

# Health Education

**5-14 National Guidelines**



SCOTTISH EXECUTIVE

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## Preface

In October 1998 Scottish CCC – now Learning and Teaching Scotland – began an extensive consultation exercise following a Ministerial request to review the 1993 Guidelines for Environmental Studies 5–14. Primary and secondary schools, teacher education institutions, local authorities, professional associations and relevant interest groups were all given the opportunity to participate both in a preliminary consultation and in the later consultation on the draft revised guidelines. The aim of the review was to help teachers implement the guidelines by making them clearer and more manageable and to enhance pupil attainment. It was therefore decided to remove the ICT and health education components from environmental studies and to issue separate guidelines for these two important aspects of the 5–14 curriculum.

The health education guidelines are based on the belief that good health is a fundamental right for every person.

*[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 positive dynamic approach to health provides a foundation for the development of health promotion and health education. Health promotion is generally considered to be any action taken that will protect and improve the health of individuals and communities.

The Government recognises the importance of good health for all and emphasises a commitment to reducing inequalities and improving health through its recent White Paper on health.<sup>1</sup> A number of health priorities for Scotland have been identified. The concept of the health-promoting school and the 5–14 health education curriculum are important elements of the overall strategy for addressing these health priorities.

These 5–14 health education guidelines provide a clear framework within which individual schools and teachers can develop programmes responding to the health education needs of young people. They will enable teachers to plan, teach and assess health education in a coherent way. It is essential to establish what it is young people know and understand, and to base health education programmes on these needs. The reality of young people living in today's society must be a fundamental part of planning these programmes.

The guidelines are firmly based on the health education component of the *Environmental Studies 5–14 National Guidelines*,<sup>2</sup> issued in March 1993. However, the revised structure of

<sup>1</sup> The Scottish Office Department of Health *Towards a Healthier Scotland: A White Paper on Health* (Cm 4269), Edinburgh: The Stationery Office, 1999

<sup>2</sup> Scottish Office Education Department *Environmental Studies 5–14 National Guidelines*, SOED, 1993

*strands* and *attainment targets* is designed to be simpler and more manageable than that used in the 1993 guidelines. These guidelines are commended to all concerned with the education of pupils aged 5–14.

A handwritten signature in black ink that reads "Mike Baughan". The signature is written in a cursive style with a long, sweeping underline.

Mike Baughan  
Chief Executive, Learning and Teaching Scotland

# Introduction

This document sets out guidelines for learning and teaching in health education for the age range 5–14 in Scottish schools. The advice in these guidelines is firmly based on that contained in the environmental studies guidelines published in 1993. The advice also takes careful account of schools' experience and policy development in health education since that time. The publication of guidelines dedicated to health education 5–14 is an acknowledgement of the importance the Scottish Executive places on this aspect of the curriculum.

The guidelines are intended to meet the needs of all pupils aged 5–14 in Scottish schools. They are based on an inclusive model of the curriculum that is flexible enough for use in a wide variety of school contexts.

The guidelines provide a basis for schools to use in reviewing their existing programmes for health education. *Health Education: 5–14 National Guidelines* has one *attainment outcome*: 'taking responsibility for health'. This outcome covers the development of knowledge, skills and attitudes in respect of health education. The *attainment targets* provide a progression from levels A to F and a clear indication of how the necessary combination of knowledge, skills and attitudes can be achieved in ways that are manageable and effective.

The guidelines are based on the three interconnected themes of physical health, emotional health and social health. Physical health explores physical factors in relation to our health and looking after ourselves. Emotional health explores emotions, feelings and mental health and how these affect us and our relationships. Social health explores the interactions of the individual, the community and the environment in relation to health and safety.

Health education is naturally linked to wider issues of personal and social development. The guidelines provide a flexible means by which schools can integrate into personal and social development (PSD) programmes and other curriculum areas those aspects of health education best covered in such settings. Whatever arrangements schools make for health education there must be a clear programme that shows where it is taught separately and where it is linked to other aspects of the curriculum. The concept of the health-promoting school is central to the guidelines' rationale. It is hoped that the guidelines will provide a means of planning and managing imaginative cross-curricular and whole-school approaches to health education.

No matter what approach a school takes to the planning of health education, it is imperative that the approach is carefully managed and coordinated. The guidelines are accompanied by a *Guide for Teachers and Managers*, which offers practical advice on a range of issues such as meeting pupils' needs and the concept of the health-promoting school. Together they provide schools with a route to health education provision that meets the needs of young people in Scotland at the beginning of the twenty-first century.



## Section 1

# Rationale

## 1.1 The scope of health education

Health and wellbeing are positive and dynamic concepts that embrace physical, emotional and social dimensions. Our physical, emotional and social health is inextricably linked to the quality of the environment in which we live. Lifestyle factors play an enormous part in influencing the health of the individual. For example, healthy eating, exercise, sexual relationships, and the use of alcohol, tobacco and drugs, all influence our health. However, wider influences such as heredity and environmental factors, for example housing and employment are also known to have an impact on health.

Schools recognise the importance of these influences. Therefore, the development of the health-promoting school, with its emphasis on a partnership with the community, is an effective way of taking account of the aspects of health that are responsive to pupils' needs. Health education is not the responsibility of any one teacher or subject but is best addressed through contributions from a range of teachers in a number of curriculum areas.

## 1.2 The health-promoting school

*The health-promoting school aims to achieve a healthy lifestyle for the whole school population by developing supportive environments conducive to the promotion of health. It offers opportunities for, and requires commitments to, the provision of a safe and health-enhancing social and physical environment.*

WHO Regional Office for Europe, 1997

At the heart of health-promoting schools is the young person. Equally, a supportive organisation and positive climate in the school influence the beliefs, attitudes, values and actions of each person involved. Thus there are three key interrelated areas that the health-promoting school has to address:

- health education as an integral part of the school curriculum
- school ethos, policies and extra-curricular activities
- relationships with the community: involving parents as partners, and involving health services and other agencies.

The wellbeing of both pupils and staff is promoted by taking a coherent approach to every aspect of school life. The health-promoting school encourages healthy behaviour and, at the same time, recognises that responsibility for improving health does not lie solely with the individual. It is a responsibility shared among all members of the health-promoting community.

## 1.3 The aims of health education 5–14

Health education should aim to enable young people 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. There is a need to provide opportunities for young people to explore their feelings and emotions, to share experiences, and to discuss issues that are relevant to them in a secure and comfortable environment. Schools can provide this supportive and encouraging climate through the use of interactive learning and teaching approaches.

Health education within the curriculum should aim to provide opportunities for young people to value themselves, gain in confidence and develop skills and knowledge to take responsibility for their own health at an individual level and as participating citizens. How young people feel about themselves and their environment directly affects their motivation and disposition to learn.

Schools should aim to devise strategies that can identify the health needs of young people by exploring with them their perceptions about being healthy, and their knowledge of or beliefs about staying healthy. In this way, schools can create a relevant health education curriculum: one that meets the needs and matches the maturity levels of its pupils. In meeting these needs, schools will want to consider the social, cultural and religious influences on the school and its community.

Crucial to young people's personal and social development are fundamental qualities and dispositions that will promote change and enable pupils to take action, not just in relation to their own health but also by contributing to the maintenance of a healthy environment and playing an active part in their community. These qualities and dispositions are consolidated within the 5–14 health education guidelines and underpin all aspects of learning. They are:

- respect and caring for self
- respect and caring for others
- a sense of social responsibility
- a commitment to learning
- a sense of belonging.

As with any area of education, an effective health education programme should aim to develop important knowledge, understanding and skills that may play a part in the decisions young people make about health. For example, understanding the correct recovery position in the event of an accident and having the skills to carry it out could help save a life.

In addition, young people who value their own appearance are more likely to select food that they believe will be good for personal features, such as skin and hair. Therefore, health education, as well as developing knowledge, understanding and skills, should aim to explore the beliefs and values that young people hold. This process will help young people to reflect on what influences their health-related behaviours and is therefore a key component of the approach to health education in the classroom.

The approach should not only focus on the individual but should also pay attention to the social context. For example, health-related decisions are often influenced by the individual's perception of the reactions of others such as friends or parents. Therefore the development of personal and interpersonal skills must be an integral part of health education. The work undertaken within the three strands of *personal health*, *emotional health* and *social health* brings together knowledge and understanding, skills development and the exploration of attitudes. The development of these leads to the attainment outcome of *taking responsibility for health*.

## Section 2

# Framework for Health Education

## The attainment outcome, strands and targets

### Attainment outcome

The single attainment outcome, 'taking responsibility for health', provides a manageable means of organising what pupils should know and be able to do as a result of their learning in health education.

### Strands

Within the outcome of 'taking responsibility for health', three interrelated strands provide a helpful means of organising the scope of the outcome.

- *Physical health*, which is concerned with the knowledge, skills and attitudes that are needed to understand physical factors in relation to our health.
- *Emotional health*, which deals with the knowledge, skills and attitudes that are required to understand emotions and feelings and how they affect us.
- *Social health*, which develops an understanding of the interplay of knowledge, skills and attitudes that are needed to understand the interaction of the individual, the community and the environment in relation to health.

It is important to recognise that the knowledge, skills and attitudes identified within the strands are best planned for and taught in ways that encourage learners to see them as inextricably linked.

The strands offer a framework for progression that provides structure and complements the particular content planned by the school and teacher. More detailed advice on the range of topics and themes is provided in the *Guide for Teachers and Managers*.

### Attainment targets

Attainment targets provide specific statements of what pupils should know and be able to do at each of six levels A to F for each of the strands.

- Level A:** should be attainable in the course of P1–P3 by almost all pupils.
- Level B:** should be attainable by some pupils in P3, or even earlier, but certainly by most in P4.
- Level C:** should be attainable in the course of P4–P6 by most pupils.
- Level D:** should be attainable by some pupils in P5–P6, or even earlier, but certainly by most in P7.
- Level E:** should be attainable by some pupils in P7–S1, but certainly by most in S2.
- Level F:** should be attainable in part by some pupils, and completed by a few pupils, in the course of P7–S2.

**It is important to recognise that this framework is a way of describing the curriculum and of identifying the desired outcomes of learning; it does not prescribe a particular approach to teaching.**



## Section 3

# Planning Considerations for Health Education and Health Promotion

This section sets out what school managers have to do in order to create good conditions for planning and teaching effective health education programmes. It also identifies key factors in pupil progression in health education as well as the characteristics of good practice. The importance of monitoring and evaluating provision and the connections to education authority policies are also addressed.

## 3.1 A strategic whole-school approach to taking responsibility for health

Health-promoting schools are characterised by the high value they place on the good health of staff and pupils, resulting in concern for people as individuals and in the provision of stimulating, safe and healthy conditions for the life and work of the whole-school community. Such a background provides powerful support for health education undertaken as part of the curriculum. The attainment targets for health education can be more effectively addressed where the life of a school as a whole contributes to the outcome of taking responsibility for health. The aims identified for health education should be firmly embedded within the overall aims of the school.

Learning to take responsibility for health does not only happen in the classroom but is also determined by the extent to which the school shows that health promotion is an important part of its daily life. Therefore, key questions for school managers are: 'To what extent do the organisation and practices of the school foster positive attitudes to health?' and 'What staff development is required to consolidate sound practice across the school?'

With appropriate planning, the whole life of the school can promote health. This can be achieved, in the first instance, by ensuring there is a coordination of cross-curricular contributions. In most schools, health education will be principally addressed in PSD programmes. Health Education can also be taught as a separate programme. However, sensible links can be made to other curriculum areas. Whatever approach is adopted teachers should ensure there is a clear focus on progression. In a more general way, pupils' enthusiasm for environmental health and sustainability issues can be a vehicle for actively involving pupils in improving the immediate environment of the school. Examples of such action are litter control, recycling schemes and making the school grounds safe and comfortable to play in. School health services, extra-curricular activities and community involvement programmes provide further opportunities to support health education. This whole-school approach is best developed in consultation with staff, pupils and parents.

## 3.2 The ethos of the school

As with all aspects of the curriculum, a positive ethos in the school enhances the quality of the classroom experiences for young people and staff. The characteristics, values and behaviours of all members of the school community contribute to the ethos, with positive relationships between and among staff and pupils being crucial elements. Mutual trust, self-

esteem and respect are values that can be communicated in every aspect of a school: a school where discrimination and intolerance have no place and where pupils, staff and parents are consulted on key decisions affecting their everyday contribution to the work of the school.

### 3.3 Progression

As pupils develop and mature, there is a need to revisit a range of health education issues. Progressively, the concepts, language and skills will become more challenging. Young people will be able to make explicit links between topics that make an impact on health within physical, social and emotional dimensions, for example the links between eating patterns and body image or the link between alcohol use and sexual behaviour.

Certain characteristics underpin the expected *progression* from Level A to Level F in all of the targets. These are that:

- knowledge will become more detailed
- relevant vocabulary will be widened
- conceptual understanding will deepen
- the ability to see connections and to generalise will develop
- new knowledge, skill development and attitudes will not only add to but will enrich previous learning
- pupils' experience of taking responsibility for health issues will widen
- appreciation of moral and ethical issues will develop.

This should be helpful to teachers in their planning for pupils' progression and next steps in learning.

Progression in the concepts of health education will start in pupils' pre-school experience. It will continue to progress beyond 5–14 through Personal and Social Education (PSE) programmes and in aspects of other courses.

### 3.4 Characteristics of good practice

When considering the breadth and practicalities of the whole-school approach, it is helpful to refer to the characteristics of good practice identified in the HM Inspectors' report *Health Education and Health Promotion* (1994). These are:

- a clear statement of shared aims and whole-school expectations concerning health education and health promotion
- the involvement of staff, pupils and parents in developing provision for health education
- balance and continuity in learning achieved through a core programme of study supported by associated learning in a variety of curriculum areas
- planned coverage of issues such as misuse of drugs and alcohol, smoking, healthy eating, sex education and coping with stress
- planned response to specific incidents and to the concerns of particular pupils
- clear guidance on resources and on learning and teaching approaches
- systematic arrangements for assessment that involve pupils recording their health education needs and their level of understanding
- efficient management that encourages consultation, coordinated provision, ongoing audit, evaluation and staff development.

Further practicalities of the planning process are dealt with in Section 4 on learning, teaching and assessment. The *Guide for Teachers and Managers* provides examples of both long- and short-term plans to show effective and time-efficient approaches to planning across stages as well as the planning of specific topics for particular years.

### 3.5 Evaluating the programme

The above features of existing good practice provide schools with a framework for planning and evaluating their health education provision. A practical means of evaluating these principles is provided in *A Route to Health Promotion: Self-evaluation Using Performance Indicators* (HM Inspectors of Schools Audit Unit, SEED, 1999). Effective health education in line with national and local advice can be provided in a variety of ways, such as through personal, social and health education programmes and through subject inserts on health issues. Schools have a responsibility to satisfy themselves and their wider community that the school health education programme effectively meets pupils' needs and develops pupils' ability to take responsibility for their health.

In planning and evaluating such health education programmes, schools will want to ensure that they:

- cover and revisit health issues at several stages to build on prior learning
- focus on health issues and also link them to their impact on the health of individuals and communities
- involve pupils in exploring responsible decision making as well as awareness of risk.

A series of helpful evaluation questions on further issues is provided in the *Guide for Teachers and Managers*.

### 3.6 Education authority policies

Advice, resources and support from education authorities can help schools plan and resource their approach to health education. Policy statements with clear expectations for schools on health education, as well as practical guidelines on specific issues, provide important foundations on which to develop school provision. Particularly important are education authority guidelines on how to deal with sensitive and potentially controversial issues.



## Section 4

# Teaching, Learning and Assessing Health Education

## 4.1 Teaching and learning

Teaching, learning and assessing health education should be seen as three linked aspects of one process.

Teaching and learning experiences that aim to develop young people's skills and provide opportunities to explore beliefs, attitudes and values require to:

- be interactive and encourage critical thinking
- promote responsibility and reflection on the part of the learner.

Schools will want to ensure that:

- classroom activities are supported by appropriate resources
- teachers are comfortable and confident with the content, methodologies and resources
- programmes are regularly monitored and evaluated.

As with any curriculum area, there is a need to ensure that an appropriate variety of teaching and learning approaches, including class discussion and pupil enquiry, is used in health education activities.

Learning experiences in health education provide opportunities for young people to explore a range of issues and situations relevant to their own lives and to the society in which they live. Their knowledge, skills and attitudes will be developed through the use of a range of teaching and learning approaches, including participatory methods such as brainstorming, case studies, games, simulation and role-play. The nature of these activities enables young people to develop the core skills of communication, working with others and problem solving, as well as negotiation, decision-making and investigation skills. *Thus the processes involved in pupils' learning to take responsibility for their health become as important as the content of the programmes.*

Within any class, pupils have different levels of maturity, confidence, experience, physical condition and ability. These differences affect pupils' readiness to take responsibility for learning about and looking after their health.

Teaching and learning in health education must take account 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
- working in partnership with parents and the wider community and using their input to develop shared approaches to specific aspects such as food, drugs and sex education.

In the context of health education, teachers and managers need to bear in mind a number of important considerations. These include:

- identifying needs through:
  - consultation with pupils
  - involving parents in discussion
  - taking account of the school environment
  - local and national research findings
- creating a climate between staff and pupils that will encourage honest discussion and a feeling of trust
- using teaching methods and learning opportunities that match identified needs
- taking opportunities to use ICT as a means of enhancing learning and teaching in health education
- using learning materials that are relevant, up to date and easy to use
- providing support for colleagues who want to work in this area.

### 4.2 Assessment and the 5–14 curriculum guidelines

The assessment, recording and reporting of health education is based on the same principles as all other aspects of the 5–14 curriculum.

Assessment involves the collection of evidence on which judgements may be made about pupils' progress and the effectiveness of learning and teaching. Its purpose is to identify pupils' strengths, attainments and development needs and to allow effective feedback to pupils and to report to others involved in the pupils' learning.

Given that in any one class, pupils will bring to their health studies different levels of knowledge, skills, attitudes and experience, it is vital to identify pupils' existing learning base in order to build on prior learning. It may be helpful, for example, in relation to drugs or sex education, to use simple pre- and post-assessment strategies to determine the suitability of content.

The *National Guidelines: Assessment 5–14* should be the first reference point for advice on assessment. It sets assessment and recording in the context of effective learning and teaching, suggesting that the process of assessment includes attention to five key activities: planning, teaching, recording, reporting and evaluating.

The attainment outcome, strands and attainment targets for health education 5–14 will help teachers to establish clear objectives for planning, learning and teaching and to assess pupils' progress in relation to these objectives.

### 4.3 Assessment in health education

Evidence of progress and attainment in health education comes from what pupils say, *write* and *do*. A broad and balanced learning experience will involve pupils in talking, writing and practical activities that relate to their health education.

Through observing pupils as they work towards planned learning targets, teachers can assess pupils' progress. Feedback gives pupils a clear, shared understanding of what is expected of them and of how successful they have been in carrying out the work. A set of criteria agreed between pupils and teacher and based on the appropriate attainment targets can also form a useful basis for self- and peer-assessment.

Assessment, recording and reporting of health education will involve an overall judgement about pupils' level of attainment in terms of knowledge, skills and values. Assessment approaches provide opportunities for pupils to demonstrate attitudinal and skill development as well as the knowledge and understanding that underpin these.

In assessing pupils' progress, it will not always be necessary to plan to overtake every bullet of a particular level to feel confident that a pupil has, over the period of time, shown broad competence at that level for the attainment outcome, taking responsibility for health.

In assessing pupils' emotional wellbeing, teachers are likely to use a combination of:

- observation of pupils' ability to seek help, express feelings, listen to and help others, and to be optimistic and resilient
- evidence from workbooks, folios, drawings and other artefacts produced by pupils.

#### 4.4 Recording

A clear teaching and assessment plan will help teachers in their work and provide a consistent structure for recording pupil progress. Assessment records can consist of a version of the teaching plan, annotated with brief notes. In this way, the assessment notes will provide both teachers and managers with a useful means of evaluating classroom activities and of deciding 'next steps' in a pupil's learning (see *National Guidelines: Reporting 5–14*). They will also help teachers judge where changes (perhaps in the pace, sequencing or level of tasks) are needed in the health education programme. These notes should allow the teacher to decide:

- if the evidence 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 challenge and, if so, of what kind.

#### 4.5 Reporting

Notes and records will also be used as the basis for the reporting of pupils' levels of attainment, perhaps at the end of a term or school year. Both formal and informal records will be useful in reporting to pupils, parents and to other teachers on pupils' progress.

Ongoing feedback on progress and next steps in learning should be a regular feature of health education teaching.

Reporting to parents should be specific and in clear language. It should make reference to the particular focus of the programme of study and concentrate on what the pupil has achieved and the next steps in learning.

Assessment reports also need to provide other teachers with straightforward and useful information on which to plan pupils' next steps in learning.



Section 5

# Attainment Outcome, Strands and Targets for Health Education

## How to use the grids of strands and attainment targets in planning

The attainment outcome for health education. It is made up of knowledge and understanding, skills and attitudes.

Levels give an indication of progression to help plan next steps in learning.

Taking responsibility for health – strands and attainment targets						
Strand	Pupils are able to:					
	Level A	Level B	Level C	Level D	Level E	Level 6
<b>Physical health</b> This strand explores physical factors in relation to our health and looking after ourselves.	<ul style="list-style-type: none"> <li>show an awareness of ways of keeping healthy through, e.g. eating and drinking, exercise, sleep, keeping clean and brushing teeth</li> <li>show an awareness of simple ways of keeping safe, e.g. safe use of medicine</li> <li>show an awareness of the way their bodies grow and change</li> </ul>	<ul style="list-style-type: none"> <li>show their knowledge and understanding of what individuals need to do to be healthy, e.g. varied diet, regular exercise</li> <li>identify a range of ways of keeping safe, e.g. avoiding harmful substances, and practising safe food preparation and safe road use</li> <li>recognise ways in which individuals are unique, e.g. height, eyesight</li> </ul>	<ul style="list-style-type: none"> <li>show their knowledge and understanding of what they do to keep healthy, e.g. effect of regular exercise, leisure activities, choosing nutritious food</li> <li>identify ways of reducing risks of infection, e.g. oral hygiene</li> <li>show their knowledge and understanding of the impact of harmful substances on the body</li> <li>demonstrate simple decision-making strategies in relation to keeping healthy and safe</li> <li>identify the different ways in which people grow and change, e.g. in puberty</li> </ul>	<ul style="list-style-type: none"> <li>show their knowledge and understanding of their physical needs and strengths</li> <li>show their knowledge of how the body is protected from infection, e.g. natural immunity, vaccinations</li> <li>identify strategies for keeping healthy and safe, e.g. choosing not to use harmful substances</li> <li>show knowledge and understanding of their own body's uniqueness</li> <li>show their knowledge and understanding of their own developing sexuality</li> </ul>	<ul style="list-style-type: none"> <li>show their knowledge and understanding of the impact health choices can have on the quality of health, e.g. choice of leisure activity, varied diet, breast-feeding</li> <li>use decision-making skills to demonstrate their ability to make positive health choices, e.g. risk assessment on issues such as substance misuse, wearing of cycle helmets, personal safety</li> </ul>	
<b>Emotional health</b> This strand explores pupils' emotional health.	<ul style="list-style-type: none"> <li>recognise their own feelings about themselves and towards others</li> <li>recognise that their family and other special people in their lives care for them and help them</li> <li>show an awareness of caring and sharing</li> <li>show how they respect and care for themselves and others</li> </ul>	<ul style="list-style-type: none"> <li>recognise a range of feelings they, and other people experience at different times</li> <li>communicate with others through a developing vocabulary relating to emotions and feelings</li> <li>recognise the value of family and friendships</li> <li>identify the ways in which people care for them</li> </ul>	<ul style="list-style-type: none"> <li>use personal and interpersonal skills to relate to other people</li> <li>show ways of making and keeping friends</li> <li>recognise how circumstances can change emotions</li> <li>identify strategies to help deal with loss and grief</li> <li>show safe ways of dealing with a range of situations, particularly those that may present risk, e.g. bullying</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate an understanding of their emotional needs and strengths, e.g. resilience and ways of managing pressure</li> <li>recognise the ways in which behaviour can influence people's relationships</li> <li>show ways in which they can deal with change, e.g. transition from primary to secondary school</li> <li>recognise the link between body image, self-worth and external influences</li> <li>recognise that peer and media influences can affect choices they make</li> </ul>	<ul style="list-style-type: none"> <li>identify the benefits to health of good personal relationships</li> <li>demonstrate responsible strategies to deal with a range of situations and emotions in relationships</li> <li>recognise the impact of change on their lives</li> <li>show ways in which they can seek help and advice</li> </ul>	
<b>Social health</b> This strand explores the interaction of the individual, the community and the environment in relation to health and safety.	<ul style="list-style-type: none"> <li>show simple ways of keeping the environment clean, safe and healthy</li> <li>show simple ways of getting help, e.g. telling, dialling 999</li> <li>show simple ways of avoiding incidents, e.g. approaches by people they do not know, crossing the road safely.</li> </ul>	<ul style="list-style-type: none"> <li>identify ways in which the local environment can affect their health, e.g. traffic, smoke</li> <li>identify ways in which they can contribute to keeping their environment clean, safe and healthy</li> <li>show ways of getting help, e.g. in the event of an accident or a bullying incident.</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate safe ways of responding to risks to health and personal safety in their community</li> <li>identify a range of ways of travelling safely</li> <li>show an understanding of how they can contribute responsibly to their community.</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate an understanding of the wider environmental influences on health, e.g. passive smoking, fluoride and public water supplies</li> <li>demonstrate an understanding of some aspects of the social and cultural influences on health, e.g. different foods, exercise patterns, relaxation</li> <li>identify ways in which the wider community takes action to protect health, e.g. traffic and pollution management, availability of local leisure services</li> <li>recognise issues of discrimination and the right to equal opportunity for all members of the community.</li> </ul>	<ul style="list-style-type: none"> <li>identify global environmental issues that affect health</li> <li>identify some of the ways in which laws impact on health and safety, e.g. seatbelts, speed limits, United Nations Charter on the Rights of the Child</li> <li>develop their knowledge of local health support services and of how to access them.</li> </ul>	

The strand descriptor identifies the key ideas and skills that pupils will develop. It provides an organiser for planning and assessment.

Individual attainment targets provide an indication of what pupils should know or be able to do, in terms of specific content, broad concepts, skills and attitudes. They provide pathways for developing understanding of the key ideas within each strand.

## Taking responsibility for health – strands and attainment targets

Pupils are able to:			
Strand	Level A	Level B	Level C
<p><b>Physical health</b> This strand explores physical factors in relation to our health and looking after ourselves.</p>	<ul style="list-style-type: none"> <li>• show an awareness of ways of keeping healthy through, e.g. eating and drinking, exercise, sleep, keeping clean and brushing teeth</li> <li>• show an awareness of simple ways of keeping safe, e.g. safe use of medicine</li> <li>• show an awareness of the way their bodies grow and change</li> </ul>	<ul style="list-style-type: none"> <li>• show their knowledge and understanding of what individuals need to do to be healthy, e.g. varied diet, regular exercise</li> <li>• identify a range of ways of keeping safe, e.g. avoiding harmful substances, and practising safe food preparation and safe road use</li> <li>• recognise ways in which individuals are unique, e.g. height, eyesight</li> </ul>	<ul style="list-style-type: none"> <li>• show their knowledge and understanding of what they do to keep healthy, e.g. effect of regular exercise, leisure activities, choosing nutritious food</li> <li>• identify ways of reducing risks of infection, e.g. oral hygiene</li> <li>• show their knowledge and understanding of the impact of harmful substances on the body</li> <li>• demonstrate simple decision-making strategies in relation to keeping healthy and safe</li> <li>• identify the different ways in which people grow and change, e.g. in puberty</li> </ul>
<p><b>Emotional health</b> This strand explores emotions, feelings and relationships and how they affect our mental wellbeing.</p>	<ul style="list-style-type: none"> <li>• recognise their own feelings about themselves and towards others, e.g. know when they feel sad or happy</li> <li>• recognise that their family and other special people in their lives care for them and help them</li> <li>• show an awareness of caring and sharing, e.g. taking turns</li> <li>• show how they respect and care for themselves and others</li> </ul>	<ul style="list-style-type: none"> <li>• recognise a range of feelings they, and other people, experience at different times, e.g. feelings of fear, excitement</li> <li>• communicate with others through a developing vocabulary relating to emotions and feelings, e.g. being able to talk in simple terms about how they feel</li> <li>• recognise the value of family and friendships</li> <li>• identify the ways in which people care for them</li> </ul>	<ul style="list-style-type: none"> <li>• use personal and interpersonal skills to relate to other people</li> <li>• show ways of making and keeping friends, e.g. playing together</li> <li>• recognise how circumstances can change emotions, e.g. moving house or changing school</li> <li>• identify strategies to help deal with loss and grief</li> <li>• show safe ways of dealing with a range of situations, particularly those that may present risk, e.g. bullying</li> </ul>
<p><b>Social health</b> This strand explores the interaction of the individual, the community and the environment in relation to health and safety.</p>	<ul style="list-style-type: none"> <li>• show simple ways of keeping the environment clean, safe and healthy</li> <li>• show simple ways of getting help, e.g. telling, dialling 999</li> <li>• show simple ways of avoiding incidents, e.g. approaches by people they do not know, crossing the road safely.</li> </ul>	<ul style="list-style-type: none"> <li>• identify ways in which the local environment can affect their health, e.g. traffic, smoke</li> <li>• identify ways in which they can contribute to keeping their environment clean, safe and healthy</li> <li>• show ways of getting help, e.g. in the event of an accident or a bullying incident.</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate safe ways of responding to risks to health and personal safety in their community, e.g. following codes of safety</li> <li>• identify a range of ways of travelling safely</li> <li>• show an understanding of how they can contribute responsibly to their community, e.g. avoiding creating litter.</li> </ul>

Level D	Level E	Level F
<ul style="list-style-type: none"> <li>• show their knowledge and understanding of their physical needs and strengths</li> <li>• show their knowledge of how the body is protected from infection, e.g. natural immunity, vaccinations</li> <li>• identify strategies for keeping healthy and safe, e.g. choosing not to use harmful substances</li> <li>• show knowledge and understanding of their own body's uniqueness</li> <li>• show their knowledge and understanding of their own developing sexuality</li> </ul>	<ul style="list-style-type: none"> <li>• show their knowledge and understanding of the impact health choices can have on the quality of health, e.g. choice of leisure activity, varied diet, breast-feeding</li> <li>• use decision-making skills to demonstrate their ability to make positive health choices, e.g. risk assessment on issues such as substance misuse, wearing of cycle helmets, personal safety</li> </ul>	<ul style="list-style-type: none"> <li>• develop skills of personal management, including decision making and problem solving</li> </ul>
<ul style="list-style-type: none"> <li>• demonstrate an understanding of their emotional needs and strengths, e.g. resilience and ways of managing pressure</li> <li>• recognise the ways in which behaviour can influence people's relationships</li> <li>• show ways in which they can deal with change, e.g. transition from primary to secondary school</li> <li>• recognise the link between body image, self-worth and external influences</li> <li>• recognise that peer and media influences can affect choices they make</li> </ul>	<ul style="list-style-type: none"> <li>• identify the benefits to health of good personal relationships, e.g. feeling valued</li> <li>• demonstrate responsible strategies to deal with a range of situations and emotions in relationships</li> <li>• recognise the impact of change on their lives, e.g. moving from primary to secondary school</li> <li>• show ways in which they can seek help and advice</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate personal and interpersonal skills, e.g. coping with failure, negotiating and resolving conflict, strategies for seeking help with personal difficulties</li> <li>• show an ability to deal with changing expectations</li> </ul>
<ul style="list-style-type: none"> <li>• demonstrate an understanding of the wider environmental influences on health, e.g. passive smoking, fluoride and public water supplies</li> <li>• demonstrate an understanding of some aspects of the social and cultural influences on health, e.g. different foods, exercise patterns, relaxation</li> <li>• identify ways in which the wider community takes action to protect health, e.g. traffic and pollution management, availability of local leisure services</li> <li>• recognise issues of discrimination and the right to equal opportunity for all members of the community.</li> </ul>	<ul style="list-style-type: none"> <li>• identify global environmental issues that affect health, e.g. pollution</li> <li>• identify some of the ways in which laws impact on health and safety, e.g. seatbelts, speed limits, United Nations Convention on the Rights of the Child (UNCRC)</li> <li>• develop their knowledge of local health support services and of how to access them.</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate an understanding of interrelated rights and responsibilities, e.g. within the family, with peers and through wider involvement in community action</li> <li>• demonstrate skills for responding to risk situations in their local community</li> <li>• identify their own role in supporting health and safety laws within the community and wider environment, such as responsible road use, safe working practices</li> <li>• recognise how people can work together in the community, e.g. food cooperatives, community forum on safety, community action against drug misuse.</li> </ul>



## Section 6

# Issues in Health Education and Health Promotion

## 6.1 Partnerships

In developing their health education provision, schools can draw upon a range of agencies and individuals that offer assistance. These partnerships are most productive when schools have a clear strategy for selecting, planning, coordinating and monitoring the contributions each offers.

## 6.2 Parents

Parents and school boards are an important support for health education. Involving parents in aspects of planning and in whole-school activities relating to health education can support pupil progress and promote a shared understanding of, and commitment to, ways of promoting pupils' health and the development of the health-promoting school.

## 6.3 External support

Health professionals such as nurses, doctors and health promotion officers can provide valuable sources of expertise for schools and can contribute to planning health education programmes and input on specific issues such as healthy eating, physical development and sex education. Collaboration with health boards can do much to ensure that a range of health services complements the school's health education programmes.

Other contributions from, for example, the fire service, police and other support agencies can enhance the health education programme. However, schools require to take responsibility for identifying and monitoring all contributions to the health education programme. Schools should take steps in their planning process to ensure contributors are in accord with the programme to ensure a coherent approach. By evaluating the contributions of, and by working with, relevant partners, schools can make effective use of community expertise in dealing with health issues.

## 6.4 Liaison with other schools

Schools can do much to achieve continuity and consistency of approach to health education through liaison and collaboration with associated schools. Useful approaches include:

- making health education a common development initiative amongst the schools in a 5–14 cluster group
- discussing transfer and continuity across P6/S1 in order to meet pupils' health education needs
- designating a member of staff to be the health education coordinator in the school with a responsibility for liaison with other schools.

### 6.5 Staff development

Teachers with a range of experiences and backgrounds teach health education, and there will therefore be a need to provide clear policies, practical support and staff development. As with other areas of the curriculum, there are several aspects of health education that may require specific professional development attention. By identifying teachers' needs through, for example, monitoring and reviewing programmes, schools can ensure that teachers are confident and comfortable with the content of the programmes, the methodologies and the resources.

### 6.6 Language

Teachers operate effectively when they have a shared understanding of appropriate language used in the classroom; therefore a whole-school agreement about this is usually helpful. Some teachers may be concerned about the appropriate use or type of language used by the pupils when discussing aspects of health education such as sexual health and drug use. There may be some discomfort about the use of certain words or phrases; but at the same time, teachers will want young people to use words they know and understand. An agreement should be established about language that will be acceptable to the teacher, the pupils and the school.

### 6.7 Confidentiality

Health-related issues can raise concerns about confidentiality. Pupils may have queries or may inadvertently reveal information that relates to matters of an illegal nature. Teachers may be willing to listen to pupil concerns or queries but are not in a position to guarantee confidentiality and this should be made clear to the pupils. A teacher, for example, cannot guarantee the confidentiality of information providing evidence that a criminal offence may have been committed.

If a young person is at risk, then the teacher (and school) must act to protect them. Such action will involve disclosure to appropriate people or agencies. Schools will have child protection guidelines to refer to as well as guidance from their education authority in line with *Protection of Children from Abuse – The Role of Education Authorities, Schools and Teachers* (Circular No. 10, SOED, May 1990) and *Children and Young Persons with Special Educational Needs [Assessment and Recording]* (Circular 4/96, SOEID).



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