

# Health and Wellbeing Policy

Stone Hill School



<b>Approved by:</b>	Teaching and Learning Committee	<b>Date:</b> 6 <sup>th</sup> July 2023
<b>Last reviewed on:</b>	July 2022	
<b>Next review due by:</b>	July 2025	

This policy extends past school to Post 16 and will be reviewed in line with the changing curriculum and current needs of the pupils.

Where in the policy it says Stone Hill School, we are referring to Stone Hill School and Post 16.

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## 1. Introduction

Our Health and Wellbeing education programme is underpinned by the overarching school curriculum aims, which are to provide opportunities for our pupils to develop the knowledge, skills and experiences for learning, life and work, and for all of our pupils to achieve their full potential. With this in mind, our Health and Wellbeing curriculum, incorporating PSHE and RSE learning outcomes, understands learning is affected by pupils' developmental stage and is delivered to the age and, more importantly, the stage of the child.

The aim of the Health and Wellbeing curriculum is to put in place the key building blocks of healthy, respectful relationships, focusing on self, family and friendships, in all contexts, including online. It gives pupils the knowledge and capability to take care of themselves and receive support if problems arise. It fosters pupil wellbeing and develops resilience, attitudes and expectations that are fundamental to pupils being happy, successful and productive members of society.

### 1.2 Consultation

This policy was written by Mrs Leithgoe (HWB Lead and SENDco) in consultation with:

- Teaching staff and Learning staff
- Parents via completion of annual questionnaire available via SeeSaw/ Email or hand written/ verbal
- Doncaster RSHE implementation group
- Pupils via School Council

### 1.3 Legislation and guidance

This policy takes guidance from:

- Statutory guidance on relationships education, relationships and sex education and health education – Department for Education **(2020)**

This policy reflects the requirements of the National Curriculum programmes of study, which all maintained schools in England must teach.

It also reflects requirements for inclusion and equality as set out in the Special Educational Needs and Disability Code of Practice 2014 and Equality Act 2010, and refers to curriculum-related expectations of governing boards set out in the Department for Education's Governance Handbook.

## 2. Procedures and practice

At Stone Hill School, Health and Wellbeing is taught to all pupils, from Year 1 to Year 13

Health and Wellbeing is timetabled to be taught for at least one lesson a week in Key Stages 1- 4. Health and Wellbeing will be taught in KS5 through Life Skills and Careers. The Health and Wellbeing curriculum is designed to be progressive. It is divided into five stages; pre key-stage, Stage 1, Stage 2, Stage 3 and Stage 4. Pupils across school will access the stage that is most appropriate for them developmentally, regardless of their chronological age. This means that pupils in Year 6 may be taught from the Stage 3 curriculum, whereas pupils in Year 10 may be taught from the pre key stage curriculum. Staff carefully consider which curriculum is most appropriate for their class and for individual pupils.

## 2.1 Roles and responsibilities

The Health and Wellbeing Subject Lead is responsible for providing long-term planning based on DFE guidance. This is distributed to HWB teachers and used to create medium term plans. The Health and Wellbeing Subject Lead also provides a list of resources that are available in school and organises a central bank of resources. The Health and Wellbeing Subject Lead quality assures examples of work produced during book scrutinies and learning walks as part of staff CPD cycles.

Year group teams/Class teachers are responsible for agreeing the order in which activities will take place. This should be recorded in the form of medium term planning. Year group teams/class teachers are responsible for collating evidence, including photographs, annotations, knowledge organisers and learning journals. Health and Wellbeing learning should be marked using the school coding system.

The governor for RSHE education is responsible for meeting once a year with the RSHE education leader, for discussing subject strengths and areas for development, and for reporting these to the governing body.

## 2.2 Aspects

- a) Appropriate language
- b) Counselling/Contraceptive advice to under 16 year olds.
- c) Issues concerning L.G.B.T.Q (Lesbian. Gay. Bisexual. Transgender. Questioning)
- d) Procedures for the involvement of visiting speakers.
- e) Child withdrawal procedure.
- f) Child sexual abuse procedure.
- g) Complaints procedure.
- h) The law on sexual behaviour.

### a) Appropriate Language.

In the first instance teachers should accept the pupils' own words and language, then from this base, teach the correct terms, and as far as possible encourage pupils to use them.

### b) Counselling/Contraceptive advice to pupils under 16 years old.

In all cases, the well-being of the pupil should be paramount.

Individual counselling on contraception should not be necessary, as all information should have been given within the lessons. However, information can be given to all pupils including those who have been withdrawn from the R.S.H Education Programme regarding the availability of counselling and information from relevant advice centres. This is not classed as R.S.H Education, which is why it is freely available to all pupils.

Teachers must make pupils aware that the information given by the pupil cannot always be kept confidential and that the teacher/head may have to inform parents/carers/other agencies.

The Head or senior member of staff must be informed of the advice, which has been given.

Parents/Carers/Social Services will be informed at the discretion of the Head.

### c) Issues concerning L.G.B.T.Q

Issues concerning L.G.B.T.Q should be discussed in a caring and sensitive manner. Certain pupils may be struggling to come to terms with their own sexuality. Stonewall resources are readily available for appropriate use in school. Differences in sexual preference are included in the curriculum, under Respectful Relationships. Pupils are taught how stereotypes, in particular stereotypes based on sex, gender, race, religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice).

### d) Visiting Speakers

The use of visiting speakers, including health professionals, within the classroom situation, must always be discussed with the coordinators who will consult with the Governors if necessary. All visiting speakers must have been given a copy of the policy and be aware of the ethos of the school and the way in which it has been decided to deliver the R.S.H Education Programme. The teacher must always be present when a visitor is speaking to the class.

#### e) Child withdrawal procedure

Pupils whose parents/carers do not wish them to participate in the R.S.H. Education programme, for whatever reason, must be accommodated and taught in an appropriate alternative class within the Key Stage.

Pupils cannot be withdrawn from Relationships and Health education (taught to primary aged pupils). Pupils can be withdrawn from Sexual Education (taught to secondary aged pupils) 3 terms before they turn 16. After that, it is the pupil's decision whether he/she is taught Sexual Education. We will only deliver Sexual Education to students in KS3 and KS4 if we feel they have reached an appropriate level of maturity and readiness.

#### f) Abuse Procedure

All allegations made by pupils referring to suspected abuse must be reported to the Designated Safeguarding Lead (DSL) who must then inform Social Services immediately. (Refer to the Safeguarding Children Policy in line with KCSIE).

#### g) Complaints procedure

All complaints received by a member of staff must be referred to the headteacher or deputy in his absence.

#### h) The law on Sexual Behaviour

A copy of the Summary of the Law on Sexual Behaviour is available on general staff folder which is accessed by all staff. (General staff folder curriculum policies).

RSHE become statutory in September 2020.

#### **Planning:**

Long term planning is provided by the Health and Wellbeing subject area lead.

Class Teachers or subject teachers then take responsibility for medium term planning in order to meet the needs of their groups as and when issues within the subject arise.

Teaching Assistants may then further develop aspects of learning within the subject with smaller groups or on a one to one level if this is appropriate and necessary to develop understanding in that area.

Pastoral staff lead interventions to enhance and expand on classroom teaching. All planning for interventions is organised by pastoral staff. The health and wellbeing lead may ask for copies of planning or observations for quality assurance purposes.

#### **Teaching:**

Health and Wellbeing is taught largely through interactive learning. Learning is topic based, using stories, Circle time, scenarios and play based activities to promote effective development and understanding of the areas within Health and Wellbeing.

#### **Organisation:**

Health and Wellbeing is taught as part of the weekly timetable and every year group across Key Stages 1-4 have 40 minutes per week. In Key Stage 4 some elements are delivered through or alongside life skills, Sports Leader and ASDAN short courses.

Some elements of Health Education are taught in Science, PE and Computing.

#### **Parent Partnership:**

Parents are able to view the Health and Wellbeing curriculum via the Stone Hill website. Any questions or concerns can be directed to the Health and Wellbeing lead.

#### **Resources:**

The Health and Wellbeing Teaching team uses a variety of resources to complement the curriculum planning. These include PSHE Association materials as well as resources developed to support subject specific content from recognized charitable associations such as NSPCC, Childline and AET.

We have a H&W library of resources within school that have been purchased to support delivery within the subject such as rethink periods pack, sex education boxes and smoking skeleton.

### **Assessment:**

Teachers record and assess the pupils' responses to the tasks set in planned activities. Work is marked using the Stone Hill Marking policy.

Teachers use the Educater online to record summative assessment progress at mid-year and end of year points. Progress is analysed by the Health and Wellbeing lead. Adjustments to the curriculum may then follow, to reflect progress strengths and concerns.

### **Monitoring and evaluation:**

The Health and Wellbeing lead should monitor the progress of pupils and carry out teaching and learning evaluation through learning walks, book scrutinies and moderation at intervals, as determined by SLT.

## **2.3 Financial Commitment**

The financial commitment for Health and Wellbeing will differ each year, details of which will be found in the SDP. However, in order that staff can deliver the Health and Wellbeing Curriculum effectively, the following financial commitment is envisaged.

an annual resources budget

a budget for staff development

bids for specialised amounts of funding

a financial commitment for Health and Wellbeing will be presented each year to the business manager for discussion and approval.

## **2.4 SMSC and British Values**

Stone Hill School has a strong commitment to the academic, personal development and well-being of every child. We want our pupils to be successful, confident learners and responsible citizens. We promote British Values through our spiritual, moral, social and cultural education which permeates through the school's curriculum and supports the development of the 'whole child'. For more information on our inclusion of SMSC and British Values in the (name of subject) curriculum, please see the SMSC and British Values curriculum map.

## **3. Concluding notes**

Teaching and Learning committee is primarily responsible for monitoring the implementation of this policy. This will be through annual discussion with the subject leader and consideration of the evidence included in the subject leader portfolio. The work of the subject leader will also be subject to review by their line manager and members of SLT as part of our performance management arrangements.

### **3.2 Links to other policies**

The Health and Wellbeing policy should be read in conjunction with our policies for curriculum, learning and assessment, and sex and relationship education.

This policy links to the following policies and procedures:

Examinations Policy

Non-examination assessment policy

SEND Policy

### **3.3 Appendices**

*Appendix 1: HWB Cross Curricular links*

Subject: Health and Wellbeing		Subject Lead: Mrs Leithgoe		
Key knowledge and/or skills linked to other subjects				
Pre-Key Stage	Key Stage			
<p>Can use key words or sentences to describe what they like about their friends.</p> <p>Can describe what a 'good friend' is.</p> <p>Can describe the actions of someone who wasn't a friend. (English)</p> <p>All pre-key stage descriptors 'Online Relationships and Media' (Computing)</p> <p>Can name private parts of their body using language appropriate to their age and stage. (Science)</p>	<p>Stage 1</p> <p>All pre-key stage descriptors 'Online Relationships and Media' (Computing)</p>	<p>Stage 2</p> <p>All pre-key stage descriptors 'Online Relationships and Media' (Computing)</p> <p>The benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing and happiness. (PE)</p>	<p>Stage 3</p> <p>All pre-key stage descriptors 'Online Relationships and Media' (Computing)</p> <p>The legal rights and responsibilities regarding equality (particularly with reference to the protected characteristics as defined in the Equality Act 2010) and that everyone is unique and equal. (RE)</p>	<p>Stage 4</p> <p>All pre-key stage descriptors 'Online Relationships and Media' (Computing)</p> <p>How stereotypes, in particular stereotypes based on sex, gender, race, religion, sexual orientation or disability, can cause damage (e.g., how they might normalise non-consensual behaviour or encourage prejudice). (RE)</p> <p>The facts about reproductive health, including fertility, and the potential impact of lifestyle on fertility for men and women and menopause. (Science)</p>

				The benefits and importance of physical exercise, time outdoors, community participation and voluntary and service-based activities on mental wellbeing and happiness (PE)
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