people excluded from the process of decision making. The feeling of despair and hopelessness that pervades people who feel with justification that they have no real say in shaping or determining their own destinies. Many have not rationalised it. May not even understand, may not be able to articulate it. But they feel it. It therefore conditions and colours their social attitudes”

Jimmy Reid
Rectorial Address - University of Glasgow
28 April 1972

In the best examples, children and young people are able to use the language of health and wellbeing naturally and understand what it means. They are ambitious about their futures. Without prompting they can identify how they are developing their skills, knowledge, self-confidence and resilience, and know how important these are and significantly, how they apply them in real life. However, this is not yet sufficiently consistent practice across Scotland. While many children and young people can reflect on their learning and progress in health and wellbeing when asked, there is significant scope to ensure that such opportunities for reflection and personal support, are better planned and more regular for all learners. While most schools are aware of the need to provide this level of universal, personal support for all children and young people, a majority of schools and centres still have to establish a means of doing so. In a minority of primary schools, staff presume that this happens anyway and that there is no need to plan for it. In other establishments the potential for these planned opportunities to act as a means for learners to reflect upon their journey in health and wellbeing, has yet to be fully realised. In the secondary sector, an increasing number of schools are allocating considerable periods of time for personal support, which are sometimes referred to as ‘tutor time’. However, staff and learners are not always clear about the purpose of these personal support sessions, and the contribution they can make towards improving health and wellbeing. This lack of understanding and purpose leads to this valuable time for learning and support often being spent ineffectively.

Across Scotland, the thinking in relation to health and wellbeing in most centres and schools has moved beyond simply auditing or checking existing

practice, to ensuring that there is sufficiently good evidence to support the planning and facilitating of learner's experiences, across all curricular areas. In the most effective examples, this is helping to strengthen learners' awareness of how **all** staff are planning learning which supports their progress in health and wellbeing and provides new and different contexts for them to apply these same skills. In some secondary school faculties and departments it is clear from course outlines, improvement plans and departmental self-evaluation, that all staff are being held to account for progressing aspects of health and wellbeing which are the responsibility of all. In most centres and schools, children and young people speak very positively about how residential and outdoor learning experiences provide a notable focus for the development and further application of their health and wellbeing, as well as a context for demonstrating how they have progressed in specific aspects. Many early years centres have made very good progress in taking different types of learning outdoors through initiatives such as Forest Kindergartens. However, in most primary and secondary schools, staff have yet to fully capitalise on the potential of outdoor learning as a means of supporting and enhancing all learners' health and wellbeing.

Learner voice and engagement has the greatest impact on supporting the health and wellbeing of children and young people when:

- the views, opinions and ideas of children and young people are sought, valued and lead to change;
- children and young people are applying leadership skills to direct and shape their own health and wellbeing;
- a culture of bringing about improvement through doing things 'with' rather than 'to' exists;
- an inclusive and supportive culture based on mutual respect, high expectations and aspiration for the future is evident;
- Children and young people know that staff care for them as individuals.
- There is a shared language and understanding of health and wellbeing with purposeful opportunities to apply the associated skills in meaningful contexts throughout the school's community;
- Learners and staff appreciate and celebrate the achievements of others and themselves; and
- Activities and opportunities for outdoor learning, including residential trips, have a focus on developing health and wellbeing.

[Click here to find out about good practice in this area.](#)

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Leadership

How well are children and young people being supported in their health and wellbeing development as a result of effective leadership?

"Leadership takes place every day. It is neither the traits of the few, a rare event, or a once-in-a-lifetime opportunity. ...Every time we face a conflict among competing values...we face the need to learn new ways."

'Leadership Without Easy Answers'
Heifetz (1994).

Leadership is a key element in bringing about improvement in health and wellbeing for all. Where there is strong and purposeful leadership, stakeholders feel included and valued. There is a clear sense of ownership and autonomy where individual and collective contributions are valued.

Almost all education authorities across Scotland have developed a strategic approach to addressing health and wellbeing. For most authorities this is a well-established way of working which is having a positive impact on the health and wellbeing of children, young people and their communities. Where this is working particularly well, the education authority demonstrates a strong and strategic lead, making clear to all stakeholders the links between national policy advice, service provision and learning and teaching, in order to secure improvements in health and wellbeing. In planning to address health and wellbeing, these authorities have clearly identified priorities and make very good use of local and national information. They have developed effective systems to ensure that the views of all stakeholders are sought, acknowledged and taken into account.

Many schools and early years centres succeed in creating a common strategy to improve health and wellbeing outcomes for children, young people and their families. In order to do this, a sound understanding of the challenges, purpose and practicalities which need to be addressed are shared with the whole school community and its partners. Leaders make clear the links

between national and local policies and how these articulate with, support and enhance the development of the curriculum within their establishment and across the cluster or learning community. This is most evident in those clusters and communities where health and wellbeing is seen as central to helping every child and young person realise their potential.

It is essential that all professionals are clear about their role and the difference they can make as leaders of learning, in improving health and wellbeing. The key to this is effective communication. This is achieved through a culture of openness and collaboration within establishments. Shared aspirations and high expectations relating to health and wellbeing outcomes need to be communicated and demonstrated by leaders and accepted by all. Where this exists, leaders are reflective, accountable and responsive to the changing needs of the school and its community. Where effective leadership is in place, staff are supported and challenged, as required, to drive changes in knowledge, attitudes and behaviours in relation to health and wellbeing.

In a few schools, there is a need to further develop the understanding of the role of every adult in providing a consistent approach to supporting the mental, emotional and social wellbeing of every child and young person. This needs to be improved, with support put in place if required. A systematic approach to monitoring and evaluating the delivery of the aspects of health and wellbeing which are the responsibility of all should ensure that issues are identified and timeous action taken if necessary.

In almost all schools and centres visited, and in most establishments across Scotland, staff have a good understanding of their role to model behaviour which demonstrates and values the health and wellbeing of all. Many schools and centres are working well with others to establish shared expectations in creating a nurturing and stimulating learning environment. Staff are becoming more skilled and confident in recognising when support is needed to ensure the mental, emotional and social needs of children and young people are met. Where staff are clear about the expectations placed on them and this is shared openly across the school, children and young people are also aware of their responsibilities. In these situations, there is a high level of respect and care with a positive sense of wellbeing shared across the school. In a minority of schools, there is a need for members of the senior management team to have greater visibility in showing their support and in recognising the importance which needs to be placed on improving health and wellbeing outcomes.

There are very good examples across all education sectors of staff, partners, parents, children and young people modelling behaviours and attitudes which support health and wellbeing. All centres and schools visited had at least one named person with the responsibility for leading improvements in health and wellbeing. In almost all schools and centres visited, a working group, health committee or eco committee provided opportunities for those staff and learners with an interest, or desire, to contribute to improvements in some or all aspects of health and wellbeing. The contribution these groups made to the school/centre and community was variable. Where this approach works

well, the remit, purpose and aims of the group are clear. These are developed through consultation with others and a plan of action is in place which includes timescales for measuring progress. In these establishments, children and young people recognise their ability to influence outcomes positively for themselves and others through their actions.

A well-planned curriculum must take account of learning in a range of contexts. This provides opportunities for children and young people to develop the skills and attributes which will enable them to lead their own learning and development in health and wellbeing. In the majority of schools and centres across Scotland, health and wellbeing education is still too adult-led. If children and young people are to develop the necessary skills and attributes to become resourceful and resilient citizens, ready to cope with life's challenges and inequalities, changes in the methods of the delivery of health and wellbeing are needed. It is not necessary for every member of staff to be 'expert' in relation to health and wellbeing. In fact, this area offers the potential for much collaboration between adults, children and young people. It creates opportunities for learning together and sharing information about the many factors which influence health and wellbeing.

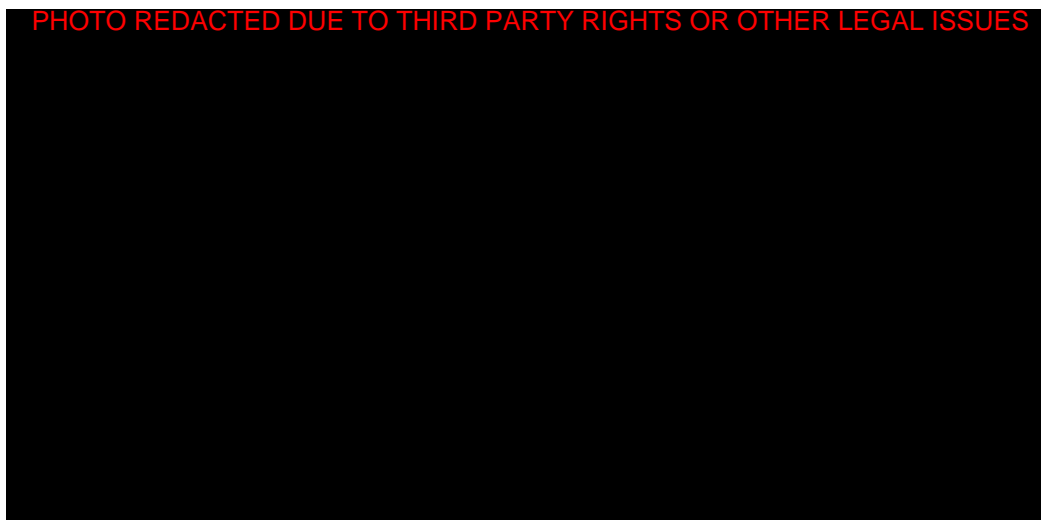
In almost all centres and schools, children and young people demonstrate their ability to take on leadership roles. The quality of such experiences varied across the sample of establishments visited. In the best examples, children and young people are regularly asked for their views, they are involved in bringing about changes, undergo training to develop new skills which provide targeted peer-support and are clear about their role and the contribution they make to improve the school. In discussions with children and young people, where this is working well, the impact of work which is led by their peers is recognised and valued across the school. Children and young people describe feelings of having ownership and achievement where they are working to bring about change which has the potential to impact positively on the health and wellbeing of themselves and others.

Leadership has the greatest impact on supporting the health and wellbeing of children and young people when:

- a strong, strategic lead makes links between policy, systems and practice;
- priorities are identified and agreed in partnership;
- a range of effective communication methods are in use;
- stakeholders feel included and know their contributions are valued;
- leaders, at all levels, have clear responsibilities and have accountability to deliver improvements;
- all leaders demonstrate the attitudes and behaviours which best support health and wellbeing;
- there are creative and meaningful opportunities for leadership at every level;
- support and training is available to develop leadership skills;

- staff and learners are clear about expectations; and
- learners themselves have the opportunities to develop and apply leadership skills.

[Click here to find out about good practice in this area.](#)



Self-evaluation and looking ahead

How well are children and young people being supported in their health and wellbeing development as a result of self-evaluation and planning approaches?

“No school operates in isolation. Children learn within, through and about the community in which they live. Wider links broaden their horizons even further. Many people touch the lives of young people.”

The Journey to Excellence
Education Scotland

Schools and early years centres who have developed robust approaches to evaluating their practice are better placed to evaluate improvements in health and wellbeing. Of the schools and centres visited, most could identify different actions and strategies which had improved aspects of health and wellbeing. However, less than half of the schools visited had robust procedures in place to measure progress being made against their health and wellbeing targets. Where schools and centres know themselves very well, all stakeholders play a part in gauging the impact initiatives and approaches are having. The views and experiences of partners, parents, children, young people and staff are collected and analysed regularly. In the best examples, there are a variety of discussion forums being used, to encourage input from as many people as possible. In these establishments there is a confidence amongst stakeholders that their views are valued and will be acted upon. Importantly, there is also a shared expectation that resolving issues and bringing about sustainable change requires the active involvement of all.

As schools, centres and education authorities have progressed their work with Curriculum for Excellence in recent years, it is widely acknowledged that across Scotland, health and wellbeing has had less of a focus for development than literacy and numeracy. If the rich and far-reaching potential of this new and more encompassing approach to health and wellbeing is to be realised, then a greater priority must be placed by centres and schools on planning for improvements in respect of children and young people's health and wellbeing. Where these plans are put in place, based on accurate self-evaluation and informed by local intelligence and data on health, they are more likely to bring about measurable improvement.

Strong leadership is essential at all levels, as well as wholehearted agreement about the importance of health and wellbeing in enhancing the lives of individuals and their communities. While most schools and centres across Scotland are well underway with planning health and wellbeing experiences which reflect the expectations of Curriculum for Excellence, it is evident that plans in some schools are not as advanced as those for the development of literacy and/or numeracy. This reflects the lack of confidence amongst some staff about how to take forward this area of work and a lack of appropriate support for professional learning and training in some education authorities. In education authorities who have made the greatest progress, health and wellbeing has been prioritised within strategic planning for several years. It is evident that in these authorities, the clusters and learning communities adopt a holistic approach across the community of schools. This encourages positive and direct action, leading to improvements and a shared understanding of what action and support is required to lead and to bring about further improvements.

Where clusters/learning communities, schools and centres are making the most difference, they have established productive networks across their communities with various health and community professionals. They are aware of local issues pertaining to health and of the changing patterns of young people's behaviour and have taken steps to address these issues, as part of a focused and planned approach in school. In these centres and schools, staff have worked with their partners in planning, supporting and evaluating new approaches and content. It is therefore essential that all centres and schools have mechanisms in place to share and act on information about children and young people's health and wellbeing across a community.

Children and young people, staff and parents are most positive about learning in health and wellbeing when it has been prioritised within the centre's or school's work. This is often evidenced through pupil progress reports to parents, children and young people's learning logs and/or profiles, the school improvement planning process or in whole school annual reporting to parents about the standard and quality of the school's work. And are an indication that health and wellbeing is high on the improvement agenda.

It is unsurprising that where children and young people are most positive about their progress in health and wellbeing and where the centre and school

is having most impact, staff have committed time, resources and space for professional learning and training in order to improve the delivery of this aspect of learning. In some centres and schools, this has meant creating or adapting a promoted post. In the secondary sector, this has resulted in some whole-school standing committees, with membership drawn from all curriculum areas. In some centres and schools, external expertise has been brought in to lead and/or support the professional learning needs of all colleagues. In others this means lead practitioners for health and wellbeing in every department, while in others it involves regular and planned opportunities for high-quality professional dialogue, solely focusing on health and wellbeing.

In the majority of centres and schools across Scotland, staff are clear about the 'big picture' in relation to the importance of health and wellbeing. However, significant numbers of parents and learners themselves are not yet sufficiently aware of the need to improve their health and wellbeing beyond the standard expectations around healthy eating, smoking, alcohol consumption, substance misuse and a lack of exercise. Most schools need to do more to ensure that the entire school community is aware of its approaches to promoting and enhancing health and wellbeing. In particular they could do more to inform all stakeholders about how they can contribute to and support the crucial aspects of mental, emotional and social health and wellbeing.

A few centres and schools have begun to align their work in health and wellbeing with other national policy initiatives such as GIRFEC, the Early Years Framework, and the Early Years Collaboratives and The National Play Strategy. With other important developments impacting on the educational landscape, such as the Children's and Young People's Bill, it is vital for leaders to look ahead, articulate and make explicit the links and overlaps between these areas of policy, and not to view these as separate or distinct initiatives. Leaders require to plan their improvement priorities around a clear understanding of these mutually supportive national endeavours. In most centres and schools across Scotland this key step has yet to be fully undertaken.

As centres and schools reflect on their work in health and wellbeing across their own community, they are able to identify appropriate future priorities. Where practice is most effective, all stakeholders contribute to discussions and decisions about what is going well and what could be done better. In the best examples discussions about priorities help to formulate plans which not only look to the future but also extend outwards, having a greater reach and impact across each cluster/learning community, thereby impacting on a greater number of individuals to a greater degree than before. Typically these are involving more stakeholders and a greater range of partners, which helps to build community capacity at all levels, as well as engendering a feeling within individuals of being more in control of their own lives. This good practice however is not yet sufficiently wide-spread across Scotland, and most centres and schools have yet to meaningfully involve their partners sufficiently well enough in self-evaluation and planning for improvement.

In putting in place an improvement strategy for health and wellbeing practitioners should consider the concepts of:

- looking inwards, with regards to their own self-evaluation processes and findings;
- looking outwards, with regard to the sharing of existing good practice externally as well as internally; and
- looking forward, to plan for aspects that will bring about transformational change.

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Self-evaluation and looking ahead has the greatest impact on supporting the health and wellbeing of children and young people when:

- schools know themselves and their community well and can correctly identify strategies that are resulting in improvements;
- children and young people reflect regularly on their own health and wellbeing and track their own progress;
- the active involvement of all stakeholders leads to sustainable change which can be measured;
- good use is made of existing networks to share resources, intelligence and effective practice;
- time and effort has been invested to provide training for staff, building confidence and capacity through professional learning; and
- concise and clear guidance links relevant national and local policies and clearly identifies expectations and outcomes of all practitioners.

[Click here to find out about good practice in this area.](#)

Summary

The following table highlights and summarises what those working together in the fields of education and health do well and what needs to be done better to continue to improve the health and wellbeing of children and young people in Scotland. These findings will help practitioners to reflect on Scotland's existing strong practice and engage in further discussions around the aspects for development. Professionals will be able to participate in national professional dialogue about health and wellbeing and share good practice from across the country. As part of the dialogue, professionals will also be able to share what did not work for them, and help others to avoid similar pitfalls.

Centres, schools and communities should continue to work jointly with their partners and stakeholders, in order to create the culture, systems and practice that will tackle health inequalities in Scotland today and in the future, and lead to better outcomes for all of our children and young people.

Key strengths Where centres, schools and communities are having most impact:	Aspects for development Where practice needs to improve in order to bring about greater impact:
<p>Culture</p> <ul style="list-style-type: none"> • Learners' views are valued and they often contribute to planning improvements in health and wellbeing. A strong culture of recognising the 'learners' voice' exists in terms of content, methodology and approach to health and wellbeing. • Approaches to managing behaviour in most schools are restorative and/or solutions-oriented in nature. This helps to create a supportive and nurturing ethos, positive and supportive relationships and a climate for learning where learners are not afraid to voice their concerns. • Health and wellbeing is valued and viewed as a priority in the centre, school or community's work with children, young people and their families at all 	<p>Culture</p> <ul style="list-style-type: none"> • In secondary schools, young people would like to be asked more often about what and how they would like to learn within health and wellbeing. • Many children and young people still lack self-confidence, resilience and coping skills. • Health and wellbeing is not always well enough referenced in personal learning planning approaches and processes. • Greater clarity is needed about how success and progress in health and wellbeing is evaluated, recorded and communicated. • Some parents and learners are still to understand fully the importance of ensuring good mental, emotional and social wellbeing. • There is scope for greater

<p>levels seen as key drivers in increasing achievement and reducing inequality.</p> <ul style="list-style-type: none"> • Strong strategic leadership from the education authority is in place which makes expectations, priorities and the planning process for health and wellbeing clear. • A strong culture of partnership working with other agencies exists to more effectively meet the specific health and other needs of all children and young people, but specifically the most vulnerable and their families. 	<p>family-based support to be given, in particular to help young parents in order to improve their own health and wellbeing.</p> <ul style="list-style-type: none"> • Children and young people often experience too many one-off health and wellbeing events with insufficient opportunities for follow up. Health and wellbeing initiatives need to be planned more systematically throughout the academic session in some centres and schools, moving beyond reliance on an annual 'health week' approach. • Some staff have difficulty in targeting resources and support for those who need it most.
<p>Systems</p>	<p>Systems</p>
<ul style="list-style-type: none"> • Opportunities for discussion, review and reflection by all members of the school community are planned, include parents and partners, and inform future plans for health and wellbeing. • Quality assurance mechanisms include reference to addressing health and wellbeing priorities. • Transition arrangements, including within schools as well as from school to school, include a focus on health and wellbeing and are supported by information within pupil profiles and records which progresses with the child and young person as they move from stage to stage. • Effective partnerships are in place across the centre or school community with well-planned inputs from parents, health partners, 	<ul style="list-style-type: none"> • Stronger approaches to building on children's and young people's knowledge and skills in health and wellbeing at points of transition, within establishments and across clusters and learning communities need to be developed. • There is a need for a stronger focus on creating opportunities for children and young people to apply their health and wellbeing skills in practical situations and real life contexts. • In some schools, pupil councils and committees are perceived by learners to be an ineffective mechanism for gathering and responding to children and young people's views. • Approaches to evaluating and measuring success within health and wellbeing, reflecting more on the impact of programmes and planned

<p>education support services and allied health professionals, voluntary groups and the community.</p> <ul style="list-style-type: none"> • Plans are beginning to emerge encouraging children and young people to self-report and record their own progress across different aspects of health and wellbeing, identifying their own strengths and development needs. • Well understood and consistent approaches to managing a positive ethos and supportive relationships underpin the centre's, school's and community's approach to enhancing the health and wellbeing of all stakeholders. 	<p>interventions need to be improved.</p> <ul style="list-style-type: none"> • Existing effective models of local moderation to develop staff confidence in evaluating learners' progress within health and wellbeing need to be further developed.
<p>Practice</p>	<p>Practice</p>
<ul style="list-style-type: none"> • Children and young people work well together and contribute to the health and wellbeing of others through participation in committees, teams and by taking on responsibility, for example as mentors, buddies and prefects. • Time is created for staff to meet, discuss and respond to children and young people's health and wellbeing concerns. • Young people co-design health and wellbeing programmes and support delivery through peer education by seniors of juniors. • Children and young people are beginning to evaluate their own progress in health and wellbeing • Children and young people are very positive about the impact of outdoor learning and/or 	<ul style="list-style-type: none"> • Communication between school and CLD professionals to ensure that out-of-class learning is more effectively taken into account as part of broader health and wellbeing experiences needs to improve. • A more consistent and progressive approach to outdoor learning across clusters or learning communities should be developed, in order to avoid establishments' reliance on individual enthusiasts to provide opportunities. • The provision of greater resources, support and professional learning opportunities for staff is needed to address key areas of mental, emotional and social wellbeing such as body image, bereavement counselling, suicide prevention, inappropriate sexualised behaviours and the abuse of

<p>residential type experiences on aspects of their health and wellbeing</p> <ul style="list-style-type: none"> • Well-planned after school clubs provide key opportunities for children and young people at all stages to enhance skills, confidence and achievement and sense of belonging. 	<p>technology and social media.</p> <ul style="list-style-type: none"> • Building on learners' existing skills and abilities, a greater emphasis on self-reporting of progress in health and wellbeing by children and young people themselves is needed. • Many young people in secondary schools would like more input into the content and approach taken to delivering personal, social and health education.
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Appendix 1 – List of establishments visited.

Sincere thanks to the following local authorities, schools and centres who engaged so positively with HM Inspectors and Development Officers to provide much of the evidence for this report.

Comhairle nan Eilean Siar

Balivanich School

lochdar School

Lionel School

Sgoil Lionaclet

Uig School

East Ayrshire Council – Auchinleck Academy Learning Community

Auchinleck Nursery School

Catrine Nursery School

Drongan Nursery School

Mauchline Primary School and Nursery Class

Muirkirk Primary School and Nursery Class

Auchinleck Primary School

Catrine Primary School

Drongan Primary School

Ochiltree Primary School

Auchinleck Academy

East Lothian Council – Musselburgh Grammar School Cluster

Olivebank Children and Family Centre

Levenhall Nursery

Campie Primary School

Musselburgh Burgh Primary School

Wallyford Primary School

Whitecraig Primary School

Musselburgh Grammar School

East Renfrewshire Council – St. Luke's High School, Barrhead Cluster

Arthurlie Family Centre

Carlubar Family Centre

Madras Family Centre

Isobel Mair School and Family Centre

St John's Primary School

St Thomas' Primary School

St Mark's Primary School

St Luke's High School

Appendix 2 – Links to useful resources.

Curriculum for Excellence - Building the Curriculum

<http://www.educationscotland.gov.uk/thecurriculum/howdoyoubuildyourcurriculum/curriculumplanning/whatisbuildingyourcurriculum/btc/index.asp>

Curriculum for Excellence – Health and Wellbeing Principles and Practice
[Principles and practice: health and wellbeing paper.](#)

Curriculum for Excellence - briefing papers

<http://www.educationscotland.gov.uk/thecurriculum/whatiscurriculumforexcellence/keydocs/cfebriefings.asp>

Education Scotland Health and Wellbeing Resources

<http://www.educationscotland.gov.uk/learningteachingandassessment/learnin-gacrossthecurriculum/responsibilityofall/healthandwellbeing/index.asp>

The Children and Young People Bill

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/62233.aspx>

GTCS Professional Standards

www.gtcs.org.uk/home/home

Early Years Framework

http://www.educationscotland.gov.uk/publications/e/publication_tcm4618757.asp?strReferringChannel=earlyyears&strReferringPageID=tcm:4-608911-64&class=l1+d137154

Pre-birth To Three national guidance

<http://www.educationscotland.gov.uk/earlyyears/prebirthtothree/nationalguidance/index.asp>

Early Years Collaborative

<http://www.scotland.gov.uk/Topics/People/Young-People/Early-Years-and-Family/early-years-collaborative>

SQA

www.sqa.org.uk

Journey to Excellence

http://www.educationscotland.gov.uk/resources/p/professionaldevelopmentpacks/genericresource_tcm4731527.asp?strReferringChannel=educationscotland&strReferringPageID=tcm:4-615801-64

Curriculum for Excellence Through Outdoor Learning

<http://www.educationscotland.gov.uk/resources/o/outdoorlearningpracticalguidanceideasandsupportforteachersandpractitionersinscotland.asp?strReferringChannel=educationscotland&strReferringPageID=tcm:4-615801-64>

Getting it right for every child: Where are we now? A report on the readiness of the education system to fully implement Getting it right for every child, Education Scotland 2012

<http://www.educationscotland.gov.uk/newsandevents/educationnews/2012/pressreleases/october/reviewimplementgirfec.asp>

Count Us In: Mind Over Matter Promoting and Supporting Mental and Emotional Wellbeing, HMIE 2011

http://www.educationscotland.gov.uk/publications/c/publication_tcm4654265.asp

Supporting Young People's Health and wellbeing – a summary of Scottish Government Policy 2013

<http://www.scotland.gov.uk/Publications/2013/04/4112>

Skills for Scotland A Lifelong Skills Strategy Scottish Government 2007

<http://www.scotland.gov.uk/Publications/2007/09/06091114/0>

Teaching Scotland's Future: Report of a review of teacher education in Scotland – Scottish Government 2010

<http://www.scotland.gov.uk/Publications/2011/01/13092132/0>

The report of the One Planet Schools Working Group - Learning for Sustainability

<http://www.scotland.gov.uk/Topics/Education/Schools/curriculum/ACE/OnePlanetSchools/LearningforSustainabilityreport>

The Requirements for Community Learning and Development (Scotland) Regulations 2013

<http://www.legislation.gov.uk/ssi/2013/175/contents/made>

Appendix 3 - Links to selected suggested relevant reading.

World Bank (2011) Rethinking School health. A key component of Education for All Washington DC

<http://elibrary.worldbank.org/content/book/9780821379073>

Irwin L, Siddiqi A, Hertzman, C (2007) Early child development : a powerful equalizer: Final report to the WHO Commission on the Social determinants of health, Geneva, World Health Organisation.

http://www.who.int/social_determinants/thecommission/finalreport/en/index.html

NHS Health Scotland 2011 Principles for effective action: Promoting children and young people's social and emotional wellbeing in education establishments (Primary school),

<http://www.healthscotland.com/documents/5081.aspx>

NHS Health Scotland 2011 Principles for effective action: Promoting children and young people's social and emotional wellbeing in education establishments (Secondary school),

<http://www.healthscotland.com/documents/5082.aspx>

Scottish Government 2010 Guide to Implementing Getting It Right For Every Child <http://www.scotland.gov.uk/Publications/2010/07/19145422/0>

Scottish Government 2008 Equally Well report

<http://www.scotland.gov.uk/Topics/Health/Healthy-Living/Health-Inequalities/Equally-Well>

Scottish Government 2009 Toward a Mentally Flourishing Scotland

<http://www.scotland.gov.uk/Publications/2009/05/06154655/0>

Scottish Government May 2010 Guidance on Partnership Working between Allied Health Professionals and Education

<http://www.scotland.gov.uk/Publications/2010/05/27095736/0>

Scottish Government Health and Wellbeing Excellence Report

<http://www.scotland.gov.uk/Resource/Doc/920/0117017.pdf>

NHS Health Scotland

<http://www.healthscotland.com/uploads/documents/21401-TheImportanceOfYoungPeople'sHealthCourse.pdf>

Cummings C, Dyson A, Todd L (2011) Beyond the school gates: can full service and extended schools overcome disadvantage? London Routledge

Appendix 4 – Links to useful organisations associated with health and wellbeing in Scotland.

www.activescotland.org.uk

www.avert.org

www.breathignspacescotland.co.uk

www.bst.org.uk

www.caledoniayouth.org

www.chooselife.net

www.clubgolfscotland-youth.co.uk

www.cyclingscotland.org

www.educationscotland.gov.uk

www.forestry.gov.uk

www.fpa.org.uk

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

www.gflscotland.org.uk

www.handsonscotland.co.uk

www.healthscotland.com

www.healthy-respect.com

www.inrthewinningzone.com

www.livingstreets.org.uk

www.nat.org.uk

www.paha.org.uk

www.pathsforall.org.uk

www.penumbra.org.uk

www.samaritans.org

www.scotland.gov.uk

www.scottishschoolsportfederation.org

www.scottishsportsassociation.org.uk

www.seemescotland.org.uk

www.skillsdevelopmentscotland.co.uk

www.sportscotland.org.uk

www.sqa.org.uk

www.sustrans.org.uk

www.youngcarers.net

www.youngminds.org.uk

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

www.youthsporttrust.org

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