Appendix

A guide to the policy background

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## Appendix Contents

<table>
<thead>
<tr>
<th>THE POLICY BACKGROUND</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE NATIONAL HEALTHY SCHOOL PROGRAMME</td>
<td>3</td>
</tr>
<tr>
<td>CHANGE4LIFE</td>
<td>4</td>
</tr>
<tr>
<td>OFSTED INSPECTION FRAMEWORK</td>
<td>5</td>
</tr>
<tr>
<td>SAFEGUARDING CHILDREN</td>
<td>7</td>
</tr>
<tr>
<td>HEALTH AND WELLBEING BOARDS</td>
<td>8</td>
</tr>
<tr>
<td>PHYSICAL ACTIVITY GUIDELINES</td>
<td>9</td>
</tr>
<tr>
<td>INTERNET SAFETY</td>
<td>10</td>
</tr>
<tr>
<td>ADVICE ON CHILD INTERNET SAFETY 1.0: UNIVERSAL GUIDELINES FOR PROVIDERS</td>
<td>10</td>
</tr>
<tr>
<td>BULLYING AND CYBERBULLYING</td>
<td>11</td>
</tr>
<tr>
<td>DRUG ADVICE FOR SCHOOLS</td>
<td>12</td>
</tr>
<tr>
<td>TEENAGE RELATIONSHIP ABUSE</td>
<td>13</td>
</tr>
<tr>
<td>PREVENTING NEGLECT, ABUSE AND EXPLOITATION</td>
<td>14</td>
</tr>
<tr>
<td>CAREERS GUIDANCE</td>
<td>15</td>
</tr>
<tr>
<td>UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNICEF)</td>
<td>16</td>
</tr>
<tr>
<td>CHILDHOOD OBESITY: A PLAN FOR ACTION</td>
<td>17</td>
</tr>
<tr>
<td>TEENAGE PREGNANCY</td>
<td>18</td>
</tr>
<tr>
<td>GOVERNMENT GUIDANCE ON PSHE</td>
<td>19</td>
</tr>
<tr>
<td>PSHE PROGRAMME OF STUDY</td>
<td>21</td>
</tr>
</tbody>
</table>
Appendix

The Policy Background

This is a compilation of Government and other guidance on matters relevant to the questionnaire content.

Please let us know if there is anything else you would find useful for us to include, or if you see anything that is no longer relevant.
The National Healthy School Programme

The National Healthy Schools Programme (NHSP) was a joint Department of Health and Department for Children, Schools and Families project intended to improve health, raise pupil achievement, improve social inclusion and encourage closer working between health and education providers in the United Kingdom.

The National Healthy Schools Programme has four themes.

The four core themes relate to both the school curriculum and the emotional and physical learning environment in school. Each theme includes a number of criteria that schools need to fulfil in order to achieve National Healthy School Status. Although each theme covers a different area, they are all delivered using the whole school approach so the basic requirements are the same.

The Healthy Schools Toolkit is still online at the DfE Web Archive


and has been archived at the PSHE Association

https://www.pshe-association.org.uk/curriculum-and-resources/resources/healthyschools-toolkit

The Healthy Schools toolkit is designed to help schools to ‘plan, do and review’ health and wellbeing improvements for their children and young people and to identify and select activities and interventions effectively. This approach will ensure schools put in place the most appropriate services and meet the needs of children and young people.

The toolkit is based on a health behaviour change approach for schools.

The toolkit contains:

- an overview of the Healthy Schools approach
- examples of schools making health and wellbeing improvements
- a planning template, a whole school review template and a school story template, which can be adapted for your school
- information and frameworks to help you identify needs, define health and wellbeing outcomes, select activities/interventions and review achievements.
Appendix

Change4Life

Change4Life is a public health programme in England which began in January 2009 run by the Department of Health. It is the country’s first national social marketing campaign to tackle the causes of obesity.

Change4Life aims to help families and middle-aged adults make small, sustainable yet significant improvements to their diet, activity levels and alcohol consumption. It uses the slogan “eat well, move more, live longer”.

Change4Life encourages people to adopt six healthy behaviours:

- 5 A Day – suggestions for ways to eat the recommended 5 portions of fruit and veg each day
- Watch the salt – advice on reducing the amount of salt eaten each day, ideally keeping it to below 6g for adults
- Cut back fat – information about the (mainly saturated) fat found in foods and ways to reduce this
- Sugar swaps – information about sugar found in foods and suggestions for healthier alternatives
- Choose less booze – ways for adults cut down on alcohol consumption to within government lower-risk guidelines
- Get going every day – why it’s important to lead an active lifestyle and ways for adults and children to do this cheaply and easily

Summary from Wikipedia
Outstanding (1)

- Practice in PSHE education consistently reflects the highest aspirations for pupils and expectations of staff.
- Best practice is spread effectively in a drive for continuous improvement.
- Teaching in the subject is likely to be outstanding and together with a rich curriculum, which is highly relevant to pupils’ needs, it contributes to outstanding learning and achievement or, in exceptional circumstances, achievement that is good and rapidly improving.
- Thoughtful and wide-ranging promotion of the pupils’ spiritual, moral, social and cultural development in the subject enables them to thrive.
- Consequently, pupils and groups of pupils have excellent experiences in the subject, ensuring they are very well-equipped for the next stage of their education, training or employment.

Good (2)

- Effective action is taken so that PSHE education enables most pupils to reach their potential.
- Pupils benefit from teaching that is at least good. This promotes very positive attitudes to learning and ensures that achievement in the subject is at least good.
- Leadership and management of the subject play a significant role and are good overall.
- Deliberate and effective action is taken to promote the pupils’ spiritual, moral, social and cultural development.
- A positive climate for learning exists and pupils and groups of pupils have highly positive experiences in the subject so that they are well prepared for the next stage in their education, training or employment.

Requires improvement (3)

- Achievement, the quality of teaching and learning and leadership and management of PSHE education are all likely to be at least adequate with some significant good practice.
- Reasonable steps are taken to promote pupils’ spiritual, moral, social and cultural development.
- Pupils and groups of pupils have a generally positive experience in the subject and are not disadvantaged as they move to the next stage of their education, training or employment.

Inadequate (4)

- Overall effectiveness in PSHE education is likely to be inadequate if any of the following apply:
- Achievement in PSHE education is inadequate.
- The behaviour and safety of pupils in PSHE education are inadequate.
- The quality of teaching in PSHE education is inadequate.
- The curriculum in PSHE education is inadequate.
Appendix

- Leadership and management in PSHE education are inadequate.
- There are important weaknesses in the promotion of pupils’ spiritual, moral, social and cultural development resulting in a poor climate for learning in PSHE education where pupils or groups of pupils are unable to thrive.

Updated Dec 2013
Appendix

Safeguarding Children

This document contains information on what schools and colleges should do and sets out the legal duties with which schools and colleges must comply in order to keep children safe. It should be read alongside:

statutory guidance Working together to safeguard children,

and departmental advice What to do if you are worried a child is being abused - Advice for practitioners

Accessed Feb 2018
**Appendix**

**Health and wellbeing boards** have been introduced across all local authorities by the government.

Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care and children’s services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health.

Information from the King’s Fund, accessed Feb 2018

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**Health and wellbeing boards and children, young people and families**

**Key success factors**
- A local partnership dedicated to children and young people (linked into the governance of health and wellbeing boards) is essential.
- Commissioning of NHS services for children and young people must sit alongside commissioning of all services for children (the concept of holistic commissioning).
- Health and wellbeing boards should prioritise interventions for children and young people which are proven to work.
- Commissioning of services should be informed by the views of children, young people, parents and families.
- Health and wellbeing boards should ensure a focus on early intervention, within an overall understanding of a ‘lifecourse’ approach to provision.

**Key strategic questions and challenges for boards**
- Does the health and wellbeing board link effectively with the local children’s trust, safeguarding board and clinical commissioning groups (CCGs) to ensure cohesive governance and leadership across the children’s agenda?
- Does the health and wellbeing board have an agreed process to ensure children’s issues receive sufficient focus?
- Has the health and wellbeing board contributed to defining the early help offer, as recommended by Professor Munro?
- Is the health and wellbeing board making appropriate use of local mechanisms to listen to the views of children, young people and families?
- Does the local health and wellbeing strategy outline and prioritise the health needs of children and describe success?
- Have the views of frontline staff and clinicians been factored into the board’s planning?
- Has the health and wellbeing board got an agreed method of engaging with schools?
- Has the health and wellbeing board got a clear plan to maximise the use of public assets (children’s centres, schools, youth services, health centres, etc.) to improve health outcomes for children?
- Is the health and wellbeing board satisfied that the common assessment framework is sufficiently embedded in the local partnership?

**Vision**
That health and wellbeing boards make an effective contribution to improving health and wellbeing outcomes for children and young people.

**Further resources**
- The Department of Health (Children and Young People’s Health Outcomes Strategy) (due to be published in July 2012)
- A plethora of local Government Association resources, collated by the LGA: www.local.gov.uk/childrens-health
- Local authority child health profiles (published by the Child and Maternal Health Observatory CMOH): www.chmoh.org.uk/profiles
- The NICE Atlas of Variation in Healthcare for Children and Young People: www.nice.org.uk/variation
- NICE Confederation review of policy documents on children and young people’s health and wellbeing: www.nice.org.uk/children
- Assured Safeguarding: GP and Health Leader Edition (safeguarding advice for GP and health leaders developed by the East Midlands group of Directors of Children’s Services): www.assuredsafeguarding.org.uk
- Commissioning Child Health and Wellbeing Services (Information and guidance framework developed by the East of England Strategic Network for Child Health and Wellbeing Commissioning Champions – DSH Info and guidance framework)
- National Institute for Health Research (for health-related research materials): www.nihr.ac.uk
- A guide for commissioners of children’s and young people’s and maternal health and wellbeing services NHS North West: www.northwest.nhs.uk/health

**The spectrum of children’s health needs**
Takes from the project scope of the Department of Health Children and Young People’s Health Outcomes Forum:
- Health promotion, prevention and improvement
- Primary care
- Children with poor mental health
- Urgent care for children with acute illness
- Children with long term conditions
- Children with complex health needs
- Children with disabilities
- Looked after children
- Palliative care
- Ensuring the use of medicines for children optimises health outcomes
- The health sector’s contribution to safeguarding children
- The health sector’s contribution to support for troubled families

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Appendix

Physical Activity Guidelines

Physical activity guidelines for CHILDREN AND YOUNG PEOPLE (5–18 YEARS)

1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods. Individual physical and mental capabilities should be considered when interpreting the guidelines.

Examples of physical activity that meet the Guidelines:

Moderate intensity physical activities will cause children to get warmer and breathe harder and their hearts to beat faster, but they should still be able to carry on a conversation. Examples include:
- Bike riding
- Playground activities

Vigorous intensity physical activities will cause children to get warmer and breathe much harder and their hearts to beat rapidly, making it more difficult to carry on a conversation. Examples include:
- Fast running
- Sports such as swimming or football

Physical activities that strengthen muscle and bone involve using body weight or working against a resistance. Examples include:
- Swinging on playground equipment
- Hopping and skipping
- Sports such as gymnastics or tennis

Minimising sedentary behaviour may include:
- Reducing time spent watching TV, using the computer or playing video games
- Breaking up sedentary time such as swapping a long bus or car journey for walking part of the way

What are the benefits of being active for at least 60 minutes each day?
- Improves cardiovascular health
- Maintains a healthy weight
- Improves bone health
- Improves self-confidence
- Develops new social skills

For further information: Start Active, Stay Active: A report on physical activity for health from the four home countries’ Chief Medical Officers (2011)

https://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-young-people.aspx
For young people the internet, and the increasing number of digital devices they use to connect to it, is an integral part of their everyday lives. Whether they use it to express themselves or to stay in touch with friends, for entertainment or education, the internet can provide tremendous benefits and most use it safely. But while digital technology provides a wealth of opportunities, we are all aware that there are online risks and sometimes these risks can lead to harm.

At the same time, while young people’s ‘offline’ and ‘online’ worlds are often merging, the behaviours and safeguards of the ‘real’ world are not always applied in a ‘virtual’ world where friends can be added at the click of button and information shared in an instant.

This document - compiled by members of the UK Council for Child Internet Safety (UKCCIS) - draws together the most effective messages for keeping children safe online.

Visit the UKCCIS website for more information
http://www.education.gov.uk/ukccis

Includes:

Introduction
The risks
Guidelines on using the advice
The advice

Sexting: how to respond to an incident

An overview for all teaching and non-teaching staff in schools and colleges

Advice about bullying comes in two documents:

**Preventing and tackling bullying:**
Advice for headteachers, staff and governing bodies


**Cyberbullying:** Advice for headteachers and school staff

Appendix

Drug Advice for schools

Published 10 September 2012

DfE and ACPO drug advice for schools

This guidance is produced jointly with the Association of Chief Police Officers (ACPO). The document:

• answers some of the most common questions raised by school staff about drugs
• explains the relevant powers and duties schools have in relation to:
  • powers to search for and confiscate drugs
  • working with the police
  • working with parents
• includes information to help and support pupils

Accessed Feb 2018
Appendix

Teenage relationship abuse

Expect Respect Education Toolkit by Women’s Aid

Expect respect: a toolkit for addressing teenage relationship abuse in key stages 3, 4 and 5

A comprehensive package of teaching materials focusing on abuse in relationships

The entire toolkit for teachers is available to freely download from the Women’s Aid website. [https://www.womensaid.org.uk/what-we-do/safer-futures/expect-respect-educational-toolkit/](https://www.womensaid.org.uk/what-we-do/safer-futures/expect-respect-educational-toolkit/)
Appendix

Preventing neglect, abuse and exploitation

There is an abundance of Government guidance covering a variety of topics under this heading at https://www.gov.uk/childcare-parenting/preventing-neglect-abuse-and-exploitation

- Adolescent neglect: guide for professionals
- Care of unaccompanied migrant children and child victims of modern slavery
- Child abuse concerns: guide for practitioners
- Child abuse linked to faith or belief: national action plan
- Child performance and activities: licensing legislation
- Child sexual exploitation: definition and guide for practitioners
- Concerns about children: guidance for all Ofsted staff
- Guidance on the employment of children
- Information sharing advice for safeguarding practitioners
- Ofsted safeguarding policy
- Report child abuse
- Report child abuse to your local council
- Safeguarding children in whom illness is fabricated or induced
- Safeguarding children who may have been trafficked
- Sample letters to get evidence of child abuse
- Secure children’s homes: how to place a child aged under 13
- Tell Ofsted about a serious childcare incident: online form for local authorities
- The law on leaving your child on their own
- The use of social media for online radicalisation
- Whistleblowing about children’s social care services to Ofsted
- Working together to safeguard children
- Sexual violence and sexual harassment between children in schools and colleges

Accessed Feb 2018

Important documents by other agencies include:

NSPCC Safeguarding in Education Self-Assessment Tool (ESAT) – a free online tool for schools in England https://www.nspcc.org.uk/services-and-resources/working-with-schools/esat/ Accessed Feb 2018

Careers Guidance

Careers guidance and access for education and training providers (Statutory guidance)

Appendix

United Nations Convention on the Rights of the Child (Unicef)

The Convention covers the following subjects:

- Definition of children as all persons less than 18 years of age, unless the legal age of majority in a country is lower.
- General principles, including the right to life, survival and development, the right to non-discrimination, respect for the views of children and to give consideration to a child’s best interests, and the requirement to give primary consideration to the child’s best interests in all matters affecting them.
- Civil rights and freedoms, including the right to a name and nationality, freedom of expression, thought and association, access to information and the right not to be subjected to torture.
- Family environment and alternative care, including the right to live with and have contact with both parents, to be reunited with parents if separated from them and to the provision of appropriate alternative care where necessary.
- Basic health and welfare, including the rights of disabled children, the right to health and health care, social security, child care services and an adequate standard of living.
- Education, leisure and cultural activities, including the right to education and the rights to play, leisure and participation in cultural life and the arts.
- Special protection measures covering the rights of refugee children, those affected by armed conflicts, children in the juvenile justice system, children deprived of their liberty and children suffering economic, sexual or other forms of exploitation.

You can find out more about the articles in the UNICEF summary or by downloading the full text of the Convention.
Appendix

Childhood obesity: a plan for action

Updated 20 January 2017

Cabinet Office
Department of Health & Social Care
HM Treasury
Prime Minister’s Office, 10 Downing Street

With nearly a third of children aged 2-15 overweight or obese, tackling childhood obesity requires us all to take action. Government, industry, schools and the public sector all have a part to play in making food and drink healthier and supporting healthier choices for our children. The benefits for reducing obesity are clear – it will save lives and reduce inequalities.

The actions in this plan will significantly reduce England’s rate of childhood obesity within the next 10 years. Achieving this will mean fewer obese children in 2026 than if obesity rates stay as they are. We are confident that our approach will reduce childhood obesity while respecting consumer choice, economic realities and, ultimately, our need to eat. Although we are clear in our goals and firm in the action we will take, the launch of this plan represents the start of a conversation, rather than the final word. Over the coming year, we will monitor action and assess progress, and take further action where it is needed.

* Introducing a soft drinks industry levy
* Taking out 20% of sugar in products
* Supporting innovation to help businesses to make their products healthier
* Developing a new framework by updating the nutrient profile model
* Making healthy options available in the public sector
* Continuing to provide support with the cost of healthy food for those who need it most
* Helping all children to enjoy an hour of physical activity every day
* Improving the co-ordination of quality sport and physical activity programmes for schools
* Creating a new healthy rating scheme for primary schools
* Making school food healthier
* Clearer food labelling
* Supporting early years settings
* Harnessing the best new technology
* Enabling health professionals to support families


Accessed Feb 2018
Appendix

Teenage Pregnancy

This framework aims to help local areas assess their teenage pregnancy prevention programmes to:

- see what’s working well
- identify any gaps
- take a multi-agency whole-system approach
- to prevent unplanned pregnancies and support young people to develop healthy relationships.

Accessed Feb 2018

Participation in intra- and inter-school competitive activities

- The 2009/10 survey found a very large increase in the proportion of pupils participating in intra-school competitive activities during the academic year – up from 69% (of Years 1 – 11) in 2008/09 to 78% in 2009/10.
- This increase is apparent in each and every year group, with the largest increase being in Year 1.
- 77% of boys participated in intra-school competition, compared to 73% of girls. This difference is not very apparent in Key Stages 1 and 2, but by Year 10 it has risen to five percentage points, and in Years 11 – 13 the difference is much greater than this.
- Like participation in intra-school competition in general, regular participation has also increased substantially over the last year – up from 28% of Years 3 – 13 in 2008/09 to 39% in 2009/10.
- 99% of schools held at least one sports day or equivalent during the academic year.
- 49% of pupils in Years 1 – 11 participated in inter-school competition during the 2009/10 academic year. This continues the upwards trend, with a five percentage point increase in the last year.
- There are some differences in participation in inter-school competition between boys (50%) and girls (44%), based on Years 1 - 13. The difference in participation levels only become apparent at Year 4, and then increases year on year until by Year 10 - 13 the discrepancy is very large.

Sports provision

- Schools provided on average 19.0 different sports from a pre-specified list. This is a small increase over the average number of sports provided in 2008/09 (18.6).
- Football once again is the most widely provided sport.
- On average, an equal number of sports were available to both girls and boys. However, while at a primary level there were no differences at all in terms of the actual sports available, at a secondary level the survey reveals that boys and girls are often offered different sports. Specifically secondary level girls were more likely than boys to be offered dance, gymnastics, rounders, netball, hockey, trampolining, cheerleading, yoga and equestrian, while boys were more likely to be offered cricket, basketball, rugby union, golf, rugby league, table tennis, softball, boxing and baseball.
Appendix

Government guidance on PSHE

Published Sep 2013
Accessed Feb 2018

Personal, social, health and economic education

Personal, social, health and economic (PSHE) education is an important and necessary part of all pupils’ education. All schools should teach PSHE, drawing on good practice, and this expectation is outlined in the introduction to the proposed new national curriculum.

PSHE is a non-statutory subject. To allow teachers the flexibility to deliver high-quality PSHE we consider it unnecessary to provide new standardised frameworks or programmes of study. PSHE can encompass many areas of study. Teachers are best placed to understand the needs of their pupils and do not need additional central prescription.

However, while we believe that it is for schools to tailor their local PSHE programme to reflect the needs of their pupils, we expect schools to use their PSHE education programme to equip pupils with a sound understanding of risk and with the knowledge and skills necessary to make safe and informed decisions.

Schools should seek to use PSHE education to build, where appropriate, on the statutory content already outlined in the national curriculum, the basic school curriculum and in statutory guidance on: drug education, financial education, sex and relationship education (SRE) and the importance of physical activity and diet for a healthy lifestyle.

Sex and relationship education

Sex and relationship education (SRE) is an important part of PSHE education and is statutory in maintained secondary schools.

When any school provides SRE they must have regard to the Secretary of State’s guidance; this is a statutory duty. Academies do not have to provide SRE but must also have regard to Secretary of State’s guidance when they do.

Advice for schools

We provide grant funding to the PSHE Association to work with schools to advise them in developing their own PSHE curriculums and improve the quality of teaching. The association focuses on signposting schools to high-quality resources and in expanding their Chartered Teacher of PSHE programme. We have also asked the association to promote the teaching of consent as part of SRE, in line with the statutory guidance for that subject.

For drug and alcohol education, we launched a new evidence-based information service in April 2013 called Mentor-ADEPIS for those working with young people, including schools and teachers. The new service provides practical advice and tools based on the best international evidence.
Appendix

We also provide funding to the Centre for the Analysis of Youth Transitions (CAYT) to develop a database of evaluations of programmes aimed at improving outcomes for young people.

CAYT will score the strength of evidence of impact for a submitted programme, so schools and others will know which programmes have the best evidence of impact.

Additional support

We want teachers to be free to address the topics most relevant for their pupils, drawing on good practice and advice from professional organisations. Schools are free to use the organisations and resources they choose and we encourage organisations to develop guidance for schools in the areas of their expertise.

We have asked the PSHE Association to provide teachers with a range of case studies to inform their teaching. We recommend that schools use reputable professional organisations that will facilitate a broad and balanced approach.
Appendix

PSHE programme of study

The PSHE Association has produced a Programme of Study for PSHE education (key stages 1 - 5). It identifies the key concepts, skills and attributes that are developed through PSHE education.

The PSHE Programme of Study was produced in consultation with a wide variety of agencies and practitioners to meet the needs of today’s pupils and is regularly updated to meet these changing needs.

The programme of study includes three core themes:

- Health and Wellbeing
- Relationships
- Living in the Wider World

This is the third edition of the PSHE Association’s programme of study for personal, social, health and economic (PSHE) education. It was written to sit alongside the 2014 National Curriculum and has been updated to reflect the rapidly changing world in which our pupils live and learn.

https://www.pshe-association.org.uk/curriculum-and-resources/resources/programme-study-pshe-education-key-stages-1%E2%80%935

The Association is the professional association for PSHE and runs CPD training for PSHE.