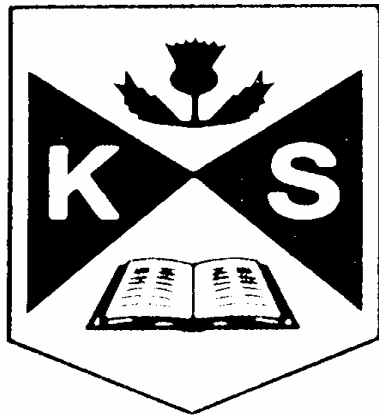




East Dunbartonshire Council

# KILLERMONT PRIMARY SCHOOL



## Health Education Policy

December 2007

## **HEALTH EDUCATION 5-14 POLICY**

### **1.0 Introduction**

Killermont Primary recognises the importance of good health for all and endorses *Health Education 5-14 National Guidelines, Learning and Teaching Scotland, 2000* and *East Dunbartonshire Council's Health Education 5-14 policy and guidelines, 2003*.

### **2.0 Rationale and Aims**

#### **2.1 Rationale**

The Health Education Policy within Killermont Primary is based on the belief that every member of the community has a fundamental right to good health.

*Health is the extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not an object of living; it is a positive concept emphasising social and personal resources, as well as physical capacities.*

*World Health Organisation (WHO)*

This policy provides a foundation for the development of Health Education and Health Promotion. Health Education is the responsibility not of any one teacher or subject but is best addressed by a range of teachers in a number of curricular areas. Health Education is also more effective when delivered within the wider environment of the Health Promoting School. The concept of the Health Promoting School was developed by the World Health Organisation to describe all the positive actions schools could take towards promoting lifestyles conducive to health. In the Health Promoting School the well-being of both pupils and staff is promoted by adopting a coherent approach to every aspect of school life. Healthy behaviour is encouraged and it is recognised that responsibility for improving health does not lie solely with the individual but should be shared by all members of the health-promoting community. Health Promotion should be an integral part of the daily life of the school and is most effective in an environment of mutual trust, self-esteem and respect.

#### **2.2 Aims**

In Killermont Primary we aim to support pupils through a Health Education curriculum which:

- enables pupils to explore and clarify their beliefs, attitudes and values, develop personal and interpersonal skills, and increase their knowledge and understanding of a range of health issues;
- provides opportunities for pupils to develop the skills and knowledge to take responsibility for their own health and to take appropriate decisions as citizens;
- is progressive in nature, matching the needs and maturity of the pupils.

Killermont Primary recognises that in order to be most effective, Health Education should take place in a Health Promoting School environment which:

- promotes a happy and caring atmosphere
  - displays an attractive environment
  - encourages healthy behaviour
  - is concerned for safety and security
  - fosters positive attitudes and feelings, such as self-confidence, self-esteem, independence, responsibility and care and welfare of others
  - recognises the importance of the example set by school staff, pupils, specialist services and the wider school community.
- *Please refer to Health Promoting School Policy*

### **3.0 Outcomes**

#### **3.1 Time Allocation**

The time allocation for Health Education will follow the advice given in *The Structure and Balance of the Curriculum, Learning and Teaching Scotland*. 15% of the curriculum (3hrs 45 min) should collectively cover Health Education, Religious and Moral Education and Personal and Social Development. Every opportunity will be taken to recognise and develop cross-curricular aspects of health education.

### **3.2 Learning and Teaching Approaches**

Learning and teaching approaches in Health Education will be flexible and responsive to the needs of pupils taking account of different learning styles and contexts.

Account will be taken of pupils' needs through:

- sensitivity and respect for individual differences
- exploring pupils' pre-existing knowledge and beliefs as a basis for further learning and teaching
- adapting tasks, pace, resources and pupil groupings to pupil needs
- incorporating sufficient opportunities for taking responsibility through reflecting and through working with others
- using assessment to plan and monitor progress and provide appropriate challenge
- taking account of pupil and staff views on the relevance of the programme;

When planning effective learning and teaching in Health Education, staff will ensure that

- the purpose of the learning will be clear to pupils
- learning goals and targets will be shared with pupils
- pupils will be involved in the planning and management of their learning where appropriate
- learning will maintain an element of challenge
- pupils will take responsibility for their own learning and will be offered choice where appropriate;
- an environment is created where pupils are provided with opportunities to develop appropriate skills required to maintain a healthy lifestyle
- pupils will be involved in active learning
- teaching will be interactive – this will involve teachers informing, explaining, describing, listening, modelling, questioning, demonstrating and supporting
- children will be encouraged to collaborate with both the teacher and pupils to enhance their learning.
  
- *Please refer to Learning and Teaching Policy*

#### **3.2.1 Health Education Programme**

The Health Education programme gives broad and balanced coverage of

- all three strands of health education (physical, emotional and social health)
- the knowledge, skills, attitudes and values for taking responsibility for health
- ways of promoting health and dealing with health issues.

Killermont Primary programme of study covers four specific health themes

- Safety Education
- Drug Education
- Nutrition Education
- Sex and Relationship Education

In forward planning files, teachers should highlight the lessons being covered for each term. Teachers should decide whether lessons are more effectively taught as stand alone lessons or by a cross curricular approach.

#### **3.2.2 External Agencies**

Teachers will always be the main source of expertise or delivering any programme of health education. External agencies offer further relevant experience which can prove invaluable in complementing and supplementing the work being carried out in the school.

- *Please refer EDC Procedures for Schools Regarding External Partner Agencies* (Appendix i)

#### **3.2.3 Awareness of Religious Beliefs**

All staff should be aware of sensitive issues of Health Education within today's multicultural society eg Sex Education, Nutrition Education and Physical education – in relation to religious beliefs.

- *Please refer to EDC Health Education Policy and Guidelines*
- *Please refer to Killermont Primary School Health Education 5-14 programme*
- *Please refer to Killermont Primary School Health Promoting School Policy*
- *Please refer to Killermont Primary School Homework Policy*

### **3.3 Pupils with Additional Support Needs**

There may be at times a need for some children, for whatever reason, to require support for their learning.

- *Please refer to Support for Learning Policy*

### **3.4 Assessment**

Assessment is a continuous process which is an integral part of learning and teaching. The process of assessing pupils' progress will be set in the context of effective learning and teaching and will influence forward planning, teaching, recording, reporting and evaluating. Pupils' learning experiences in Health Education will involve them in oral, talking, writing and practical activities.

Formal and informal assessment will be used:

- to give pupils clear and regular feedback
- to assist learners and teachers to identify strengths and next steps in the learning process to ensure progression
- by teachers to evaluate the effectiveness of learning and teaching

Assessment may also be an observed, practical, oral or written activity and should be a positive experience for pupils and motivate them for learning. Pupils will have opportunities to evaluate their own work and to evaluate with their peers.

- *Please refer to Assessment, Recording and Reporting Policy*

### **3.5 Recording and Reporting**

Recording and reporting procedures will be in line with East Dunbartonshire Council policies. Clear teaching and assessment plans will help teachers in their work and provide a consistent structure for recording pupil progress. Recording procedures will be used to monitor progress and inform learning and teaching.

Assessment records from teaching plans will provide evidence for recording and reporting and should allow teachers to decide:

- if the evidence from a variety of sources confirms that the pupil has achieved what was intended or is performing at a particular level of attainment;
- if more evidence is needed;
- if the pupil needs help or further challenges and, if so, of what kind..

Within the forward planning file, the teacher uses the assessment sheet to record only pupils whose work has exceeded assessed targets or those requiring extra support. Notes should also be made regarding next steps for identified pupils and for the topic to improve.

Reporting to parents will be clear and specific to promote effective communication between school and home and provide on-going feedback and progress. Levels A to F will be used to report progress and to determine next steps in learning.

Assessment reports will provide other teachers with straightforward and useful information for future planning. .

- *Please refer to Assessment, Recording and Reporting policy*

### **3.6 Nursery/Primary and Secondary Transition**

Joint planning including cluster planning will take place to enable Health Education to meet the central principles of the 5-14 curriculum. Effective communication at transition stages is essential to ensure progression in knowledge and skills which takes account of prior learning and makes effective use of the knowledge of each child as a learner (cf. *Curriculum Framework for Children 3 to 5, Scottish CCC, 1999*). Transfer of information will take place in line with East Dunbartonshire Council guidelines.

### **3.7 ICT**

ICT will play a crucial role in the delivery of the curriculum. The 5-14 ICT strands that are particularly relevant to Health Education are:

- creating and presenting
- collecting and analysing
- searching and researching
- communicating and collaborating.

ICT will also have a role to play in supporting high quality communication among teachers.

*Please refer to Information Communication and Technology policy*

### **3.8 East Dunbartonshire Council Guidelines**

- Guidelines on Drugs Education - see Appendix A
- Guidelines on Sex Education - see Appendix B

### **3.9 Staff Development**

Staff development needs in Health Education will be identified through the Professional Review and Development Process which is integrated with the school development planning process. All members of staff will have access to advice and staff development as necessary, within the resources available.

## **4.0 Roles and Responsibilities**

### **4.1 Senior Management Team**

The senior management team will manage the implementation of school priorities, policies, curriculum, resources and staff development as laid out in development plans and in line with the direction set out in the authority improvement plan. Senior managers will consult with parents, pupils and other stakeholders in relation to developments in this area of the curriculum. A Health Education Coordinator will be designated in each school.

### **4.2 Health Education Co-ordinator**

The Health Co-ordinator is responsible for organising and planning the effective use of health education resources, as well as ensuring the resources are clearly catalogued and stored in a way that makes them easily accessible to all staff. The co-ordinator should take account of pupil and staff views on the relevance of the Health Education resources. Partnership work with parents and the wider community should be developed and their input utilised to develop shared approaches to specific aspects of health education eg Drugs Education, Sex Education, Healthy Eating etc.

### **4.3 Teachers**

Teachers will ensure that policy implementation and curricular development enhances learning and teaching and contributes to raising achievement. .

### **4.4 Parents/Carers**

Parents/Carers will be encouraged to play an active role in supporting pupils' learning thereby fostering a genuine partnership conducive to the development Health Promoting School. The supporting role of parents in contributing to the success of the health education policy cannot be over-estimated. Killermont Primary will

consult and involve parents appropriately in their approaches to learning and teaching, particularly in relation to sensitive issues such as sexual health and drug education. Parents will have the opportunity to examine materials of a sensitive nature prior to delivery to the pupils, either by the school or the external agencies eg police, school nurse

#### **4.5 Pupils**

Pupils will be encouraged to be actively involved in their learning and to develop a positive lifelong attitude to adopting a healthy lifestyle. Pupils will be encouraged to take increasing responsibility for their personal health.

#### **5.0 Resources**

The Health Co-ordinator is responsible for organising and planning the effective use of health education resources, as well as ensuring the resources are clearly catalogued and stored in a way that makes them easily accessible to all staff.

The core school Health Education Programme will be delivered through the use of the Glasgow's Health Pack and Glasgow's Drug, Alcohol and tobacco Education Pack, supplemented by other resources.

#### **6.0 Monitoring and Evaluation Arrangements**

##### **6.1 Schools**

Self-evaluation of the quality of learning and teaching is a fundamental responsibility of all teaching staff and a particular duty of senior staff in schools. The quality indicators described in *How Good is our School 3? HMIe 2007*, are used for monitoring effective learning and teaching in Health Education within Killermont Primary.

##### **6.2 Monitoring and Evaluating Arrangements of the Policy**

The draft policy was reviewed in December 2007 and will continue to be monitored and evaluated by staff. A future review of the policy is planned for session 2010-11.

## HEALTH EDUCATION

## PROCEDURES FOR SCHOOLS REGARDING EXTERNAL PARTNER AGENCIES

Teachers will always be the main source of expertise or delivering any programme of health education. All of the initial teacher education programmes offer input on health education and EDC will continue to provide opportunities for in-service training in health education materials and techniques.

It is possible that in health education, as in other aspects of education, teachers may find it valuable in order to illustrate a particular part of the school syllabus to invite another person or agency to visit the school, often to participate in class work with the teacher and the pupils.

The expertise, which such groups provide, can prove invaluable in complementing and supplementing the work of the school. Carefully chosen individuals or agencies are able to provide additional knowledge and the benefit of experience, which might prove difficult for many teachers to provide without extensive research and training. With careful planning as to how such groups may be utilised by schools their contribution can benefit the health education experience of our pupils in a meaningful way. On some occasions, visiting individuals or agencies can also be used as a means of staff development for teachers who themselves will implement the full health education programme.

In order to maximise the effectiveness of contributions made in this way, the following procedure has been prepared to give advice and assistance on the criteria to be met in the choice and use of visiting individuals or agencies by schools. This procedure should be followed by Head Teachers to ensure that this is the case. The procedure is not meant to be restrictive or to impede local decision-making or flexibility: it is designed to offer advice on preparation, curricular continuity, parental guidance and school security. It is also meant to be used in conjunction with the school/authority policies on Child Protection Procedures.

1. Visitors should be viewed as complementing the curriculum already in place. They should not be seen as a substitute for the establishment's mainline provision as outlined in the school plan.

*"Where there is collaboration with an agency to develop a particular programme in which an outsider can participate, this is probably most educationally acceptable. Where a one-off visit is arranged with no preparation and no follow-up, then the impact and benefits are limited."* (Health Education in Scottish Schools – Scottish Council for Research in Education March 1993)

2. The class teacher should be present throughout the presentation for a variety of reasons.
  - Teacher has planned this aspect of the curriculum for the year
  - Teacher is legally responsible for class
  - Teacher cannot ensure continuity of programme if absent
  - Additional information gained by teacher would enhance programme further
  - Teacher should be present to ensure proper conduct of presentation (see also part 5)
3. Speakers should be credible, acceptable and where possible from local organisations. Individuals should be agreeable to vetting or checking (if appropriate) by the head teacher.

Good indicators of such programmes are:

- Individuals are subject to Disclosure Scotland checking prior to deliver to the pupils.
  - The organisation has good links with statutory bodies, for example, a major organisation like the police may be useful in supplementing specific programmes on road safety or personal safety, especially when the visiting officers are being asked to speak about or demonstrate their own particular expertise in any area of activity.
4. The presentation of health education should be appropriate to the ages and stages of pupils concerned. It would not be appropriate for the same presentation to be delivered regardless of age and stage, and, to primary and secondary pupils alike. The school should ensure that the presentation is pitched at the appropriate level as well as being interesting and stimulating for the pupils concerned.
  5. A preliminary meeting should be held with the individual or agency, the head teacher or school health co-ordinator and class teacher to plan the delivery and content. This is to incorporate the input as fully as possible into the ongoing curriculum to supplement and enhance the policy of the school.

6. A level of professionalism will be maintained at all times. Criticism, implied or direct, of other unconnected organisations should not be permitted during the presentation whether the individual or agency believes it appropriate or not. The contribution of the individual or agency should be based on the experience and expertise of the individual or agency involved.
7. Handouts or other materials to be used during presentations should be submitted to the Head Teacher in advance of the presentation to ensure their suitability for use in the school. A sensible approach will be required, for example, with drama presentations for older pupils where difficult or sensitive issues are explored. To ensure continuity and allow young people access to further information, details of other support organisations should be left with the class/head teacher.
8. Individuals or agencies should not be permitted to sell publications to pupils or to ask for donations from them. Any fee for the presentation should be agreed with the Head Teacher beforehand.
9. Parents/carers should be informed and involved as appropriate. Parents/Carers should be provided with the opportunity to examine materials of a sensitive nature prior to delivery to the pupils, either by the class teacher or the external agency. School Boards should be consulted before any new initiatives are undertaken which may involve sensitive areas of health education. In the denominational school sector, prior discussion will be necessary with the appropriate Church authorities.
10. If any difficulties occur or doubts remain unresolved by these guidelines, the head teacher should consult with the Head of Education.



**1 Introduction**

These guidelines have been produced by the Health Education 5-14 Working Group. It is recommended that schools consult with parents, School Boards and other stakeholders when formulating and implementing policy. These guidelines will be used by schools to help produce a Drugs Education Policy which includes reference to smoking and alcohol and is relevant to their school community. The guidelines are a working document that will require updating due to changes in legislation.

East Dunbartonshire Council recognises that misuse of drugs is part of modern culture and school children can be easily influenced. Whilst continuing to make it clear that any misuse of drugs is totally unacceptable, it is recommended that a structured education programme which is balanced and informative and equips young people with the skills to make responsible decisions and choices for their own lives, is in place in schools.

**2 Why Schools Need a Drugs Education Policy**

- ◆ The Scottish Executive has made it a requirement that schools have a written policy on drugs. The policy should outline the school's educational programme and its approach to the management of drugs related incidents.
- ◆ Schools must take into account the relevant legal requirements eg the Misuse of Drugs Act 1971.
- ◆ East Dunbartonshire Council is committed to the health and safety of its school community and part of this commitment is in the area of Drugs Education.
- ◆ East Dunbartonshire acknowledges the importance of the pastoral role of schools in the welfare of young people and seeks to encourage a positive ethos in its schools which will support pupils.

**3 Resources**

Resources which will be helpful in the formulation of school policy include:

- ◆ Health Education 5-14 National Guidelines and Guide for Teachers and Managers, Learning and Teaching Scotland 2000
- ◆ *Positive Behaviour, Pupil Policy on Care and Welfare: A Policy Framework for Educational Establishments and Services in East Dunbartonshire, 2002*
- ◆ *East Dunbartonshire Council: Procedure Manual Guidelines for the Management of Incidents of Drug Misuse in Schools – at consultation stage – replacing Strathclyde's Standard Circulars on Drug and Solvent Abuse, 2002*
- ◆ *Guidelines for the Management of Incidents of Drug Misuse in Schools, Scottish Executive 2000*
- ◆ *Greater Glasgow NHS Board Health Promotion Drugs and Alcohol Curriculum (Secondary)*
- ◆ *Drug Free Zone: Scotland Against Drugs (Primary), 2001*
- ◆ *Tackling Drugs Together in Greater Glasgow 1999-2003*
- ◆ *Drugs & Alcohol – a Parents' Guide: Boots PLC 1998*
- ◆ *The Facts of Drugs – A Parent's Guide, Scotland Against Drugs, HEBS, 2001*

**4 External Agencies**

East Dunbartonshire Council endorses partnership with appropriate agencies and local organisations to help develop Drugs Education. The production of a protocol regarding partnerships with external agencies will be provided by East Dunbartonshire Council.

**5 Staff Development**

East Dunbartonshire Council is committed to the continuing professional development of all school staff using EDC staff and relevant external agencies.

**6 Pupils**

Pupils should be informed of the school's policy and should be encouraged to show a duty of care to their fellow pupils and to the school community.

## **7 Parents**

East Dunbartonshire Council acknowledges the support given by parents and is committed to partnership with them which will include consultation.

Refer to:

*East Dunbartonshire Council: Procedure Manual Guidelines for the Management of Incidents of Drug Misuse in Schools* (based on *Guidelines for the Management of Incidents of Drug Misuse in Schools, Scottish Executive 2000*)

## **8 Police Involvement**

Schools should endeavour to promote effective working relationships with the police at all times which may include representation on school policy groups.

Refer to:

*East Dunbartonshire Council: Procedure Manual Guidelines for the Management of Incidents of Drug Misuse in Schools* (based on *Guidelines for the Management of Incidents of Drug Misuse in Schools, Scottish Executive 2000*)

## **9 Drugs Covered by the Policy**

Refer to the following publications:

- i. *The Facts of Drugs – A Parents' Guide, Scotland Against Drugs, HEBS, 2002 edition*
- ii. *Guidelines for the Management of Incidents of Drug Misuse in Schools, Scottish Executive 2000.*

## **10 Possession**

Refer to the following document if pupils are found in possession of drugs:

*East Dunbartonshire Council: Procedure Manual Guidelines for the Management of Incidents of Drug Misuse in Schools* (based on *Guidelines for the Management of Incidents of Drug Misuse in Schools, Scottish Executive 2000*)

## **11 Finding Drugs**

Refer to the following documents if drugs, including prescription drugs, are found:

*East Dunbartonshire Council: Procedure Manual Guidelines for the Management of Incidents of Drug Misuse in Schools* (based on *Guidelines for the Management of Incidents of Drug Misuse in Schools, Scottish Executive 2000*)

## **12 Confidentiality**

Whilst the principle of confidentiality is important, it cannot be assured in incidents involving drugs as the personal safety of all members of the school community is paramount.

*East Dunbartonshire Council: Procedure Manual Guidelines for the Management of Incidents of Drug Misuse in Schools* (based on *Guidelines for the Management of Incidents of Drug Misuse in Schools, Scottish Executive 2000*)

## Sex Education Guidelines

### 1 Introduction

These guidelines on Sex Education have been produced by the Health Education 5-14 working group in response to *Circular 2/2001 Standards in Scotland's Schools etc Act 2000: Conduct of Sex Education in Scottish Schools (2000 Act)*. It is envisaged that these guidelines will be used by schools to help produce a Sex Education policy relevant to their school communities.

It is now a requirement that schools consult with parents, pupils, School Boards and with other stakeholders when formulating and implementing policy. (*Sex Education in Scottish Schools – Effective Consultation with Parents and Carers -Page 1*)

East Dunbartonshire Council recognises that Sex Education is a lifelong process whereby children and young people acquire knowledge, understanding and skills, and develop beliefs, attitudes and values about their sexuality and relationships within a moral and ethical framework. It should be presented across the curriculum in a context that values:

- ◆ stable relationships
- ◆ healthy living
- ◆ personal responsibility

and firmly sets Sex Education within the wider context of Health Education and Personal and Social Development.

In denominational schools, church authorities will continue to provide additional guidance. These schools should therefore continue to take account of this guidance produced by the Catholic Education Commission.

### 2 Why Schools Need a Sex Education Policy

- ◆ The Scottish Executive requires that Sex Education should present facts in an objective, balanced and sensitive manner within a framework of sound values. Any school policy should seek to reflect on and achieve the principles and aims of sex education contained in *Sex Education in Scottish Schools – Effective Consultation with Parents and Carers -Page 3* and drawn from the 2000 Act.
- ◆ Parents may find it difficult to discuss every aspect of sexuality and relationships with their children and may therefore value the school's role in providing a structured programme of sex education. As schools are required to consult with parents in advance on sex education this should ensure a consistent approach
- ◆ To ensure that pupils have access to a planned, consistent and progressive programme which reflects the key principles and aims of Sex Education .

### 3 Resources

It is envisaged that schools, when formulating a Sex Education policy, will use a range of resources appropriate to their situation and will refer to:

- ◆ *Health Education 5-14 Guidelines and Guide for Teachers and Managers, Learning and Teaching Scotland 2000*
- ◆ *Sex Education in Scottish Schools, Learning and Teaching Scotland, 2001*
  - i. *Summary of National Advice*
  - ii. *Effective Consultation with Parents and Carers*
  - iii. *A Guide for Parents and Carers*

### 4 External Agencies

Although teachers should always be the main source of expertise in providing programmes of Sex Education, partnerships with external agencies is essential:

- ◆ in formulating and implementing policy

- ◆ in providing specific input for pupils, including those with particular needs (*Sex Education in Scottish Schools – Effective Consultation with Parents and Carers -Page 2.*)
- ◆ in providing staff development where appropriate

A protocol regarding partnership with external agencies will be provided by EDC.

## **5 Staff Development**

East Dunbartonshire Council is committed to the continuing professional development of all school staff which will be delivered by EDC staff and relevant external agencies where appropriate.

## **6 Pupils**

Young people should be consulted in developing a school's Sex Education Policy. All schools should continue to develop strategies for consulting pupils to allow them to identify and express their own needs.

## **7 Parents**

Provided schools explain and consult sensitively and fully with parents and carers regarding sex education, showing that there are appropriate safeguards, parents will feel confident about their child's participation in the programme. *Sex Education in Scottish Schools – Effective Consultation with Parents and Carers -Page 8* provides features of good practice.

Although most parents will be happy for their child to participate in the school's Sex Education programme, the policy should address those exceptional circumstances when parents wish to deal with certain matters at home and therefore withdraw their child from the school's programme. For further guidance refer to *Sex Education in Scottish Schools – Effective Consultation with Parents and Carers -Page 2.*