

HIGHFIELD PRIMARY
Personal, Social, Health and Citizenship Policy
Includes Sex and Relationship and Drug Awareness
Policies

Members of Staff Responsible – Headteacher, PHSCE Coordinator, Governors

Review Date: Bi Annually by Pupil Support Sub Committee

Description of Policy Formation and Consultation Process

The Curriculum sub-committee of the school's Governing Body drew up this policy between June 2000 and February 2001.

The sub-committee consisted of 8 persons including the Chair, Vice Chair, Deputy Headteacher / PSHCE Co-ordinator, Headteacher, Teacher Governor, and several Parent Governors. The members of the committee were representative of a range of religious/cultural perspectives and family structures.

The sub-committee originally met to decide on a skeleton structure for the policy and an action plan for its development. All members of the sub-committee read appropriate documentation from the DfES, LEA and other relevant organisations. A smaller working party of 3 people was set up and to write an initial draft of the policy. The Curriculum sub-committee then met on a number of occasions to discuss the content, style and layout and finalise the draft version of the policy.

The Deputy Headteacher / PSHCE Co-ordinator met with the LEA Teacher Adviser in January '01 to discuss the draft version of the policy and amendments were made as necessary.

The policy was then presented to the teaching staff and the full Governing Body, where it was discussed, amended and agreed.

The Policy is made available to parents on request. A summarised version is distributed to all parents/carers of Y5/6 pupils prior to the sex and relationship education workshops in the summer term. Elements of the policy will be explained and clarified in more detail at the Y5/6 PSHCE Parent Information Evening in the summer term.

Towards the end of the summer term of each year, the programme for drugs and sex and relationship education will be evaluated by Year 5 and 6 pupils by asking them to complete a questionnaire. Responses will be taken into consideration when evaluating and amending the policy and programme.

A - RATIONALE

What is Personal, Social, Health and Citizenship Education?

‘**Personal, Social and Health Education** comprises of all aspects of the school’s planned provision to promote children’s personal and social development, including health and well-being.’ (*Preparing Young People for Adult Life – DfEE 1993*).

At Highfield we recognise that although PSHCE is intrinsic to the school ethos and approach, children need to acquire and develop specific knowledge, skills and attitudes at certain stages. Therefore we also have in place a planned programme of provision.

It is about developing self-awareness, positive self esteem and confidence to:

- stay as healthy as possible
- keep themselves and others safe
- have worthwhile and fulfilling relationships
- respect the differences between people
- develop independence and responsibility
- play an active role as members of a democratic society
- make the most of their own and others’ abilities

What is Citizenship education?

- **Social and moral responsibility** - development of social and moral responsible behaviour towards those in authority and towards each other
- **Community involvement** – learning how to become helpfully involved in the life and concerns of their neighbourhood and community
- **Political literacy** – learning about institutions, issues and problems of our democracy and how citizens can make themselves effective in public life

(*Education for citizenship and the teaching of democracy in Schools, QCA 1998*)

At Highfield we also recognise our responsibility towards the global environment and endeavour to incorporate this into our work with children.

What is Drug Education?

‘Drug education is about far more than the physiological effects of drugs, it is about giving pupils the opportunity to develop knowledge, skills and attitudes to allow them to resist drug misuse through addressing the legal and moral impact of drugs as well as the health considerations.’ (*Protecting Young people DfEE 1998*)

At Highfield we believe that drug education should be integral to PSHCE where pupils are not only given information but opportunities to develop self-esteem, assertiveness and responsibility for oneself and others i.e. all the life skills which contribute to the overall health and well being of an individual.

What is Sex and Relationship Education?

We believe that sex and relationship education is a developmental process beginning in the early years of primary school and following the young person’s career. It is not just about basic factual information, but about helping young people to examine their

own and others' attitudes and values and to make informed decisions. We also believe that it should be presented within the context of family life and loving relationships.

'Sex education does have a biological component – knowledge of how the human body functions – but it is also concerned with exploring feelings about love, sexuality and responsibility towards oneself and others'

(School Sex Education – Why What and How?)

The contribution of PSHCE in the primary years

At Highfield we recognise that we have a responsibility to help children to meet the challenges of life by;

- helping them to understand and value themselves;
- being optimistic about the future and life's possibilities
- developing the positive self esteem and confidence in order to take increasing control of and responsibility for their lives and play an active part in their communities

In line with the current educational research we endorse the reality that confidence and self-esteem are central to educational achievement.

The contribution of sex and relationship education in the primary years

It is now generally accepted that children become 'educated' about sexual matters from an early age. They receive information (explicitly and implicitly) from family, peers, the media and the general values and attitudes they encounter in society. This 'ad hoc' approach is unstructured and can lead to misconceptions.

We believe that children need to be prepared for the changes they will encounter as they grow up. It is important that pupils are given the right kind of information and skills at the right time so that they are best able to cope with changes as they occur. Sex and relationship education should be a continual process beginning in the early years and built upon in subsequent years. The concept of growth and change and the responsibilities that come with it should be part of the child's natural ongoing education.

The **advantages of school based sex and relationship education** are that:

- it can provide a structured programme matched to the age and stage of development of pupils
- by providing accurate information it can combat ignorance and fear and clarify existing knowledge
- it can provide opportunities to explore feelings, emotions and attitudes in a safe non-threatening situation
- it can facilitate structured discussion about sexual matters, dispelling misconceptions and foster better understanding
- by providing opportunities to exchange ideas, it can promote respect and understanding of others
- the sharing of ideas can contribute to the development of values and a personal sense of morality

- it can tackle issues in a routine and sensitive manner so children feel comfortable when exploring attitudes towards sexuality
- it can develop the skills needed to manage relationships positively
- it can enable pupils to protect themselves and ask for support and help

Good sex and relationship education tends to foster a responsible attitude towards sexuality and relationships and it is most effective when parents and schools are involved in a complementary way.

The contribution of drug education in the primary years

Children also become ‘educated’ about drug related issues from an early age. Again, they receive information (explicitly and implicitly) from family, peers, the media and the general values and attitudes they encounter in society.

The upper primary years and early secondary years are a time when pupils may begin to experiment with tobacco, usually in the form of cigarettes. This can lead to occasional smoking, which can then lead to regular smoking, addiction and eventually associated health problems.

Children in the upper primary years also tend to become increasingly aware and curious about alcohol and its effects. They may begin experimenting with drinks at home and parents and other adults may allow them to begin tasting them. It is important that children are aware that misuse of alcohol can lead to health and social costs.

From age of eight onwards, children generally show an increase in their awareness of illegal substances.

The **advantages of school based drug education** are that:

- it provides a structured programme where pupils can develop their knowledge and understanding of substance misuse and the issues that surround this area
- it provides opportunities for pupils to develop and practise skills that allow them to make health-promoting choices and to cope with situations where they may be at risk

Research shows that early Drug Education helps to reduce substance misuse and delay the onset of experimentation.

B – AIMS

Our aims and objectives reflect the statement of values about self, relationships, society and the environment outlined in the National Curriculum.

What do we want to achieve?

The **aim** of **PSHCE** is to give pupils the necessary knowledge, skills and attitudes to lead confident, healthy and independent lives and to become active, and responsible citizens.

Objectives

- to show increasing responsibility for themselves and others
- to develop self awareness, positive self esteem and confidence so they can make the most of their abilities
- to develop a healthy lifestyle
- to learn how to keep themselves and others safe
- to give opportunities to reflect on experiences and understand how they are developing personally and socially
- to tackle spiritual, moral, social and cultural issues connected with growing up
- to help pupils understand and allow them to exercise their duties, rights and responsibilities as individuals and members of a community
- to promote understanding and respect for diversity
- to develop the skills to form effective and fulfilling relationships

The **aim** of school based **sex and relationship** education is to prepare pupils for the physical and mental changes that take place as they grow up.

Objectives

- to help pupils appreciate the value of family life and stable, loving relationships
- to provide accurate information and challenge misconceptions
- to clarify values and attitudes and recognise external pressures
- to promote informed decision making and responsible behaviour
- to learn and understand physical and emotional development at appropriate stages
- to foster understanding and positive acceptance of their own developing sexuality (both physical and emotional)
- to develop an awareness of responsibility in respect of self and others
- to manage their own emotions and to encourage sensitivity towards the feelings of others
- to help pupils develop a sense of personal morality
- to develop the skills required to manage good relationships at all levels
- to learn the value of respect, love and care
- learn how to avoid and not initiate exploitation and abuse e.g. bullying
- learn how to cope with the loss and the end of relationships

The **aim** of school based **drug** education is to enable pupils to make healthy informed choices.

Objectives

- to promote an awareness that medical drugs have beneficial medical uses
- to provide opportunities for pupils to acquire knowledge and understanding about drugs, the dangers of drug/substance misuse
- to equip pupils with the knowledge, attitudes and skills they need to avoid the misuse of drugs
- to minimise the number of young people who engage in drug misuse by developing the children's skills to enable them to live in and cope with a drug orientated society
- to enhance young people's decision-making skills more generally, using drug education as a vehicle

C - CONTENT AND ORGANISATION OF THE PROGRAMME

PSHCE is central to the school's ethos and is integrated into all aspects of curriculum and school life. The ways in which we provide PSHCE are as follows:

- discreet curriculum time
- integration with other curriculum areas
- Collective Worship
- Sharing Assemblies
- certificates and rewards
- school visits and residentials
- School Council
- playtime representatives
- playtime improvement projects
- jobs and responsibilities
- Positive Behaviour Approach / discipline policy
- school events and activities
- fundraising for charitable organisations
- development and care of school grounds
- after school clubs
- healthy schools award
- through other related policies (SEN, Equal Opportunities, Anti-bullying, Child Protection, Health and Safety)

The school has a comprehensive Scheme of Work for Personal Social Health and Citizenship Education that has been written, reviewed and amended by the co-ordinator in accordance with the National Curriculum Guidelines 'Framework for personal, social, and health education and citizenship at key stage 1 & 2' 1999.'

PSHCE is delivered as a spiral curriculum so as to maximise its effectiveness. It is our aim that sex and relationship education and drug education should be firmly rooted in

PSHCE, as part of pupils ongoing development of life skills and preparation for adulthood, and that it should be provided in the context of the whole curriculum.

Sex and relationship education and drug education are delivered to pupils in a graduated programme that takes account of pupils' ages, developmental stage and cultural and social background. It is our intention that all aspects of PSHCE are delivered in a clear and honest manner that provides factual and accurate information backed up with consistent advice.

PSHCE has 3 main elements;

- Attitudes and Values
- Personal and Social Skills
- Knowledge and understanding

It is made up of **eight themes**

- developing confidence
- developing responsibility
- making the most of pupils abilities
- preparing to play active roles as citizens
- developing a healthier lifestyle
- developing a safer lifestyle
- developing good relationships
- respecting the differences between people

**The Requirements of the National Curriculum Science Orders 2000
Children should be taught**

Age Group	Drug Ed. related requirements	Sex and relationship Ed. related requirements	Other generic PSHC Ed. related requirements
Key Stage 1	<ul style="list-style-type: none"> • about the role of drugs as medicines 	<ul style="list-style-type: none"> • that humans grow and reproduce 	<ul style="list-style-type: none"> • that taking exercise and eating the right kinds of food help humans to stay healthy • to treat animals with care and sensitivity
Key Stage 2	<ul style="list-style-type: none"> • about the effects of tobacco, alcohol and other drugs and how these relate to personal health 	<ul style="list-style-type: none"> • the main stages of the human life cycle 	<ul style="list-style-type: none"> • the importance of exercise for good health • about the care of teeth • the need for food for activity and growth • the need for a varied diet for health

Who will deliver the PSHC Education Programme?

The teacher needs to be able to utilise the good relationships within the class and foster an atmosphere of trust and respect where issues can be discussed without embarrassment.

All teachers within the school will deliver aspects of PSHCE and outside visitors will only be used to supplement the programme. It is preferable that the programme is delivered in a team teaching situation where members of staff involved know the children well. It is important that any member of staff involved with the delivery of sex and relationship education and drug education should feel confident and willing to teach these sensitive areas and appropriate training and support will be provided as necessary.

Teaching Strategies and Techniques

Our programme for PSHCE involves a combination of information based and life skill approaches.

Information based approaches involve giving pupils accurate and relevant information which take account of the pupils needs.

Life skill approaches focus on the development of self-esteem, self-confidence, social skills, communication skills and decision-making skills.

The teaching strategies and techniques used include:

- exposition
- questioning
- discussion
- project learning
- surveys and questionnaires
- information gathering
- drama / Role-play – discussion and feedback
- group work
- independent work
- problem solving
- Circle Time
- structured games
- audio-visual aids
- ICT
- Active Learning techniques
- Distancing techniques
- appropriate use of outside speakers
- reflection, review and evaluation

Ground Rules

PSHCE needs to take place within a positive climate where the parameters of discussion are established and distress or embarrassment is minimised.

As part of the PSHCE programme the teacher should work with the class to establish and reinforce a set of agreed ground rules.

These may include:

- no one (teacher or pupil) will have to answer a personal question e.g. the right to say pass during circle time
 - no put downs allowed
 - listen when other people speak
 - only the correct names for body parts will be used
 - meanings of words will be explained in a sensible and factual way
- (This has particular relevance when handling sensitive and controversial issues in sex and relationship work.)

Pupils will be taught in mixed sex groups for the majority of the workshops although we have built into the programme an opportunity to ask questions and clarify points and discuss issues in a single sex setting.

Use of materials

Teaching materials are appropriate to the age and cultural/religious background of pupils and in line with current research on effective teaching methods and approaches. The PSHCE Scheme of Work identifies a range of suitable teaching materials that can be used.

Discussion has taken place between the Headteacher, PSHCE Co-ordinator and Governors in deciding the most appropriate materials to be used in Year 5 and 6 for the sex and relationship education and drug education programmes. Any new materials to be used should be evaluated first by the PSHCE Co-ordinator and the Governors.

A summary of the core materials used in the PSHCE programme are as follows:

Age Group	Generic PSHCE	Drug Education	Sex and Relationship Education
Reception	‘Health for Life 1’ and ‘Health for Life 2’ by the Health Education Authority		
Year 1 / 2			
Year 3 / 4			
Year 5 / 6	‘Health for Life 1’ and ‘Health for Life 2’ by the Health Education Authority	‘Health for Life 1’ and ‘Health for Life 2’ by the Health Education Authority ‘Substance Misuse’ by BBC / Tesco Pharmacy (Revised Edition.) Video and supporting teachers resource pack ‘Scoot and friends, Let me decide – An introduction to drugs education at Key Stage 2’ by West Yorkshire Police	‘Health for Life 1’ and ‘Health for Life 2’ by the Health Education Authority Video and supporting teachers resource pack ‘Growing Up’ by BBC / Tesco Pharmacy (Revised Edition.)

Other supplementary materials may be used, provided they are in line with the policy and cover the learning objectives identified in the Scheme of Work.

Special Educational Needs

PSHCE including sex and relationship education and drug education should help all children including those with special educational needs understand their physical, emotional, social development and enable them to make positive decisions in their lives. Therefore all aspects of the PSHCE programme are inclusive, although the teaching approaches may need to differ for these pupils. Appropriate support and differentiation will be provided on an individual basis. Consultation with parents will also be considered on an individual basis for children with SEN.

All staff including Teaching Assistants should follow the school's PSHCE policy when working with children with SEN.

Equal Opportunity Issues

PSHCE

At Highfield PSHCE takes account of the three principles of inclusion. These are:

A) Setting suitable learning challenges

In the provision we make, high standards are expected for all children at Highfield. This will be done by reviewing previous provision by ensuring continuity and progression for all children.

B) Responding to children's diverse learning needs

Differentiation of teaching and learning strategies will be used to support differing needs. Teachers should plan their approaches to teaching and learning so that all children can take part in lessons fully and effectively. A variety of teaching strategies will be adopted to maintain the motivation and inclusion of as many pupils as possible.

C) Overcoming potential barriers to learning and assessment for individuals and groups of children.

Teachers will take account of SEN, disability or EAL and make provision where necessary to support individuals or groups of pupils to enable them to participate effectively in PSHCE, e.g. TA's may be used to support children with EAL.

Explicit within the teaching and learning of PSHCE will be an opportunity to explore equal opportunities issues, (e.g. challenging stereotypes).

Assessment

Assessing

- **Knowledge and understanding** (e.g. the effect of drugs, where to go to get help, how to keep clean) may be done through approaches such as written activities, questioning, discussion etc. as used in other areas of the science curriculum
- **The ability to use and apply knowledge and understanding and skills** may be assessed through observation and simulated experiences (e.g. role-play).

- **Attitudes and values** are more difficult to assess and non-judgmental self-assessment strategies may be used (i.e. pupils reflect on their own values and attitudes and how these relate to those of the school and society, and on the consequences of changing these values and attitudes). It is essential that children are not judged to pass or fail as humans!

D - ROLES AND RESPONSIBILITIES, AND STAFF DEVELOPMENT

The key responsibilities of the **Senior Management Team** are to ensure a whole school approach to providing a safe, supportive and caring environment for everyone including pupils, staff, parents and Governors by:

- ensuring school organisation, management styles and ethos are in accord with valuing and respecting individuals both staff and pupils (e.g. providing a school council / playtime council).
- ensuring that all policies are to central to pupils health and well-being.
- fostering effective relationships with parents and members of the community; informing them of ways of getting involved and how they may benefit from it.

The key responsibilities of the **PSHCE Co-ordinator** are to:

- raise awareness amongst staff throughout the whole school of their contribution to pupils personal and social development.
- lead the PSHCE Policy / consult with Governors.
- write long term planning and develop Schemes of Work.
- help to identify, provide and coordinate appropriate support and training for staff.
- monitor and evaluate the programme, and carry out an ongoing process of review and development.
- evaluate, purchase, organise and store resources.
- inform staff of the resources available and train staff on their use.
- keep the Headteacher and the Governors informed on the progress made towards the development plan for PSHCE.
- liaise with outside agencies.

The key responsibilities of the **members of staff** are to:

- implement the policy
- deliver the programme for PSHCE

Staff need the following **key competencies** to be able to deliver an effective PSHCE programme:

- the ability to create a suitable climate which fosters trust and mutual respect and which makes a positive contribution to the ethos of the school
- the ability to set and maintain boundaries for pupils which provide security but not constraints
- to be clear about personal privacy and the boundaries of confidentiality

- be able to handle controversial and sensitive issues
- the ability to plan appropriate structured learning experiences
- the ability to select and use a variety of teaching methods
- the ability to listen and to promote effective communication
- the ability to enable pupils to reflect and review and learn from all kind of experience, including failure, and to use what they have learned

Staff training will be delivered through a variety of means including school based INSET (run by the SMT, PSHCE Co-ordinator, external visitors etc.), external courses, and observation of colleagues.

Staff training is identified on the School Improvement Plan annually under the sections PSHCE and/or Staff Development.

E - WORKING WITH THE WIDER COMMUNITY AND THE ROLE OF VISITING SPEAKERS

It is our belief that health education is a shared responsibility and we value the contribution and support that can be gained from working with outside agencies from the local community including:

- the local fire service
- the local police service
- local health and social services
- charitable organisations and action groups
- theatre workshop groups
- other individual members of the community

However, we do not consider ‘one-off’ talks or packages to be effective ways of achieving our aims as they may give a hidden message to pupils that it is not part of their natural education. Also, when a visiting speaker has gone children may not feel they are able to talk to anyone in school. We believe that visiting speakers are only useful when their contribution is part of a total planned programme where pupils are well prepared beforehand and are given opportunities for follow up.

Where visiting speakers are used to supplement the programme, the class teacher will inform them of the overall policy and aims. The visiting speaker’s content and style will be checked in advance to ensure that it is in line with the school’s policy. It is essential that teachers retain control at all times and that learning takes place in styles that are familiar to everyone.

A member of staff should always be present when the visitor is in contact with pupils.

The teacher must consider the following points and communicate them with the visitor beforehand:

- What are the aims of the session?
- Does the visitor share the school’s values and approach and is it consistent with the school’s policy?
- What is the emotional / intellectual levels of the pupils?

- Why do we want the agencies involvement?
- What aspects of the programme have the children already received?
- What will pupils experience in the future?
- How will the session be followed up?
- Numbers, ages, time, premises, resources?
- Is the visitor aware of the school's confidentiality policy?

F - HANDLING SENSITIVE AND CONTOVERSIAL ISSUES AND CONFIDENTIALITY

There will be occasions when teachers have to exercise their discretion and judgement about how best to deal with issues and questions raised by pupils. It may be inappropriate to deal with these issues with the whole class. For this reason ground rules and strategies such as question boxes may be used to structure question and answer sessions.

It is the teacher who is the best judge of the individuals in her/his class and who is best able to interpret the motives for some questions. The appropriateness of answering the question needs to be judged against the maturity levels of the class as a whole.

If a question is asked which the teacher feels uncomfortable about answering in front of the class, or even at all, it should be explained to the pupil that the question is not being dismissed but will be dealt with on an individual basis later. In these circumstances where there is a risk the teacher may be compromised, another member of staff should accompany the teacher.

Depending on the nature of the question that teacher may wish to seek further support / advice / guidance from other colleagues or LEA advisers.

In certain circumstances the teacher may discuss the child's concerns first with the parents, to see how they would like the matter to be handled. Where the parents wish them to do so it may be appropriate to respond individually to the child's question.

Teaching Assistants should refer any questions that are not directly related to the content of the session back to the class teacher.

In exceptional circumstances, where the teacher has reason to believe that a child may be 'at risk', the matter should be referred to the named person for Child Protection and follow the school's child protection procedures.

If in doubt the teacher must always seek the advice of the PSHCE co-ordinator or Headteacher.

Pupils troubled by any issues raised will be provided with appropriate support / advice / counselling as necessary.

Confidentiality

- Information of a confidential nature should be passed on only to those ‘who need to know’. The Headteacher must be informed in all circumstances.
- Staff members must not offer pupils or their parents / carers unconditional confidentiality.
- Information about behaviour likely to cause harm to the pupil must be passed to the appropriate agency.
- Teachers must make it clear to pupils that most information can be kept confidential but some may need to be passed on in the best interests of the pupil. However the pupils will know when this is to happen, what will be done with the information and who will have access to it.
- In the case of illegal activity, e.g. drug related incidents, action should be taken in the best interest of the pupil.
- Where outside agencies are working to support the PSHCE programme, they must be made aware of and abide by the school’s confidentiality policy.
- There are some professionals who are bound by their own professional codes of confidentiality e.g. the school nurse.

G - MONITORING AND EVALUATING THE PROGRAMME

The programme will be monitored, evaluated and reviewed at least every two years to ensure that the content and resources are up to date, appropriate to the needs of pupils and to their age and stage of development, and that it is line with any local and national guidance and research.

Towards the end of the summer term of each year, the programme for drugs and sex and relationship education will be evaluated by Year 5 and 6 pupils by asking them to complete a questionnaire. Responses will be taken into consideration when evaluating and amending the programme for the following year.

H - WORKING WITH PARENTS/CARERS

It is our wish and intention that parents/carers are fully informed of the content of the programme and of how they can play a part in supporting the work in school and influencing its development and review. At the beginning of each year parents are sent copies of the long-term plans for PSHCE. Information about sex and relationship education is included in the school’s prospectus and the Governors statement of their policy on sex education is made available to the parents by request.

Parents/Carers of children in Year 5 and 6 are invited to an information evening early in the spring term each year. They are given the opportunity to find out about the content and delivery of the sex and relationship education programme, ways in which they can talk to and support their children and how to link this to what is being taught at school. Parents are also given the opportunity to view the teaching materials to be used.

Parents who are unable to attend the information evening are contacted individually by letter and given the opportunity to offer their views on the sex education programme.

The school also aims to hold Parent Information Evenings and Workshops on PSHCE where parents of children throughout school are invited to find out about the content and delivery of the PSHC Education Programme. We also aim to provide specific drug awareness workshops to give opportunities to increase parent knowledge of drug issues and to develop confidence in raising issues with their children.

“The right of withdrawal

Section 241 of the Education Act 1993 gives parents the right to withdraw their children from any or all parts of a school’s programme of sex education, **other than those elements which are required by the National Curriculum.** This parental right of withdrawal extends to all pupils attending maintained schools, including those over compulsory school age. A pupil in the latter category who sought to challenge the parental decision would, if he or she could not resolve the matter with the parents, ultimately have to apply to the courts. The parental right of withdrawal may be exercised by either parent or by a person who has responsibility or care of the child. Any unresolved disputes between them would also have to refer to the courts. Parents do not have to give reasons for their decision; nor do they have to indicate what other arrangements they intend to make for providing sex education for their children. Once a request that a child be excused has been made, that request must be complied with until the parent changes or revokes it.”
(Circular 5/94 paragraphs 35/36)

Where a parent exercises their right of withdrawal they will be voluntarily invited to indicate their reasons so that any misunderstandings about the nature of the sex and relationship education can be identified and resolved if possible. The disadvantages of withdrawing pupils will be pointed out to parents.

Parents are made aware of the governor’s complaints procedure and of the options available to them if they feel their concerns have not been dealt with.

I – MANAGEMENT OF DRUG RELATED INCIDENTS ON THE SCHOOL PREMISES

Signs of Misuse

Teachers and non-teaching staff must be alert to the signs that may indicate that a pupil is misusing drugs / substances. Where a pupil is suspected of or identified as misusing drugs / substances, the member of staff involved should immediately inform the Headteacher and the named person for Child Protection who will then follow procedures as laid down in the Child Protection Policy.

Health and Safety of Pupils and Staff

All members of staff including teachers and non-teaching staff should be aware of the signs that the school grounds may be used after school hours for substance misuse (e.g. discarded needles and syringes, aerosols, empty cans and bottles etc.).

The Headteacher and caretaker should be informed immediately of any signs of substance misuse. The caretaker will then follow the Health and Safety guidelines for

the safe and secure disposal of dangerous materials. The Headteacher will immediately inform the police.

Pastoral Care and Support for Pupils at Risk

Where a pupil is identified with substance misuse, or as being at particular risk, the school will make arrangements for the pupil to have access to professional support and advice including that from health and social services if necessary.

Where a pupil discloses information relating to substance misuse or seeks the advice of a member of staff, the member of staff involved must follow the policy on confidentiality and make it clear to the pupil that confidentiality cannot be guaranteed due to the seriousness of substance misuse, but should reassure the pupil that the incident will be dealt with sensitively.

Arrangements should be made for the pupil to receive appropriate support / counselling / advice.

Dealing with Illegal Drugs

If illegal drugs are found on a pupil or on the premises, the member of staff should take immediate possession of the substance and inform the Headteacher. The substance should then be kept in a secure place and the child's parents and local police will be immediately informed.

A member of staff is able to search a child's bag if he / she has reasonable cause to suspect that it may contain illegal or dangerous items including drugs. Where a pupil is suspected of hiding illegal substances on their person, the member of staff should encourage the pupil to voluntarily hand over the substance. If the pupil refuses the child's parents and/or police should be called. The member of staff should not search the pupil under any circumstances.

In certain circumstances the police may wish to interview the child on school premises the Headteacher must first give agreement and immediately inform the child's parents. The procedures for detention, treatment and questioning of young people as outlined in the Police and Criminal Evidence Act 1984, must be observed when children are interviewed on school premises.

Where a member of staff is told about possible criminal activity outside school premises, the Headteacher should be immediately informed who will then contact the local police in the interest of health and safety of young people in the local area. This would not only include information about the supply of illegal drugs but evidence that a local shopkeeper was selling cigarettes, alcohol or solvents to persons in contravention of the law.

Discipline

The Headteacher has responsibility for deciding how to respond to particular incidents.

The school is committed to tackling substance misuse amongst young people and any instances of possession, use and supply of substances both legal and illegal will be regarded with the utmost seriousness.

At all stages the school must ensure that the pupil has access to professional support and advice including that from health and social services.

J – THE USE AND SALE OF TOBACCO AND ALCOHOL ON THE SCHOOL PREMISES

We acknowledge that pupils are influenced by the school environment and teacher's and other adults' behaviour.

Tobacco

Highfield has a smoke-free policy and smoking is prohibited on the premises - buildings and grounds at all times. The smoking policy applies to all visitors including parents, suppliers, supply staff and repair people. Visitors are informed/reminded of the policy as necessary.

Alcohol

The only time that alcohol is available on the school premises is at social events outside school hours that do not involve children.

K – ADMINISTERING MEDICATION TO PUPILS

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many, this will be short term: perhaps finishing a course of medication. Other pupils have medical conditions that, if not properly managed, could limit their access to education.

There is no legal duty that requires school staff to administer medication: this is a voluntary role. The Administrative Assistant, Mid-day Supervisor and the Head teacher have volunteered to administer any medication.

Parents are responsible for making sure that their child is well enough to attend school.

If a pupil requires medication, the parent must first check that there is no possible alternative arrangements rather than involving the school. For example:

- parents may be able to administer the medication by re - scheduling the frequency and times it is to be taken, so that school staff may not be involved
- children who are unwell, should not be at school

If there is no alternative, parents must:

- confirm in writing that their child needs to take the medication prescribed by the doctor during school hours.
- provide clear written instructions about when the medicine should be administered and the dosage required as well as the expiry date.

- ensure medicine is clearly labelled indicating -contents -dosage required -timing of dosage- child's name
- sign a disclaimer
- make sure the medicine is collected at the end of the day

Medicines are kept in a cupboard in the office or in the staff room fridge if necessary. Under no circumstances must they be kept in the classroom.

A file will be kept of all medication being administered. This will include child's name, class and medicine - prescribed dosage.

CHILDREN WITH ASTHMA

Many children at Highfield have asthma and they are able to participate fully with all aspects of school life. We try to ensure the school environment is favourable for them and the condition is understood by other children.

Reliever inhalers (blue containers) are crucial for managing asthma successfully and there should be no delay in a child receiving this treatment.

KS1 children should keep this in the teacher's desk or in a container- clearly marked with the child's name.

KS 2 children should be responsible for looking after them themselves. Children should be encouraged to keep it with them during a Physical Education lesson.

The person with overall responsibility on a school trip must ensure that children who take inhalers regularly have them with them.

Some children use a plastic spacer to help them take their inhaler more effectively (these should be kept in the office)

Some children may need preventative inhalers (brown). These should be kept in the school office

Glossary of Abbreviations

CSA	Communication Support Assistant
DfEE	Department for Education
EAL	English as an Additional Language
ICT	Information Communications Technology
KS1	Key Stage 1
KS2	Key Stage 2
LEA	Local Education Authority
NC	National Curriculum
PSHCE	Personal Social Health and Citizenship education
QCA	Qualifications and Curriculum Authority
SEN	Special Educational Needs
SMT	Senior Management Team

