

HEALTH EDUCATION POLICY



# HAYDON SCHOOL

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# HEALTH EDUCATION POLICY

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## 1. INTRODUCTION

- 1.1 Though patterns of behaviour and attitudes that influence student's health will often be well established before they are five (ie in the home environment), it is essential that our school supports and promotes attitudes which are conducive to good health. Where it could run counter to influences which are not conducive to health, we must do so sensitively so as not to upset the relationships that exist between students and their families.
- 1.2 Our regard for health education should be expressed not only through our academic and pastoral curriculum but also through the whole school environment. In addition, we, as teachers, influence attitudes by the personal examples we transmit as do other adults working in the school. The social and personal development of our students depends upon a number of factors including the life and work of the school, assemblies, clubs and residential visits. An individual student can gain help and reassurance in a variety of formal and informal ways so it is not advisable to formalise **every** single aspect of health education.
- 1.3 The more organised components of any health education policy at Haydon should be concerned with the provision of knowledge and skills that will enable our students to understand their own bodies and how to keep them healthy, and to have regard for the health of the community. It is important for us to help them understand how to make informed choices so as to avoid lifestyles which may increase the risk of disease, disability and accident and to encourage those which promote mental and physical health. We should, therefore, attempt to influence our students' behaviour about many areas including choice of diet, smoking, road safety, personal relationships etc.
- 1.4 The school should avoid practices which appear to be unhealthy, for instance, by allowing the sale of foods containing high fat, sugar and salt content. School meals should encourage habits of healthy eating; here, we must work in conjunction with the catering staff to educate our students about nutrition.

## 2. OBJECTIVES FOR OUR STUDENTS AT AGE 16

- 2.1 By the time many of our students leave school at age 16 it is important that they and the rest of their peer group have:
- a substantial **knowledge** and **understanding** of their bodies and of their growth and development - physical and emotional;
  - a knowledge and understanding of how to follow lifestyles that encourage mental and physical health and how to avoid lifestyles that increase the risk of disease, disability and accident. Examples of healthy living involving personal habits and hygiene; avoidance of smoking; avoiding heavy drinking; healthy eating and participating in physical activities which students enjoy and which they will continue to do in adult life; as well as safety;
  - a knowledge and understanding of the changing patterns of disease and how these relate to medical advance and social progress such as better housing, sanitation, and clean water supplies;
  - an increased knowledge about the understanding of the natural environment and man's place in it and his influence on it;

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- some understanding of controversial ethical questions such as developments in medicine and science related to human reproduction (e.g. in-vitro fertilisation) and social, political and economic issues such as the labelling of foods and the fluoridation of water;
- a knowledge and understanding of the health and welfare services and how to use them;
- an elementary knowledge of first aid;
- the **skills** to weigh and interpret information or evidence from a variety of sources. In other words, they should be able to:
  - (i) analyse data in the form of tables or graphs;
  - (ii) make comments, in a critical way, on health-related material (e.g. advertisements);
  - (iii) locate information relating to health and safety and personal lifestyles;
  - (iv) make choices about health based on evidence.
- developed **attitudes** such as:
  - (i) a respect for others;
  - (ii) an understanding of different lifestyles;
  - (iii) a consideration for the disabled;
  - (iv) an abhorrence of both physical and mental cruelty;
  - (v) an understanding of what good health means.

### 3. ORGANISATION, LEARNING AND TEACHING APPROACHES

3.1 Health education at Haydon School will be planned to be delivered to students in a variety of areas such as biology, science, home economics, religious education and physical education. Many other subjects will contribute to the programme in a smaller way. As part of a personal and social education programme it is anticipated that some tutorial time will be devoted to health education.

3.2 It is vital that health education, no matter how it is presented to our students should:

- be based on detailed schemes of work;
- change from the simple concern with facts about the body and its care to a growing awareness of personal development and relationships;
- include regular meetings of the staff involved to discuss difficulties and doubts; to review and modify the teaching approaches and materials; and to plan programmes of work;
- use a wide variety of teaching methods including small group discussion work;
- avoid embarrassment to individual students by ensuring a careful set of ground rules for group discussions of sensitive issues;
- be preceded by information to parents about the school's policy and practice for health education.

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### 4. THE CO-ORDINATION OF HEALTH EDUCATION

- 4.1 Health education is an important cross-curricular subject and so needs co-ordination within our school. Good co-ordination will lower the frequency of unnecessary repetition and gaps. It is important that a coherent programme exists. Whatever the pattern of our curriculum, co-ordination of the work is necessary to prevent any omissions.
- 4.2 So that our students can be prepared to healthy adult life, including parenthood and family life, the following arrangements are necessary:
- a member of staff be asked to become co-ordinator as part of the PSHE & Citizenship leadership role;
  - the preparation of schemes of work to cover content, knowledge, understanding, skills and attitudes of a health education programme;
  - a programme of in-service training for staff and a means of sharing expertise;
  - the making of links with external agencies - LEA advisory service, school meals service etc;
  - parental co-operation should be encouraged.

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**POSSIBLE CONTENT OF THE HEALTH EDUCATION PROGRAMME  
AT HAYDON**

**Fitness**

Care for body, exercise, suppleness, stamina, strength, muscle control, co-ordination.

**Cleanliness**

Showering, personal hygiene, menstruation.

**Nutrition**

Obesity, diet (fat, fibre, vitamins, carbohydrates, proteins), food safety - poisoning (Salmonella), handling food, School meals, religious/cultural differences.

**Hygiene**

Teeth, personal hygiene, appearance, spots, bathing, odours, (eyes), micro-organisms, water supply, sewage, vaccination, rubella, BCG, (Salmonella), MICROBIOLOGY.

**Sex Education**

Physiology, growth and development, sexual intercourse, conception, birth, contraception, family life, student development, Sex and the Law.

**Safety**

First Aid, road safety - cycle proficiency etc., safety in home, emergency services (student abuse), flameproof materials, hypothermia (old people).

**Abuses**

Alcohol, drugs, solvents, smoking.

**Relationships**

Sexuality, prejudice, self-awareness, personal relationships, self-esteem, consent and the Law.

**Moral/Ethical Problems**

Abortion, IV fertilisation, cloning, genetic engineering, euthanasia, surrogacy, value of life.

**Health Services**

Health Care, NHS, private medicine/insurance, alternative medicine - holistic, osteopathy, homeopathy etc. chiropody, dental services, mental health, illness vs. disability, old age, death, bereavement, STD, AIDS clinics.

**Mental Health**

Stress, mental health, behaviour/hormones, psychological factors of basic human needs.

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**Document History**

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