

# **Bell's Brae Primary School**

## **Health Promoting Schools Policy**

**March 2006**

# **HEALTH PROMOTING SCHOOL POLICY**

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## **RATIONALE**

### **Why are health promoting schools important?**

A number of Scottish Executive documents have highlighted the Health Promoting School as an essential component in improving the health and well being of the nation's population. "Towards a Healthier Scotland" (Health White Paper 1997) makes the following key statement about health promotion:

*"The government recognises the concept of the health promoting school as important in ensuring not only that health education is integral to the curriculum but also that school ethos, policies and extra curricular activities foster mental, physical and social well being and healthy development."*

### **What is a health promoting school?**

The World Health Organisation defined a health promoting school as "one in which all members of the school community work together to provide pupils with integrated and positive experiences and structures, which promote and protect their health. This included the formal and the informal curriculum in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health." P9 in "Being Well, Doing Well"

The Scottish Executive has set a target that all schools should be health promoting schools by 2007.

### **How does a school achieve health promoting status?**

"In Shetland, health promoting status is based on school self evaluation, using external quality assurance. Schools will be assessed through established quality assurance procedures by Community Service and NHS Shetland staff. These will include visits to review the impact of health developments on young people and the production by each school of a portfolio of evidence for review." (SIC Health Promoting School Guidelines P5)

## **PRINCIPLES**

The three main principles that underpin the policy are as follows:-

### **Health education is featured within the formal curriculum**

through the implementation of a planned, structured, systematic and progressive programme that focuses upon the single attainment outcome "taking responsibility for health" and the three interrelated strands - physical health, emotional health and social health

## **Health Education permeates the hidden curriculum**

through the integration of health education within other curricular areas, whole school topics and projects, extra curricular activities and the supporting school ethos

## **Health education is supported by external health and caring agencies**

through the ongoing partnership between home, school and the local community and specific local and national initiatives organised and supported by local health-promoting personnel

## **AIMS**

We aim to provide a health education curriculum that

- helps the pupils to acquire the relevant knowledge and understanding, not just of the human body and how it works, but also of the social and emotional factors that influence health
- encourages pupils to make informed choices and take appropriate decisions that help to ensure a healthy lifestyle
- fosters links between school, home and community so all are involved in a collective responsibility for promoting good health

What is taught in the classroom is supported and reinforced by the ethos of the school, in particular through

- a happy, caring atmosphere
- an attractive environment, which the pupils have a shared responsibility in maintaining
- a concern for safety and security
- the fostering of positive attitudes and feelings, such as self-confidence, self-esteem, independence, responsibility and the care and welfare of others
- the example set by school staff and by visiting health and safety professionals

## **VALUES**

Whilst acquiring knowledge is essential for informed decision making in health education, pupils' learning will also involve clarification of, and their coming to terms with, attitudes and values. Learning and teaching strategies should bring together aspects of knowledge, understanding, skills and values.

It is important that members of staff demonstrate sensitivity and are non-judgemental as regards lifestyles of the pupils and their families. This is especially true in areas where family dynamics /circumstances may be discussed.

However, certain values should be reinforced as being essential to the development of individuals as citizens of society. Personal qualities such as self-esteem, confidence, initiative, determination and emotional maturity are pre-requisites of becoming a responsible, caring and effective participant in the community. A Health Promoting School should provide pupils with opportunities to increase their acquisition of such personal qualities.

In the context of the Health Promoting School, children at Bell's Brae School will be offered opportunities to come to recognise and appreciate these values through involvement in the following activities:

- to work independently and in collaboration with others
- to use ICT as appropriate to question and respond constructively to ideas and actions of others in debate
- to contribute to debate in ways that are assertive yet attentive to, and respectful of, others' contributions
- to negotiate, compromise and assist others to understand and respect difference when conflict occurs

## **HEALTH PROMOTING INITIATIVES**

The following activities are currently being undertaken by the school:-

- provision of cool drinking water
- free fruit for P1/2 classes three times per week
- healthy school meals (Hungry for Success programme)
- healthy snacks in the nursery
- healthy school tuck shop which sells fruit
- provision of playground games
- installation of two adventure trails (May 2005)
- buddying system implemented during session 2005-06
- cycling training for P6 pupils
- introductory cycle training for P3 pupils (session 2005-06)
- Extra curricular activities eg fiddle group, choir, drama, various sports
- Active After School activities organised by the Active Schools Co-ordinator
- Eco school – first flag achieved in June 2005
- Enterprise activities
- Annual health week
- Encouragement of outdoor play
- Golden Time
- Pupil Council established session October 2005

## **CURRICULUM**

### **Programme of study**

A Health Education programme has been drawn up which ensures that there is breadth, balance, progress and continuity and that all strands and attainment targets outlined in the 5 – 14 Health Education guidelines are addressed. The programme focuses on the single attainment outcome “taking responsibility for health” and the three interrelated strands – physical health, emotional health and social health.

There is a great deal of overlap between Health Education, Religious and Moral Education and Personal and Social Development. Other areas of the curriculum also make useful contributions to health promotion.

Detailed plans have been drawn up for the specific Health Education topics and resources organised for these. Input from other professionals and visits within the local community have been built into topics as appropriate. (see appendix A for an outline of the topics covered.) Appendix B provides information on specific issues ie Sex Education, Drug Education, Nutrition Education and Safety Education. Separate policies have been developed for Sex Education, Drug Education and Anti Bullying.

The Physical Education programme plays an important role in health promotion and we are fortunate in having good provision of specialist staff to implement this programme. A balanced and progressive programme has been drawn up which includes games, gymnastics, swimming, dance and athletics. Pupils have the opportunity to develop individual skills and work co-operatively with others in team situations. All children benefit from the input of the Traditional Dance Specialist and learn a number of traditional Shetland dances.

Various after school activities are provided by school staff. These include a fiddle group, choir, a drama club and a number of sports sessions depending on the time of year. The Active Schools Co-ordinator also organises after school activities.

### **Time Allocation**

Time for Health Education is allocated within the 15% given to Religious and Moral Education, Personal and Social Development and Health Education. This amounts to 3.75 hours per week. Additional time can also be found through the flexible use of the curriculum as and when required.

## **Learning and Teaching**

The five key elements of effective teaching and learning are:

- establishing a supportive climate for learning
- making learning clear for the learner
- using a variety of approaches
- giving and receiving clear, regular feedback
- monitoring attainment and progress in learning

No single specific learning style is advocated for a specific lesson. Teachers are expected to identify appropriate learning and teaching styles for each situation, based on a wide-ranging repertoire of styles. These will include:-

- whole class direct interactive teaching
- working with groups ranging from large groups to pairs
- role play
- discussion
- individual written work
- art work
- use of ICT

Lessons should, wherever possible, involve pupils in active learning with the opportunity to find out information, discuss and debate issues and work together in groups. Talking and listening should be seen as fundamental to the acquisition, consolidation and application of knowledge, skills and attitudes.

## **Assessment, Recording and Reporting**

As the Health Education Guide for Teachers points out, “assessment should be an integral part of the learning and teaching process which should be shared between pupil and teacher. It should not dominate teaching and learning and need not always be recorded.” (p28)

The “Draw and Write” technique advocated in “Confidence to Learn” (HEBS) is a useful one for finding out what children understand about being healthy. Each classroom has a copy of the book and a video is also available in the school.

## **WORKING WITH PARENTS AND CARERS**

Working with parents and carers in a number of ways is essential to achieving the stated aims of the Health Promoting School.

This will involve a range of actions, including:-

- parents/carers as helpers in the school
- letters/newsletters to parents/carers on health promotion topics
- awareness raising meetings
- parents' evenings
- meetings between parents/carers and school staff
- involvement in health weeks/health promotion activities

Particular consideration should be given to the above strategies when taking forward sensitive health-related themes such as sexual health and relationships and substance education. Separate policies exist for both of these topics.

## **EXTERNAL AGENCIES**

Given the nature of Health Education and the consequent composition of wide-ranging aspects covering physical, emotional and social health, teachers may, from time to time, call upon outside agencies to help deliver some aspects of the Health Education programme.

Effective joint working will comprise:-

- identification of appropriate external agencies
- discussion with promoted staff regarding the use of these agencies
- planning – who, when, where, how, cost
- communication with the relevant staff in the school
- evaluation

Staff should follow the Education Service Guidelines for using Outside Agencies and Specialist Services (2004) when using visiting speakers

## **EQUAL OPPORTUNITIES**

Equal opportunities means ensuring that all pupils, irrespective of belief, race, culture, class, gender and disability, are provided with an education, which allows them to develop their own potential. Such an education recognises the uniqueness of the individual through ensuring that all pupils are

- equally valued, respected and cared for
- have access to the full range of appropriate activities and experiences



A health promoting school plays a vital role in supporting and promoting these principles through

- fostering positive values such as respect, tolerance, understanding, empathy, fairness, duty, justice and forgiveness
- promoting a positive self image
- identifying and combating stereotyping, racism and all forms of bullying wherever they occur
- contributing to the formation of a harmonious society based upon mutual respect and concern

## **MONITORING AND REVIEW**

The development and delivery of the school's Health Promoting Policy will be reviewed to ensure that it is supportive of change and reflects good practice. This review will be collaborative and ongoing and will involve all participants including the children themselves. This policy will be reviewed during session 2008-09.

## RESOURCES

A wide variety of resources is available within the school. These can be supplemented with additional resources from the Health Promotions Department based at Breivik House.

The following publications may be of some use:-

“Confidence to Learn” published by HEBS

“Health Education for Living Project” (HELP) published by Strathclyde Council

Police Box – Grampian Police and Grampian Education Department 1995

Health for Life Parts 1 and 2

[www.healthpromotingschools.co.uk](http://www.healthpromotingschools.co.uk)

### **Useful School Policies (these are available in each classroom)**

Child Protection Policy Statement – June 2001

Religious and Moral Education – June 2001

The Administration of Medicines - September 2002

The Management of Incidents of Drug Misuse in Schools – September 2002

Guidelines on Intimate Care – August 2002

Equal Opportunities – June 2003

Acceptable Use of the Internet – June 2003

Head lice – December 2003

Anti Bullying – June 2003

Racist Equality – November 2004

Promoting Positive Behaviour – March 2004

Care and Welfare – March 2006

## **BIBLIOGRAPHY**

SIC Health Education Policy April 2001

SIC Alcohol Education Policy (draft) August 2001

SIC Inter Agency Child Protection Procedures revised 2004

SIC Drug Education Policy April 2004

SIC Guidelines for using Outside Agencies and Specialist Services 2004

SIC Policy on Sexual Health and Relationships Education 2004

SIC Health Promoting School and Pre-school Centre Portfolio June 2005

SIC Race Relations Policy

SIC Bullying Policy

SIC Citizenship Policy

SIC Equal Opportunities Policy

SIC Eco Schools Policy

SIC PSD Policy

SIC Nutrition Policy

Promoting Good Health SCCC 1990

Personal and Social Development 5 - 14 SCCC 1993

Health Promotion 1999 - issues for councils and schools

Guidelines for the Management of Drug Misuse in Schools SEED 2000

Health Education 5 - 14 LT Scotland 2000

Health Education A Guide for Teachers and Managers LT Scotland 2000

Sex Education in Schools SEED 2001

“Being Well, Doing Well” Feb 2004 produced by NHS and Scottish Executive

## **APPENDICES**

**Appendix A      Health Education programme**

**Appendix B      Specific Issues**

- Sex Education
- Drug Education
- Nutrition Education
- Safety Education

**Appendix C      Drug Education programme (outline)**

## APPENDIX A – PROGRAMME OF STUDY

### PRIMARIES 1 - 3

Class	Physical health	Emotional health	Social health
	<b>This strand explores physical factors in relation to our health and looking after ourselves</b>	<b>This strand explores emotions, feelings and relationships and how they affect our mental wellbeing</b>	<b>This strand explores the interaction of the individual, the community and the environment in relation to health and safety</b>
<b>Primary 1</b>  <b>Myself</b>	main body parts  exercise  healthy eating  what goes into my body  general hygiene	caring and sharing  respect for others	road safety  playground safety
<b>Primary 2</b>  <b>People who help us</b>  <b>Growth</b>	awareness of changes to bodies as they grow  safe use of medicines  general hygiene	special people - family and friends  people who help us	road safety  ways of getting help  keeping school environment clean and tidy
<b>Primary 3</b>  <b>Me and my body</b>	Me and my body  safe preparation of food	making and keeping friends	safety near the sea

## PRIMARIES 4 - 5

Class	Physical health	Emotional health	Social health
	<b>This strand explores physical factors in relation to our health and looking after ourselves</b>	<b>This strand explores emotions, feelings and relationships and how they affect our mental wellbeing</b>	<b>This strand explores the interaction of the individual, the community and the environment in relation to health and safety</b>
<b>Primary 4</b>  <b>Growing things</b>  <b>Rosie's World</b>	harmful substances (plants)	friendships  feelings and how they are expressed  similarities and differences	getting help after an accident
<b>Primary 5</b>  <b>RME - rules and communities</b>  <b>Anti bullying</b>  <b>Recycling</b>		responsibilities and rules  communities  interpersonal skills  bullying	keeping the environment clean, safe and healthy

## PRIMARIES 6/7

Class	Physical health	Emotional health	Social health
	<b>This strand explores physical factors in relation to our health and looking after ourselves</b>	<b>This strand explores emotions, feelings and relationships and how they affect our mental wellbeing</b>	<b>This strand explores the interaction of the individual, the community and the environment in relation to health and safety</b>
<b>Primary 6</b>  <b>Healthy lifestyle</b>	healthy lifestyle  food exercise  introduction to categories of drugs	Anti bullying	cycling proficiency lessons
<b>Primary 7</b>  <b>Substance misuse</b>  <b>Sex education</b>	misuse of drugs  puberty  personal hygiene  sex education	media/peer pressure  coping with change	

## **APPENDIX B      SPECIFIC ISSUES**

### **Sex Education**

The Sex Education programme has been drawn up in line with the Environmental Studies and Health Education 5 - 14 guidelines. Implementation of this programme follows government advice contained in the document “Sex Education in Schools” (SEED 2001).

A short topic on Sex Education, based on three television programmes, is undertaken in Primary 7. Parents are consulted beforehand and their permission sought. A policy on Sex Education has been produced and is available on request.

### **Drug Education**

As the Health Education Guide for Teachers points out “increasing concern about drug availability and misuse challenges us all to provide effective drug education which covers commonly misused substances such as alcohol, medication, solvents and tobacco.” (p35)

The school drug education programme has been drawn up in line with national and local authority advice.

We endorse the aims of the SIC Drug Education Policy which are:

- to establish young people’s current knowledge, thoughts, feelings, concerns and needs
- to establish a climate in which open and non-judgemental discussion can take place
- to provide young people with information which is accurate, comprehensive and unbiased
- to provide a structured and progressive programme, in partnership with parents/carers and appropriate support agencies
- to provide young people with opportunities to develop appropriate life skills, attitudes and values
- to contribute to raising young people’s self-esteem

Throughout the school, drug education is incorporated into projects as appropriate. At the early stages children learn about how medicines make them better and the dangers of taking overdoses of prescribed drugs. As children’s knowledge and understanding develop they learn about the usefulness of drugs and how to use them safely. In Primary 7 the misuse of drugs is addressed when pupils look at the dangers associated with smoking, alcohol, glue sniffing and the use of illegal drugs.

Appendix C provides an outline of what is covered at the different stages. Further information about this is available in the school Drug Education Programme. Advice is also available in the SIC Drug Education Policy April 2001.



Staff should ensure that they are familiar with school policy on the management of incidents of drug misuse in school 2002.

## **Nutrition Education**

“What we eat has a profound effect on our health. A balanced and nutritious diet supports fitness and health.” (Eating for Health: a diet plan for Scotland – Scottish Office 1996)

Recent research has highlighted the correlation between good nutrition and achievement at school. Research has also highlighted the importance of pupils drinking water regularly to avoid dehydration which can affect their learning capacity.

Nutrition education does not end with what is taught in the classroom. We promote healthy eating through the following activities:-

- providing cool drinking water and encouraging children to drink plenty of water
- providing free fruit for P1/2 three times per week
- providing a variety of fruit daily at the tuck shop
- working closely with the Head Cook and Hungry for Success Co-ordinator to make school lunches healthier
- healthy eating featuring in the Health Education programme
- involvement of the Oral Health Hygienist and Dietician in the Health Education Programme

The pupils have occasional opportunities for cooking and baking and are involved in practical food preparation. We endeavour to promote good habits of personal hygiene and food preparation.

## **Safety Education**

Safety in a variety of situations eg in the home, on the street, near water etc and aspect of personal safety are dealt with through our Health Education programme.

## **APPENDIX C**

### **DRUG EDUCATION GUIDELINES**

#### **Nursery/Primary 1**

People who help us when we are ill  
Being aware of feeling good  
Caring for ourselves

#### **Primary 2/3**

The purpose of medicine  
Types of medicine  
Taking medicines safely  
People who help us when we are ill (P2)

#### **Primary 4**

Keeping safe and minimising risk  
Getting help in an emergency

#### **Primary 5**

Drug awareness - introduction  
Finding drugs  
Keeping safe and avoiding risks

#### **Primary 6**

Healthy action  
More about drugs and medicines  
Peer pressure  
Safe use of medicines

#### **Primary 7**

Substance misuse - smoking, alcohol, drugs and substances