



Policy for Primary PSHE and Citizenship Education

2023-2025

Policy for Primary PSHE and Citizenship Education

Herringthorpe Infant School

This policy was written by: Phoebe Allen
& will be reviewed: March 2025

Role: PSHE/RSE Subject Leader

Date: March 2023

Links with other policies

This policy should be read in conjunction with the Drug Education & Relationships and Health Education policies, which are attached as appendices.

Appendix 1: Examples of teaching and learning strategies

Appendix 2: Outline of PSHE&C education scheme of work (updated 2021)

Appendix 3: Relationships and Health Policy

Appendix 4: Drug Education policy

Introduction

Personal, Social and Health Education and Citizenship enables pupils to develop the knowledge and understanding, skills, attitudes and values which are necessary for them to make sense of the responsibilities, opportunities and experiences which are part of their lives both now and in the future.

Aims and Objectives

PSHE and Citizenship enables children to become healthy, independent and responsible members of society. We encourage our pupils to play a positive role in contributing to the life of the school and the wider community. In so doing we help their sense of self worth. We teach them how society is organised and governed. We ensure that they experience the process of democracy in school through the school council. We teach them about rights and responsibilities. They learn to appreciate what it means to be a positive member of a diverse multicultural society.

The aims of personal, social and health education and citizenship are to enable the children to:

- Stay as healthy as possible;
- learn to keep themselves and others safe;
- develop effective & satisfying relationships ;
- learn to respect the differences between people;
- be independent and responsible members of the school community;
- be positive and active members of a democratic society;
- develop self-confidence and self-esteem, and make informed choices regarding personal and social issues;
- develop good relationships with other members of the school and the wider community

Detailed objectives are outlined in the schemes of work (see appendix 2)

Teaching & Learning Strategies

Teaching and Learning Strategies The approaches to the teaching and learning of PSHE and the methodology are as important as the content. Dealing with aspects of PSHE as they arise, in class discussions and assemblies, are ways in which we address the subject. However, we also employ a variety of strategies in order to develop skills, attitudes and behaviour effectively. Active learning techniques such as role play, enables learning to take place not only in the area of knowledge and understanding, but also in the areas of skills, attitudes and behaviour. Children will be offered activities and opportunities to reflect on, process and evaluate their learning. Many personal and social skills can be developed through other areas of the curriculum, for example, group or paired tasks which require co-operation and communication. Other examples of teaching and learning approaches can be found in Appendix 1.

Curriculum organisation

In the Foundation Stage, the teachers use the Early Learning Goals in the revised EYFS curriculum (2019) to plan and deliver PSHE.

In Key Stage 1 and 2, the teachers use the National Framework for Key Stage 1 and 2. This is implemented by planning using the Rotherham Scheme of Work which is supported by the SEAL programme. The Rotherham Scheme of Work provides clear guidance for each year group to support the delivery of PSHE and C lessons.

It is delivered in discrete curriculum time (including Circle Time); in other subjects where there are cross-curricular links (e.g. P.S.H.E. and Citizenship Policy 2 health education – work on keeping our bodies healthy linked to science, keeping safe – work about our locality linked to geography etc.); in assemblies, and also in incidental opportunities as they arise.

Systems and routines specific to the needs of our school are in place to deal with such issues and are outlined in other School Policies, e.g. Behaviour Policy. SEAL (social and emotional aspects of learning) is a teaching program which helps the children in their personal, social and emotional development. It focuses on a specific theme each half term with planning and resources that are appropriate for each age group.

Role of the PSHE & Citizenship Co-ordinator

The role of PSHE Coordinator involves:

- leading the production of this Policy and other curriculum documentation
- ensuring continuity and progression throughout school
- supporting colleagues with their planning and assessment
- monitoring progress in PSHE & Citizenship throughout school and advising the management team of the outcomes
- ordering and organising resources for PSHE
- promoting a healthy lifestyle within our school community
- The coordinator also liaises with the staff members who are responsible for the student council.

Resources

There are a wide variety of resources – cd roms, posters, photographs, children's books in a section of the Library, teacher reference books, "big books", story books, puppets and also the SEAL materials. In addition to these we borrow resources from the Rotherham Professional Development Centre (Education), and Rotherham Primary Trust (medical resources). When visitors are invited into school to support the delivery of PSHE, they do this in conjunction with the classroom teacher. Ideally they need to meet with the teacher to plan the lesson appropriately. Staff are responsible for ensuring that the visitor is aware of relevant Policies and that they work in a manner consistent with the requirements of our school. The school uses the "Working in Partnership" Document produced by South Yorkshire Healthy Schools. All the resources are up-to-date in terms of factual content and do not show unfair bias. They avoid racial, gender and sexual stereotyping and are age appropriate. They conform to the legal requirements of the appropriate aspects of PSHE.

Assessment, Reporting and Recording

Self-assessment has a core role in PSHE and Citizenship and we give opportunities for pupils to reflect on their strengths, their needs, their learning and their development. Formative assessment is on-going and used to plan work. Summative assessment is recorded and reported to parents in the child's End of Year Report. The school uses the agreed assessment and coverage tool (used for all Foundation Subjects at Herringthorpe Infant School) for Key Stage 1. The PSHE Coordinator has responsibility to collate and monitor the assessment process for each Year 1 and 2.

Use of Visitors

When using visitors to support the delivery of the scheme of work we follow the good practice as outlined in the **Visitors Policy- Working in Partnership** (WiP) document produced by South Yorkshire Healthy Schools/settings. We ensure that visitors are not left alone to teach a class. The visitor's role is to support the classroom teacher, who is then able to follow up effectively any input given. Ideally, they need to work with the teacher on the preparation of a session in which they are involved, so that they are aware of the context for the lesson. (see Planning Checklist in the WiP document). Active learning principles apply: it is not appropriate, for instance, for a police officer to deliver a 'lecture' on road safety to the whole school in the hall.

School staff are responsible for ensuring that visitors supporting curriculum delivery in PSHE and Citizenship are aware of relevant policies (for instance, behaviour management, Relationships and Health education, drug education, child protection, eq opportunities) and work in a manner consistent with their requirements.

The PSHE and Citizenship co-ordinator holds an overview of the visits and visitors being used to support the PSHE & Citizenship curriculum, and has responsibility for planning such opportunities across the school.

The school uses the '**Working in Partnership**' document produced by South Yorkshire Healthy Schools to plan and evaluate visitor contributions.

Review and Monitoring

The PSHE and Citizenship Co-ordinator monitors the standards of children's work and the quality of teaching. The co-ordinator supports colleagues in the teaching of PSHE and Citizenship, giving them information about current developments in the subject and by providing a strategic lead and direction for the subject in the school. The coordinator provides relevant information to the Head Teacher, evaluating strengths and weaknesses in the subject and indicating areas for further improvement. Extra time is allocated to enable him/her to fulfil this role by reviewing samples of children's work and visiting classes to observe teaching in the subject.

Professional Development

Staff need to feel confident to deliver this aspect of the curriculum, and support will be offered through in-service training via accessing CPD opportunities from the Rotherham Healthy Schools Team on specific issues (e.g. PSHE Leads meetings, RSE, drugs), regular updates to staff from the co-ordinator and with networking opportunities with other schools and co-ordinators.

Links to other policies

Other school policies contribute to the personal, social and emotional development of pupils:

- ☐ *Relationships and Health Education (RHE)*
- ☐ *Anti-Bullying*
- ☐ *Drug Education and the Management of Drug Related Incidents*
- ☐ *Child Protection*

Appendix 1

Examples of Teaching & Learning Strategies

(i) *Use of fiction*

Stories may be used in two main ways PSHE & Citizenship. Firstly, a story is able to provide common understanding of a situation, which all the children can comment on. Secondly, the use of characters frequently enables children to give an opinion that they would feel uncomfortable verbalising independently. Thirdly they provide a useful distancing technique so as not to encourage personal disclosure.

(iia) *Role play and drama*

Role play is particularly significant in allowing children to practise skills and as such is a very important part of PSHE and Citizenship. Role play can be used in a circle, giving pairs of children structured situations to explore, as well as with groups working around the classroom.

(iib) *Hot seating*

The main purpose of this technique is to enable children to verbalise the thoughts and feelings of someone else. One child is put in the 'hot seat' and takes on a character. Other children ask the character their feelings and reactions.

(iic) *Tunnel of Thoughts*

A child walks between two lines of children, having been assigned a particular dilemma or character. The walls of the tunnel (children facing inwards in lines) call out things that the character might be thinking about. It is possible to give each 'line' of children one side of the dilemma to represent (eg 'Do it', 'Don't do it').

(iii) *Brainstorm*

Children can be given a single word, a phrase or an issue. They then share their responses, as a whole or in groups, which are then recorded. In its purest form the teachers should make no interventions during the children's suggestions. This encourages the widest range of answers and avoids the teacher's preconceptions guiding the suggestions.

(iv) *Pair and Group Work*

Sometime in PSHE and Citizenship sessions it may be useful to organise particular groupings of children (for instance single groups or interest groups). Methods for mixing children include distributing cut up postcards, or asking children to arrange themselves in a circle in the order of the number of their house or flat, and then dividing them into pairs/groups. Skills of working effectively in groups need to be built up. For instance, if using big paper and one large pen, give attention to the ways of negotiating

who scribes for the group. Giving children the opportunity to share and record all their ideas, then giving them time to prioritise two or three ideas to share with the whole class in another useful approach.

(v) Carousel

This is a method of encouraging children to talk and listen in a structured way. The children are arranged in two concentric circles. The children in the inside circle face out, while those on the outside face in. Each child will have a partner in the other circle. The children are given a topic for discussion or a task and a length of time to work together (for instance, 'For two minutes, discuss ideas about how to cope if you go to a new school'). When the task has been carried out, either circle may be moved round to give each child a new partner.

vi) Circle Time

This approach has two primary functions. It is used to enable each child to give their opinion and to increase the self esteem of the individual and the group as a whole. It is important to try to establish a quiet space for Circle Time where children can sit reasonably comfortably in one complete circle. Circle Time is an excellent vehicle for improving the dynamics of a class through play and discussion. Care should be taken to establish rules for Circle Time which encourages the children to listen to each other and take turns. A few ideas for Circle Time activities, are explained below. *(The Rotherham Healthy Schools Resource, **Let's Get Round To It** is a comprehensive resource for planning Circle Time.)*

Rounds

The children will be given a sentence stem which they will complete in turns. Sometimes it is appropriate to pass a special object, such as a soft toy or a shell, around the circle: children know that they may only speak when holding the 'object'. The sentence stem or concept given may simply be for the purpose of sharing thoughts and feelings or it may form the start of a PSHE lesson. It is important that children have the right to say "Pass" when taking part in a round. Sentence stem and ideas for rounds include:

- bad news, good news
- I feel happy/sad/angry when...
- Something a good friend does is....
- My favourite colour/animal/place is.....

Games

- Games used within Circle Time have the general purpose of promoting enjoyment and relationship building within the class. Individual games also have objectives of developing particular elements of self esteem and social skills.

Special Day

Each child, randomly selected (through names in a pot or pin in the register, for instance) has a special day during the school year. The day can include privileges such as going first in the dinner queue,

choosing where to sit or wearing a special badge. The rest of the class creates a certificate for the person whose day it is (We like you because), which they can take home.

Puppets

These may be used in a circle time environment, enabling the children to approach difficult subject areas. They are also a useful device for encouraging turn taking.

(vii) *'Draw and Write'*

This stems from the 'Health for Life' programme, and involves children in answering open ended questions by drawing and writing their responses on a blank sheet of paper. This enables teachers to judge appropriate teaching content by better understanding children's current perceptions and understanding. The approach can be used at the beginning and end of a topic, or within any element of a unit. One of the most used 'Draw and Write' strategies is known as 'Jugs and Herrings': it is used to assess children's perceptions of the world of drugs, and is explained in Health for Life Book 2; it can also be accessed via the internet.

(vii) *Circle of Feelings*

The teacher can lead the activity with the whole class, or it can be used with groups working on a large sheet of paper, or as an individual activity. Children are given or draw a large circle, with an issue (for example 'feeling different', 'feeling good') in the middle. They then brainstorm words and phrases and record them around the circle. The rationale for using this rather than a list is to show that none of the ideas has priority over the others.

(ix) *Film clips*

There are many film clips available via the internet and also on DVD's, including some television programmes e.g. soaps, available which are of good quality and useful in delivering PSHE & Citizenship. The principles of active learning still need to be applied: simply showing a clip/film and holding a whole class discussion on its content will only enable certain types of learning to take place. Using it as a trigger or basis for Circle Time or drama activities increases its potential. The use of video cameras (eg for role-play sessions) and photographs (eg for examples of behaviour following ground rules) can also provide interesting opportunities for teaching and learning in PSHE.

Appendix 2: Scheme of Work

see attached

Herringthorpe Infant School

A Policy on Relationships and Health Education (RHE)

Policy Update

This policy will be reviewed regularly and will be next updated in March 2025, and/or if we become aware of new National guidance, changes to the curriculum or organisation within the school. The person responsible for updating this policy is Phoebe Allen.

Reviewed PSHE Lead: Phoebe Allen

Approved by the Full Governing Body:

Date of policy: March 2023

Review Date: March 2025

Written by: Phoebe Allen

Guidance documents:

- DfE 'Relationships Sex and Health Education (RSHE) statutory guidance (Sept 2021)
- DfE 'Science programmes of study: key stages 1 and 2' (2015)
- Equality Act 2018.

Section 1

Introduction

Relationships and Health Education is about empowering pupils with the knowledge to make informed decision about their well-being, health and relationships. Relationships and Health Education is about understanding the importance of stable, loving and respectful relationships and the value of these relationship qualities within family life and wider society. Relationships and Health Education is taught at an age-appropriate and developmentally appropriate level, sensitively and inclusively with respect to the backgrounds and beliefs of all.

This policy was written in consultation with representatives of the whole school community and different drafts were considered before this final version.

Section 2

Aims and Objectives of RHE

Aims

Relationships and Health Education aims to promote the spiritual, moral, cultural, emotional and physical development of pupils at Herringthorpe Infant School and in society and to prepare them for the challenges, opportunities and responsibilities of adult life. Relationships and Health Education includes providing pupils with reliable information about healthy relationships.

Following guidance produced by the DfE (2019) the school ensures that Relationships and Health Education is carefully designed to safeguard and support all pupils. As a school we are clear on the themes and issues it should cover and Relationships and Health Education is age-appropriate; building knowledge and life skills over time in a way that prepares individuals for issues they will soon face including:

- different types of relationships, including friendships, family relationships, dealing with strangers
- how to recognise, understand and build healthy relationships, including self-respect and respect for others, commitment, tolerance, boundaries and consent
- how relationships may affect health and wellbeing, including mental health

Objectives

- To develop confidence in discussing relationships including the development of positive attitudes towards self and others with differing views
- To recognise the value of family life and stable, loving and respectful relationships as key building blocks to community and society
- To learn the value of respect, care and self esteem
- To provide opportunities to explore issues relating to emotional, physical and moral development in a safe and secure environment
- To enable pupils/students to effectively communicate about issues associated with relationships, including intimate relationships
- To understand the responsibilities of safe relationships

See Appendix 1

Section 3

Planning and delivery

At Herringthorpe Infant School, the Rotherham School Improvement Service Primary Personal, Social and Health Education Scheme of Work for Years 1-2 is used to deliver statutory Relationships and Health Education.

This is adapted by class teachers to ensure that learning is age-appropriate and developmentally appropriate for all children whilst meeting the needs of the whole-school community.

The relationships and health curriculum is informed by issues in the school and wider community to ensure it is tailored to pupils' needs; for example, if there was a local prevalence of FGM, our curriculum would be tailored to address this issue.

We consult with parents, pupils and staff in the following ways:

- Questionnaires and surveys
- Meetings
- Training sessions
- Newsletters and letters Information on the school website/dojo

Relationships education focuses on teaching the fundamental building block and characteristic of positive relationships including:

- Families and people who care for me
- Caring friendships
- Respectful relationships
- Online relationships
- Being safe

These areas of learning are taught within the context of family life taking care to ensure that there is no stigmatisation of children based on their home circumstances (families can include single parent families, LGBT parents, families headed by grandparents, adoptive parents, foster parents/carers amongst other structures) along with reflecting sensitively that some children may have a different structure of support around them (for example: looked after children or young carers).

It is acknowledged that as Relationships and Health Education deals with some sensitive issues, the following points are important:

- Clear ground rules will be established prior to discussions in Relationships, RHE and Health Education to ensure that appropriate boundaries are set and to ensure no pupil feels embarrassed or uncomfortable about the topics being discussed.
- Correct terminology should be used when naming body parts, whilst recognising that there are 'pet' or 'family' words that may be used at home. Herringthorpe Infant School promotes the 'PANTS' campaign which is shared with parents/carers and children. Our school uses the terminology 'private parts' to refer to any body part covered by underwear or swimwear. This is universal language used throughout the school.
- Other issues may arise. Appropriate questions will be answered honestly and openly. Whether this is within a class or on an individual basis will be dependent on the situation. Questions will always be answered sensitively and, where appropriate, Learning Mentor support will be provided.

The school believes that the responsibility for planning and delivering this area of the curriculum lies firmly with the teaching staff. RHE is taught by classroom teachers, sometimes supported by

classroom assistants /support staff and occasionally the school nurse or quality assured visiting speakers.

When external agencies are invited in to school to enhance the RHE curriculum, the guidance '*Working in Partnership – Visitors Policy*' (See Appendix3) is used to ensure the input meets the needs of the school and the children, is good practice and is also in line with this RHE policy.

It is recognised that some staff may find it uncomfortable, and may lack confidence when delivering sensitive issues. If this is the case, every effort will be made to provide support, either with resource materials, training or in the classroom.

Training for those delivering this area of work is offered via the Rotherham Healthy Schools Team, and staff will be given the opportunity to access it where appropriate.

Parents and governors are welcome to view the Scheme of Work and any resources used and to discuss their use with the teaching staff.

See Appendix 1

Section 6

Parental rights

The school believes that Relationships and Health Education is the right of every pupil and encourages active participation and involvement in the curriculum.

Relationships and health education are statutory at primary and parents do not have the right to withdraw their child from the subjects.

The headteacher will discuss with the parent, the benefits of receiving this important education and any adverse effects that withdrawal may have on the pupil – this could include, for example, social and emotional effects of being excluded.

The headteacher will keep a record of the discussion between themselves, the pupil and the parent.

During the delivery of relationships and health education some questions may arise from pupils with regards to sex education. Any appropriate questions will be answered sensitively and sensibly, taking into account the views and opinions of parents. This may be more appropriate out of the whole class setting.

See Appendix 2

Section 7

Consultation with parents

The school understands the important role parents play in enhancing their children's understanding of relationships and health. Similarly, we also understand how important parents' views are in shaping the curriculum (see section 3).

The school works closely with parents by establishing open communication – all parents are consulted in the development and delivery of the curriculum. Parents are provided with the following information on request or from the school website:

- The content of the relationships and health curriculum
- The delivery of the relationships and health curriculum, including what is taught in each year group
- The legalities surrounding withdrawing their child from the subjects
- The resources that will be used to support the curriculum

The school aims to build positive relationships with parents by inviting them into school to discuss what will be taught, address any concerns and help parents in managing conversations with their children on the issues covered by the curriculum.

Parents are invited to attend an RSE workshop so that they may view teaching materials and curriculum content. They are consulted in the review of the curriculum and this policy, and are encouraged to provide their views at any time.

Section 8

Professional Development

Every effort will be made to ensure that teaching staff delivering Relationships and Health Education have access to appropriate training; this may include input by the Rotherham School Improvement Team or from the PHSE Association.

Section 9

Resources

A range of teaching resources will be used to enhance pupils' learning experiences and encourage active participation. This includes the use of resourcing websites, case studies, research, video, small group discussion and, where appropriate, guest speakers, outside agencies and workshops. The Rotherham Schools Improvement Service for PSHE – Primary Phase refers to and uses a wide range of resources and these are constantly being reviewed and updated; in school we use the most updated version, on which to base our schools' scheme of work.

See Appendix 1

Section 10

Assessment, Monitoring and Evaluation

Relationships and Health Education is monitored through lesson planning, learning walks, classroom observations and work scrutiny. The person responsible for monitoring RHE is Phoebe Allen.

ROTHERHAM HEALTHY SCHOOLS' FRAMEWORK/GUIDE TO PRODUCING A SCHOOL POLICY

COVERING DRUG EDUCATION AND DRUG RELATED INCIDENTS

Based on

*Guidance relating to drug and alcohol incidents in
schools DfE/ACPO 2012*

Drugs: Guidance for schools DfES 2012



Herringthorpe Infant School Drug Policy

The policy will be revised **March 2025**

- annually at the end of the school year by the PSHE Co-ordinator where minor updates will take place e.g. curriculum changes as a result of pupil needs analysis and reviews; help and advice contact detail changes.
- Major reviews will take place biannually unless circumstances dictate otherwise e.g. new DfE guidance is brought out so the policy will need updating in the light of it, to reflect good practice.

(see document: Reviewing Your Drug and Alcohol Policy A Tool kit for schools. Mentor Dec 2012)

Parents/carers, pupils and staff will be made aware of the availability of the drug policy via the website and prospectus. Personal copies if required, will be available from reception. New staff will be made aware of the policy and its contents, as appropriate, by their line manager.

This policy links to other policies within school. They include:

- The PSHE policy
(drug education is taught within PSHE lessons)
- Child Protection and Confidentiality Policy
(drug related disclosures during lessons or drug incidents)
- Behaviour Policy
- Drug related incidents policy (this may be within the behaviour policy rather than be stand alone)
- The medicines in school policy
(storage and accessing medicines protocol)
- Risk Assessment Guidance
(drug incidents and care of medicines on school trips)
- Health and Safety Policy
(purchase/storage of solvents, hazardous chemicals and medicines)
- Pastoral Support Policy
(at risk pupils, targeted prevention/support and drug incidents)
- Smoke-free Policy

Local and national guidance

Guidance was received from Rotherham L.A. via the Healthy Schools Team. The following local and national documents were consulted:

- Drugs: Guidance for Schools; DfES February 2012
- DfE/ACPO 2012 Guidance relating to drug and alcohol incidents in schools
- Reviewing Your Drug and Alcohol Policy A Tool kit for schools. Mentor Dec 2012
- Rotherham Healthy Schools Scheme of Work PSHE and Citizenship, Primary phase

Background

School plays a crucial role in educating pupils about drugs, to help reduce harm from drugs and help pupils make informed and healthy decisions about drugs. This policy aims to bring about a whole school approach to drug issues. It will help staff to manage incidents with confidence, consistency and in the best interest of all those involved.

The purpose of this policy is therefore to:

- Clarify the legal requirements and responsibilities of the school
- Reinforce and safeguard the health and safety of pupils and others who use the school
- Clarify the school's approach to drugs.
- Give guidance on developing, implementing and monitoring the drug education programme
- Enable staff to manage drugs on school premises, and any incidents that occur, with confidence and consistency, and in the best interests of those involved
- Ensure that the response to incidents involving drugs complements the overall approach to drug education and the values and ethos of the school

This policy applies to the whole school community – all staff, pupils, parents and external agencies working with the school. (Agreement may be made with some external agencies to allow them to work under their own confidentiality policy if deemed appropriate e.g. confidential drop-ins) The school boundaries include the actual school site, pupil's journeys to and from school sessions, and activities which take place organised via the school such as school visits and trips.

Definitions and terminology:

The definition of a drug given by the United Nations Office on Drugs and Crime is:

“A substance people take to change the way they feel, think or behave”

The terms 'drugs' and 'drug education' within this document refer to all drugs including medicines (over the counter and prescription), volatile substances, alcohol, tobacco and legal and illegal drugs. (including novel psychoactive substances)

The possession, misuse or supply of these drugs within the school boundaries is unacceptable. The major concern for the school in managing drugs is the health and safety of the school community and meeting the pastoral needs of pupils.

Some pupils may require medicines that have been prescribed for their medical condition during the day; refer to the **Medicines in Schools Policy** for further guidance.

If alcohol is authorised at school (e.g. parent/carer/community events) the arrangement for storage or use will be discussed with the head teacher.

Any solvents or hazardous chemicals legitimately used by school staff or pupils will be stored securely by appropriate staff responsible for their use and managed to prevent inappropriate access or use. Further detail is available in the **Health and Safety Policy**.

Staff with key responsibility for drugs:

The Head teacher will have responsibility for drug related incidents and all members of staff will refer incidents to them. In the head teachers absence the deputy head should be informed.

The line manager of the PSHE Coordinator will oversee the planning and coordination of drug education.

The PSHE Coordinator, Nicola Smyth will have overall responsibility for the coordination of the drug education programme in school but individual class teachers will liaise closely with them to ensure that the programme is up to date and meets the needs of the pupils and that careful monitoring and evaluation of the quality of teaching takes place.

Drug education

The aim of drug education is to provide opportunities for pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.

Drug education is taught through PSHE lessons and our scheme of work reflects the non-statutory frameworks for PSHE and citizenship at KS1 and the statutory requirements within the National Curriculum.

This is the basis of what will be covered in each key stage relating to the statutory PSHE curriculum:

Foundation stage:	National Curriculum supports children in developing an understanding of what keeps them healthy and safe
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KS1	Pupils learn about being safe with medicines and household substances and the basic skills for making healthy choices and following safety rules
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Links are made within PSHE lessons to other common aspects of PSHE for example resisting pressure in relationships education; vulnerability linked to child sexual exploitation; risk, personal safety; emotional health and wellbeing.

In order to ensure that the work remains credible and relevant to the pupils' their existing knowledge, beliefs, experiences and understanding is established using needs analysis. This helps to develop aims and learning objectives and provide a baseline against which the programme can be evaluated. (p29)

PSHE is taught once a week as a discrete subject by class teachers/HLTAs. The scheme of work has been coordinated by the PSHE coordinator to ensure that the themes run coherently throughout each year and that the drug education is built upon year after year in a spiral curriculum, to develop knowledge attitudes skills and understanding appropriately for the age group. (using the World of drugs units in the RHS SOW for PSHCE as a basis)

Appropriate external agencies will be used who can add value (expertise we cannot ourselves offer) but these visitors will be carefully planned and integrated into the drug education programme; the teaching of drug education will be the responsibility of the teacher. The South Yorkshire '*Working in Partnership*' document will be used to plan and evaluate the contribution of visitors

If a pupil is absent for substantial parts of the drug education programme, this will be addressed appropriately on their return to school. 'At risk' pupils may receive additional targeted drug education sessions when working within small group settings. Early Help teams and with high risk young people, Know the Score- Rotherham's Young Peoples Drug and alcohol service, will liaise with staff to work with at risk young people 08000 199951

See the school PSHE scheme of work for further details of the drug education content

Methodology and resources

Teachers will build on what the pupils already know; teaching will be structured so pupils know what is to be learnt and how. A variety of teaching methods and strategies will be used in the teaching of drug education to cater for the range of attainment levels and learning styles of our pupils and their diverse needs; active participation will be encouraged. Due to the sensitive nature of the subject of drugs, ground rules will be developed with each class to foster mutual respect and a safe environment where pupils feel safe to discuss their views; pupils will be reminded of the schools confidentiality policy if personal disclosure should take place and where they can access help and advice confidentially.

Staff support and training

All new staff will be made aware of the Drug policy and its contents by their line manager. All school staff will have general drug awareness knowledge (an information leaflet given as a minimum e.g. 'Know the Score – drugs' or 'A parents Guide to drugs' available to order from the 'Frank' national drug website) and an understanding of this policy and their part in it.

In order that drug education is taught effectively teachers need to have the appropriate confidence and knowledge and are able to employ appropriate teaching methods. Opportunity will be given to enable staff to access CPD opportunities in drug education, this could include team teaching; observation; coaching/mentoring; teaching networks; training courses. CPD learning will be disseminated with other colleagues, in staff meetings as appropriate, in order to maximise the learning opportunity for all staff.

Assessment, monitoring, evaluation and reviewing

For the other drug education work, regular assessments will be planned to take place throughout the drug education scheme of work – initial needs assessment; assessment throughout the work and final assessment at the end of the work.

Assessment will identify knowledge and understanding gained and its relevance to the pupils; skills which have been developed and put in to practice and how feelings and attitudes have been influenced during the programme. This will be done by pupils using formative assessment where the pupils review and reflect upon their progress and understanding how they can improve their learning. Pupils can also assess their learning in a summative way measuring what they know, understand or can do.

Methods will include:

- Pupil assessment- pupils reflecting on what they have learnt setting their own targets and monitoring their own progress using check lists, diaries, displays, portfolios, before and after comparisons (e.g. draw and write technique comparison)
- Peer-group assessment- pupils reflecting on what they have learnt, providing feedback to each other and reflecting on their roles in the group, using oral feedback, graffiti sheets, video/audio tapes
- Teacher assessment- observing, listening, reviewing written work and pupils' contribution to drama, role play, discussions and through end of unit tests/tasks

The teaching of drug education will be monitored by:

- looking at teachers short, medium and long term planning
- Lesson observation and feedback by the PSHE coordinator.
- Looking at samples of pupils work
- Teachers comments on the scheme of work/lesson plans and feedback about what has been covered
- Pupil feedback on what has been covered (regular agenda item on pupil meetings)
- PSHE regular agenda item on governors meetings

Evaluation will take place to find out how effective the teaching activities and materials have been in achieving the aims of the programme and meeting the needs of the pupils. The views of teachers, pupils, any non teaching assistants, parents and participating external agencies will be sought.

Feedback from monitoring and assessment of pupils' learning and the achievement of the aims and learning outcomes will all contribute to the evaluation process.

Evaluation activities will include:

- Specific feedback from pupils/teachers on specific aspects of the programme e.g. external speaker; Theatre in Education
- Comparison with the baseline of the pupils knowledge, understanding and skills at the start of the programme

Management of drug and alcohol related incidents at school

The following guidance was used in relation to the management of drugs in school:

- Information from DfE/ACPO **2012 Guidance relating to drug and alcohol incidents in schools;**
- conduct of searches is set out in the legislation (550ZB of the Education Act 1996 (inserted by 242 of the ASCLA 2009)
- Drugs: Guidance for schools DfES 2012.

Tackling Drug Issues

This school follows the DfE/ACPO guidance 2012 that the most effective strategies for tackling drugs will include:

- making sure the response is supported by the whole school community;
- drug education is part of a well-planned programme of PSHE education;
- pupils understand the school rules and are made aware of the local and national helplines; FRANK national drugs helpline 0800 776600 and website; Rotherham's Know the Score young people's drug and alcohol project 08000 199951
- staff have access to high quality training and support. (advice and support via Rotherham Healthy Schools Team 01709 334005)

We will take the following action regarding the substances below:

- Prescribed medicines /Non-prescribed medicines
- Out of date/unused medicines should be collected by parents/carers to be disposed of.
- Volatile substances
- School will arrange for their safe disposal given their dangerous nature.
- Alcohol
- Parents/carers can be informed and given the opportunity to come and collect the alcohol, unless this would jeopardise the safety of the pupil
- Tobacco

- Parents/carers can be informed and given the opportunity to come and collect the tobacco products, unless this would jeopardise the safety of the pupil
- E-cigarettes/Vapes
- Parents/carers can be informed and given the opportunity to come and collect the alcohol, unless this would jeopardise the safety of the pupil
- Paraphernalia:
- Needles or syringes found on school premises will be placed in a sturdy, secure container (e.g. tin with lid) using sturdy gloves (dirty needles should not be disposed of in domestic waste. Pupils will be taught to tell a member of staff a.s.a.p. and not to touch. If paraphernalia is found on school site regularly the member of staff with responsibility for drugs in school will inform the Early Help Team who may consider organising some outreach workers to visit the site out of school hours to make contact with the users.
- Illegal drugs/ Novel Psychoactive Substances (sometimes known as Legal Highs):
- The law permits staff to take temporary possession of a substance suspected of being an illegal drug for the purpose of preventing an offence from being committed or continued in relation to that drug. As soon as possible the member of staff with responsibility for drugs in school will be notified of any drug related incident so that they can lead the decision making process.

Searches

This school will follow the DfE/ACPO 2012 guidance which makes clear that schools should not consider the legal status of a substance as a hindrance to confiscation, and says where the legality isn't clear the substance should be treated as a controlled drug.

While it isn't obligatory for schools to record searches we will make a record of the details of searches. It is also not obligatory to inform parents either before or after a search has taken place but this school will do so unless by doing so it puts the pupil at risk.

The Police

We have met with our School Police Liaison Officer and have agreed that the police will need to be involved under the following circumstances:

Schools are advised to agree with the police a protocol for working together. This should include how they will deal with any drugs found on the school premises. The guidance on how schools should deal with suspected controlled drugs is similar to the 2012 guidance.

During drug related incidents we will:

- ensure that a second adult witness is present throughout;
- seal the sample in a plastic bag and include details of the date and time of the seizure/find and witness present;
- store it in a secure location, such as a safe or other lockable container with access limited to senior members of staff;
- notify the police if appropriate, who will collect it and then store or dispose of it in line with locally agreed protocols. The law does not require a school to divulge to the police the name of the pupil from whom the drugs were taken but it is advisable to do so;
- record full details of the incident, (including the police incident reference number if reported to the police);
- inform parents/carers, unless this is not in the best interests of the pupil;
- identify any safeguarding concerns and develop a support and disciplinary response.

In Drugs Guidance for Schools 2012 it is advised that: If a drug related incident occurs on a school trip attempts will be made to consult with the member of staff who has responsibility for drugs in school. (Parental letters giving permission for pupils to go on trips could include a clause that if the pupil breaches the rules and is returned home the parents/carers should meet the cost of these arrangements)

Discipline

Pupil exclusion should/will not be the automatic response to a drug incident and permanent exclusion will only be used in serious cases. Care will be taken to investigate drug incidents fully using open ended questions in order to establish the nature of incidents and to use a range of responses as appropriate. A second adult witness will be present – member of staff with responsibility for drugs should have been involved a.s.a.p. in the process.

Possible incidents could include:

- Paraphernalia on school site
- Inappropriate knowledge of drugs
- Possession
- Supply
- Under the influence
- Disclosure
- Information

To determine the seriousness of the incident the following could be investigated:

- One-off or long term?
- Legal or illegal drug?
- Quantity?
- Motivation?
- Careful or reckless?
- Home circumstances?
- Does the pupil know and understand policy and rules?
- Coerced or ring-leader?

In response to the incident the school will try to balance the needs of the individual with those of the wider school community, and aim to provide pupils with the opportunity to learn from their mistakes and develop as individuals. As drug problems rarely occur in isolation our response will try to take a holistic approach rather than focus solely on drugs.

Possible responses could be:

- Early intervention and targeted prevention: The DfE/ACPO 2012 guidance suggests that schools will want to make needs assessment of pupils with the view to identifying those who will most benefit from drug education, those who may also require targeted interventions, and any that may need more specialist services.
- Referral to specialist services via the Early Help Team may be able to run education programmes for targeted young people and also individual support/help/advice for young people who are ready to seek this for their own substance related issues. e.g. via Know the Score, Rotherham Young People's drug and alcohol project (08000 199951)

- Counselling
- Behaviour support plans
- Inter-agency programmes
- Fixed period exclusion
- Pastoral support programmes
- A managed move
- Permanent exclusion

Responses should be justifiable in terms of:

- Seriousness of incident
- Needs of pupil and community
- Consistency with published school rules, codes and expectations
- Consistency with disciplinary action for breaches of other school rules (such as theft/violence/bullying)

The needs of pupils including referral and external support

We will endeavour to enable pupils to access support ensuring vulnerable pupils are identified and receive appropriate support through the curriculum, the pastoral system, or referral to other services. E.g. school nurse, learning mentor, Early Help, Know the Score Young People's drug and alcohol project (08000 199951) ,smoking cessation service.

Via the school website and notice boards, information for pupils, staff (teaching and non-teaching) and parents will identify where support and advice on drug issues can be found locally and nationally. Also we will put some appropriate information in newsletters and pupil materials (e.g. student planners)

Confidentiality

Teachers cannot and should not promise total confidentiality. Boundaries of the schools confidentiality policy will be made clear to pupils before the pupil has the chance to perhaps disclose information that they would rather not be passed on. If a pupil requests that a member of staff does not disclose some sensitive information the request should be honoured unless it is unavoidable in relation to:

- Child protection (pupils' safety is under threat or a life is in danger)
- Co-operating with a police investigation
- Referral to external services

If sensitive information needs to be passed on we will try to secure the pupils' permission or at least inform the pupil, if at all possible, before the information has to be shared with others and try to explain why it has to be shared.

The member of staff responsible for child protection is Lynne Pepper. If staff are in any doubt regarding whether an issue needs to be passed on they will speak with the child protection officer.

Parents/carers under the influence of drugs on school premises

A member of SLT/the member of staff who is responsible for drugs in school should be called a.s.a.p. Staff will try to maintain a calm atmosphere. The focus will be on the welfare of the pupil not the moderation of the parent/carers behaviour. If staff are concerned about releasing the child into the care of a parent/carer under the influence school might choose to discuss with parent/carer if alternative arrangements can be made (e.g. another parent/carer to accompany the child home)

If this happens repeatedly the school may look at invoking child protection procedures; if the parent/carer becomes abusive/violent the school may wish to involve the police.

The role of the governors

Schools may decide to appoint a governor with specific responsibilities relating to the provision of drug education although this is not statutory. Governors will play a key role in the development of the drug policy as part of their general responsibilities for the strategic direction of the school.

Sniffer Dogs

The guidance makes clear that ACPO's advice is not to use sniffer dogs in schools where there is no evidence of the presence of drugs on the premises.