



Healthy Schools
Healthier Living & Learning

Outcomes

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Introduction

Why focus on outcomes?

Increasingly schools, local authorities and other public services are focusing on outcomes to demonstrate effectiveness and efficiency. There will be a greater likelihood of engagement and participation where schools have a clear picture at the outset of the difference that achieving National Healthy School Status (NHSS) will make to their children and young people and other members of the school community.

Well considered and effectively measured outcomes help maximise consistency and maintain rigour across the National Healthy Schools Programme (NHSP). In addition, by achieving such outcomes a school will be able to celebrate the fact that what has been achieved will make a difference to the lives of children and young people and the wider community.

Demonstrating outcomes can support schools in the wider school improvement agenda as those outcomes stated on the NHSP Self-Validation Form can be used to inform the commentary in various areas of the school Self-Evaluation Form (SEF).

Outcomes also provide evidence to demonstrate the impact of the NHSP beyond the school. In pursuing a range of activities that support the physical and emotional health and wellbeing of its children and young people, staff, parent/carers and governors, a school can also make a significant contribution to improvement within its local community and can contribute to wider targets such as those in the Local Area Agreements of the Local Authority.

TOP TIPS TO EFFECTIVE OUTCOMES

1. Be clear about what you are trying to achieve, with whom and why.
2. Agree outcomes that fit the context of your school and the needs of your children and young people.
3. Set realistic timescales – do not let the process become too burdensome.
4. Be open, describe what you are aiming for in a way that is appropriate to the age and ability of your children and young people.
5. Establish a baseline – how and when you will measure progress from the start.
6. The focus should be on managing and implementing change leading to actions and not filling in forms.
7. Where possible use measures which are already collected in the day to day management of the school.

What is an outcome?

Outcome - the result or consequence of something.
Oxford English Dictionary.

What is happening now, as a result of this work, which was not happening before?

In the context of the NHSP an outcome can be defined as a change in the physical and emotional health and wellbeing of children, young people, staff, parent/carers and governors which is attributable to actions taken as schools work towards achieving National Healthy School Status (NHSS).

An outcome can reflect an incremental change in knowledge, skills or attitude. It can relate to the individual, group or whole school.

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Quantitative and qualitative outcomes

Qualitative outcomes refer to changes in learning, attitudes or experiences.

Qualitative outcomes relate to emotional responses, feelings, benefits and barriers. Qualitative evidence tells us about the changes that have taken place that individuals can see, feel or have responded to in some way. These will include descriptions about the increase in the knowledge of children and young people and their ability to describe how their attitudes have changed. Qualitative outcomes can be numerical and the numerical value here serves to indicate the extent of the change. The regular measuring of these outcomes will ensure greater validity and rigour.



As a result of the termly monitoring focus on PSHE, teachers report they feel more confident to teach the PSHE curriculum and there has been a rise from 45% to 75% in the same period of children and young people reporting greater confidence in using skills developed through the PSHE programme.

Quantitative outcomes refer to those outcomes that carry a numerical measure and show an observable change in behaviour.

Quantitative outcomes indicate increases or decreases in knowledge, skills and behaviour and demonstrate how these changes have had an impact upon the area of focus. These outcomes are represented by increases, decreases, percentages and numbers. It is good to give the figure an indication of the period of time involved and a supportive statement which provides the contextual information. Quantitative outcomes require a baseline measurement in order to identify the differences that have occurred.



In the last year since the introduction of our 'healthy choice meals for healthy living' there has been an overall increase in the uptake of school meals from 40% to 65% with all children and young people on the free school meals register eating school meals.

What makes a good outcome?

Depending on their local context and the amount of time they have been working towards achieving NHSS, individual schools will have different starting points and different outcomes. Some schools will move quickly to the results level while in other schools achieving an outcome relating to changing attitudes may represent a major success. The key point is that it reflects an improvement in how the school supports the physical and emotional health and wellbeing of children and young people.

Outcomes are not about what is done but what is achieved. Emphasise what was the impact of your actions, avoid being overly descriptive about what you did.

✓ After consulting with children and young people we have introduced a greater variety of after-school physical activity clubs. This has resulted in 15% rise in attendance to 65% with all attending having reported they enjoy the activity.

✗ Include the difference it made for your school, this helps to set the context and celebrate the achievement of the outcome.

If the outcome statement can answer the “so what?” question it is likely to be an outcome. Include the difference it made for your school, this helps to set the context and celebrate the achievement of the outcome.

✓ Since the introduction of the buddy scheme at break-times in September 2007 there has been a 10% reduction in reported incidents. Lesson observations by members of the senior leadership team confirm children and young people return to class more settled.

✗ There is now a buddy scheme at break times.

Outcomes can be negative as well as positive What is achieved is not always what was expected or intended. In some cases this may result in what could be perceived as a negative outcome. These can occur when the focus on a specific area heightens awareness, or due to it being perceived as beneficial or purposeful it is now used where before it was not. In these instances real value is gained by focusing on the process as well as the resulting outcome during the review.

✓ Reports of bullying rose by 10% in the first 6 months. Monitoring revealed that this was due to children and young people feeling confident to use the system and reporting they felt their concerns were listened to and acted upon.

✗ Reports of bullying rose by 10% in the first 6 months.

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A Whole School Approach to demonstrating outcomes

Self-Evaluation needs to be a central part of process of achieving NHSS and constructed using the Whole School Approach (WSA). Ongoing Self-Evaluation supports schools to:

- raise standards
- reduce health inequalities
- support the professional development of staff
- build capacity to respond to and manage change
- prepare for inspection

The Whole School Approach is fundamental to the NHSP. It advocates that children and young people, parent/carers, staff and governors all have a part to play in every aspect of the process of working towards and achieving NHSS.

There are 10 elements to the Whole School Approach which are:

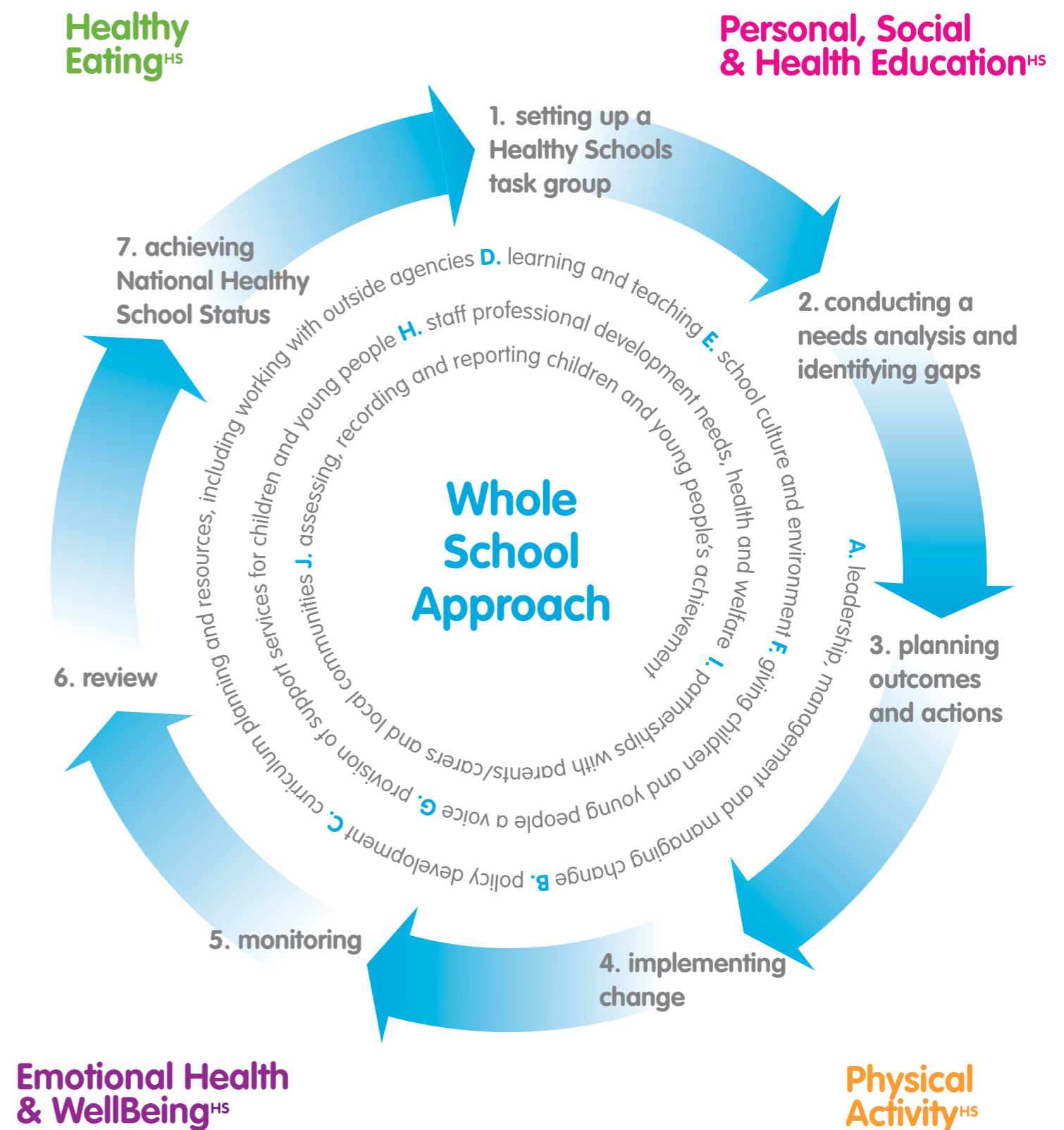
- leadership, management and managing change
- policy development

- curriculum planning and resources, including working with outside agencies
- learning and teaching
- school culture and environment
- giving children and young people a voice
- provision of support services for children and young people
- staff professional development needs, health and welfare
- partnerships with parents/carers and local communities
- assessing, recording and reporting achievement of children and young people.

These elements play a central role to the four themes of NHSP which are:

- **Personal, Social and Health Education (PSHE)**
- **Healthy Eating**
- **Physical Activity**
- **Emotional Health and Wellbeing**

There is a seven stage process to achieving NHSS. These stages are outlined in the diagram below.



From Whole School Approach Guidance pg11

The National Audit of the NHSP plays a key role in helping schools to identify gaps and plan to meet outcomes. By reviewing against the minimum evidence of the criteria within the four themes Schools will be aware of their needs and plan appropriate outcomes to meet those needs.

The following table identifies the key questions that need to be considered at each stage of the process of the Whole School Approach in order to facilitate the achievement of meaningful outcomes.

Process of achieving NHSS	Working towards meaningful outcomes
1. Setting up a Healthy Schools task group	Why are we doing this? What will it mean for the school to achieve National Healthy School Status? Why is achieving NHSS important for our school, our children and young people, staff, parent/carers and governors? What do we want our children and young people to know, say and do? How will this look?
2. Conducting a needs analysis and identifying gaps	Where are we now? What does the National Audit tell us? What other data can we use to analyse need? What do our children and young people and the wider school community say about their physical and emotional health and wellbeing? What are our strengths? Where are the gaps in provision relating to the four themes?
3. Identifying outcomes and planning actions	What do we want to achieve in the next month, term, year? Once we have identified our gaps what do we want to be different? What outcomes do we want? What will be our qualitative and quantitative measures? What is the best method to achieve our outcomes? What are the small steps and actions we need to take to get to where we want to be? Who needs to do what and when?

4. Implementing change	How do we get where we want to be? How do we ensure all in our school community know and understand our outcomes? How will we keep the process of change open and transparent? How do we maintain momentum to achieve our outcomes?
5. Monitoring	How do we get where we want to be? What systems and processes do we already have that we can use? How do we involve children and young people, staff, parents/carers in our monitoring? How do we identify and celebrate the steps achieved towards our outcomes?
6. Review	Did we achieve what we set out to do? What changes have we made – how do we know? Have we achieved our outcomes – how do we know? Did all staff and members involved in the school community implement the changes? If not why not? What would motivate them in the future? Were there barriers that prevented the desired changes from happening? What were the levers which enabled us to achieve successful outcomes? How can we apply these to other areas?
7. Achieving National Healthy School Status	What do we do next? Have our priorities changed? What can we do now to continue to support the physical and emotional health and wellbeing of our children and young people? How can we build on our success?

Planning actions from agreed outcomes is a collective as well as an individual activity.

Ways of demonstrating outcomes within the four themes

Whilst Stage 3 of the process of achieving NHSS through the Whole School Approach specifically relates to planning outcomes and actions, schools should have in mind the baseline information and desired outcomes throughout the process. It is imperative that outcomes are decided first and then actions are planned to meet the outcomes.

It is helpful when planning outcomes and actions to identify roles, responsibilities and processes that need to be put in place. A suggested method for doing this is outlined below:

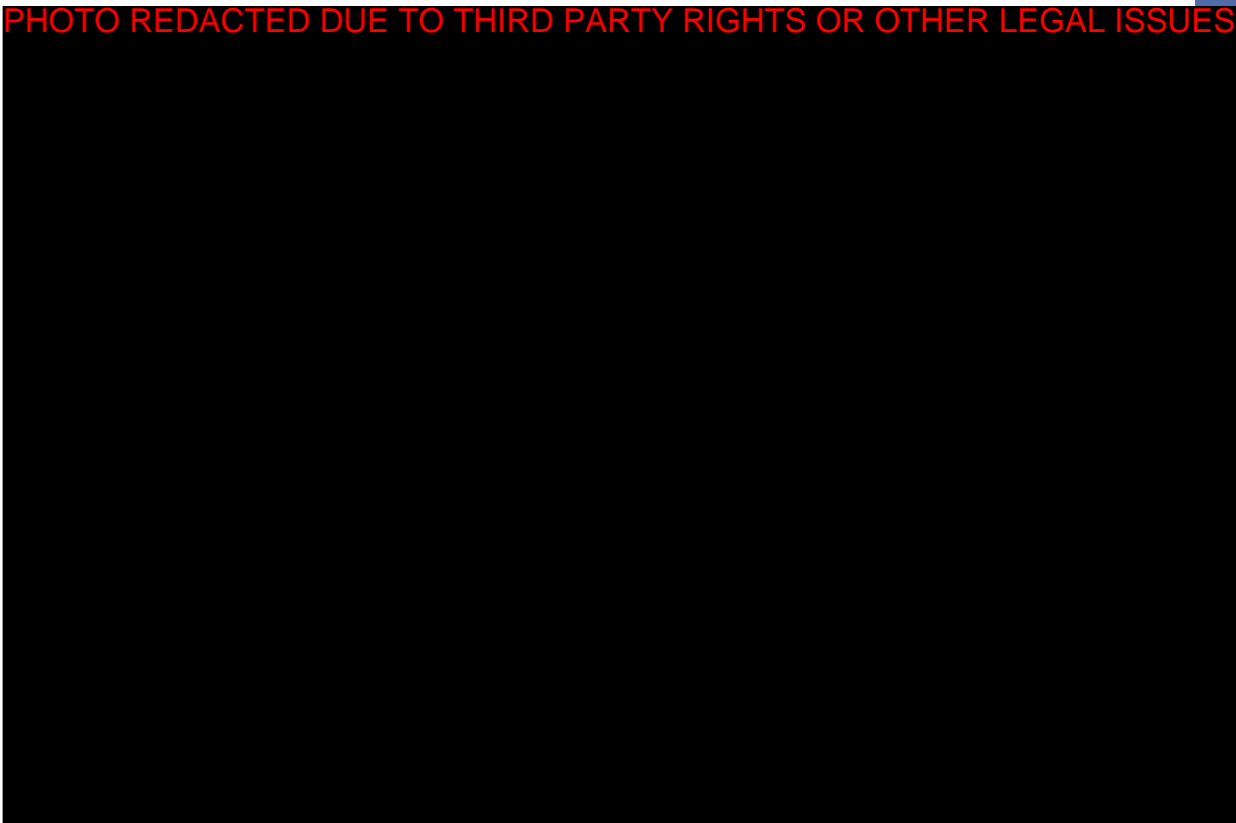
1. Identify the desired outcome
2. In the left hand column of the grid write down all the key individuals/groups within and beyond the school community who should be involved
3. Work through the grid and complete the questions
4. Build into the action plan.

Our desired outcome is	What do they know? How do they behave?	What should they know? How should they behave?	How can they contribute?	What support do they need?	What support can they offer to others?
Children and Young People					
Parent/ Carers					
Learning support staff					
Teachers					
School Nurse					
SMT					
Governors					
Local Programme Co-ordinator					

From School Self-evaluation; Background, Principles and Key Learning
(National College for School Leadership)

Outcomes achieved within a school will vary across the four themes of the NHSP – Personal Social and Health Education (PSHE), Healthy Eating (HE), Physical Activity (PA) and Emotional Health and Wellbeing (EHWB). The school may have worked for several years relating to the theme of Healthy Eating but the area of EHWB may be relatively new. It is appropriate that the outcomes achieved in the theme of Healthy Eating will be more embedded across the school in terms of changes in behaviour than outcomes for EHWB.

The following table gives examples of outcomes within the four themes and demonstrates how some of the various measures available in school can provide evidence of progress toward, and achievement of, desired outcomes. The table also demonstrates how some new and emerging measures can also be used at various points of the process.



Ways of demonstrating outcomes within the four themes

NHSP Theme and desired outcome	Baseline measures identified	Monitoring progress towards	achieving outcomes	Review of achievement of desired outcomes	
		Existing measures which can provide evidence of progress	Bespoke measures which can provide evidence of progress	Existing measures which can provide evidence of achieving outcomes	Bespoke measures which can provide evidence of achieving outcomes
Personal, Social and Health Education Staff report enjoying and demonstrate improved skills in teaching PSHE	School Self-Evaluation policy and procedures – 66% of lessons observed judged to be satisfactory Staff performance review Self-Evaluation forms identified PSHE as most perceived weakness in majority of individual teachers Children and Young People survey indicated majority did not enjoy attending PSHE classes	School Self-Evaluation procedures including lesson observations, e.g. increase in number of lessons judged to be good or better Outcomes of Performance management review meetings Staff surveys indicate growing enjoyment in delivering PSHE programme	Children and Young People surveys/ lesson evaluations show they value their PSHE programme Teachers completing self ratings procedures which indicate growing confidence in teaching PSHE	End of Year assessments in PSHE indicate children & young people are achieving the expected standard Revised commentary in School SEF Positive impact on drugs related incidents records	In drama and role play growing number of children and young people able to demonstrate new skills in line with end of Key Stage statements Interviews with focus groups of children and young people
Healthy Eating Children and young people make healthy food choices throughout the school day, including the content of packed lunches	School meals figures indicate majority of children and young people do not use service provided Lunch box monitoring indicates many children and young people not making healthy choices School meals service monitoring procedures indicate many children and young people not making healthy choices and large amounts of waste	Children & young people questionnaire confirms that majority of children and young people can identify the healthy lunchtime options Lunch box monitoring indicates a growing number of children and young people making healthy choices Focus group feedback discussions provides evidence of children and young people understanding the need to make healthy food choices Breakfast club records demonstrate a growing awareness of the need to make healthy food choices	Analysis of Multiple choice questionnaires indicates an improving understanding among children and young people of what constitutes a healthy diet Ratings surveys among children and young people demonstrate that a growing number rate the healthy eating option of the school meal more highly than before	School meals figures indicate an increase in number of children and young people using the service School Council minutes indicate that feedback from children and young people is largely positive about choosing healthy food options during the school day School SEF provides evidence of action taking by the school following recommendations from School Council School meals service monitoring shows children are choosing to eat more fruit and vegetables	Illuminative research demonstrates that a growing number of children and young people understand what constitutes a healthy balanced diet Parent's questionnaire reports an increase in children and young people making voluntary healthier choices at home
Physical Activity A % increase in the number of children and young people who report achieving the recommended levels of physical activity	Lesson observations indicate unacceptably high figure of children and young people not having kit available when needed After school clubs registers indicate that targets for attendance not being achieved Lifestyle survey confirms the number of children and young people who are not engaging in 2 hours of physical activity each week PESSCL survey data also used as an indicator of a need for action	Number of P.E. lessons judged to be good or better as identified through school Self-Evaluation procedures has increased Attendance registers indicate an improvement in figures for classes on days when P.E. lessons take place Curriculum monitoring shows an increase in number of children and young people with improved ability to undertake a specific activity (e.g. swim a certain distance)	Illuminative research indicates majority of children and young people can explain the importance of physical activity Knowledge questionnaires demonstrate that a growing number of children and young people can identify the benefits of an increase in physical activity	Lesson observations identify a decrease in the number of children and young people missing P.E. lessons After school clubs register shows an increase in participation in clubs offering physical activity	Children and young people survey reports a more positive attitude to physical activity among a target group Self rating forms demonstrate an improving picture of children and young people increasing their involvement and improving their skills in physical activity
Emotional Health and Wellbeing To increase the % of children/young people and parents/carers that report feeling the school deals with bullying incidents quickly and effectively	School survey indicates too many children and young people not feeling safe on the playground Exclusions documentation demonstrates a high figure of exclusions linked to bullying Attendance registers confirm victims of bullying more likely to have unexplained absences from school (unauthorised absence figures)	Number of incidents reported through school bullying reporting procedures Increases as children and young people show more confidence in procedures to address complaints Children and young people survey indicate an increasing number who feel safer on playgrounds	Lesson observations of drama/role play demonstrates the developing ability of children and young people to deploy skills associated with negotiation and assertiveness Questionnaires providing confidence rating scales indicate children and young people are more likely to go for help when they witness bullying Children and young people survey indicate a growing number who believe that the school is dealing with bullying more effectively	Behaviour reporting procedures show a decrease in reported incidents as a result of increased opportunities for physical activity at playtimes Exclusion records indicate a decrease in number of exclusions relating to bullying Analysis of attendance registers indicates target for decrease in unauthorised attendance has been achieved There is a decrease in the number of reported incidents of bullying as demonstrated by school bullying reporting procedures School Council minutes reporting feedback from children and young people indicates growing confidence in safety on school playgrounds. Staff attendance figures have increased by 5% compared to the previous school year	Single issue questionnaire to parents/carers on behaviour indicates that they have greater confidence in school response to reports of bullying Observation of focus group discussions indicates that children and young people are less likely to tolerate bullying than they were before

A Developmental Process for Demonstrating Outcomes

Working towards achieving outcomes is a developmental process. Outcomes occur at different levels and are achieved within different timescales. Much depends on the context of the school, the needs of the children and young people, the priorities for action and a capacity to change.

To support schools in identifying meaningful outcomes and monitoring progress towards achieving them, NHSP has developed the following outlined model. It draws from Kirkpatrick (1967) who developed an evaluation model which focused on measuring four kinds of outcomes that should result from a highly effective training programme. The focus on outcomes is categorised into four dimensions – emotional, knowledge, behavioural and results. The common denominator is that all relate to an improvement in the physical and/or emotional health and wellbeing.

- **Attitudes and Perceptions**
 - how did our children and young people react?
- **Skills & Knowledge**
 - what skills do our children and young people demonstrate?
 - what do our children and young people know?
- **Changes in Behaviour**
 - what did our children and young people do?
- **Impact**
 - what benefits did our children and young people gain?
 - what difference did it make to our school?

Outcomes at every level of the model can be recorded on the Self-Vaildation Form used when a school achieves National Healthy Schools Status. This recognises the importance of changing attitudes and perceptions or building knowledge and skills as a precursor to achieving longer term benefits to the physical and emotional health and wellbeing of children and young people.

The model should not be perceived as a hierarchical one. Outcomes are not always achieved in the order represented nor is each level always dependent on the preceding one being achieved.

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Level	Changes in attitudes and Perceptions.	Changes in skills and knowledge	Changes in behaviour	Overall difference made
What does this mean?	Outcomes relate to changes in attitudes or perceptions – commitment, motivation, confidence, desire to improve, and enjoyment	Outcomes relate to concepts, procedures and principles – understanding, thinking and decision making	Outcomes relate to behaviour change which occurs when knowledge and skills, attitudes and perceptions are transferred – participation, skills learnt become automatic, correctly following procedures, producing simple discrete behaviours	Outcomes relate to changes to practices in the home and school, reducing health inequalities, raising achievement, promoting social inclusion
What are we Looking for?	<p>Changes in attitudes to the identified area: “Children, young people and teachers report they realise the importance of physical activity for health and attainment”</p> <p>Motivation and self-confidence to use the knowledge and skills learnt. “Young people attending the group report they will try to use the strategies to reduce/stop smoking”</p>	<p>Verbal knowledge – the amount of explicit knowledge held “End of unit assessment showed that 95% of our children and young people can identify the appropriate foods for a balanced lunch”</p> <p>Skill acquisition All children within the class were observed to wash their hands after using the toilet</p>	<p>Showing skilled performance – there is a hierarchy of skill acquisition from initial skill, compilation of skills and advanced skills (also known as automaticity) “Pupil mediators demonstrate support to peers using skills learnt at training”</p> <p>Correctly following procedures “Staff correctly follow protocols for pupil referral to professional support for sexual health”</p> <p>Producing simple discrete behaviours 75% of children and young people chose to eat 2 or more portions of fruit and vegetables at school meals – a rise of 23%</p>	<p>This can relate to wider outcomes in the classroom, school or home</p> <p>“The introduction of the home call system has improved school attendance by 6% to 96%”</p> <p>Improvements to the physical and emotional health and wellbeing, achievement, quality of life of children and young people, staff and parents/carers “Children and young people are happier to come to school – the anti-bullying programme reduced bullying incidents by 25% with children and young people reported enjoyment of break times increasing by 35% and attendance improved by 4% over the same period”</p>

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NHSP outcomes, the Ofsted SEF and Every Child Matters

A new inspection programme for schools was introduced in 2005 and a central element of the new arrangements is the OFSTED Self-Evaluation Form (SEF). The SEF should convey a clear picture of how well the school is doing and show what is being done to build on successes and remedy weaknesses. The SEF commentaries are expected to be evaluative and not descriptive with inspectors looking for clear judgements that are supported by evidence linked to outcomes for children. The SEF should provide proof of “how you know what you know”. Many of the skills and processes required in establishing effective Self-Evaluation procedures which in turn inform the SEF are also needed in attaining NHSS.

As part of achieving NHSS, schools are expected to identify the difference that is being made as a result of all the work that has contributed to achieving the status. Similarly, schools are expected to describe in the Ofsted SEF the effectiveness of actions taken to deliver school improvement. In each activity there is a need to provide improvement statements supported by evidence.

Section 4 of the SEF poses a series of questions relating to personal development and wellbeing and the five National Outcomes as part of Every Child Matters (ECM). These five outcomes are:

- Be Healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve Economic Wellbeing

Working towards and achieving NHSS will help schools populate section 4 of the SEF with meaningful outcomes. Schools may also want to consider the wider contribution of working towards or achieving NHSS can make to other sections of the SEF e.g. Section 6 Leadership and Management and Section 3 Achievement and Standards.

The following table demonstrates how the outcomes achieved through working towards and achieving NHSS can be used to provide evidence of how schools are implementing the ECM agenda and in turn inform the commentary in appropriate sections of the SEF.

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The ECM Outcomes and working towards achieving NHSS

ECM Outcomes and sample aims	Sample NHSP criteria	School Self-Evaluation Form reference & guidance	Examples of NHSP Outcomes - Qualitative	Examples of NHSP Outcomes - Quantitative	Example of a school SEF entry
Be Healthy Children and young people live healthy lifestyles	A school achieving NHSS will have a welcoming eating environment that encourages the positive social interaction of children and young people	4b To what extent are learners aware of, and do they practise healthy lifestyles? - whether learners take adequate exercise, and eat and drink healthily - learners' growing understanding of how to live a healthy lifestyle	Early outcome – As a result of consultations children and young people report that the dining room is a more pleasant place to be and that they now enjoy school lunches more as a result (children and young people surveys) Later outcome – Staff report that children are now more likely to settle quickly to their learning activities after Lunch. This is confirmed by lessons observed as part of the school Self-Evaluation programme (Lesson observation records)	Early outcome – 60% of children and young people identified the healthy food options from a range offered in a survey. A figure of 40% was recorded in the previous survey conducted at the beginning of the school year Later outcome – A 20% reduction in reported waste at lunchtime.	In the last 12 months, the school has taken action to establish a more welcoming eating environment. Children and young people report that the dining room is now a more pleasant place to be and that they also enjoy the dining experience more as a result. During the same period the school has also seen a decrease in misbehaviour during lunchtime.
Stay safe Children and young people are safe from bullying and discrimination	A school achieving NHSS will have a clear policy on bullying, which is owned, understood and implemented by the whole school community	4c To what extent do learners feel safe and adopt safe practices? – whether learners feel safe from bullying and racist incidents	Early outcome – Children and young people report that they understand the policy on bullying and feel that they have the opportunity to regularly discuss it (Circle time) Later outcome – Children and young people report that the playground is a safer place to be since the introduction of playground buddies (School Council minutes)	Early outcome – In a survey 80% of children and young people identified the appropriate support to seek, if they were upset or in trouble compared to 66% 10 months ago Later outcome – There has been a decrease in the number of recorded bullying incidents over the last 6 months from 8 to 3	Since the introduction of a revised anti bullying policy 12 months ago, there has been a gradual reduction in reported incidents of bullying. In surveys, children and young people expressed confidence in the effectiveness of playground buddies in addressing bullying, as well as being able to identify a number of different people to approach if troubled.
Enjoy and Achieve Children and young people achieve personal and social development and enjoy recreation	A school achieving NHSS will have clear planned curriculum opportunities for children and young people to understand and explore feelings using appropriate learning and teaching styles	4a How well do learners make progress in their personal development? – how well learners enjoy their education, taking account of their attitudes, behaviour and attendance	Early outcome – As a result of introducing termly monitoring, staff are demonstrating greater awareness of what makes a good PSHE lesson (report to governors curriculum committee) Later outcome – At performance management reviews the majority of staff reported that the PSHE Certification Programme has had a positive impact on their teaching and planning	Early outcome – Following the introduction of a new PSHE programme the % of children and young people believing they are responsible for their own health has increased from 65% to 80% (Health related behaviour questionnaire) Later outcome – Following a review of our smoking policy and support for young smokers at lunchtime the number of smoking incidents in the last year has reduced from 47 to 22	The introduction of our new PSHE programme has resulted in an improvement in the quality of teaching and learning in this subject. All teaching is judged to be at least good by the SLT (School Self-Evaluation records). A growing number of our children and young people report that they are taking greater responsibility for their personal health.
Make a Positive Contribution Children and young people engage in decision making and support the community and the environment	A school achieving NHSS will have mechanisms in place to ensure the views of all children and young people are reflected in curriculum planning, teaching and learning and the whole school environment	4d How well do learners make a positive contribution to the community? – how well learners express their views and contribute to communal activities	Early outcome – The majority of children and young people and staff agree that the school has an effective school council (School survey) Later outcome – In an end of year survey the majority of children and young people agreed that their feedback relating to the School Food Policy had been used to make changes	Early outcome – 80% of children and young people were able to identify at least one school development that was promoted by the school council Later outcome – There has been a 50% increase during this school year in the number of contributions to the classroom based School Council post boxes	The voluntary school survey relating to the review of the School Food Policy attracted a 90% response and resulted in significant changes to the policy. Children and young people express confidence in the ability of the School Council to listen to them and to influence decisions taken by adults.
Achieve Economic Wellbeing Engage in further education, employment or training on leaving school Ready for employment	A school achieving NHSS assesses children and young people's PSHE progress and achievement in line with QCA guidance	How well do learners prepare for their future economic wellbeing? – how well learners develop skills and personal qualities that will enable them to achieve future economic wellbeing	Early outcome – Written evaluations at the end of units of work demonstrate that the majority of children and young people value their PSHE programme Later outcome – The majority of young people in Key Stage 4 are able to identify and demonstrate the types of attitudes that are likely to help them in the work situation	Early outcome – The end of Year assessments showed that 82% of children and young people achieved the expected standard for PSHE Later outcome – 70% of children and young people were able to demonstrate that they have developed a particular skill in line with QCA end of Key Stage statements (PSHE programme evaluation). This represents a 10% improvement on last year's figure	The success of the school PSHE programme in helping children & young people develop personal qualities and skills is demonstrated in the positive feedback they give and the increase in the number achieving the expected standard for PSHE in end of year assessments.

How can outcomes from achieving NHSS at school level contribute towards Local Area Agreements?

A Local Area Agreement (LAA) is a three year agreement between the local authority and central government. It describes how local priorities will be met by delivering local solutions in partnership with a range of agencies and providers. It also contributes to national priorities set out by the Government. The NHSP can make a significant contribution to the pursuit of targets identified in Local Area Agreements. The NHSP can contribute to the LAA by considering a local level target and then identifying what could be expected at a school, class or cohort level and even at the individual level.

Activity level	Desired outcome
Local authority	To improve the participation in physical activity of children and young people
School	100% of children and young people participating in at least 2 hours physical activity each week
Cohort/class	To increase the attendance at after-school physical activity clubs by 15%, and to have at least 65% of those attending reporting that they enjoy the activities
Individual	All children and young people can identify at least 5 benefits gained by an increase in physical activity

Local Programmes can work with schools to alert them to the local data, for example, the health inequalities data and the targets agreed in the LAA. They can support schools in identifying activities that could contribute towards achieving targets and achieve meaningful outcomes for children and young people. There may also be opportunities for schools to work in partnership with other schools in order to effect improvements in the locality.

Representatives from a group of National Healthy Schools Local Programmes attending a regional event (July 2007) decided to look at the national target "To halt the year-on year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole"* and identify what an outcome involving parents might look like at different outcome levels. The table overleaf illustrates their ideas.

* The Cross Government Obesity programme made the following announcement in October 2007 relating to this target

"Our ambition is to reverse the rising tide of obesity and overweight in the population, by enabling everyone to achieve and maintain a healthy weight. Our initial focus will be on children: By 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels."

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Halt year on year rise in obesity in under 11's by 2010	What are we looking for?
Attitudes & Perceptions	Parents enjoyed and found useful all activities in the healthy packed lunch session Parents and carers report an increased awareness of opportunities for physical activity for themselves and their children in school and the wider community
Skills & knowledge	Parents and carers have a knowledge of the balance of good health and the skills to produce a healthy meal All parents and carers report they realise the importance of physical activity and healthy eating for a healthy lifestyle for themselves and their children
Changes in behaviour	Parents and carers say they buy more fresh produce to create healthy balanced meals and healthier lunch boxes Parents and carers report an increased participation in physical activity for them and their family
Benefits	More opportunities provided and taken within school for parents/ carers to engage in physical activity and cooking/healthy eating e.g. Yoga/keep fit etc. Family cooking sessions Mobile fruit/vegetable van in playground – organic vegetable boxes Slimming club for parents Healthier and less obese children and adults Raised self-esteem

References and websites

Kirkpatrick, D.L., (1967) Evaluation of Training in R.L. Craig & L.R. Battel Training and Development Handbook Macgraw-Hill

School Self-Evaluation, Background and Key Learning
National College for School Leadership www.ncsl.org.uk

Arrangements for the Annual Performance Assessment of Children’s Services
www.ofsted.gov.uk (forms and guidance)

The Public Service Agreements www.hm-treasury.gov.uk

Local Area Agreements www.communities.gov.uk

Resources within the National Healthy Schools Programme:-

The following resources are all found in our Support Guidance Materials:

Introduction to the National Healthy Schools Programme

Achieving National Healthy School Status

Whole School Approach to the National Healthy Schools Programme

For further copies of this publication please
contact us on telephone number: 0845 601 7848



Healthy Schools
www.healthyschools.gov.uk

For further information...

please contact your Local Programme Co-ordinator. Their contact details and more information about the National Healthy Schools Programme can be found on our website www.healthyschools.gov.uk

department for
children, schools and families



The National Healthy Schools Programme is a joint Department of Health and Department for Children, Schools and Families initiative