



St Anne's C of E Primary School

Health Education Policy

Context

1.1 Health Education in our school

At St Anne's, we believe the overall purpose of Health Education is to develop knowledge, skills and attitudes, so that now and in the future, children can make positive, informed decisions to build and sustain their physical health and mental wellbeing.

The aims and values of St Anne's are centred around the approach of, 'Flourishing Through Love', using this and the St Anne's Spirit to guide children throughout the day. Our church school ethos helps us to, within the love of God, teach children to form positive attitudes towards others and themselves, show respect and kindness to each other and to grow and nurture healthy self-esteem and relationships. Therefore, the values of kindness, respect, growth and nurture underpin all of the teaching of Health Education at St Anne's.

1.2 Context of Wider PSHCE

We deliver Health Education as part of our wider provision of Personal, Social, Health and Citizenship Education (PSHCE), which also includes statutory Relationships Education.

Our curriculum provision of Health Education is further supported by assemblies, interventions, extracurricular and enrichment activities we provide.

1.3 Aims of Health Education

Through the progressive delivery of Health Education we intend to further our school's aims to prepare children for life in modern Britain, developing children's capacity to build and nurture their own physical and mental health. This will have a direct, positive effect on their progress and achievement in school.

All adults in school will work towards achieving these aims for Health Education. We seek to enable our children to:

- develop interpersonal and communication skills relating to physical health and mental wellbeing
- develop positive, personal values and a moral framework that will guide their decisions and behaviour



- develop their ability to keep themselves and others safer, physically and emotionally, both on and off line
- develop an understanding of the interconnectedness of physical health and mental wellbeing
- explore their responsibilities for their own physical health and mental wellbeing in ways appropriate to their age and stage
- reduce stigma attached to physical and mental health issues
- understand how social interaction, community engagement and time outdoors support both physical health and mental wellbeing
- build confidence in accessing additional advice and support for themselves and others.

Implementing Our Policy

2.1 Inclusion

In relation to those with special educational needs or disabilities, we ensure our Health Education programme is accessible to all. We recognise that those with SEND may have intersecting needs in mental or physical health. We will ensure that children with physical or medical needs see themselves reflected back in their learning. We will emphasise that 'health', both physical and mental, are continuums, where people will be at different places at different times in their lives.

2.2 Equality

We recognise our duties under the Equality Act to ensure that every pupil is able to access our provision in Health Education equally. We will ensure that we teach Health Education in an inclusive way, valuing the backgrounds and experience of all our pupils.

The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

2.3 Safeguarding

We recognise that high quality teaching in Health Education may raise issues for children and staff. Both children and staff may become aware that the care children receive at home is different from the models discussed in school, *e.g. expectations around cleanliness or hygiene are not practised at home*. When planning children's learning, staff will demonstrate sensitivity towards the home situations of those they are teaching. When children become aware of such disparities they will be supported and staff will report any concerns of neglect or other types of abuse to the Designated Safeguarding Lead (DSL) according to our Safeguarding Policy.

All staff are aware of the Safeguarding and Child Protection procedures and will report disclosures or concerns to the Designated Safeguarding Lead (DSL) immediately.

2.4 Development of the Policy

The needs of children in our school and community have been taken into account when developing this policy. This policy has been developed by *staff/governors*. *It has been ratified by governors on 18/7/22.*

Involving the Whole Community



3.1 Working with Staff

Teachers have a duty to deliver the statutory areas of the Health Education curriculum and all teachers will be supported to develop their skills in delivering non statutory areas which we feel are still important for our children *e.g. Road Safety*. We will discuss relevant issues and staff concerns and, where appropriate, arrange training to enable staff to feel confident in delivering the various aspects of Health Education. We will also encourage the sharing of good practice. We may also use team teaching to develop confidence.

Those with special responsibility for the development of Health Education will be offered opportunities to consult with advisors and attend external training courses.

3.2 Engaging with Pupils

We will involve pupils in the evaluation and development of their Health Education in ways appropriate to their age. We will pay particular attention to assessment and evaluation of learning in order to identify any additional areas of need for our pupils in our school context.

3.3 Working with Governors, Parents/carers and External Agencies

This policy has been developed with governor involvement, so that the governors are able to fulfil their statutory duties to ensure provision of Health Education meets the statutory requirements and meets the needs of our community.

We will communicate with parents/carers by sharing curriculum content, signposting them to support and external services.

We may use external agencies to complement our delivery of Health Education and will do so according to our PSHCE policy.

Curriculum Organisation

Our Health Education Curriculum (see appendix) is wholly consistent with the DfE statutory requirements for Health Education (2020), National Curriculum (2014) and other DfE and OfSTED guidance. It also reflects best practice described by the PSHE Association.

We consider Health Education to be a continuous process of learning, which begins before the children enter our school and continues into adulthood. We have planned a curriculum appropriate to each age group with a spiral of progression. All adults working with children have a part to play in supporting the delivery of Health Education.

Health Education is described in the DfE Guidance as learning about the following areas:

- Mental Wellbeing
- Internet Safety and Harms
- Physical Health and Fitness
- Healthy Eating
- Drugs, Alcohol and Tobacco
- Health and Prevention
- Basic First Aid
- Changing Adolescent Body

Our PSHCE topic structure does not separate delivery of Health Education from other aspects of PSHCE. We deliver topics which, taking the lead from children's lived experiences, consider related themes including



development of knowledge, skills and attitudes in an integrated way. The topics where Health Education is a significant driver are:

- E-Safety – In both the computing and PSHE curriculums.
- Drug Education
- Healthy Lifestyles
- Managing Safety and Risk
- My Emotions
- Managing Change
- Personal Safety
- Relationships and Sex Education

Health Education will be taught in:

- PSHCE through *designated lessons, circle time, focused events, assemblies.*
- Other curriculum areas, especially *Science, PE, RE, DT and Computing*
- Enrichment activities, especially *our assembly programme, assemblies and visits by local churches, visits from charities such as the NSPCC, Road Safety sessions (eg. Bikeability)*

4.1 Mental Health

4.1.1 Our Aims for Mental Health Education

We recognise that children learn about mental health, not only through planned lessons, but through their everyday experience at school. Our school ethos, wider enrichment opportunities and the interventions and support offered all contribute to the development of mental health.

In addition to our broad aims for Health Education, in our planned lessons on Mental Health we aim to ensure that children:

- Learn skills for developing and sustaining positive mental health, which are taught alongside skills around physical health
- Understand that emotions are not ‘bad’ or ‘good’ and that they are part of our mental health.
- Learn that empathy, communication skills, emotional literacy and positive relationships all contribute to positive mental health.
- Learn calming strategies and self-regulation skills.
- Are supported to build resilience by learning how they might respond positively to setbacks and challenges.

4.1.2 Our School Context

We weave a variety of approaches which support mental health into the wider life of our school e.g. the anti-bullying policy, positive behaviour policy, the St Anne’s Spirit, Internet Safety and external visitors, such as the NSPCC.

We offer a variety of interventions and support to children experiencing mental ill health e.g. referrals to the County emotional well-being team where appropriate and CAMH (Child and Adolescent Mental Health Team.)



All members of staff understand their role in supporting the mental health of our children, however we recognise the particular need for a focus on mental health when working with SEND, safeguarding issues and family liaison.

Other school policies which are particularly relevant to our work to support mental health are Safeguarding, Behaviour, Anti-bullying, Acceptable Use.

4.2 Digital Lifestyles

4.2.1 Our Aims for Digital Lifestyles

The introduction of statutory requirements for Relationships and Health Education in September 2020 has rightly put a strong emphasis on children having an entitlement to learning about online relationships and internet safety. Children now navigate seamlessly between the online and offline worlds, and need to understand the benefits and risks of their internet use.

In addition to our broad aims for Health Education, in our planned lessons on Digital Lifestyles we aim to ensure that children:

- Understand the positive ways in which digital technologies can support and enhance their health and relationships
- Are able to identify when their use of technology has become risky, or harmful to their health or relationships
- Are able to develop healthy patterns of technology use, relevant to their current experiences and to their future adult life
- Recognise the effect that their interactions with technology can have on their self-image and identity, their relationships and their mental health and wellbeing.

4.2.2 Our School Context

Learning in this area is included in the statutory requirements for both Relationships Education (see Online Relationships) and Health Education (see Computing Curriculum). We do not make any distinction between these areas and seek to combine the required learning through our PSHCE and Computing curriculum. Our programme has been developed following collaboration and an audit process carried out by the PSHCE and Computing Leads.

Other school policies which are particularly relevant to our work to support safe use of technology are Safeguarding, Computing, Anti-bullying, Acceptable Use.

4.3 Drug Education

We believe that drug education should help children to develop their knowledge about drugs, their skills in taking decisions and to develop a positive attitude towards their own health. We see drug education as an important component in the wider area of risk education. We recognise that giving information about drugs alone will have a minimal impact on children's abilities to keep themselves safe with drugs. We will therefore address issues of peer and media influence and will explore with children their different responses to risk and challenge, help them to develop assertiveness, to recognise and challenge 'normative beliefs', to improve communication with peers and adults and enable them to reflect on the factors that influence their decisions.

4.3.1 Defining 'Drug'



A drug is a substance which affects how a person thinks, feels or behaves (World Health Organisation). The term includes medicinal, non-medicinal, legal and illegal drugs. Therefore, 'drug' refers to alcohol, nicotine, caffeine, medicines, illegal drugs and new psychoactive substances. (Volatile substances are not strictly classed as drugs, as they are not designed to affect how people think, feel or behave. However, when misused they can have these effects and so we will include volatile substances within the remit of drugs education.)

4.3.2 Our Aims for Drug Education

In addition to our broad aims for Health Education, in our planned lessons on Drug Education, we aim to ensure that children:

- Understand that drugs are substances which affects how a person thinks, feels or behaves
- Understand that drugs have potential benefits and harms
- Understand how to keep safe around drugs and household substances
- Recognise risky situations associated with drugs and substances and know appropriate ways to respond
- Consider attitudes to drugs and to people who use them
- Assess accuracy of information about drugs and identify reliable sources of information
- Consider their perceptions of drug use amongst young people and compare this with actual levels of use
- Distinguish between different drugs and consider their use, misuse, benefit and harm
- Consider how friends and the media might influence decision making around drugs.

4.3.3 Drug Education in Our School Context

Other school policies specifically relevant to our provision of drug education: Safeguarding, Medicines, Staff Health and Wellbeing.

Many pupils will have parents/carers or family members who use, misuse or abuse drugs, including medicine, alcohol and nicotine. Some children will experience the outcomes of problematic alcohol use or illegal drug misuse by family members. We will take care to ensure that our drug education programme takes into account possible misuse of drugs by family members. We will work to ensure that the content of our programme does not stigmatise children or heighten their anxieties about their family members' welfare. It will be a high priority to determine and address the additional needs of children who experience the effects of drug misuse and abuse in their homes. The DSL will support staff working with children for whom family substance misuse or abuse is a risk factor.

See Appendix for our approach to Preventing, Reducing and Responding to Drug-related Situations and Incidents in our School.

4.4 Healthy Lifestyles

4.4.1 Our Aims for Health Lifestyles Education

In addition to our broad aims for Health Education, in our planned lessons on Healthy Lifestyles, we aim to ensure that children:

- Know different components of a healthy lifestyle *e.g. how to choose a varied and balanced diet*



- Understand the short and long term benefits of making healthy lifestyle choices, the possible barriers to these and are given tools to overcome these barriers.
- Learn about healthy lifestyles in the context of emotional and mental wellbeing
- Be aware of their own capacity to make healthy choices and be encouraged to take responsibility for their own lifestyles, appropriate to their age and stage
- Understand that health is a continuum and that everyone is at different stages on this continuum at different times
- Learn to value, care for and respect their bodies.

4.4.2 Our School context

Many aspects of our school life and ethos contribute to children's development of healthy lifestyles. We offer a wide range of activities beyond our curriculum e.g. sports coaching provision, schools events, anti bullying week, music lessons and events, day and residential trips

We promote healthy eating messages throughout the school day through e.g. lunchtime routines, servery displays, provision of school food, KS1 fruit and veg, environment for eating meals.

Other school policies and procedures supporting our work are Physical Education, Lettings, External Visitors, Extracurricular activities, Pupil Premium.

4.5 Relationships and Sex Education (RSE)

Our topic, RSE, combines elements of Health Education (*e.g. learning about the spread of illnesses and the changing adolescent body*) with aspects of Relationships Education. More information on this topic is included in our Relationships Education Policy.

5. Monitoring, Review and Evaluation

Monitoring, review and evaluation of the Policy is the responsibility of the PSHCE leader/Head Teacher. The governing body will ask for information relating to the effectiveness of the policy when it is monitored.

Information will be gathered from the *Head Teacher, the PSHCE Leader parents/carers and pupils* to inform judgements about effectiveness. Please see the end of this document for review date.

Appendices

All of these appendices are optional. You may wish to add others.

6.1 Our Health Education Curriculum

St Anne's PSHCE lessons are taught using the Cambridgeshire PSHCE schemes of work. Learning is cyclical and develops as children move higher up the school. Health Education is woven through these. It is also taught in Computing sessions (E Safety) and RE and PE sessions.

6.2 Linked National Documents



RSE and Health Education

Children and Social Work Bill 2017

Equality Act 2010

Keeping Children Safe in Education

6.3 Responding to Drug Related Incidents

6.3.1 Drug-related Situations and Incidents

In the following section we will use these terms:

Drug use: The consumption of any drug.

Drug misuse: Drug taking which harms physical, mental or social wellbeing. This could, for example, include physical or psychological dependence, improper use of medicines, intoxication, breach of school rules or the law.

Authorised drug use: Where drug use is accepted by the school. Reference might be made to these in other of the school's policies e.g. Medicines Policy.

Unauthorised drug use: Where use is restricted or prohibited e.g alcohol, nicotine, medicines or new psychoactive substances

Drug-related Situations: A drug-related situation is one involving the use of any authorised drug by a child or adult in school. A situation might be ongoing, but will have been discussed and planned for.

Drug-related situations might include:

- Storage or use of alcohol on the premises by staff, parents/carers or other users of our premises
- Sale or award of alcohol *e.g. raffle prizes*
- Storage or use of medicines on the premises by staff, parents/carers or children
- Use of nicotine or alcohol by staff, away from the premises, while taking part in events or residential trips.

Drug-related Incidents: A drug-related incident is one where there is evidence or suspicion of specific events involving unauthorised or illegal drug possession, use or supply. We will need to react to this event, in order to prevent or reduce harm. We will refer to [3G Responding to Drug-related Situations and Incidents in the Primary School](#).

Drug-related incidents include:

- Disclosure by a child of their own unauthorised or illegal drug use or alleged use by another person
- Unauthorised or illegal drugs being possessed or used on the school premises
- Physical evidence of unauthorised or illegal drug use being found on or around the school premises
- Supply or intended supply of unauthorised or illegal drugs on the school premises
- Community concerns about unauthorised or illegal drug use by an adult working with children
- Community concerns about unauthorised or illegal drug use by children
- Children disclose they are adversely affected by the drug use or misuse of others
- The intimidation of a child by peers or others in relation to drug use.

6.3.2 Responding to Drug-related Situations and Incidents

The use, possession or supply of illegal drugs will not be tolerated on our school site, neither will the unauthorised use of legal drugs, such as alcohol and nicotine.



All staff will be aware of the basic procedures for dealing with a drug-related incident. The Head Teacher will take responsibility for any required action. If the incident involves the Head Teacher, the Chair of Governors will take responsibility for follow on action.

Responses to situations or incidents involving any drug will seek to balance the interests and safety of the individual and others involved.

We will refer to 3G Responding to Drug-related Situations and Incidents in the Primary School when considering our response to any drug-related incident. We will record each drug-related incident using 3F Recording an Unauthorised Drug Incident. If we are considering the involvement of the police in an incident, we will refer to 3I Considering Drug Issues and the Police.

The likelihood of a child being the instigator of a drug-related incident in school is extremely low. However, where an incident involves a child at our school, we will seek to involve parent/carers, if appropriate, and gain advice and support from specialist services and Children's Services. Exclusion may be a final option, if other sanctions have not been successful.

In the very unlikely event that a child's person or property must be searched for a prohibited item, such as an illegal or unauthorised drug, we will refer to Screening, Searching and Confiscation (DfE2018).

Following every drug-related incident, procedures will be reviewed and evaluated. The Head Teacher will lead this review and will involve a link governor.

6.3.3 Responsibility for Preventing and Responding to Drug-related Incidents

- Solvents and hazardous chemicals will be stored in accordance with our Health and Safety policy, which refers to Control of Substances Hazardous to Health (COSHH) Guidelines. The people responsible for overseeing this policy are the Business Manager and Head Teacher.
- If a substance is found on our premises, it will initially be reported to the Head Teacher, who will record the nature of the incident and complete 3F Recording an Unauthorised Drug Incident with reference to 3G Responding to Drug-related Situations and Incidents in the Primary School and 3I Considering Drug Issues and the Police where procedures for taking temporary possession of an illegal substance are described.
- In a situation where a child is involved in unauthorised drug use on school premises, the Head Teacher will normally inform the child's parents/carers. If a decision is made not to inform them, this will be documented.
- If the Head Teacher believes an offence has been committed by staff or pupils, she will consider informing the police. She will refer to 3I Considering Drug Issues and the Police. If the decision is made not to inform the police this will be documented. On most occasions the Police Community Support Officer (PCSO) will be the first contact.

Should the press contact the school regarding a drug-related incident or situation, a press release will be issued in collaboration with the County Press Office. The Chair of Governors/ Head Teacher will be the main contact for the press. We will refer to our 'Critical Incidents' policy.

6.3.4 Confidentiality in Drug-Related Situations

Confidentiality guidance is not altered by the fact that a case involves drugs. Where there is a genuine risk to the safety of the child, information will be passed on to individuals and/or organisations responsible for protecting the child. It is likely that such responses will fall within the remit of other policies such as Safeguarding and Child Protection, Behaviour, and Health and Safety.

Staff may have to pass on information to fulfil their professional and moral duties in relation to:

- child protection
- co-operating with a police investigation
- referral to external services, such as drug agencies.

Any information disclosed to a staff member or other responsible adult, which is deemed to be of a serious nature, will be communicated to the Designated Safeguarding Lead (DSL) as soon as possible and always within 24 hours.



The designated person may choose to respect a child's wish for confidentiality only in cases where:

- there is no cause to believe that confidentiality will endanger or put the child or others at risk
- disclosure itself may place the child at risk.

It is our policy to inform the child's parents/carers as soon as possible, when a child has been involved in a drug-related incident, except in situations where such information could prejudice their safety. The DSL will be asked for guidance in this instance.

Children will be told clearly what information is to be passed on and to whom and their agreement will be sought. We will support the child in dealing with possible consequences.

6.3.5 School Boundaries and School Visits

We will make clear to staff and parent/carers the rules which apply to individual visits or group trips, including other areas where direct responsibility lies with the parent/carer (primarily, school/home transport and the close environment of the school). In these situations we will work in partnership with parents/carers and, where appropriate, the wider community. Clear guidance will be given to staff regarding their supervision responsibilities and their own drug use (e.g. of alcohol, nicotine and medicine). We will refer to [3J Considering Drug Issues and Primary Educational Visits](#).

Policy Review

The policy will be reviewed every three years, or sooner if an issue or incident occurs which warrants it.

Policy first approved by Governors: 18/7/2022

Review Date: July 2025