PSHE: Relationships & Sex Education and Health Education Guidance

(including Drug Education and Responding to Drug-Related Incidents Guidelines)

2025

Surrey Healthy Schools

SURREY COUNTY COUNCIL

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PSHE – Relationships & Sex Education and Health Education Guidance

PSHE Education

PSHE (Personal, Social, Health and Economic Education) is a curriculum subject that focuses on improving knowledge, skills and understanding, and its function is to keep children and young people healthy and safe, and prepare them for life and work.

Across Surrey County Council, PSHE is viewed as a priority for schools and for pupils. It is a focus theme within the Surrey Healthy Schools approach (www.healthysurrey.org.uk/professionals/healthy-schools) and the Surrey Healthy Schools Self-Evaluation Tool, available to all Surrey primary, secondary and specialist schools to provide additional support and guidance.

PSHE is a planned programme of learning opportunities and experiences that help children and young people grow and develop as individuals and as members of families and communities. It helps to equip them with knowledge, understanding and practical skills, appropriate to their age and maturity, in order to live healthy, safe, fulfilled and responsible lives. It is essential that PSHE education is designed to meet children and young people's needs.

PSHE also enables children and young people to reflect on and clarify their own values and attitudes, and explore the complex and sometimes conflicting range of values and attitudes they encounter now and in the future. In short, PSHE makes a significant contribution to children and young people's personal, spiritual, moral, social and cultural development and the ability to understand and reflect upon British values, such as inclusion, acceptance and honesty (definition developed from work undertaken as part of the DfE National PSHE CPD Programme 2010).

PSHE is defined by Ofsted as a planned programme to help children and young people develop fully as individuals and as members of families and social and economic communities. Its goal is to equip young people with the knowledge, understanding, attitudes and practical skills (and values) to live healthily, safely, productively and responsibly.

There are four important tenets of PSHE that need to be included in all lessons. They are:

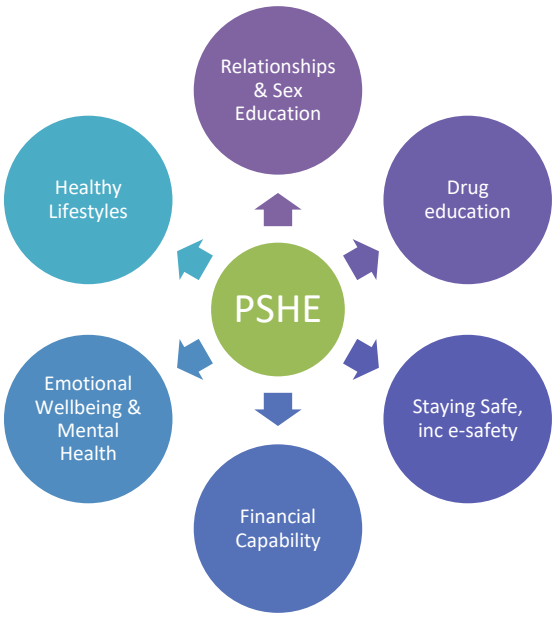
1. Knowledge and understanding – what pupils need to know and the content of a lesson. This is not merely facts but the acquisition of knowledge in context.
2. Skills – the superficial as well as the deeper skills need to be taught and pupils require the opportunity to rehearse those skills in a safe and positive learning environment.
3. Attitudes – the aim is to support pupils to develop attitudes that are respectful of self and others that can be rehearsed in a safe and positive learning environment.

4. Values – our values underpin the decisions we make and they affect our choices now and in the future; PSHE lessons allow pupils to have a safe space in which to examine and calibrate their values.

The national body for PSHE in England, the PSHE Association, has produced detailed and practical guidance about what children and young people need to learn about throughout their education; this is known as its Programme of Study. It covers the breadth of PSHE from all statutory requirements (including Relationships Education, Relationships & Sex Education, and Health Education) to economic wellbeing and careers, setting out suggested content for each key stage. Learning opportunities are spread across three core themes: Health and Wellbeing, Relationships, and Living in the Wider World. The PSHE Association has also produced a planning framework for pupils with SEND (see Planning Framework for Pupils with SEND) and the section 'Effective Practice in PSHE' for guidance on Additional Needs and SEND Considerations when Designing and Delivering PSHE).

PSHE is a National Curriculum subject that comprises several specialist areas and necessitates a holistic approach to learning – and the main areas of specialism are Drug Education, Economic Wellbeing and Financial Capability, Emotional Wellbeing and Mental Health, Staying Safe, Relationships and Sex Education (RSE), and Healthy Eating/Healthy Lifestyles. Digital literacy is a golden thread that runs through the subject.

These are all composite parts of effective, high-quality PSHE. The grid below explains what the area covers within the context of the curriculum subject of PSHE.



SPECIFIC AREA	KNOWLEDGE, SKILLS, ATTITUDES AND VALUES
RELATIONSHIPS AND SEX EDUCATION (RSE)	Knowledge and understanding in relation to RSE includes learning and understanding physical and emotional development at appropriate stages. It provides children and young people with opportunities to consider human sexuality, gender, stereotyping, equality, reproduction, sexual health, emotions, the importance of positive relationships, and the variety of relationships they have, and will encounter. Within RSE, children and young people appropriately address contraception, choice, local and national health and support services, reasons and benefits of delaying sexual activity and the avoidance of unplanned pregnancy.
DRUG EDUCATION	Making informed decisions about own and other people's use of drugs. For more information about Drug Education, see the separate section in this guidance (from page 59).
STAYING SAFE	Knowledge and understanding, skills, attitudes and values relating to being safe. There is an acknowledgement within education about safety that children and young people are worth keeping safe, and they can be taught about making decisions to keep themselves and others safe – while practising this in secure situations.
ECONOMIC WELLBEING AND FINANCIAL CAPABILITY	Knowledge and understanding, skills, attitudes and values that help children and young people to understand their feelings about money, financial decisions, careers and the economy, with links to health outcomes and relationships.
EMOTIONAL WELLBEING & MENTAL HEALTH	Knowledge and skills that help children and young people acknowledge, understand, manage and communicate their feelings, and how to identify and respond to mental health concerns in themselves and others.
HEALTHY LIFESTYLES	Knowledge and understanding, skills, attitudes and values about living a healthier lifestyle –including healthier eating, movement and sleep.
DIGITAL LITERACY	The ability to use information and communication technologies to find, evaluate, create, and communicate information.

It is vital when planning and delivering effective PSHE that a holistic approach is taken at all times. This means that children and young people are viewed as a whole, rather than a set of living 'issues' that need to be picked off one by one. Indeed, the most important thing is to ensure that children and young people's needs are being met: that what and how they are being taught PSHE is suitable and relevant for them.

Equally important is the evidence-based approach that is taken when working with children and young people. This brief explanation of each of the approaches demonstrates how they support children and young people and help their needs to be met:

- Normative: work from a data-led perspective so that any information shared with children and young people is accurate and consistent, and from reliable and credible sources.
- Strengths-based: rather than working from a deficit model, work from a strengths-based or assets-based perspective, so children and young people build on what they can already do.
- Trauma-informed: teach from a kind and compassionate perspective so that children and young people are treated respectfully, without shocking them, nor inducing feelings of guilt or shame.
- Restorative: work from a position where children and young people can separate the person from the behaviour.
- Whole-system: rather than work in silos, operate from a whole-system approach, so everyone – in schools, in the local community, and in partner services – shares common values and approaches.
- Inclusive: involve everyone and seek to operate in a way that works for everyone, so the whole community (in school and wider) feels included.

Current context and statutory status

In 2017, the government passed an amendment to the Children and Social Work Bill to make Relationships and Health Education (DfE) statutory from September 2020 in primary schools, and Relationships, Sex Education and Health Education (DfE) statutory in secondary schools (see www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education). This decision was supported by over 100 organisations, including Public Health England, Teaching Unions, the NCB, etc. This means that certain elements of PSHE are statutory, and other elements are non-statutory.

The guidance states that, in order to embrace the challenges of creating a happy and successful adult life, pupils need knowledge that will enable them to make informed decisions about their wellbeing, health and relationships and to build their self-efficacy. Pupils can also put this knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts. Everyone faces difficult situations in their lives. These subjects can support young people to develop resilience, to know how and when to ask for help, and to know where to access support.

Statutory Relationships Education (primary), Relationships & Sex Education (secondary) & Health Education sits within the holistic subject of PSHE. Effective PSHE should be wider than simply the statutory elements, in order to meet the needs of each school community and its pupils.

These elements of PSHE became statutory in September 2020 and schools were required to deliver them from September 2021.

The parental right to withdraw children from some sex education lessons

For primary schools: parents and carers have a right to request that their child is withdrawn from any sex education that is further to the sex education contained within the National Curriculum for Science. Parents and carers cannot withdraw their child from learning contained within statutory Health Education or Relationships Education. Therefore, schools should know whether they are delivering sex education further to the National Curriculum coverage for Science. They need to be clear about what sex education teaching and learning is taking place, when it is taking place and the resources used.

For secondary schools: parents and carers have the right to request that their child is withdrawn from some or all of the sex education that is further to the sex education contained within the National Curriculum for Science. They cannot withdraw their child from learning contained within statutory Health Education. A parental right to withdraw should be respected up to and until three terms before the child turns 16. (After that point, if the child wishes to receive sex education rather

than be withdrawn, the school should make arrangements to provide the child with sex education during one of those terms.) Relationships and Sex Education (RSE) and Health Education Guidance for parents from the DfE states this clearly

Note: independent schools already have a statutory duty to deliver PSHE. Relationships Education and Relationships and Sex Education are statutory obligations for independent schools. Health Education is considered to be covered within the independent schools' duty to deliver PSHE.

For a detailed explanation on the requirements for schools in terms of the statutory elements of PSHE, including how to work with parents/carers and the wider community, visit the government support page Relationships and Sex Education (RSE) and Health Education Guidance.

Schools maintain a statutory obligation to prepare children and young people for the challenges, opportunities and responsibilities of adult life – in addition to the current statutory status of some elements of PSHE, as above. The list below shows how educational legislation and practice has developed over the decades.

Education Act 1996: Secondary schools must teach about HIV and AIDS and sexually-transmitted infections
Education Act 1996: Parental right to withdraw their child from SRE (RSE), other than the parts that are covered by the National Curriculum for science
Education Act 1996: All schools must have 'due regard' to the Secretary of State's Sex and Relationship Education Guidance
DfEE, 2000: All schools must have a Sex and Relationships Education (or RSE) Policy
DfEE, 2000: Schools must offer a curriculum which is balanced and broadly based and which promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society.
Education Act 2002, and the 2010 Academies Act 2010: Schools must promote their pupils' wellbeing
Children Act 2004: All schools should make provision for personal, social, health and economic education (PSHE), drawing on good practice
DfE, 2013, The National Curriculum in England: Sex education (not SRE) is statutory in science at key stages 1-3
DfE, 2013, The National Curriculum in England: All schools must publish their school curriculum by subject and academic year, including their provision of personal, social, health and economic education (PSHE)
DfE, 2015: Governing bodies and proprietors should consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social health and economic education (PSHE), and/or – for maintained schools and colleges – through sex and relationship education (SRE).
DfE, Keeping Children Safe in Education (statutory documentation) – updated regularly.
DfE, 2017, The Children and Social Work Act: Provides for PSHE to be made statutory at all schools in England through regulations. The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019 provide for statutory health education in schools from September 2020.

National and local health data

Using data in PSHE

It is vital to ensure that children and young people's needs are being met; that what and how they are being taught in PSHE is suitable and relevant for them. There are many ways to find out about pupil needs, and one of the most robust and valid ways is to use national and local data.

National data comes from a range of sources such as the national Child Health Profiles (OHID) tool, which offer data and reports related to pregnancy, birth, maternity and the health of children and young people; it provides a data-driven means of understanding the health-related needs of children and young people across the local authority. Data can also be sourced from the Association for Young People's Health (AYPH), a UK-based charity.

Local data at an authority level is available via the results of the Health-Related Behaviour Questionnaire. This survey collects data on how young people are feeling, specifically in relation to risk-taking behaviours and protective factors, which are associated with wellbeing outcomes. The survey includes what young people are concerned about, who they speak to when they are worried, and which behaviours young people engage in to help them feel well and able to cope. It is mainly targeted at year groups 4, 6, 8, and 10. The survey is provided by the 'Schools Health Education Unit' (SHEU) on Surrey County Council's behalf, and is updated approximately every two years.

Surrey's Joint Strategic Needs Assessment (www.surreyi.gov.uk/jsna/) provides a wealth of relevant data and information to support schools in tailoring PSHE to meet pupil needs. The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the population of Surrey. It supports local leaders and commissioners to make informed decisions and to shape services in a way that best serves their communities. The JSNA informs Surrey's Health and Wellbeing Strategy (HWS) which outlines the collective health priorities for all partners across the county.

The Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2027 for Surrey is underpinned by engagement from children, young people, their families, and the professionals who support them. The strategy brings together partners from across Surrey including health, education, social care, the third sector and Mindworks Surrey, to assess strengths and needs to improve to support children and young people's emotional wellbeing and mental health. The strategy includes an action plan that details how this will be addressed.

Very local data is available on a school level and might comprise information from in-house sources and systems, as well as staff knowledge of pupils (that may be more anecdotal in nature, but can still be helpful in offering a flavour of what is happening in pupils' lives).

National data about children and young people's mental health

Mental Health of Children and Young People in England 2021

This data from the second (wave 2) in a series of follow-up reports to the Mental Health and Young People Survey (MHCYP) (2017) explores the mental health of children and young people in February/March 2021, during the Coronavirus (COVID-19) pandemic and changes since 2017. Experiences of family life, education, and services during the COVID-19 pandemic are also examined.

The sample for the Mental Health Survey for Children and Young People, 2021 (MHCYP 2021), wave 2 follow up was based on 3,667 children and young people who took part in the MHCYP 2017 survey, with both surveys also drawing on information collected from parents.

Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey - NHS Digital.

Rates of probable mental disorders have increased since 2017; in 6- to 16-year-olds from one in nine (11.6%) to one in six (17.4%), and in 17- to 19-year-olds from one in ten (10.1%) to one in six (17.4%). Rates in both age groups remained similar between 2020 and 2021.

39.2% of 6- to 16-year-olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17- to 23-year-olds, 52.5% experienced deterioration, and 15.2% experienced improvement.

Children's Commissioner report for 2021

This data from the Children's Commissioner's Big Ask survey set out to hear the voices of as many children in England as possible, to amplify them, and to deliver improved life chances for this generation and beyond. Over half a million responded – a record for a survey of its kind.

The Big Answer, Children's Commissioner for England (www.childrenscommissioner.gov.uk/the-big-answer/):

- 557,077 responses from children in England (aged 4-17).
- 80% of children were happy with their family life.
- 84% of children said they were happy or okay with life at school or college.
- 80% of children were happy or okay with their mental health.

Good Childhood Report 2022

This data from Good Childhood Report 2022 shows the latest trends in children's wellbeing. The research seeks to understand how young people feel about different aspects of their lives. In 2022, the findings were that school, friendships and appearance continue to cause the greatest dissatisfaction in adolescence.

The Good Childhood Report 2022 by The Children's Society

Children's happiness with how much they felt listened to at school was most strongly related to their happiness with school in general, followed by the things they were learning in lessons (www.childrenssociety.org.uk/information/professionals/resources/good-childhood-report-2022).

National data about drugs, alcohol, smoking and vaping

The Smoking, Drinking and Drug Use among Young People in England, 2023, report from NHS Digital demonstrates clear national trends in young people's behaviour. The findings included:

- 11% of pupils had ever smoked (12% in 2021), 3% were current smokers and 1% were regular smokers (both unchanged from 2021)
- Current e-cigarette use (vaping) remains at 9%, the same as in 2021. 1 in 4 pupils (25%) in the 2023 survey reported having ever tried vaping.
- Of pupils who have ever tried vaping, 89% have never regularly smoked tobacco cigarettes. A further 6% reported starting vaping before smoking tobacco cigarettes, only 5% of pupils reported smoking tobacco cigarettes before using vapes.
- 37% of pupils said they had ever had an alcoholic drink. Prevalence increases with age, from 15% of 11-year-olds to 62% of 15-year-olds. 5% of all pupils said they usually drank alcohol at least once per week, similar to 2021 (6%). The proportion increases with age, from 1% of 11- and 12-year-olds to 11% of 15-year-olds.
- There has been a fall in prevalence of lifetime illicit drug use. 13% of pupils reported they had ever taken drugs (18% in 2021), 9% had taken drugs in the last year, and 5% in the last month.

Smoking data from ASH

Data from ASH (2019) states that each year around 207,000 children in the UK start smoking. Among adult smokers, about two-thirds report that they took up smoking before the age of 18 and over 80% before the age of 20.

Vaping data

In 2023, ASH reports that 20.5% of children had tried vaping, up from 15.8% in 2022 and 13.9% in 2020 before the first COVID lockdown. The majority had only vaped once or twice (11.6%), while 7.6% were currently vaping (3.9% less than once a week, 3.6% more than once a week) and the remainder (1.3% in 2023) saying they no longer vape.

The 50% growth in experimentation (trying once or twice) from 7.7% in 2022 to 11.6% in 2023 was significant, while the change in current vaping (from 6.9% to 7.6%) was not.

Since 2021 the proportion of current vaping has been greater than that of current smoking (7.6% compared to 3.7% in 2023).

The proportion of 'never smokers' who have tried vaping is 11.5%. However, eight out of ten children have never smoked, so this amounts to nearly half (48%) of children who have ever tried vaping. Most (62%) of those who have never smoked but have vaped have only tried once or twice, while most (70%) current vapers have also tried smoking.

There is an age gradient both for 'ever' and 'current' vaping. Among 11–15-year-olds 15% have ever tried vaping, compared to 34% of 16–17-year-olds and 38% of 18-year-olds. The figures for current use are 4.6% among those aged 11-15, 15% for 16-17 and 18% for 18-year-olds.

National data about conceptions in England and Wales

Conceptions in England and Wales Statistical bulletins - Office for National Statistics research by the Office for National Statistics (www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/previousReleases) demonstrates that:

In 2021, there were 824,983 conceptions for women of all ages in England and Wales, this is the first increase in the last six years.

The conception rate for women aged under 18 years in England and Wales has more than halved since 2011 when it was 30.9 conceptions per 1,000 women of the same age; in 2021 it was 13.2 per 1,000 women of the same age.

In 2021, the number of conceptions for women aged under 18 years had a small increase from 12,576 in 2020 to 13,131 in 2021, after a long-term trend of decreasing numbers. This could be because the number of conceptions in 2020 was uncharacteristically low for some quarters after accounting for the trend in decreases over time. This may be because of the coronavirus (COVID-19) pandemic and associated disruptions to births registration services in 2020 and 2021 or changes in the behaviour of certain groups.

Of all the English regions and Wales, London has seen the biggest fall in conception rates over the past decade, decreasing by 20.9% since 2011.

The latest data suggest that for the first time since records began, women outside of marriage or civil partnership have a higher conception rate than those within marriage or civil partnership; this may be an effect of the differences in population estimates used.

Local data about children and young people's mental health

The Children and Young People's Mental Health and Wellbeing in Surrey (www.surreyi.gov.uk/jsna/emotional-wellbeing-and-mental-health/) revealed the following data:

In 2020-21, 2.6% of primary school-age pupils in Surrey had social, emotional and mental health needs. This is significantly higher than previous trends and is higher than both Regional (2.5%) and England (2.4%) young people. 3% of secondary school-age pupils in Surrey had social, emotional and mental health needs, which has increased (Regional 2.8%, England 2.9%).

40% of young people agreed that other young people are more open to having conversations about their emotional wellbeing and mental health nowadays. A further 38% were not sure whether they agreed or disagreed with this statement, and the remaining 22% disagree.

When talking to others about their own emotional wellbeing and mental health, young people have mixed opinions. 38% said they are confident doing this, with around the same number of young people (35%) not feeling confident. However, young people suggested they are slightly more confident in talking to others about the support they have received, with 43% agreeing with this statement.

60% of young people said they either did not know or were unsure of what to do if they are having a bad mental health day or feeling sad.

Out of the 40% of young people who felt they did know what to do to support their emotional wellbeing and mental health, common examples included listening to music, reading and watching television. Others found playing sports, walking, or going to the gym to be beneficial. Some young people preferred to spend time alone to help them to reflect on feelings and give space to privately express emotions.

Note that there were 245 respondents to this survey.

Local data about drugs, smoking and vaping

Data from the Health-Related Behaviour Questionnaire (2022 – see www.surreyi.gov.uk/dataset/23k5j/health-related-behaviour-questionnaire) states that 1% of pupils responded that they smoke 'regularly'; of these, 36% said they would like to give up. 10% of pupils responded that they have smoked in the past or smoke now. 6% of pupils responded that they have 'never heard of' electronic cigarettes, while 75% said they have never used them. 6% of pupils responded that they use an electronic cigarette 'occasionally' or 'regularly'.

The HRBQ (2022) also stated that 2% of Year 8 pupils and 10% of Year 10 pupils reported that they have taken drugs to get high (not medicines, tobacco or alcohol).

According to Catch-22 (Surrey Young People's Substance Misuse Service), in 2023, data about young people referred to their service revealed that cannabis is still the main substance young people are using, the second substance is alcohol, and the third is ketamine. For more information on drugs, visit the Talk to Frank website: www.talktofrank.com.

Local data about conceptions and sexual health

The current Public Health data on Fingertips Public Health Profiles – OHID demonstrates this information pertinent to Surrey about sexual health.

Data from OHID

n 2021, Surrey had 173 teenage conceptions (under 18) which is a rate of 8.1 per 1000. This is lower than England overall, but there are still some disparities between districts and boroughs.

Data is showing that a large percentage of under-18s who become pregnant are opting for abortion. The percentage is higher than the England average.

Surrey's teenage conception rate is very low to start with and below England average; however, a number of under-18s have unplanned pregnancies.

HIV

In 2022, Surrey's new HIV diagnosis rate increased (diagnosis rate per 100,000: 6.1 in 2022 compared to 4.2 in 2021). This reflects the rates for England (6.7 per 100,000), which have also increased.

New HIV diagnoses are not synonymous with incidence and could also reflect Surrey's increase in testing.

Chlamydia

The aim of the National Chlamydia Screening Programme (NCSP) is to focus on reducing the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women and other people with a womb or ovaries so the opportunistic screening (that is, the proactive offer of a chlamydia test to young people without symptoms) should focus on women.

Chlamydia detection rates in Surrey in 15–24-year-old females (1344/100,000 in 2022) are below the UK Health Security Agency (UKHSA) recommended detection rate of at least 3,250 diagnoses per 100,000 women aged 15 to 24 years.

Whole-school approach: PSHE and the school ethos, vision and values, safeguarding, behaviour and pupil welfare

Although a subject in its own right, PSHE's links with safeguarding, behaviour management and wellbeing requires PSHE teachers to have not only an in-depth knowledge of curriculum matters, but also an equally solid understanding of wider issues, such as anti-bullying, domestic abuse, mental health, equalities and e-safety/digital literacy.

School leadership and management is significantly influential in setting the tone for PSHE, establishing its priority place within the curriculum and taking a whole school approach to its development and ethos. These factors have been shown to overcome many PSHE issues. Ofsted's (2013) report highlighted the importance of supportive leadership and management in achieving effective PSHE, "…in the 20% of schools with outstanding PSHE education, the subject was a priority of the headteacher and at the heart of the school's work."

PSHE addresses strategic issues such as:

- mental health
- positive relationships
- drugs – including alcohol, tobacco and vaping
- healthy eating
- physical activity
- self-worth and aspiration
- equalities and inclusion

As such, it can play a significant role in addressing and supporting the school ethos and values and will contribute, in particular, to the Ofsted judgement on Personal Development, behaviour and attitudes, and safeguarding (see www.gov.uk/government/collections/education-inspection-framework).

PSHE plays an important role in proactively assisting with the development of skills such as risk recognition, risk reduction, negotiation, assertive behaviour and conversations. PSHE also helps to develop children and young people's knowledge and awareness of a range of issues and skills, such as positive relationships, supporting others, accessing help/guidance whilst providing the opportunity for critical and reflective thinking.

The role of PSHE (referring specifically to the statutory elements of Relationships, Relationships & Sex Education and Health Education) in safeguarding children and young people is highlighted in the DfE guidance, Keeping Children Safe in Education, and a series of inquiries into child sexual exploitation (CSE) have recommended that within PSHE schools teach about issues such as respect, consent and

healthy relationships in order to ensure that all young people are better able to keep themselves and others safe.

PSHE – positively promoting inclusion and equality

The Equality Act 2010 came into force on 1 October 2010. It brought together over 116 separate pieces of legislation into one single Act so that it is easier to use. It sets out the personal characteristics that are protected by the law and the behaviour that is unlawful. Its aim was to simplify legislation and harmonise the protection for all of the characteristics covered to help Britain become a fairer society, improve public services, and help business perform well.

Everyone in Britain is protected by the Equality Act. It is against the law to discriminate against someone because of a protected characteristic. The nine protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

"Public bodies (including maintained and academy schools) are required via their Public Sector Equality Duty to have due regard to the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations across all characteristics – between people who share a protected characteristic and people who do not share it." (www.legislation.gov.uk/ukpga/2010/15/contents)

These duties should be underpinned by a school's ethos, values and safeguarding principles and be apparent throughout each school day and activity. Matters of equality, respect for self and others, aspiration, safeguarding and belonging should be a part of all subjects, and will most likely be supported further through the informal curriculum and enrichment activities

In September 2020, Ofsted first published guidance for schools on teaching the protected characteristics in school, with the explanation that it is important that all children have an understanding of the world they are growing up in, having learned how to live alongside, and show

respect for, a diverse range of people. When schools undergo Ofsted inspections, they are evaluated on how well they equip children to do this.

The education inspection framework (EIF), the school inspection handbook and independent school inspection handbook explain that pupils' understanding of the protected characteristics and how equality and diversity are promoted form part of the evidence that inspectors use to evaluate the school's personal development of pupils.

All primary and secondary schools, whether state-funded or independent, should be able to demonstrate that no form of discrimination is tolerated and that pupils show respect for those who share and do not share the protected characteristics. Schools will not be able to demonstrate this by pointing to a general policy of encouraging respect for all people.

As set out in the DfE statutory guidance on Relationships Education, Relationships & Sex Education and Health Education, and in the guidance for inspecting teaching of the protected characteristics in schools, schools are not required to teach about all the protected characteristics in every year group; that is a matter for the school to decide, as is how it plans its curriculum.

However, the curriculum should be planned and delivered so that children develop age-appropriate knowledge and understanding during their time at the school; there should also be regard for highlighting the difference between teaching content and fostering an inclusive culture in school; how schools are integrating the protected characteristics into conversations in school, and how they are 'living' inclusive values. Teaching should be integrated appropriately into the curriculum, rather than addressed separately or in one-off lessons.

In relation to the 'protected characteristics' in the Equality Act 2010, particularly the sexual orientation and gender reassignment characteristics, schools are at liberty to teach the tenets of any faith regarding the protected characteristics. For example, they may explain that same-sex relationships and gender reassignment are not permitted by a particular religion. However, if they do so, they must also explain the legal rights LGBT people have under UK law, and that this and LGBT people must be respected.

There is a range of ways schools can choose to teach about these issues in an age-and stage-appropriate way. Primary schools could, for example, teach pupils about the different types of family groups that exist within society. For example, secondary schools could teach pupils in more detail about sexuality, sexual orientation and gender identity and reassignment, as well as the legal rights afforded to LGBT people. As stated in the DfE's statutory guidance, teaching on these matters should be integrated appropriately into the curriculum, rather than addressed separately or in one-off lessons.

PSHE is a discrete curriculum subject that can ensure issues of equality and inclusion are explored in a safe environment via a planned and developmentally appropriate curriculum/scheme of work. Not only should issues of inclusion be addressed, but school staff (and any external contributors – see guidance the Effective Practice section of this document) should be acutely aware of the nature of a school community and be mindful of this when planning and teaching lessons, selecting resources and creating displays, as these should be reflective of all pupils in a class, bearing in mind issues such as culture, religion, gender (including trans), disability and sexuality.

PSHE and Personal Development

There is a strong emphasis from Ofsted on how PSHE education (and within that, the statutory elements of PSHE) helps schools to foster and demonstrate how they are fulfilling the opportunities for Personal Development. There has also been some misunderstanding in some sectors about whether PSHE and Personal Development are interchangeable concepts or terms. While PSHE education is central to personal development, a sequenced, discrete PSHE curriculum is an essential and separate requirement in schools.

To clarify, Personal Development is a holistic term and judging provision for pupils' personal development; it focuses on a range of curriculum subject areas and other whole school provisions. Under the Ofsted framework, Personal Development includes curriculum subjects such as PSHE education (and the statutory elements within it) and Citizenship, while also discovering broader ways in which a school develops pupils' 'character'. These might include inclusion, SMSC (Spiritual, Moral, Social and Cultural) development, British values, extra-curricular opportunities, and, in secondary settings, Careers Information Education Advice and Guidance (CEIAG).

PSHE education and personal development are not the same. Learning within PSHE education is crucial to a school's outcome for the Personal Development judgement, and that means that contributing to personal development is everyone's responsibility.

If the two concepts or terms are conflated, it has numerous implications, namely:

- PSHE education could become confused or mixed up with other subjects, such as Citizenship, Religious Education, Sociology (in secondary schools) under the wider personal development banner, when each of these subjects has its own importance and remit.
- Any amalgamation of subject areas can mean less time for PSHE education on the curriculum. This means less space in the timetable for PSHE and could result in children and young people being less prepared to lead safe, happy and healthy lives.
- In the absence of regular, discrete and sequenced PSHE education, schools could find it difficult to meet their statutory and safeguarding responsibilities.

- It can increase the load on PSHE leads, feeling they have to become responsible for all elements of personal development, particularly in relation to inspection evidence.
- It can mean a muddling of a planned, taught curriculum with pastoral elements of whole school life, including extra-curricular opportunities, one-to-one careers guidance and pupils' SMSC development.

Therefore, schools need to maintain both the subject's individuality and integrity. This will ensure pupils are guaranteed all of PSHE education's benefits, while schools can demonstrate clearly the subject's effectiveness. This serves to distinguish between all the aspects of curriculum and school life that contribute to pupil personal development.

PSHE and Ofsted

A school's curriculum sets out the aims of a programme of education. It also sets out the structure for those aims to be implemented, including the knowledge and skills to be gained at each stage. It enables the school to evaluate pupils' knowledge, understanding and skills against those expectations. PSHE is a subject that forms part of the curriculum.

All pupils in maintained mainstream and special schools are expected to study the basic curriculum, which includes the national curriculum, religious education and age-appropriate relationships and sex education. PSHE education is already compulsory in independent schools and independents are expected to draw on the statutory guidance (Relationships Education, Relationships & Sex Education, and Health Education) when planning their PSHE education.

Since September 2020, schools have also been required to teach:

- relationships education (key stages 1 and 2)
- relationships and sex education (key stage 3 and 4)
- health education (key stages 1 to 4)

All schools are also required to promote the spiritual, moral, social, cultural, mental and physical development of pupils at the school and of society, and prepare pupils at the school for the opportunities, responsibilities and experiences of later life.

The current Ofsted framework emphasises the need for high-quality provision through a broad and rich curriculum, and aims to support the future success of all individuals, with a focus on supporting those from disadvantaged backgrounds.

The Personal Development judgement requires evidence that schools have worked to prepare children and young people for the next step in their education and their later employment. It is difficult to know how schools could do this well without a comprehensive and thoroughly planned

PSHE programme. Beyond Personal Development, a well-considered and comprehensive PSHE programme can contribute to all four judgement areas, as well as being essential to safeguarding.

The framework from Ofsted has called for evidence of broader development, so that pupils are viewed as more than a set of academic results. It hones in on schools' responsibility to prepare pupils for success in their lives now and in the future – whether that is in on-going education or in their careers – and for life in the modern world.

The framework states clearly that knowing the facts about the wider world is not enough to constitute breadth. Indeed, resilience, confidence and independence are highlighted as attributes that should be developed in our pupils.

Schools need to be aware that they are unlikely to be judged 'Outstanding' in Personal Development unless provision is being delivered effectively and consistently to all pupils. Therefore, the need for lessons to be timetabled and regular is clear. Equally, the offer of extra-curricular activities alone will not be enough to perform well in Personal Development.

The Ofsted framework recognises that a significant range of factors affects pupils and their subsequent choices, including their home lives and their wider communities. Schools will be judged on the intent, effectiveness and quality of PSHE provision to address these factors rather than on the results of personal development in the lives of students. Therefore, it is essential that teachers delivering lessons are confident, trained in PSHE education and have access to a well-planned curriculum, tailored to their pupils' needs.

The current handbook states that the Personal Development judgment focuses on the factors that research and inspection evidence indicate can contribute most strongly to pupils' personal development. These include how the school:

- ensures that curriculum subjects such as citizenship, RE and other areas such as personal, social, health and economic education, and relationships and sex education, contribute to pupils' personal development – including by considering the provision, quality and take-up of extra-curricular activities offered by the school
- develops pupils to become responsible, respectful and active citizens who are able to play their part and become actively involved in public life as adults
- through the curriculum, assemblies, wider opportunities, visits, discussions and literature, develops and deepens pupils' understanding of the fundamental British values of democracy, individual liberty, the rule of law, and mutual respect and tolerance
- promotes equality of opportunity so that all pupils can thrive together, understanding that difference is a positive, not a negative, and that individual characteristics make people

unique. This includes, but is not limited to, pupils' understanding of the protected characteristics and how equality and diversity are promoted

- ensures an inclusive environment that meets the needs of all pupils, irrespective of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation, and where no discrimination exists, for example in respect of wider opportunities for pupils
- develops pupils' characters, which we define as a set of positive personal traits, dispositions and virtues that informs pupils' motivation and guides their conduct so that they reflect wisely, learn eagerly, behave with integrity and cooperate consistently well with others. This gives pupils the qualities they need to flourish in our society
- develops pupils' confidence, resilience and knowledge so that they can keep themselves mentally healthy
- enables pupils to recognise online and offline risks to their wellbeing – for example, risks from criminal and sexual exploitation, domestic abuse, female genital mutilation, forced marriage, substance misuse, gang activity, radicalisation and extremism – and making them aware of the support available to them
- enables pupils to recognise the dangers of inappropriate use of mobile technology and social media
- develops pupils' understanding of how to keep physically healthy, eat healthily and maintain an active lifestyle, including giving ample opportunities for pupils to be active during the school day and through extra-curricular activities
- develops pupils' age-appropriate understanding of healthy relationships through appropriate relationships and sex education
- supports readiness for the next phase of education, training or employment so that pupils are equipped to make the transition successfully, including, for secondary schools, through careers information education, advice and guidance
- in special schools, enriches the curriculum, taking into account specific factors such as the local area's arrangements for providing home-to-school transport for children with SEND

In their submitted written evidence for the 2014 Education Select Committee report on PSHE, Ofsted stated that "PSHE education is crucial to the development of pupils' personal, health and economic wellbeing because much of what is covered in PSHE education is particular to that subject and does not appear anywhere else in the curriculum. For example, although pupils may learn about the physical effects of drugs on the body and the biology of human reproduction in science lessons, it is in PSHE education that they discuss how the issues may relate to their own lives and develop the skills they need to resist peer pressure to take drugs or have unwanted sexual relations." (See Written evidence submitted by Ofsted.

PSHE will be judged in line with guidance as set out in the Ofsted Inspection Handbook and will help to inform the overall judgement for all Ofsted grade descriptors. PSHE may also be particularly relevant in supporting wider areas of the inspection, such as the spiritual, moral, social and cultural (SMSC) development of pupils, how well the school has embedded British values within its ethos and culture, whether the curriculum is broadly based and likely to promote preparation for, and an appreciation of life in modern Britain, safeguarding, online safety, the behaviour of pupils, attendance, pupil welfare, equalities, inclusion, and anti-bullying.

PSHE and achievement

There is much evidence to demonstrate a strong link between effective PSHE provision and achievement. Ofsted's 2013 report on PSHE noted that there was a close correlation between overall effectiveness grades awarded to schools and the schools' Ofsted grade for PSHE (www.gov.uk/government/publications/not-yet-good-enough-personal-social-health-and-economic-education).

Promoting the health and wellbeing of pupils and students within schools and educational establishments has the potential to improve their educational outcomes and their health and wellbeing outcomes. This was emphasised by the 2014 Health Behaviour in School-Aged Children Survey, as young people reported a link between PSHE and the way they think about health issues, highlighting that PSHE classes helped them to look after their wellbeing by improving their skills and abilities to consider the importance of their own health.

In addition, in 2012, the Chief Medical Officer's annual report stressed that 'Promoting physical and mental health in schools creates a virtuous circle reinforcing children's attainment and achievement that in turn improves their wellbeing, enabling children to thrive and achieve their full potential.' (See Brooks F (2013). Chapter 7: Life stage: School Years, in Chief Medical Officer's annual report 2012: Our Children Deserve Better: Prevention Pays, ed. Professor Dame Sally C Davies. London: DH.)

Academic success has a strong positive impact on children's subjective sense of how good they feel their lives are (life satisfaction) and is linked to higher levels of wellbeing in adulthood. In turn, children's overall level of wellbeing impacts upon their behaviour and engagement in school whilst their ability to acquire academic competence in the first place and social and emotional competencies have been found to be a more significant determinant of academic attainment than IQ (www.gov.uk/government/publications/the-link-between-pupil-health-and-wellbeing-and-attainment).

Since then, a DfE evidence review in 2015 (www.gov.uk/government/publications/pshe-education-a-review-of-impact-and-effective-practice) highlighted the subject's importance to children and young people's wellbeing and knock-on effects on academic achievement, stating that 'The evidence shows

that personal, social, health and economic (PSHE) education can improve the physical and psychosocial wellbeing of pupils. A virtuous cycle can be achieved, whereby pupils with better health and wellbeing can achieve better academically, which in turn leads to greater success'.

Additionally, an evidence review by Pro Bono Economics in 2017 (www.probonoeconomics.com/the-economic-case-for-pshe-in-schools) highlighted that PSHE supports academic attainment by removing barriers to learning. Latterly, the Department for Education (DfE, 2021) has called PSHE education 'an important and necessary part of all pupils' education' and that 'all schools should teach PSHE, drawing on good practice'.

Strategic issues in PSHE

PSHE is often approached as a convenient tool with which to tackle 'problems' head on – whether this is about substance misuse, mental illness or transmitting STIs, or the myriad other 'issues' in society – and solve them. Consequently, the need to solve problems can make children and young people targets of interventions which, in many cases, they find unrelated or removed from their personal experiences.

By focusing on exceptional or less likely examples of personal experience, PSHE lessons can inadvertently encourage children and young people to regard them as the norm, rather than on the vast majority of people their age who make healthier choices and who employ healthier strategies. This can limit children and young people's perspectives in the belief that less healthy choices are very common, and it can stop them being able to learn from the many positive, healthier experiences going on around them all the time. PSHE is much more likely to be effective if it begins with positive beliefs in students, and their wish to be healthy.

Societal issues change over time. This is why it is ineffective to teach in an issues-based way: if teachers are trying to keep up with all the latest trends and changes, they focus on the content instead of equipping children and young people with the skills they need now and in the future; these skills are transferable to many situations and 'issues'.

That said, it is important for teachers to know about current issues and be able to translate this knowledge into a useful and practicable classroom experience for children and young people. It does not necessarily serve students to understand the intricacies of a social 'issue' when there may be very little they can change about it; rather, it is beneficial to support them in being able to manage themselves well in situations where these issues may arise.

While children and young people are well placed to be active citizens who are advocates for change and who can make a positive contribution to society, it is also true that they are not responsible for 'solving' societal issues – and this distinction must be upheld.

What are the 'issues'?

The issues can change over time, yet they represent the difficulties, concerns and influences in today's society. For the purposes of this document (written in 2024), there are many issues that feature within a wide range of documentation, including:

- Bullying
- Child sexual exploitation
- Consent
- Digital bullying and e-safety
- Domestic abuse
- Extra-familial harm
- Female genital mutilation
- Forced marriage
- Gambling
- Knife crime
- Pornography
- Self-harm
- Serious youth violence
- Sexual harassment
- Sexual violence
- So-called honour-based violence
- Suicide
- Youth-producd sexual images

In order to demonstrate how to work around the issues rather than tackle them head-on, pornography can be used as an example 'issue'. And, in this case, in order to teach 'around' an issue, rather than tackle it head on, it is important for staff to know about the roots of the issue and how this might manifest in a child's life. Pupils benefit from being equipped with the knowledge and understanding, skills, attitudes and values to evade the use of pornography in the first instance, and know how and where to seek help if they are concerned about their own or someone else's use of pornography.

To offer some background, it is useful to understand what the research states and the narrative over the past decade. The Office of the Children's Commissioner report, 'Basically… Porn is Everywhere' (2013), asserted that pornography and sexual images are widely available to young people through a variety of media, and this can have an impact upon how they view themselves, their peers, relationships, sex and the role of women.

Key findings from the report highlight the following:

- accidentally seeing pornography is more common than deliberately searching for it
- children first view porn between 10 and 17 years of age
- young people who view pornography are more likely to have had anal sex, sex with multiple partners and to have used alcohol and drugs during sex (the research found these linked behaviours, but could not determine whether one led to the other)
- boys generally view pornography more positively than girls and say they access it out of curiosity
- girls generally have more negative attitudes about pornography and say it is distasteful.

PSHE Leaders and teachers should ensure that effective PSHE is rooted deeply within positive and respectful values. During primary education, a variety of positive relationships and qualities should be examined, along with learning on e-safety, appropriate touch, respect, assertiveness, rights and rules, addressing gender and stereotypes – linked to their views regarding moral implications of actions and decisions. As young people progress into secondary education, lessons that consider different relationships, on and offline safety, peer pressure, and assertiveness will continue, and issues such as intimate relationships and pornography may be considered within a holistic PSHE scheme of work.

In 'Addressing Pornography Through Education' (2021), the PSHE Association states that teaching strategies start with values and expectations: For example, with secondary pupils, consider approaches that begin by helping them to reflect on their own values and expectations of sexual encounters. Discussions about the features of a positive/healthy sexual experience or relationship should elicit ideas such as:

- It is consensual
- It feels good for both people
- The people have a good connection
- Caring about the other person's needs, wants and pleasure
- Both people have body-esteem and feel comfortable in front of the other person

The guidance advocates that it is vital that these lessons are taught by well-trained, confident teachers who recognise the value of this teaching.

Equally, it is important to understand about the teaching strategies to avoid, and the guidance states that the following methods should **not** be employed:

- It is both inappropriate and unnecessary to show sexually explicit images or film in lessons on pornography. There are clear legal and ethical issues related to showing sexualised or pornographic images in lessons for any purpose, and this should be avoided.
- Avoid approaches that (even unintentionally) normalise pornography. This would include messages that suggest that everyone has seen it, or that all boys have, or that all young people have high sexual interest, as this will not always be the case. This kind of language or approach supports feelings that it is 'okay' to watch it or that it is atypical for boys not to be watching pornography. Although the prevalence statistics above may be of interest to our professional understanding of the issue, they should not be used as part of teaching about pornography, and we must remember that at least half of our pupils have not seen pornography at all, and of those who have seen it, many did not choose to.
- Beware of approaches that reinforce gender norms, such as conveying boys or masculinity as somehow problematic, either due to male interest in pornography or the typical masculine behaviours shown in pornography. It is relevant to stress here that many girls are also seeing pornography (either intentionally or unintentionally), so this is by no means purely a 'male' issue. Similarly, be aware of approaches that make implicit assumptions about heterosexuality, for example, which assume that all young people are only encountering heterosexual pornography.
- Avoid limiting your teaching to a simplistic approach that centres on how pornography depicts unrealistic bodies and body parts. Whilst this is relevant and should be included, just focussing on this is insufficient for effective pornography education. Young people are likely to already know that pornography depicts unrealistic bodies, but knowing this is not enough to help them manage situations involving pornography.
- Teachers should be aware that there is clear evidence to demonstrate that pornography can have harmful effects. It is important that this is presented to pupils. Therefore, avoid approaches that are 'light' on information and simply encourage pupils to discuss or draw their own conclusions about pornography without adequate information to do so. A neutral approach which suggests the evidence is somehow unclear or inconclusive should be avoided as it is misleading for young people. Similarly, a 'worst case scenario' or deterministic approach which implies that anyone who views pornography is going to suffer harm is also unhelpful, as this is not true and is likely to be rejected by pupils.
- Avoid teaching about pornography as a one-off input, such as a single session, drop down day, or visiting speaker/theatre group. Whilst these approaches might supplement teaching, education about pornography needs to be embedded within the wider context of healthy relationships and sex education in order to be effective.

It is useful to note that this guidance about how to/not to teach about pornography can be applied to numerous other strategic 'issues' – obviously replacing the knowledge elements and applying the transferable skills.

PSHE and online safety

PSHE provides an ideal subject to address and reflect upon the values, skills and attitudes required in order to promote the responsible use of the internet and other technologies, whilst increasing awareness of the risks (both positive and negative). Purposeful links to empathy, responsibility, respect, rights and the law can be made in conjunction with school policies and practices, such as the Anti-Bullying Policy, Behaviour Policy, Safeguarding Policy, the Home School Agreement and other related statements – for example, appropriate use of technology and school reporting systems.

Guidance from the Department for Education about teaching online safety in schools (2023 - www.gov.uk/government/publications/teaching-online-safety-in-schools) outlines how schools can ensure their pupils understand how to stay safe and behave online as part of existing curriculum requirements.

As part of the statutory relationships and health education in primary schools and relationships, sex and health education in secondary schools (see www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education), pupils are taught about online safety and harms. This includes being taught:

- what positive, healthy and respectful online relationships look like
- the effects of their online actions on others
- how to recognise and display respectful behaviour online

Throughout these subjects, teachers will address online safety and appropriate behaviour in an age-appropriate way that is relevant to their pupils' lives.

This complements the computing curriculum (www.gov.uk/government/publications/national-curriculum-in-england-computing-programmes-of-study), which covers the principles of online safety at all key stages, with progression in the content to reflect the different and escalating risks that pupils face. This includes:

- how to use technology safely, responsibly, respectfully and securely
- where to go for help and support when they have concerns about content or contact on the internet or other online technologies
- there are also other curriculum subjects which include content relevant to teaching pupils how to use the internet safely.

For example, citizenship education explores:

- freedom of speech
- the role and responsibility of the media in informing and shaping public opinion
- the concept of democracy, freedom, rights, and responsibilities

The online world develops and changes rapidly, which can make it difficult for schools to stay up to date with the latest devices, platforms, apps, trends and related threats. Therefore, it is vital to focus on the underpinning knowledge, skills, attitudes, values and behaviours that can help pupils to navigate the online world safely and confidently regardless of the device, platform or app. This teaching could be:

- built into existing lessons across the curriculum
- covered within specific online safety lessons
- covered using school-wide approaches

PSHE skills relating to online situations can assist in providing realistic scenarios through which pupils can put into practice knowledge, skills and understanding learnt through the computing curriculum and any workshops the school may provide. Online situations may relate to several of the specialist areas of PSHE, for example RSE, Staying Safe or Financial Capability. Learning in this area may be enhanced by the use of CEOP materials (www.thinkuknow.co.uk/), and a selection of these resources would help to support an effective PSHE curriculum. Teachers of PSHE (or the PSHE Leader) may be or wish to become CEOP Ambassadors.

The importance of an evidence-based approach

An evidence-based approach in PSHE is vital: it provides a sturdy framework from which to teach and facilitate high-quality provision, and it means that there is always a well-researched reason for how and what pupils are taught and encouraged to know, understand and be able to do. It helps to eliminate knee-jerk reactions and prevents a well-meaning but anxiety-induced provision of PSHE.

In terms of what schools should teach in their PSHE curriculum, the PSHE Association Programme of Study is a comprehensive and evidence-based guide that covers everything children and young people will benefit from knowing in PSHE by the time they leave school.

How PSHE is taught in schools should comprise six evidence-based approaches:

- Normative: work from a data-led perspective so that any information shared with children and young people is accurate and consistent, and from reliable and replicable sources.

- Strengths-based: rather than working from a deficit model, operate from a strengths-based or assets-based perspective, so children and young people build on what they can already do.
- Trauma-informed: teach from a kind and compassionate perspective so that children and young people are treated respectfully, without shocking them, nor inducing feelings of guilt or shame.
- Restorative: work from a position where children and young people can separate the person from the behaviour.
- Whole-system: rather than work in silos, operate from a whole-system approach, so everyone – in schools, in the local community, and in partner services – shares common values and approaches.
- Inclusive: involve everyone and seek to operate in a way that works for everyone, so the whole community (in school and wider) feels included.

PSHE should take an empowering approach and equip children and young people with the knowledge, skills and attributes which will enable them to better understand their peers' behaviour and acknowledge bias in information, helping them to develop reflective thinking and a sense of self-worth and resolve. PSHE sometimes focuses upon specific case studies, for example, by highlighting the issues of a pregnant teenager rather than the strategies successfully used by the overwhelming majority of teenagers to avoid pregnancy. This can unintentionally lead pupils to a belief that becoming pregnant is more common than in fact it is, which does not enable pupils to learn from the positive successes of others. A social norms or normative approach to PSHE establishes the norms amongst population groups, based on the realities of children and young people's lives and experiences. This information is then used to correct myths and misinformation and to promote positive behaviour change.

Data helps to demonstrate that drug and alcohol misuse among young people has reduced over time, with the large majority of school aged young people choosing not to misuse drugs and an increasing number of young people choosing not to drink alcohol. Examining data enables PSHE lessons to address the actuality of what is happening in society and helps to provide a more realistic view of current behaviours.

"The perceptions that young people hold about their peers' behaviour are often misperceptions. Common misperceptions amongst young people are:

- the healthy majority think they are in a minority – this has the potential to weaken their resolve or negatively affect their choices

- the unhealthy minority think they are in a majority, which can reinforce their already unhealthy behaviours." (See Guidance on Positive Aspects of PSHE, NCB: www.healthysurrey.org.uk/professionals/healthy-schools/pshe.)

It is vital to ensure that children and young people's needs are being met: that what and how they are being taught in PSHE is suitable and relevant for them. There are many ways to find out about pupil needs, and one of the most robust and data-driven ways is via the Health-Related Behaviour Questionnaire. The national Child Health Profiles tool also provides a data-driven means of understanding the health-related needs of children and young people across the local authority.

The Public Health approach – working 'upstream'

In Public Health, PSHE, and the wider formal and informal curriculum, there is a need to acknowledge and address the root cause of a health problem or issue, to acknowledge what is 'behind' an issue. If the cause of a problem or issue is ignored and only the symptoms are noted or treated, the problem will not be solved and the symptoms will re-emerge, thus perpetuating the cycle. Therefore, it is pertinent to address the cause of certain behaviours – to look 'upstream' – rather than focus on the resulting symptoms (the 'downstream'). Working in an 'upstream' way takes a preventative and sustainable approach and underpins effective practice in PSHE.

Viewing life through a child or young person's lens

Many aspects of learning can be addressed successfully through well planned and thoughtful PSHE lessons; however, importance must be placed upon taking an empowering and normative approach (within an evidence-based approach) along with viewing the subject matter being addressed through a child or young person's lens, rather than the adult lens that teachers, other professionals and parents/carers may have.

Often, it is simply a matter of choosing the correct words and using simplified constructs. For example: "[W]hen a 7-year-old asks why Uncle John and Uncle Max or Auntie Jane and Auntie Rosa live together, we could imagine they need to know the nature/nurture debates on sexual orientation rather than a simple answer such as 'because they love each other'." (Simon Blake, Brook.)

Currently, many issues are being highlighted by a variety of reports and agencies, issues such as FGM, CSE, the Prevent agenda, radicalisation and county lines. It is important that adults are well-informed about these matters and are vigilant and follow agreed safeguarding procedures; yet, when teaching children and young people, it is important that they are being armed with appropriate knowledge and enabling skills – along with the ability to think, reflect and speak to others when and where necessary.

For example, it is probably clear that FGM would not be discussed directly with a class of Year 3 pupils; rather, good communication skills would be a focus of teaching, along with negotiation skills, knowledge of appropriate touch/inappropriate touch, respect for the self, areas of the body that are private, the use of correct terminology for parts of the body and how to ask for help.

The NSPCC PANTS campaign may also be an appropriate way of helping children to be aware of their bodies, personal space and development of self-respect, whilst helping to safeguard them from inappropriate and illegal practices.

Children and young people require knowledge on a range of topics; and it is the underpinning values, skills and attitudes that enable a person to make decisions and respond positively and purposefully to a series of situations and circumstances that they will confront both now and in the future.

PSHE and mental health

PSHE helps children and young people to understand their own and others' emotions, develop healthy coping strategies and seek appropriate support. Communicating openly about mental health issues is an effective means of breaking down any associated stigma and raising awareness of the importance of looking after mental health, and this is now a requirement for all schools to teach about as part of statutory Health Education.

PSHE equips pupils to adopt healthier behaviours and strategies from an early age, and to seek trustworthy support when they or their peers need it. It is important that pupils are exposed to protective learning – including good communication, problem-solving, healthy coping skills, resilience and recognising emotions – as this can reduce the risk of pupils turning to less healthy options to manage their wellbeing and health. These factors are the foundation for more specific teaching and learning about mental health and mental illness in future PSHE lessons.

In its 2015 Inquiry into Parity of Esteem for Mental Health (www.rcpsych.ac.uk/policyandparliamentary/parliamentandpublicaffairs/appgonmentalhealth.aspx), the All-Party Parliamentary Group on Mental Health recommended that "mental health education should form a core part of the PSHE curriculum, to promote wellbeing and resilience in children and young people and prevent mental health problems developing".

The Mental Health of Children and Young People in England (2023) study found that one in five children and young people aged eight to 25 had a probable mental disorder in 2023. 20.3% of eight to 16-year-olds had a probable mental disorder in 2023. Among 17 to 19-year-olds, the proportion was 23.3%, while in 20 to 25-year-olds it was 21.7%. Certain children and young people are at greater risk of developing mental health problems. The greater the number of risks a person is exposed to, the greater the risk of them developing a mental health problem. However, some children and young

people exposed to significant risk factors remain competent, confident and grow and develop into caring and successful adults. Of great importance is to understand the protective factors which enable children and young people build resilience and overcome problems when they are encountered.

The school environment should be safe, secure and present an affirming place for children and young people where they can develop a sense of identity and belonging, talk openly with others and seek support as and when necessary.

This extract below from 'Risk and protective factors for child and adolescent mental health' (DfE, Mental Health and Behaviour in Schools, 2018) outlines the factors that are associated with better and poorer mental health chances for children and young people. This information serves to equip those working with pupils to understand the wider determinants of mental health, the complexities involved, and how schools can support children and young people more effectively; if schools are aware of some of the risk and protective factors involved in their pupils' lives, they can tailor more effective PSHE around these needs more effectively and use them as a starting point.

	Risk Factors	Protective Factors
In the child	Genetic influences Low IQ and learning disabilities Specific development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem Bereavement	Being female (in younger children) Secure attachment experience Outgoing temperament as an infant Good communication skills, sociability Being a planner and having a belief in control Humour Problem solving skills and a positive attitude Experiences of success and achievement Faith or spirituality Capacity to reflect
In the school	Bullying Discrimination Breakdown in or lack of positive friendships Deviant peer influences Peer pressure Poor pupil to teacher relationships	Clear policies on behaviour and bullying 'Open-door' policy for children to raise problems A whole-school approach to promoting good mental health Positive classroom management

PSHE and the law

The current guidance in the DfE document Relationships Education, Relationships and Sex Education (RSE) and Health Education states:

'It is important to know what the law says about sex, relationships and young people, as well as broader safeguarding issues. This includes a range of important facts and the rules regarding sharing personal information, pictures, videos and other material using technology. This will help young people to know what is right and wrong in law, but it can also provide a good foundation of knowledge for deeper discussion about all types of relationships. There are also many different legal provisions whose purpose is to protect young people and which ensure young people take responsibility for their actions. Pupils should be made aware of the relevant legal provisions when relevant topics are being taught, including for example:

- marriage
- consent, including the age of consent
- violence against women and girls
- online behaviours including image and information sharing (including 'sexting', youth-produced sexual imagery, nudes, etc.)
- pornography
- abortion
- sexuality
- gender identity
- substance misuse
- violence and exploitation by gangs
- extremism/radicalisation
- criminal exploitation (for example, through gang involvement or 'county lines' drugs operations)
- hate crime
- female genital mutilation (FGM)'

With this in mind, schools need to be aware of how they teach about and around these various strategic issues in an age- and stage-appropriate way, so that pupils are not shocked, scared or shamed. Teaching should be progressive to ensure that learning is developmental, and that skills are practised safely.

Effective Practice in PSHE Education

Leadership and management of PSHE, including training and continuing professional development (CPD)

Effective leadership and management are central to effective practice in PSHE. PSHE leaders should have a clear intent for their areas of responsibility and this vision should be shared and supported by the senior leadership team and wider school community. The vision for PSHE should reinforce the school's values and culture, safeguarding practices, provision for the development of SMSC, and support children and young people in making sense of the world, both now and in the future.

In Surrey, all primary, secondary and specialist schools can access the Surrey Healthy Schools online Self-Evaluation Tool. The Self-Evaluation Tool supports five specific areas of school provision (themes):

- Whole School Approach towards the promotion of positive health and wellbeing
- Personal, Health, Social, Economics, Education (PSHE) curriculum (including health and wellbeing, relationships, sex, drug, staying safe and financial capability education)
- Healthy Eating (including cooking and health eating in the curriculum, food provision - school meals, packed lunches, pre- and post-school club food provision and cooking clubs)
- Physical Activity (including physical education and school sport – PESSPA)
- Health: Emotional wellbeing and mental health

Theme 2 of the Self-Evaluation Tool supports PSHE Leaders through aspects of effective practice, enabling them to reflect upon current provision and identify areas for development. It provides PSHE Leaders with a range of appropriate information, guidance and training opportunities and aids action planning. For more information about Surrey Healthy Schools and how to access training, visit www.healthysurrey.org.uk/professionals/healthy-schools.

Leaders of PSHE should:

- have a culture of high expectations and aspirations for both academic and vocational work
- have high expectations for social behaviour
- administer rigorous self-evaluation which helps to ensure needs-based planning
- ensure the curriculum is designed to meet the needs of pupils and aids their personal development, behaviour and attitudes
- ensure the curriculum supports pupils with the issues they meet now, whilst preparing them for life in modern Britain and promotes fundamental British values
- ensure assessment informs next steps and effective lesson planning and delivery

- monitor teaching, learning and assessment of PSHE and act to ensure improvements are sustained
- monitor and address staff training and CPD needs
- promote all forms of equality and foster respect for all
- ensure that the PSHE curriculum supports and reinforces school safeguarding practices
- ensure that PSHE is reported upon, and that the curriculum is published on the school website

Training and continuing professional development for PSHE Leaders

It is essential that PSHE Leaders are themselves well trained and have sufficient subject knowledge, skills, expertise and senior leadership support to carry out their role effectively. Ideally, leaders of PSHE will engage in training which enables them to keep up to date with subject developments and thinking. They can take a professional partnership approach towards subject development. Through the completion of subject audits and by effectively monitoring and evaluating the subject area, the PSHE leader should identify the requirements necessary to develop increasingly effective provision and create a plan for development. Appendix 1 provides additional documentation and information to assist the effective leadership and management of PSHE.

Effective teaching and learning in PSHE

Effective teaching and learning in PSHE is similar to effective teaching and learning in other subjects – good teaching and learning pedagogy is universal; however, PSHE requires those who deliver the subject to be astutely aware of effective safeguarding practices, PSHE ground rules (PSHE charter/agreement) and how to deal with sensitive issues – all of which are addressed in this guidance.

Effective teaching and learning also requires effective assessment as lessons should begin where the pupils are at, so progress is developmental. Effective teachers are reflective practitioners and consider questions such as:

- Why did this work well? Why did this not work well?
- How could I address this more effectively next time?
- How are resources, groupings and timings effective, and to what extent?

PSHE addresses subject knowledge, along with the development of specific skills, such as resilience, negotiation, addressing bias, conflict resolution, empathy; and explores personal and cultural values and beliefs. All PSHE lessons support the development of spiritual, moral, social and cultural appreciation and will support the personal development, behaviour and attitudes of pupils.

Effective teaching and learning (including assessment) requires teachers to:

- set high expectations which inspire, motivate and challenge pupils
- establish a safe and stimulating environment for pupils, rooted in mutual respect
- set goals that stretch and challenge all pupils
- demonstrate consistently the positive attitudes, values and behaviour which are expected of pupils.

Promote good progress and outcomes by pupils, and

- be accountable for pupils' attainment and progress
- be aware of pupils' capabilities and their prior knowledge, planning teaching to build on these
- guide pupils to reflect on the progress they have made and their emerging needs
- demonstrate knowledge and understanding of how pupils learn and how this has an impact on teaching
- encourage pupils to take a responsible and conscientious attitude to their own work and study

Demonstrate good PSHE and wider curriculum knowledge by

- having a secure knowledge of the relevant subject(s) and curriculum areas, foster and maintain pupils' interest in the subject, and address misunderstandings
- demonstrating a critical understanding of developments in the subject and related curriculum areas, and promoting the value of scholarship
- demonstrating an understanding of and taking responsibility for promoting high standards of literacy, articulacy and the correct use of standard English.

Plan and teach well-structured lessons to

- impart knowledge and develop understanding through effective use of lesson time
- promote a love of learning and pupils' intellectual curiosity
- set homework and plan other out-of-class activities to consolidate and extend the knowledge and understanding pupils have acquired
- reflect systematically on the effectiveness of lessons and approaches to teaching
- contribute to the design and provision of an engaging curriculum within the relevant subject area(s).

Adapt teaching to respond to the strengths and needs of all pupils to

- know when and how to differentiate appropriately, using approaches which enable pupils to be taught effectively

- have a secure understanding of how a range of factors can inhibit pupils' ability to learn, and how best to overcome these
- demonstrate an awareness of the physical, social and intellectual development of pupils, and know how to adapt teaching to support pupils' education at different stages of development
- have a clear understanding of the needs of all pupils, including those with additional and or special educational needs; those of high ability; those with English as an additional language; those with disabilities; and be able to use and evaluate distinctive teaching approaches to engage and support them.

Make accurate and productive use of assessment to

- know and understand how to assess the relevant subject and curriculum areas, including assessment requirements as set out in the school policy
- make use of formative and summative assessment to secure pupils' progress
- use relevant data (qualitative and quantitative) to monitor progress, set targets, and plan subsequent lessons
- give pupils regular feedback, both orally and through accurate marking, and encourage pupils to respond to the feedback.

Manage and support relationships and behaviour effectively to ensure a good and safe learning environment by

- having clear rules and routines for behaviour in classrooms, and take responsibility for promoting good, courteous and restorative behaviour both in classrooms and around the school, in accordance with the school's behaviour policy
- having high expectations of behaviour, and establish a framework for discipline with a range of strategies, using praise, restorative approaches and rewards consistently and fairly
- managing classes effectively, using approaches which are appropriate to pupils' needs in order to involve and motivate them
- maintaining good relationships with pupils, exercise appropriate authority, and act decisively when necessary.

Fulfil wider professional responsibilities in order to

- make a positive contribution to the wider life and ethos of the school
- develop effective professional relationships with colleagues, knowing how and when to draw on advice and specialist support
- deploy support staff effectively

- take responsibility for improving teaching through appropriate professional development, responding to advice and feedback from colleagues
- communicate effectively with parents/carers with regard to pupils' achievements and wellbeing.

It is also crucial to ensure effective relationships within the school and community and help guarantee core values, attitudes, beliefs and behaviour fundamental to good practice, safeguarding and the development of emotional intelligence; teachers and PSHE professionals are also expected to uphold public trust in the teaching profession and maintain high standards of ethics and behaviour, within and outside school.

This should be underpinned by:

- treating pupils with dignity, building relationships rooted in mutual respect, and at all times observing proper boundaries appropriate to a teacher's professional position
- having regard for the need to safeguard pupils' wellbeing, in accordance with statutory provisions
- showing tolerance of and respect for the rights of others
- not undermining fundamental British values, including democracy, the rule of law, individual liberty and mutual respect, and tolerance of those with different faiths and beliefs
- ensuring that personal beliefs are not expressed in ways which exploit pupils' vulnerability or might lead them to break the law.

Teachers must have proper and professional regard for the ethos, policies and practices of the school in which they teach, and maintain high standards in their own attendance and punctuality. They must also have an understanding of, and act within, the statutory frameworks which set out teaching professional duties and responsibilities. These have been adapted from the 2011 (updated 2021) Teacher Standards:

Additional needs and SEND considerations when designing and delivering PSHE

PSHE is undoubtedly an important aspect of education but considerably more so for learners who have additional and/or special educational needs and/or disabilities (SEND). PSHE provides a clear and distinct opportunity for those with additional needs to gain access to learning and experiences linked to the broader curriculum. This can help prepare them for life beyond school, readying them for employment and helping them to make decisions that will help keep them safe.

Pupils with additional needs and/or SEND learners may need language modified so that there are explicit links to topics (and terminology) as opposed to discrete threads. There will often need to be opportunities to discuss the actual meaning of language used and then placed in a context with

which SEND learners are familiar. This can help them build learning from a point at which they are confident to help ensure that it is clearly understood.

Another consideration would be the opportunity to engage in kinaesthetic learning activities to develop a concrete understanding of the broader curriculum. Linking learning to visits and opportunities to apply practically new knowledge and skills will help in moving from the abstract to the concrete. This can also encompass opportunities to move around the learning environment, interact with peers and apply theory to see how it works in the 'real world'. Such activities could involve researching the price of renting a flat to prepare for independent living, designing a questionnaire to carry out market research or preparing a weekly budget by compiling the cost of goods at a supermarket.

PSHE provides the opportunity to broaden horizons so that learners can see that their potential in life is not limited to their current environment or setting. With this in mind, some consideration should be given to access needs: what are the barriers to learning and engagement for pupils with additional needs and/or SEND learners? And what reasonable adjustments can schools make so that all learners can really access a meaningful PSHE curriculum?

The PSHE Association has produced a useful document (Planning framework for pupils with SEND) to support PSHE leaders and Special Educational Needs Coordinators (SENCOs) plan and assess developmentally-appropriate PSHE education for all pupils with SEND. The framework also supports both mainstream and special education schools to provide a comprehensive PSHE programme that integrates, but is not limited to, the statutory content. For example, 'The World I Live In' section covers aspects of PSHE relating to careers, economic wellbeing, personal safety and how to prepare for adulthood. This learning is critical to support different levels of independence that pupils with additional needs and/or SEND may have.

Assessment in PSHE – recording and reporting

Assessment is often referred to as ‘baseline’, ‘formative’ and ‘summative’. All forms of assessment are integral to effective teaching and learning; however, it should be noted that assessment activities can frequently be used for baseline, formative or summative purposes. These terms are not necessarily labels for specific tasks, but they describe how the assessments are used.

Essentially, assessment should be a planned part of teaching and learning; it helps to set clear expectations for standards and achievement and ensures progression in teaching and learning; it also motivates pupils because they become partners in the assessment process. It supports pupils to be clear about strengths and weaknesses in their learning and enables teachers to be clear about the achievements of their pupils and how their learning might be improved.

Improving learning through assessment can depend on five key factors:

1. The provision of effective feedback to pupils.
2. The active involvement of pupils in their own learning.
3. Adjusting teaching to take account of the results of assessment.
4. A recognition of the profound influence assessment has on the motivation and self-esteem of students, both of which are crucial influences on learning.
5. The need for students to be able to assess themselves and understand how to improve.

There are clear links between these key factors and the principles – both explicit and underlying – of PSHE. Effective assessment in PSHE is therefore fundamental to enabling achievement of many of the aims of the PSHE framework and should be addressed within the whole school assessment policy.

PSHE has a specific knowledge and skill set which should be identified through progressive planning. Lesson outcomes or success criteria highlight expected learning and assist pupils and teachers in understanding whether pupils have met, not met, or exceeded expectations. Feedback, in the form of verbal comments and developmental marking should be provided to pupils to assist them in progressing further and perfecting and reflecting upon their skills, values and knowledge base. Teachers should also use their assessment results to ensure that planning meets the needs of pupils; planning should be amended and adapted in accordance with assessment findings. (See Appendix 1: Additional documentation and information to assist the effective leadership and management of PSHE, including assessment.)

Recording of assessments should be purposeful and schools are encouraged to keep records for pupils, including information on academic achievements, other skills and abilities and progress made in school. Further to this, schools must also give brief comments to parents/carers on the pupil's progress in each subject and activity studied – so PSHE will need to form a part of the school reporting process.

Evaluation is different to assessment, although the two are often complementary. Assessment is concerned with the learning which has taken place, and how to further learning. Evaluation focuses on the success, appropriateness, quality or the validity of something; this could be evaluating the success of a lesson, task or activity, grouping, or resource, and requires the person making the evaluation to be reflective in their enquiry.

Helping to ensure a safe and secure learning environment – PSHE ground rules, class charter, group agreement

Essential to effective PSHE (along with a positive and supportive school ethos) is a secure environment where pupils can share comfortably their thoughts and opinions; where they can reflect

on issues and questions and where they can reflect on their own and others' values and attitudes. In order for this to be developed, there has to be a mutual understanding of shared values. Emotional needs (restorative practices) should be addressed and understood to enable everyone to participate without the fear of being ridiculed, shamed or teased. Ensuring there are measures in place (often termed group agreement, class charter or ground rules) helps to enable pupils to take part in discussions and activities whilst the whole group, including the teacher, takes responsibility for how they intend to work.

A safe and secure learning environment is one of the pillars of evidence-based practice of high-quality and effective PSHE – one that is driven by normative approaches, by trauma-informed practice, where restorative approaches are used, and where everyone is included. It is a whole-system approach that is strengths-based and empowering.

A PSHE group agreement should be decided by the class at the beginning of the year. It should be utilised during each lesson, and if required, amended over time. It needs to be displayed in a format that is accessible to all, recapped at the beginning of each lesson and applied during every lesson. Highlighting where people are applying the agreement is often more effective than emphasising when members of the group are not adhering to the agreement. An acronym on which to base a group agreement, which has proved useful in many schools, is ROCK: this stands for Respect, Openness, Confidentiality (safeguarding procedures) and Kind (you may incorporate the right to pass here).

A school may decide to have an agreement that is in line with the school protocol; however, it is strongly advised that confidentiality should be addressed and explained along with the right to pass (in particular when emotional responses are required). Teachers should ensure that explanations of confidentiality are age- and stage-appropriate. They must also explain to pupils what will happen if the teacher is alerted to something that comes up in a classroom that cannot or should not be kept confidential, that is, it needs to be escalated to a DSL (designated safeguarding lead) or similar.

It may be that ground rules are based on an agreed set of values or on prioritised emotional needs, taking a restorative approach (see Appendix 1).

Addressing sensitive issues

Effective PSHE requires facilitators to be confident, knowledgeable and skilled. They also need to be able to communicate with assurance whilst demonstrating high levels of emotional intelligence. The notion of sensitivity is subjective and what may be delicate for one person may appear straightforward to another. The importance of addressing issues of sensitivity begins with several key actions being in place.

PSHE professionals must:

- be confident, well trained with good subject knowledge and skills, including understanding of appropriate school policies such as those for PSHE, RSE (Relationships & Sex Education), Drug Education, Equalities, Mental Health, Bereavement, Behaviour, Safeguarding and Assessment
- have a clear understanding of the school intent, values, culture and ethos
- know the pupils to whom they are delivering, have knowledge of the community issues, and possibly any family issues (including the needs of pupils)
- have carried out a survey/needs assessment/pupil voice activity and spoken to the appropriate members of staff (pastoral leaders, SENCO, designated safeguarding leaders) to ensure that the PSHE curriculum and issues raised are appropriate and supportive of pupils
- ensure that planning is progressive, and appropriate to age, maturity and understanding
- prior to the delivery of each lesson, give consideration to any spontaneous issues that may be generated and how these can be proactively and positively addressed
- consider any appropriate signposting which may support pupils requiring additional information, and/or support
- ensure that the PSHE group agreement is in place, used and understood
- ensure that there are protocols in place for pupils to ask anonymous questions (such as 'ask-it baskets'), and pupils are able to access a school counsellor, school nurse or ELSA
- ensure confidentiality and safeguarding procedures are understood by pupils, staff, volunteers and any external contributors who may visit the school and support the PSHE curriculum
- have good assessment and evaluation procedures in place
- carry out staff audits to find out training needs
- provide training as required along with regular updates.

Ensuring that these points have been considered will help to ensure that the requirements of pupils are well catered for. Note that there may still be occasions that require additional preparation. Having the following procedures in place will again support both the PSHE professionals and pupils:

- Consider whether the question/issue requires an individual or whole class response
- Ask the pupils what they think the answer is, or what they think something means – as this will provide the teacher with a clearer picture of their understanding
- It may be that the teacher responds by saying, "That's an interesting question and I don't know the answer to it," or "Why don't we look into that together?" and follow it up with the pupil(s).

- It is important that PSHE leaders/teachers do not feel that they have to rush into a definitive answer, especially as there may not be one. Equally important is that PSHE leaders/teachers do not have to give a personal response to any question asked by a pupil (or someone else in the classroom), as the PSHE group agreement is there to assist the teacher and other adult staff members supporting PSHE, as well as the pupils.

Effective use of external contributors

Responsibility for the delivery of PSHE lies primarily with teachers, but frequently schools are supported by external contributors drawn from a number of professions and external agencies including the police, fire and rescue service, school nurses, careers professionals, banking and financial services, dentists and other health workers, theatre in education groups and professionals who specialise in specific areas of PSHE, such as relationships and sex education, or drug education. Often this is welcomed, as specific expertise that school staff may not be able to provide can enhance the knowledge, skills and experiences of pupils and school staff, and offer new opportunities.

However, external contributors should be used as an additional benefit or enhancement to what the school can deliver and not as a substitute. External contributors should be carefully selected to match the requirements of the PSHE curriculum and pupils' needs. The external contributor's agency/group should be researched and specific questions should be asked regarding their qualifications, what they are able to provide, whether they enhance the culture and values of the school. This is for a school to manage and coordinate any visitors they invite to the school.

Research demonstrates that external contributors are generally more effective when delivering alongside teachers as each skill set is complementary. It is crucial that external contributors are supported by teachers, and their sessions must correspond with the school's planned curriculum; preparatory and follow-up work should also take place to increase the effectiveness of the sessions.

Research into good practice highlights the importance of external contributor sessions combining knowledge with skill development and an empowering, trauma-informed, and normative approach, which also addresses values and attitudes; this should also be delivered in a safe and secure environment where the school staff retain overall responsibility. Schools should also note that it is their responsibility to ensure that appropriate DBS checks have been undertaken and that safeguarding, behaviour and other appropriate protocols and policies have also been shared with the external contributor. The Effective Use of External Contributors – A Good Practice Guide (see Appendix 2) should be used by the school and the contributor to support the use of visitors and external contributors for any subject area. Involving ex-users in drug education should be considered very carefully. Without sensitive handling, they may arouse interest or glamorise drug use or

describe experiences to which young people may find hard to relate. In some instances, they may unwittingly imply that their own drug use represents a 'safe limit' that can be copied. If they are to be involved, this should be because they are skilled in facilitating pupil learning and not simply by virtue of their status as a former user. Note that these considerations apply to all areas of PSHE and any related areas.

Working with parents and carers

Effective PSHE requires a partnership approach and parents/carers should be involved in the development and review of the PSHE curriculum and policy. Elements within the PSHE curriculum will vary between schools and it is important that the PSHE delivered by the school supports the needs and requirements of its community; effective communication and open dialogue between staff, parents/carers, governors and pupils will help to achieve these aims. Parents/carers should be aware of the school's duties in relation to the spiritual, moral, social and cultural development of pupils, the duty to promote inclusion, equality and British values (through the Equality Act 2010, and state-funded schools' requirement to the Public Sector Equality Duty), the role of personal development within this and a school's duty to safeguard children and young people. The school website, prospectus, curriculum and 'new parent/carer' evenings, newsletters, policies and curriculum maps will all assist in ensuring that communication is effective.

Some parents/carers find it difficult to discuss issues surrounding 'growing up' with their children. Parents/carers often appreciate assistance in being able to support their children with their physical and emotional development. Being aware of what is covered within the school PSHE curriculum, the type of questions asked by children and young people and techniques to answer questions in an age- and stage-appropriate manner is helpful information for parents/carers.

Schools have a statutory duty to engage with parents/carers regarding the Relationships Education, or Relationships and Sex Education Policy: Engaging Parents and Carers in Supporting Effective Relationships & Sex Education; this is available at www.healthysurrey.org.uk/professionals/healthy-schools/pshe.

It is important to communicate effectively with parents/carers as they are significant people in:

- teaching their children about relationships, growing up, sex and sexual development
- maintaining the values and culture within the family
- helping their children and family in coping with the emotional and physical aspects of growing up
- preparing their children for the challenges and responsibilities of their decisions (in this instance, particularly their decisions around relationships, sexual behaviour and sexual health).

However, parents/carers often need help in:

- supporting their children in learning the correct names of the body
- talking to their children about feelings, emotions, relationships and wellbeing
- answering questions about growing up, babies, feeling attraction, consent, sexuality, sex, contraception, relationships and sexual health.

It is vital for schools and parents/carers to work together to help ensure effective communication and engagement.

Underpinning principles of effective and high-quality PSHE provision (adapted from the PSHE Association 10 Principles of Effective PSHE)

- Start where children and young people are. Find out what they already know, understand, can do and are able to say. Use local and national data to assist in meeting pupil needs. For maximum impact apply interactive activities which engage pupils in the planning of your PSHE education curriculum.
- Plan a 'spiral programme' which introduces new and more challenging learning, while building on what has gone before, which reflects and meets the personal developmental needs of children and young people.
- Take a positive and strengths-based, trauma-informed approach, which does not attempt to induce shock, guilt or fear, but focus on what children and young people can do to make informed decisions, keep themselves and others healthy and safe, and lead happy and fulfilling lives.
- Provide a safe and supportive learning environment where children and young people can develop the confidence to ask questions, challenge the information they are offered, draw on their own experience, express their views and opinions and put what they have learned into practice in their own lives. PSHE ground rules and learning agreements are an essential part of effective PSHE – these include clear expectations on confidentiality and also provide pupils with the right to 'pass'. Watch the ground rules video on the Surrey Healthy Schools webpages in the On-Demand Training and Information section (www.healthysurrey.org.uk/professionals/healthy-schools/videos-and-case-studies).
- Offer a wide variety of teaching and learning styles within PSHE education, with an emphasis on interactive learning and the teacher as facilitator.
- Provide information which is realistic and relevant, and which reinforces positive social norms.
- Encourage young people to reflect on their learning and the progress they have made, and to transfer what they have learned to say and to do from one school subject to another, and from school to their lives in the wider community. Formal and informal assessment should

be built into the PSHE education curriculum utilising baseline, formative and sometimes summative techniques.

- Recognise that the PSHE education programme is just one part of what a school can do to help a child to develop the knowledge, skills, attitudes and understanding they need to fulfil their potential. Link the PSHE education curriculum to other whole school approaches such as SMSC, safeguarding and pastoral support, and provide a setting where the responsible choice becomes the easy choice. Encourage staff, families and the wider community to get involved.
- Embed PSHE education within other efforts to ensure children and young people have positive relationships with adults, feel valued and where those who are most vulnerable are identified and supported.
- Provide opportunities for children and young people to make real decisions about their lives, to take part in activities which simulate adult choices and where they can demonstrate their ability to take responsibility for their decisions.

Drug Education and Responding to Drug-Related Incidents Guidelines

Introduction

This guidance provides essential information for schools, particularly PSHE leaders, PSHE professionals and those with pastoral responsibilities, to support them with the delivery, leadership and management of Drug Education; it also provides comprehensive information about how to respond to drug-related incidents, and includes suggested wording for a Drug Policy framework. It has been written in conjunction with a wide range of aligned professionals and partners across education, health and wider authority sectors. It also provides robust links to safeguarding in schools.

This section of the PSHE guidance enables schools and other PSHE (Drug Education) providers to plan, develop and monitor a coherent and progressive programme of experiences which will contribute to pupils' personal, social development and wellbeing.

Guidance about drugs has evolved over the years to take on a strengths-based and trauma-informed (trauma-sensitive) approach that will contribute significantly to:

- The development of resilience and self-worth in children and young people
- The promotion of positive and empowering values which contribute to self-confidence and a sense of community, citizenship and belonging, including child sexual exploitation (CSE) and the Prevent duty to address radicalisation
- The Ofsted judgements on personal development, behaviour and attitudes
- A school's duty to address the spiritual, moral, social and cultural development of pupils
- The promotion of the Equality Act (2010)
- Addressing and promoting mental health
- Effective safeguarding practices.

Throughout the guidance, there are numerous opportunities to find relevant information, resources and practical tools to support the effective delivery and development of PSHE (Drug Education), helping to ensure that the needs of children and young people are met.

Defining drugs

According to the United Nations Office on Drugs and Crime, 'A drug is a substance people take to change the way they feel, think or behave'. And, in this guidance, the term 'drugs' refers to:

- Illegal drugs (those controlled by the Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016)
- Legal drugs, including alcohol, tobacco, volatile substances (those giving off a gas or vapour which can be inhaled)

- Over-the-counter and prescription medicines.

Under the Misuse of Drugs Act (1971), illegal drugs are placed into one of three classes: A, B or C. This is broadly based on the harms they cause either to the user or to society when they are misused. The class into which a drug is placed affects the maximum penalty for an offence involving the drug. For example, Class A drugs attract the most severe penalty as they are considered likely to cause the most serious harm. Drugs controlled under the Misuse of Drugs Act are illegal to have, produce, give away or sell.

Drug use in children and young people

The data presented here about drug use among children and young people is from NHS Digital (2023). It details data about smoking, drinking and drug use.

The Smoking, Drinking and Drug Use among Young People in England, 2023 report from NHS Digital demonstrates clear national trends in young people's behaviour.

- The prevalence of smoking cigarettes is similar to the 2021 survey. 11% of pupils had ever smoked (12% in 2021), 3% were current smokers and 1% were regular smokers (both unchanged from 2021).
- Current e-cigarette use (vaping) remains at 9%, the same as in 2021. 1 in 4 pupils (25%) in the 2023 survey reported having ever tried vaping.
- Of pupils who have ever tried vaping, 89% have never regularly smoked tobacco cigarettes. A further 6% reported starting vaping before smoking tobacco cigarettes, only 5% of pupils reported smoking tobacco cigarettes before using vapes.
- 37% of pupils said they had ever had an alcoholic drink. Prevalence increases with age, from 15% of 11-year-olds to 62% of 15-year-olds. 5% of all pupils said they usually drank alcohol at least once per week, similar to 2021 (6%). The proportion increases with age, from 1% of 11- and 12-year-olds to 11% of 15-year-olds.
- There has been a fall in prevalence of lifetime illicit drug use. 13% of pupils reported they had ever taken drugs (18% in 2021), 9% had taken drugs in the last year, and 5% in the last month.

According to the Young People's Substance Misuse Treatment statistics 2022 to 2023 report (www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-2022-to-2023/young-peoples-substance-misuse-treatment-statistics-2022-to-2023-report):

- The most common vulnerability reported by young people (YP) starting specialist treatment was early-onset substance misuse (79%), which means the YP started using substances before the age of 15.

- ‘Nearly half (48%) of young people starting treatment this year said they had a mental health treatment need. This has risen each year since 2018 to 2019, when 32% had a mental health treatment need.’
- ‘Proportionally, girls tend to report more vulnerabilities than boys, particularly for self-harming behaviours (51% compared with 17%) and sexual exploitation (11% compared with 1.5%). Boys reported more antisocial behaviour (37% compared with 17%), criminal exploitation (12% compared with 5%) and gang involvement (9% compared with 2%).
- ‘Being involved with social services as a looked after child (11%), a child in need (12%) or having a child protection plan (8%) were also recorded as vulnerabilities.’

In 2020, Dame Professor Carol Black carried out an independent review of drugs, prevention, treatment and recovery, with considerations about how to work at a partnership level. The report actively encourages local authorities to take a partnership approach. The Combatting Drugs Partnership in Surrey works with social care, police, education, health, people with lived experience and looks at early intervention.

There are four key subgroups in Surrey:

1. Breaking supply
2. Treatment and recovery
3. Achieving a generational shift in demand for drugs
4. Alcohol and tobacco.

Work within schools sits mainly within subgroup 3.

Defining Drug Education

Drugwise, the UK organisation that promotes evidence-based information on drugs, alcohol and tobacco in the UK, states that Drug Education is, ‘the acquisition of knowledge, understanding and skills and exploration of attitudes and values which facilitate young people to be able to make informed decisions about their own, and other people’s, use of drugs.’

As for the purpose of Drug Education, the 2004 drug guidance for schools’ wording remains relevant today: ‘Drug Education should enable 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.’

And according to the 2004 guidance, the four key aims of effective Drug Education are to:

1. Minimise the number of young people engaging in drug use
2. Delay the onset of first drug use
3. Reduce the harm caused by drugs, and

4. Enable those who have concerns about drugs to seek help

Proactive, needs-based Drug Education is a major component within a school's safeguarding requirement and this necessitates a supportive, observational and nurturing approach towards any possible concerns about drugs, and necessitates that 'exclusion should not be the automatic response to a drug incident' (2004). Schools should readily observe this point in their respective Behaviour/Relationships policies, showing clear threshold criteria of what they do to mitigate and educate before resulting in sanctioning. They will also need to consider repeat offences, which may carry more weight (Surrey County Council inclusion officers, 2024).

There are many reasons behind why someone may use drugs: it could be the result of abuse (including child sexual exploitation – CSE), family or home problems, poor physical and/or mental health and a range of other difficulties. With this in mind, a school's Safeguarding Policy and child protection protocols should deal compassionately, thoroughly and thoughtfully with any drug-related safeguarding concern. Support services should be accessed swiftly where appropriate as schools have a role in identifying pupils who have drug-related needs. The process of identifying needs should aim to distinguish those who require additional information, those who would benefit from targeted prevention, and those who require a more detailed assessment of their needs.

Pupils might require additional support if, for example:

- Their knowledge, skills and understanding about drugs needs developing
- They rely upon frequent use of drugs
- Their drug use is affecting performance at school
- Drug use is causing conflict at home
- They feel under pressure to use illegal/illcit drugs.

Drug Education forms part of a holistic, needs-based and developmental Personal, Social, Health, Economic education (PSHE) curriculum that is appropriate to their age and stage of development, to their understanding and to the maturity of the children and young people involved. Drug Education is part of statutory Health Education and forms one of several specialist areas of PSHE; as such, it inter-relates with and enhances other specialist areas such as Relationships and Sex Education, Safety Education, Financial Capability, Healthy Living and Emotional Wellbeing and Mental Health. Drug Education should also fulfil the statutory requirements of the National Curriculum Science Order. Citizenship, at all Key Stages, can contribute to Drug Education by, for example, providing opportunities for pupils to:

- Understand rules and laws and how they relate to rights and responsibilities
- Consider different points of view
- Explore moral, social and cultural issues

- Discuss and debate topical issues.

Drug Education should start in Early Years and develop through each of the Key Stages to ensure continuity and progression. Drug Education in the classroom should be supported by a whole-school approach and include the school's values and ethos. The development of pupils' spiritual, moral, social and cultural understanding and reasoning is central to the proactive and reflective thinking required to support effective PSHE and Drug Education. Staff delivering PSHE and Drug Education should be confident and adequately trained having undertaken appropriate training and CPD.

Research shows that high quality Drug Education can have an impact on changes in specific drug-using patterns and reduce the use of drugs and associated problems for young people. It can contribute towards decreased harm and increased safety for young people, their families and communities. Drug Education is an entitlement for every pupil and is supported by the DfE's statutory guidance (Relationships Education, Relationships and Sex Education and Health Education) as well as section 351 of the Education Act 1996, which requires every school to provide a balanced curriculum that:

- Promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society
- Prepares pupils at the school for the opportunities, responsibilities and experiences of adult life.

PSHE (including Drug Education) plays an important role in the safeguarding of children and young people. Statutory safeguarding guidance (KCSIE, 2024) states:

'Governing bodies and proprietors should ensure that children are taught about how to keep themselves and others safe, including online. It should be recognised that effective education will be tailored to the specific needs and vulnerabilities of individual children, including children who are victims of abuse, and children with special educational needs and/or disabilities (SEND).

'In schools, relevant topics will be included within Relationships Education (for all primary pupils), and Relationships and Sex Education (for all secondary pupils) and Health Education (for all primary and secondary pupils). In teaching these subjects schools must have regard to the statutory guidance.

'Schools and colleges play a crucial role in preventative education. Preventative education is most effective in the context of a whole-school or college approach that prepares pupils and students for life in modern Britain and creates a culture of zero tolerance for sexism, misogyny/misandry, homophobia, biphobic and sexual violence/harassment. The school/college will have a clear set of values and standards, upheld and demonstrated throughout all aspects of school/college life. These

will be underpinned by the school/college's behaviour policy and pastoral support system, as well as by a planned programme of evidence-based RSHE [Relationships & Sex Education and Health Education – part of PSHE] delivered in regularly timetabled lessons and reinforced throughout the whole curriculum. Such a programme should be fully inclusive and developed to be age and stage of development appropriate (especially when considering the needs of children with SEND and disabilities and other vulnerabilities). This programme will tackle, at an age-appropriate stage, issues such as:

- healthy and respectful relationships
- boundaries and consent
- stereotyping, prejudice and equality
- body confidence and self-esteem
- how to recognise an abusive relationship, including coercive and controlling behaviour
- the concepts of, and laws relating to - sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, so-called 'honour'-based violence such as forced marriage and Female Genital Mutilation (FGM), and how to access support, and
- what constitutes sexual harassment and sexual violence and why these are always unacceptable.'

Effective Drug Education must take a holistic skills-based approach, so that scare tactics are not employed and the focus is not on increasing knowledge about illegal drugs: this is not effective practice.

The role of Drug Education

It is pertinent to note how PSHE and Drug Education specifically can play an important and long-term role in reducing drug use and improving health in children and young people, and in the population in general.

The Drug Guidance (DfES, 2004) states clearly that Drug Education is a major component of drug prevention. Drug prevention aims to minimise the number of young people engaging in drug use, delay the age of onset of first use, reduce the harm caused by drugs, and enable those who have concerns about drugs to seek help and find alternative, healthier outlets.

It goes on to state that 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 an important aspect of the curriculum for all schools. It should:

- increase pupils' knowledge and understanding and clarify misconceptions about:
    - the short- and long-term effects and risks of drugs
    - the rules and laws relating to drugs
    - the impact of drugs on individuals, families and communities
    - the prevalence and acceptability of drug use among peers
    - the complex moral, social, emotional and political issues surrounding drugs
- develop pupils' personal and social skills to make informed decisions and keep themselves safe and healthy, including:
    - assessing, avoiding and managing risk
    - communicating effectively
    - resisting pressures
    - finding information, help and advice
    - devising problem-solving and coping strategies, developing self-awareness and self-esteem
- enable pupils to explore their own and other people's attitudes towards drugs, drug use and drug users, including challenging stereotypes, and exploring media and social influences.

The guidance states that a school's approach to drugs is most effective when:

- it is addressed by the whole school community - staff, parents/carers, pupils, governors/trustees and the wider community
- it is consistent with the school's values and ethos, developed by all members of the school community
- Drug Education is part of a well-planned programme delivered in a supportive environment, where pupils feel able to engage in open discussion and feel confident about asking for help if necessary
- policy and practice for managing incidents are consistent with teaching
- pupils' needs and views are taken into account when developing programmes and policies
- staff have access to training and support
- it is supported by consistent messages from the family and community.

Integration within PSHE

Many of the skills and attitudes developed and explored through Drug Education are common to other aspects of PSHE. For example, skills to resist pressure to use drugs are applicable to personal safety and relationship education. Links between drugs and other areas of PSHE, for example, emotional wellbeing and mental health and relationships and sex education, should also be made.

This is particularly relevant to young people as their use of drugs, especially alcohol, can have an impact on their relationships and on sexual activity and sexual health.

Developing a Drug Policy

In addition to a Drug Policy being an essential part of a Surrey Healthy School approach, 'Schools are strongly advised to have a written drugs policy to act as a central reference point for all school staff; it is helpful for a senior member of staff to have responsibility for this policy and for liaising with the local police and support services' (DfE & ACPO, 2012).

A school's Drug Policy should present their role in relation to ALL drug matters: this includes the delivery, organisation, monitoring and content of Drug Education, and the school's position to legally-available substances on site – including the management of drugs and medicines within school boundaries and on school trips and responding to drug-related incidents. It should support a range of other policies including safeguarding. (See Appendix 3: Suggested policy framework wording for schools' Drug Policy.)

As highlighted by the DfE and ACPO (2012):

'School staff are best placed to decide on the most appropriate response to tackling drugs within their school. This is most effective when:

- It is supported by the whole school community;
- Drug Education is part of a well-planned programme of PSHE education delivered in a supportive environment, where pupils are aware of the school rules, feel able to engage in open discussion and feel confident about asking for help if necessary;
- Staff have access to high quality training and support.'

Consultation and engagement

As with other policies, the Drug Policy should be developed in consultation with a range of stakeholders (representatives of the whole school community). This may include pupils, parents/carers, staff, governor/trustees and, where appropriate, related partner agencies. It is important that the policy is 'owned' by the school, is consistent with its values, culture and safeguarding principles and is understood by all involved.

A working group is often a helpful starting point in the development or review of the policy. This may be led by a School's Surrey Healthy Schools working party. The group should include pupils, where this is age- and/or stage-appropriate. As it can be difficult to gain representatives from all relevant groups, further consultation via surveys and questionnaires (paper or e-versions) may be helpful. It is likely that a lead person will write the final policy and it is important to involve a member of the

senior leadership team in the review process. Various sector-based documents and sources of guidance suggests the following key people should be involved in the policy development:

- School drugs/medicines coordinator
- PSHE Leader
- Teacher responsible for pastoral support/behaviour
- Mental Health Leader and SENDCo
- A designated safeguarding lead (DSL)
- A governor/trustee with special responsibility for this area, possibly the safeguarding governor/trustee
- School nurse (if available)
- Parent/carer representative(s)
- Pupil representative(s)

Tips to support participation include:

- Be clear whether pupils and parents/carers are there as individuals or to formally represent the views of a wider group, e.g. the school council
- Ensure that pupils and parents/carers have a chance to speak, without putting them on the spot
- Having two pupil (or parent/carer) representatives rather than one can help build confidence
- Eliminate jargon
- Keep paperwork short and simple
- Make sure pupils and parents/carers who are acting as representatives get papers in time to consult other people
- Ensure the names and roles of everyone in the group are clearly explained
- Consider what else people need to know in advance about how the group will work: for example, how many meetings there will be, how to get items on the agenda, anything that needs to be kept confidential
- Ensure that meetings are held at convenient times. Ensure there is a clear and transparent feedback loop to interested parties not attending the group.

Ensure that consultation is meaningful and give consideration to these questions:

- What information do you want to find out?
- What is the most effective way to communicate with the school community?
- What will be done with the information gained?
- What are the stages of your consultation process?

- What are your timescales?
- How can you ensure that accurate information and your school values are reflected in the consultation process?

Frequently-asked questions answered by Surrey Police

When can schools be confident they would have police support for managing an incident internally?

Surrey Police response: If a crime is reported to the police, they are duty bound to record it. The police are allowed discretion as to what action they take and can, quite lawfully, leave it in the hands of the school to deal with. The level of the involvement of the police will be considered on a case-by-case basis dependent on the relevant mitigating or aggravating factors. Surrey Police has a policy that predominantly leans towards Restorative Justice rather than Criminal Justice wherever possible when they investigate offences relating to young people.

When should schools inform police about an incident?

Surrey Police response: This is a matter for the school to consider; however, consideration should be given to any incident that involves illegal substances and any aggravating factors (such as repeat issues; violence and ongoing risk of harm). Any matter relating to the supply of drugs should be reported to the police.

When should schools consult police as to how to proceed and whether police involvement might be helpful or necessary?

Surrey Police response: This will be a matter for each individual school to consider.

How will risks to the health and safety of pupils and staff be assessed and managed?

Surrey Police response: The guidance for Surrey Police is that children are children first and offenders second. There is primacy on their welfare. This does not prevent the police from taking action but what action is taken should take into consideration their welfare. Likewise, if there is a risk to the staff this will be considered too, although the school will be expected to take primacy here.

How should the risks from drug paraphernalia found on school premises or grounds be managed?

Surrey Police response: Unless illegal substances have been discovered, police will likely only consider drug paraphernalia for intelligence purposes unless they are indicative of supply offences. (Schools should have proactive responses in accordance with risk assessments and health and safety guidelines.)

What will happen if drugs are found on premises, but not in the possession of a particular individual?

Surrey Police response: These drugs should be seized in line with the protocols recorded elsewhere in this document and the police will collect them and have them disposed of.

How will pupils be questioned about their suspected possession of illegal drugs?

Surrey Police Response: This will depend upon the circumstances; however, it is likely that any questioning will be under caution with an appropriate adult present. In some cases, this may take place on site, at a home address and, in some cases, this may be at a police station, potentially under arrest. Schools must consider the cross-over between criminal process and civil process, which pertains to permanent exclusion risk. A child who is considered to have been caught supplying (searching protocols have been utilised) would be questioned in presence of parent/carer or another appropriate adult. It is important not to duplicate two separate lines of questioning here unnecessarily.

How will drug incidents be recorded and followed up?

Surrey Police Response: Any incidents relating to the illegal possession of drugs reported to the police will be recorded on a crime recording system. If an investigation is warranted then this may lead to interviews, statements being taken, CCTV seizure and a number of other pertinent enquiries.

Schools may want to consider:

- How preliminary advice could be sought on an incident without divulging the details such as the pupil's name;
- When it would be appropriate to inform police but no further involvement necessary;
- When a pupil's name can be withheld and when it should be divulged to the police;
- Sharing information about inappropriate sale or supply of tobacco, vapes/e-cigarettes, alcohol or volatile substances.

Contents of a Drug Policy

According to documents including Drugs: Guidance for Schools (2004) and Mentor's 2006 toolkit for schools, a Drug Policy should cover:

- PSHE (Drug Education) curriculum aims, content and key learning objectives
- How, when and by whom Drug Education is taught
- How teaching methods create a safe and supportive environment, developing pupils' skills, attitudes and values
- How pupils' needs are identified and met, including those with SEND or other additional needs
- The role of partner agencies in the Drug Education curriculum
- How Drug Education is assessed, monitored and evaluated
- Specific CPD opportunities for PSHE (Drug Education) teachers and how learning will be cascaded

The policy can also clarify:

- The legal requirements of the school
- The school's safeguarding responsibilities
- The school's approach to drugs for all staff, governor/trustees, parents/carers, external agencies/contributors and the wider community
- The management of drugs whilst on school premises
- How PSHE (Drug Education) is monitored, evaluated and effectively reviewed
- The support available to pupils whose own drug or alcohol use, or that of a family member, is causing concern, including screening and referral or signposting to external agencies
- The approach to Drug Education, to ensure that incidents involving drugs, and pastoral support are all consistent with the values and ethos of the school
- The methods for evaluating the effectiveness of the school Drug Education curriculum (within PSHE provision) and the management of incidents involving illegal and other unauthorised drugs.

Legally-available substances on site

The use of alcohol in school

There may be occasions when schools consider it appropriate to sanction the use of alcohol on their premises or on a school-related visit or other activity; for example, at a PTA event, a sixth form social event or on visits involving older pupils. It is important, therefore, that the school policy should

identify clear parameters for alcohol use, including use by adults, e.g., consumption of alcohol by staff during working hours.

The availability of solvents

Sniffable solvents may be in use on school premises (e.g., in technology or arts workshops or white-board marker pens). The school policy should address issues such as the availability and control of solvents, as well as considering the necessity for controls on solvent based products brought into school by pupils (e.g., deodorants and hairspray).

Cigarettes and smoking/vaping

It is against the law to smoke in any enclosed workplace, public building or on public transport in the UK. Surrey County Council commends its no smoking policy to school governing bodies/trustees and schools must display 'no smoking' signs in all workplaces and vehicles. Clear parameters must be set and understood by all concerned.

The government has responded to concerns about youth vaping and in October 2023 proposed new legislation, which if approved, will tackle the rise in youth vaping and create a smokefree generation. It is already an offence to sell tobacco and vaping products to under-18s. The Bill would make it an offence to sell tobacco products to anyone born on or after 1 January 2009; currently it is an offence to anyone under the age of 18. The Bill will also make it an offence to distribute free vaping products to under-18s, restrict the retail packaging, contents and flavouring of vaping and nicotine products. It is illegal to smoke in private vehicles that are carrying someone under 18 years of age.

In schools, the Government has responded to vaping by referring to a statutory obligation for each school to have a behaviour policy in place. The government has referred to having strengthened the Department for Education's (DfE) 'Behaviour in schools' guidance, which addresses sanctions that will be imposed for misbehaviour, including vaping anywhere in school.

It is recommended that the use of e-cigarettes (vapes) is not permitted in any part of the school premises and that there are no designated smoking areas provided within the school buildings or grounds.

The government noted that schools have the autonomy to decide which items should be banned from their premises, including e-cigarettes or vapes. The government also said that school staff can search pupils for banned items, as set out in DfE guidance on 'Searching, Screening and Confiscation in Schools'. It is important to note that '…schools who wish to search for these items [e-cigarettes or vapes] should ensure they are listed as items for which a search can be made in the school rules.'

The government is planning to include a specific reference to the harms of vaping for children and young people in the curriculum for relationships, sex and health education (RSHE), which is being reviewed at time of writing this guidance (2024). The DfE's statutory guidance for RSHE already requires pupils to be taught about harmful substances and associated risks. Teacher training modules, which have been made available by the DfE, include material on vaping and can be found at Department of Health & Social Care – School Zone.

NASUWT, a teachers' union, engaged with 4,000 members in September 2023 as part of its Vaping in Schools survey. The survey highlighted a range of behavioural problems associated with vaping in schools. Teachers raised concern about pupils leaving lessons to vape in toilets, and pupils' use of e-cigarettes as a means of emotional self-regulation.

Pupil toilets appeared to play a significant role, as teachers reported that pupils were regularly vaping there. Some suggested it was "impossible to control [vaping] without policing the toilets, which has privacy issues". Others noted that non-vaping pupils were "afraid" to go to the toilets and were reducing fluid intake to avoid needing to do so.

Teachers also said that vaping wasn't limited to "rebellious" pupils, and that those "considered to be more studious" were also vaping. There was a suggestion that "students who would not have tried smoking are willing to try vaping due to the flavours and smell". Further investigation revealed that more vulnerable pupils are more likely to vape.

It is pertinent to present another view here, and the results of the Surrey Health-Related Behaviour Questionnaire can help. Recent results state that '6% of pupils responded that they use an electronic cigarette 'occasionally' or 'regularly'' and go on to explain that it is often more vulnerable young people who are vaping. This necessitates a question about the underlying factors of vulnerability that are strongly associated with vape use.

Teachers raised concerns about a small number of pupils who were "admitting to addiction but refusing support from external agencies, and an escalation from vaping nicotine to THC and marijuana". There were also concerning reports of pupils facing pressure to buy or sell vapes. Teachers also reported that vaping can cause fire alarms to go off, disrupting teaching and learning.

The legal age to purchase tobacco and e-cigarettes (vapes) is 18. It is an offence for an adult to buy cigarettes for anyone under the age of 18. If a school has any information about who is supplying the cigarettes/vapes, they should contact Trading Standards: www.surreycc.gov.uk/business/trading-standards.

Schools are encouraged to reference the South East of England Position Statement on Vaping 2024 or the South East Tobacco Control Network Advice and Guidance: Managing Vapes in School document for further information - www.healthysurrey.org.uk/smoking/professionals/vapes-schools.

One You Surrey provide stop smoking support in Surrey and have supported thousands of children, young people and adults to go smoke-free.

Call: 01737 652168

Email: hello@oneyousurrey.org.uk

Website: One You Surrey or www.healthysurrey.org.uk/your-health/smoking

Medication (over-the-counter and prescribed drugs)

The governing body or board of trustees for a school is responsible for ensuring their school develops a policy for supporting pupils with medical conditions that is reviewed regularly (at least annually) and is readily accessible to parents/carers and school staff. All relevant members of the school community should be clear about the storage, distribution and administering of medicines (e.g., what medicines are allowed on site and under what conditions) and the carriage of medicines.

For additional information see 'Supporting Pupils at School with Medical Conditions' (DfE, 2015 – updated in 2017)

And

'Supporting children and young people with medical conditions' (Surrey County Council, 2023).

For further details, visit Surrey Education Services , specifically 'Supporting Children and Young People with Medical Conditions' document or refer to a similar policy/guidance within your school setting.

Beyond school

Schools need to consider the following issues relating to alcohol and substance use by staff and pupils when outside the school premises, in particular on school residential trips.

- What school rules apply to pupils (in particular those over 18 years old) regarding alcohol and tobacco use and vaping? Have these been made clear to the pupils and parents/carers?
- Have the residential premises been assessed for their appropriateness for the age of pupils (e.g., access to hotel, bar)?

It is advised that staff abstain from alcohol (at ALL times) in order to deal with emergency situations and be available to drive if necessary. Pupil-to-staff ratios for school trips are not prescribed in law.

Those planning trips, on the basis of risk assessment, should decide the ratios, taking into account the activity to be undertaken and the age and maturity of the pupils.

All voluntary/parental helpers who accompany school trips should be made aware of the school's expectations regarding alcohol, tobacco and e-cigarette (vape) use.

Schools should consider the problems of giving mixed messages to pupils with regard to staff purchase and use of alcohol and tobacco.

Other countries may have different cultural attitudes and laws regarding alcohol sales/consumption and illegal drug use and these must be considered within your policy.

Police/school protocol for drug-related incidents in schools

The purpose of this section is to provide the structure and guidance which will enable personnel from both schools and police to deal with drug-related incidents in the school environment in an informed, consistent and appropriate manner. This will provide the best opportunity of not only dealing with the immediate matter in hand, but also help to prevent future offending and/or exclusion, thereby maintaining a safe and secure school community, as well as keeping young people engaged in education and assisting crime reduction, crime prevention and reducing anti-social behaviour.

It is intended that this document will enable the police and schools to work closely in a way that ensures both parties fully understand and foster respect for the other's position. The protocol has been designed to help ensure that if police advice/involvement is required by a school, the correct person is contacted, and that the advice/intervention given is appropriate.

This section should also assist in decision making about incident management and subsequent courses of action. This will ensure that responses are appropriate and balance the interests of the pupil(s) involved with the rest of the school community.

Although the vast majority of children and young people of school-age have never used an illegal drug, or misused drugs, drug use by young people continues to be an issue for society and an issue for schools.

In Surrey, the availability of controlled drugs and their use among young people generally reflects the national picture. However, there will always be local fluctuations in supply and availability of certain types of drugs due to enforcement activity and user trends. Overall, the national data about children and young people reporting substance use, and the numbers entering specialist services are in line with local numbers. Cannabis represents the most common illicit substance for which young people

are accessing support services in Surrey. There may be an increase in drugs used within certain areas of Surrey, as this can change depending on who and what is most available in that area.

Cannabis is the third most prevalent drug related to County Lines, and whilst that in itself may not be as relevant for Surrey, there is anecdotal evidence in Surrey that suggests a correlation between exploitation and substance use. The Early Intervention Foundation (EIF) report 'Child sexual abuse and exploitation: Understanding risk and vulnerability' (2016) highlights drug and alcohol use.

Managing drug-related incidents in schools

All staff in schools have a duty of care towards their pupils. In managing a drug-related incident, it is therefore the care, welfare and safety of the child/student that must be paramount.

Research has shown that where schools have a clearly defined Drug Policy regarding drug-related incidents, including a variety of appropriate responses to those incidents, then it is more likely that such incidents are managed fairly and consistently. It is therefore less likely that a young person will be permanently excluded from school, and that suitable help/interventions can be provided.

The Police Youth Engagement Officers are a source of advice on legal aspects of drug misuse. They are often the school's first point of contact and they are usually able to discuss problems with staff and give advice. However, if the Youth Engagement Officer is consulted about a case which the officer considers to require formal investigation, they are bound to report it.

Regarding controlled drugs: when deciding whether formal investigation is required, the officer will consider the nature and seriousness of the incident, including:

- The vulnerability of individuals involved
- Type of drugs found
- Quantity of drugs found
- Regularity of occurrence
- Whether the drugs appear to be intended for supply to others or for personal use

No formal investigation will take place without reference to, and full consultation with, the senior leadership of the school.

The Association of Chief Police Officers (ACPO) and DfE (2012) guidelines highlight the following important points:

- Pupils affected by their own or other's drug misuse should have early access to support through the school and other local services;
- Schools are strongly advised to have a written drugs policy to act as a central reference point for all school staff;

- It is helpful for a senior member of staff to have responsibility for this policy and for liaising with the local police and support services.

Dealing with hearsay

Members of staff at schools are most likely to discover drug use through hearsay. This places the member of staff in a difficult situation. Parents/carers and the young person may be offended by accusations of drug use/misuse, even if it is true. Parents/carers may be confused and angry when their children use drugs and they might blame the school. Members of staff cannot ignore information about a young person's use of drugs, even if it turns out to be untrue.

It is important that members of staff assess the rumour in the light of their own knowledge of the situation. It may be useful to talk to other people (e.g., the DSL) before the young person, and finally the parents/carers – as long as this is in line with your school's Safeguarding Policy.

If the staff member feels that the rumour is unfounded, strategies should be devised to reduce the rumour and its effects by, for example:

- Changing the behaviour that might have led to the rumour
- Challenging those responsible for passing on the ill-founded rumour
- Challenging the environment in which such rumours breed.
- If the rumour is found to be true, the staff member should respond to the incident in the light of the school's policy on behaviour, safeguarding, support and education.

Observation

Members of staff have a wide range of skills which enable them, as part of their daily practice, to perceive changes in behaviour, appearance and performance. These may, or may not, be indicators of possible substance misuse.

It is important that a possible substance misuse dimension to pupils' problems does not daunt teachers. Reliance upon normal professional discretion and judgment, used within the context of a supportive and well-integrated pastoral and safeguarding network in the school, will enable appropriate decisions and responses to be made.

The relationship between teacher and pupil is the most reliable context for accurate identification of behaviour, since conclusions may be drawn more confidently if they are made with regard to past behaviour and perceptions of previous health.

Possible concern about substance misuse may arise from the observation of any or several of the following pupil behaviours:

- Noticeable difference in the availability of money
- Theft of money and goods
- Reports from parents/carers that more time is being spent away from home and/or that there are changes in behaviour
- Changes in punctuality and attendance pattern, and decline in willingness to participate in school or youth club activities
- Decline in performance in school work
- Unusual outbreaks of temper and other changes in character
- Boisterous and silly behaviour and uncontrolled giggling
- Disregard for physical appearance
- Inflammation of the eye and marks around the nose and mouth
- Lack of appetite
- Smells which may be indicative of solvent abuse
- Heavy use of aftershave or perfume to disguise the smell of drugs
- Wearing sunglasses at inappropriate times (to hide dilated or constricted pupils)
- Wearing long sleeves at inappropriate times (to hide injection marks)
- Injection marks for which there are no known medical explanations (e.g., diabetes)
- Unexplained bloodstains on clothes
- Use of eye drops without medical need (to reduce eye redness)
- Torn front and back cover of school books (used as smoking paraphernalia)
- Unreliable statements
- Secretive behaviour
- Changes in friendship patterns
- Use of drug-orientated language and written expression
- Declines in standards of physical co-ordination
- Significant changes in energy including lethargy or hyperactivity
- Fluctuations in emotional state from elation to depression
- Uncoordinated and/or disorientated state
- Frequenting the toilets
- Changes in behaviour after break/lunch
- Non-attendance at lunch – though this also could be indicative of child exploitation, amongst other things.

This checklist is not exhaustive and must be used with extreme care. It provides a general guideline and, as such, its effectiveness is dependent upon the skill of the person using it. All these indicators can refer to other changes and conditions of behaviour, including normal adolescent development.

Possession of suspicious substances and known drugs

Youth Engagement Officers can be called upon by schools to provide advice and/or assist in the management of a drug-related incident. Surrey Police recognises the need for schools to gain police advice when a drug-related incident has occurred, without having to commit to actual police involvement in the incident. Schools may seek initial advice from a Youth Engagement Officer. The advice given may be to involve a police officer further but this decision will, in all but the most extreme circumstances, be left to the school to make. Whether or not a school decides to involve the police, a number of decisions need to be made. In any event where a serious incident or crime has occurred, requiring a fast time response, always dial 999.

Drug-related emergency

Acute intoxication, physical collapse or unconsciousness can result from even the first experimentation with drugs or solvents. Teachers should be prepared to deal with a drug-related medical emergency by calling on a trained first aider if available and calling for help from emergency services. It is important to remain calm, as this will help to manage panic and hopefully aid recovery.

Recovery Position: to be performed by any competent person

- Turn the casualty on to their side
- Turn the face towards you
- Lift the chin forward to keep the airway open, adjust hand under the cheek as necessary
- Check the casualty cannot roll forwards or backwards
- Check the breathing and pulse frequently
- Do not leave them unattended where possible
- Call for the emergency services
- See the school's First Aid Procedure for further information

All settings should have arrangements in place for dealing with emergency situations, including on trips in and outside the UK; drug-related emergencies must be included in these arrangements.

Drug-related deaths

For serious incidents, including child deaths, Area Schools Officers are the Single Point of Contact for school leaders. The Area Schools Officers operate an out-of-hours duty to facilitate immediate incident support to all school leaders.

The Area Schools Officers facilitate professional communication support in collaboration with all stakeholders, including the local authority, police and health. In addition, Area Schools Officers are able to attend the school site at short notice, provide support with vulnerability mapping, scripts and

letters and will also assist with co-ordination with other Surrey County Council services/teams (such as Educational Psychologists and Children's Services) and other local education settings.

The out-of-hours number is 01483 518104; additionally, this is the school relationships email: school.relationships@surreycc.gov.uk.

Taking possession of substances

In the case of a young person suspected of possessing drugs for personal use, the member of staff should seize the substance from the young person with the intention of seeking police advice regarding appropriate action. Ideally, the transfer of the drug from the young person to the member of staff should be witnessed by at least one other adult so that the member of staff has a defence against any suggestion that the drug might be for their own use. The substance should be sealed in a labelled plastic bag and the label should be signed by the witness with the date, time and location added. The substance should be placed in a secure safe until the police attend.

The headteacher or a senior member of staff should always be informed of drug possession or use on school premises. They must decide the following, in consultation with the member of staff involved with the incident:

- To contact the Youth Engagement Officer in order to hand any substances over to the police
- Whether or not the name(s) should be reported to the police
- What subsequent action should be taken.

A parent/carer must also be contacted in the event of any drug seizure with a view to supporting their child giving a statement. This is particularly pertinent when a Headteacher may be considering suspension, or in significant incidents, permanent exclusion.

It is not obligatory by law to give the name(s) or identifying characteristics of the young person from whom the drugs were taken to the police.

The possession and use of drugs by young people will be of immediate concern to school staff. It is important that any action taken is in the interest of the young people concerned and the whole school community. Although the school may not be legally obliged to act, it is likely that if they are told that a young person attending their institution has used drugs, they would want to evaluate the rumour in light of their own knowledge about the situation (see Dealing with Hearsay, above).

Similarly, schools are not likely to ignore the possession or use of drugs, even if this occurs outside the institution. It would be appropriate here to follow the process recommended for issues arising within the institution. The degree and nature of police involvement may vary and is best determined

through close consultation with the Youth Engagement Officer at the stage of school policy development.

The law permits schools to take temporary possession of a substance suspected of being a controlled drug for the purposes of protecting a pupil from harm and from committing the offence of possession. School staff should not attempt to analyse or taste/test an unidentified substance. They should hand the substance to the police who will store it pending possible analysis and/or subsequent use as evidence or disposal.

In cases of emergency, in line with school procedures for dealing with medical emergencies, identification of the substance may be required without delay. The substance should be sent with the casualty to hospital. A member of staff should always accompany a child/young person taken to hospital by ambulance and should stay until the parent/carers arrives. Health professionals are responsible for any decisions on medical treatment when parents/carers are not available. The arrangements to be in line with the school's policy and any substance should be provided to medical professionals where available, ensuring that it is handled safely.

The DfE states (Searching, Screening and Confiscation, DfE, 2022):

'Headteachers and staff they authorise have a statutory power to search a pupil or their possessions where they have reasonable grounds to suspect that the pupil may have a prohibited item listed [below] or any other item that the school rules identify as an item which may be searched for.

The list of prohibited items is:

- knives and weapons;
- alcohol;
- illegal drugs;
- stolen items;
- any article that the member of staff reasonably suspects has been, or is likely to be used:
- to commit an offence, or
- to cause personal injury to, or damage to property of; any person (including the pupil).
- an article specified in regulations:
- tobacco and cigarette papers;
- fireworks; and
- pornographic images

Under common law, school staff have the power to search a pupil for any item if the pupil agrees. The member of staff should ensure the pupil understands the reason for the search and how it will be conducted so that their agreement is informed.

Where pupils are suspected of concealing illegal drugs on their person, every effort should first be made to secure the voluntary production of any unlawful substances, for example, by asking them to turn out their pockets. If the pupil refuses, the police should be called to deal with the situation. Intimate physical searches should never be made by a teacher.

A young person would be unlikely to be prosecuted for drug offences solely on the basis of a confession alone.

Discipline

Guidance for schools in 'Keeping children safe in education' (2024) states clearly that a child-led approach is vital when managing drug-related situations in schools that involve pupils:

'All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking and/or alcohol misuse, unexplainable and/or persistent absences from education, serious violence (including that linked to county lines), radicalisation and consensual and non-consensual sharing of nude and semi-nude images and/or videos can be signs that children are at risk.' This is a reminder that schools are dealing with children first and need to be mindful of the responsibilities associated with that.

That said, if a pupil has brought drugs onto the premises, the school has a clear responsibility to other pupils, parents/carers and to its own standing in the community to take action. Schools and colleges must accept that responsibility does not end with punishment and these discussions should include the involvement of the parents/carers of the young person. Equally, schools can acknowledge that the pupil involved could be a victim of exploitation, at any level (for example, a family member, a local dealer).

Informing others

Governors/trustees

Once a drug-related incident has taken place, the governing body/board of trustees should be informed. As part of the school policy, governor/trustees will need to have established and agreed procedures in relation to a drug-related incident. There will also need to be a code of practice in relation to sanctions which has previously been shared with parents/carers.

According to the DfE & ACPO Drugs Advice for Schools guidance, which can be found here (www.gov.uk/government/publications/drugs-advice-for-schools), the role of governors is to:

- State the arrangements for ensuring that governors are well informed on drugs issues as they affect the school.

- Outline the role of governors (or a designated governor if appointed) in policy development and overseeing the drug education programme, and contributing to any case conferences called, or appeals against exclusions.

Parents/carers

Whilst it is not a legal requirement, it is advisable at this stage for a parent or caring adult to attend the school immediately or at least with some urgency. Parents/carers should be made aware that a drug-related incident is a serious matter and one that is likely to involve the police and/or other outside agencies. If there is no appropriate urgency from parents/carers, the school may contact C-SPA through a written request for support and/or seek a consultation for support and further guidance.

In certain circumstances, to inform the parents/carers may increase risk to the young person; as such, a decision may be taken not to contact parents/carers immediately. Such decisions should be discussed carefully by the senior staff and they should be absolutely clear of their reasons for the decision taken. Actions should follow the protocols laid out in a school's Safeguarding Policy. There may also be situations where staff find themselves in a position of advocacy between the young person and their guardian. Where a young person has confided in a member of staff, any action needs to be taken with the knowledge of the young person.

The DfE & ACPO guidance states that the involvement of parents/carers must:

- Include the policy for informing and involving parents/carers about incidents involving illegal and other unauthorised drugs.
- Outline the school's approach to encouraging parental involvement in developing and reviewing the policy and in their child's drug education.

The police

'Drugs: Guidance for Schools' (DfES, 2004) recommends that police should be asked to identify and store or dispose of any suspected illegal drug.

While schools are under no legal obligation to report drug-related incidents to the police, or to name individuals, this can contribute to community intelligence and to more effective detection and enforcement of the law with respect to supply of illegal drugs.

If a formal referral of a problem involving an individual or a group of pupils is made to the police, the Area Schools Officer should be informed, together with the Chair of Governor/Trustees or Chair of the Management Committee.

Communications

Maintained schools are advised to contact the Surrey County Council Communications Team for advice in the event of any media interest. Academy schools are advised to contact their trust communications/media team. If a school or academy purchases the Area Schools Support Service offer, they may also wish to discuss this with their Area Schools Officer.

Regardless of their traded status, schools may contact their Area Schools Officer for support in the event of a critical incident.

When members of the media contact the Police for information about a drug-related incident, the Police will contact the school before discussing the incident further. No identifying information should be shared with the media.

Trading standards

If a school has any information about who is supplying the cigarettes/vapes, they should contact Trading Standards: www.surreycc.gov.uk/business/trading-standards.

Background issues: health and safety

School sites are, by their nature, open and are often used for other purposes. Headteachers have reported that the paraphernalia of drug misuse can be found on the playground or elsewhere on the school site from time to time. Schools may also consider having a blood-borne virus policy; more information and support is available at Surrey Education Services.

It is most important that caretakers or other appropriate members of staff should check the school site regularly. When handling substances believed to be harmful, ensure they do not come into direct contact with the skin. Discarded syringes and needles are of specific concern and require careful handling. If there has been a needlestick injury, medical attention should be sought immediately and the incident recorded appropriately. See the Health and Safety Executive information regarding 'Sharps injuries' at:
www.hse.gov.uk/healthservices/needlesticks/resources.htm

What to do if you receive a sharps injury

If you suffer an injury from a sharp which may be contaminated:

- Encourage the wound to gently bleed, ideally holding it under running water
- Wash the wound using running water and plenty of soap
- Don't scrub the wound while you are washing it
- Don't suck the wound

- Dry the wound and cover it with a waterproof plaster or dressing
- Seek urgent medical advice (for example from your occupational health service) as effective prophylaxis (medicines to help fight infection) are available
- Report the injury to your employer.

Discarded syringes should be placed in a 'sharps bin' but an empty heavy plastic fabric conditioner or similar bottle can be used in an emergency. Disposal can then be arranged appropriately through the local district/borough Environmental Service. Needles and syringes collected in public places have also been proven to contain blood-borne virus (BBV) contamination, and such materials should never be handled if found, unless appropriate training and equipment has been provided.

See the webpages about Health and Safety - Strategic Risk Management | Surrey Education Services and the Resources page for more information.

How should schools respond?

Teachers will view drugs and Drug Education from differing perspectives. Although some will have never come into contact with illegal substances, others will have some experience. Where illegal substances are involved, teachers cannot be neutral and must interpret and uphold the law as it stands.

Pastoral care, safeguarding and support

Teachers and other school staff usually know their pupils well. As significant adults in the lives of pupils, teachers may be able to observe signs of substance misuse at an early stage. Such observations and concerns should be communicated to senior leadership (the designated safeguarding lead – DSL) in the normal way. The subsequent support of the child/pupil involved in a drug-related incident will need the class teacher or form tutor to complement the support of external agencies. Drug-related behaviours may indicate wider issues and vulnerabilities for which the young person may require support, such as problems within the family, child sexual exploitation (CSE), or poor physical and/or mental health.

Drug-related incidents should be referred to C-SPA where all referrals can be collated and informed decisions made: Report a concern about a child or young person - Surrey County Council (surreycc.gov.uk). Catch 22 services can also be referred to: Surrey Young People's Substance Misuse | Catch22 (catch-22.org.uk).

Confidentiality

Where a pupil discloses information to a teacher or member of staff that may suggest that they are at risk, the pupil must be made aware that the teacher/staff member cannot guarantee

confidentiality; this should form part of the school culture of safeguarding and trust; this should be embedded through PSHE ground rules (see Appendix 1: Additional documentation and information to assist the effective leadership and management of PSHE). Schools may wish to contact the police to discuss an incident without sharing information about the names of those pupils involved.

Management and sanctions

Schools' policies and procedures for dealing with drug-related incidents should include a code of practice for working with other support agencies. Before invoking disciplinary procedures that might result in the pupil's permanent exclusion, schools should consider carefully the educational and social development of the pupil and the overall impact of the exclusion of the pupil concerned, as well as on others (see Appendix 5: Suggested responses for secondary schools managing drug-related incidents).

Levels of concern: range of school decisions and anticipated police response

It is helpful for schools to understand the likely course of action/consequences of police involvement. Whilst the police's response to incidents requires officers to follow set procedures, Government policy and Surrey Police policy allow officers discretion and a degree of flexibility in dealing with drug-related incidents in schools.

Schools are not obliged to give full details of any incident and there are occasions when seizure of the substance may be the only police action required. The wishes of the school will be carefully considered and a variety of options are available, depending on the individual circumstances of the case.

Incidents involving illegal drugs in which police may be involved:

- Drugs/associated paraphernalia are found on school premises
- A pupil is found in possession of drugs/associated paraphernalia
- A teacher suspects a pupil of being under the influence of drugs
- A teacher has information that the supply of or sales of alcohol/cigarettes/vapes/volatile substances to underage young people and/or the supply of illegal substances are taking place in the local area
- A school wishes to inform the police of a drug-related incident that has been resolved internally
- A pupil discloses their drug misuse; their parents/carers/relatives/friends are misusing/selling drugs
- Child protection/safeguarding concerns arising from family drug use.

Police should be involved in cases where:

- a pupil is found to be supplying drugs on school premises or during the school day.

For reports of drug supply in a school, report via Contact Surrey Police central switchboard: 101 – non-emergency contact.

Drugs and evidence would need to be secured. Schools shouldn't be dealing with this internally. They may then apply their behaviour policy and determine whether the child should be suspended, or permanently excluded.

The grid below offers some general guidance for schools.

SCHOOL'S DECISION	WHO TO CONTACT	POLICE RESPONSE
Aim to deal with incident internally. Advice required.	Contact local Youth Engagement Officer, or dial 101 (non-emergency). Contact local authority – the Area Inclusion Manager to determine suspension/permanent exclusion threshold.	Advice for the schools on their options and discussion regarding further support. If it is a very serious incident, the police may want to respond officially.
For police to respond to a minor incident in 'slow time'.	Contact Surrey Police central switchboard: 101 – non-emergency contact.	The incident will be recorded and an officer deployed in line with policing priorities.
For police to respond to a serious crime or incident in 'fast time'.	Always dial 999.	This will be an immediate or quick response by police officers. They will arrest suspects if they consider it necessary.

Recording of incidents

Records of substance misuse-related concerns should be documented in line with the school safeguarding and child protection policy.

An overarching record shall be kept of all substance misuse-related incidents. Records would be kept on the individual child(ren's) file and categorised as drug related. Working in line with data protection recommendations, such a record should be anonymous and normally be kept centrally by each school. This is a means of keeping track of the number of incidents occurring and is for internal use.

If an incident is investigated and parents/carers are informed, this will need to be recorded on the young person's file and such records should be kept safely, in line with 'Keeping children safe in education.'

Evidence-gathering guidance

When school staff deal with any crime, but in particular a drug-related crime, it is essential that they take appropriate steps to ensure that 'evidence' is retained so that what has happened can, if necessary, be proved at a later date.

- If possible, always record the details of anyone who witnessed the incident. Make notes of what they say they saw. Write the time, location and date they were made in the notes. If possible and/or appropriate, the witnesses agree and sign the notes, including the location, date and time, though schools would not necessarily do this as part of their record keeping. This will allow them to read these notes later. Record-keeping must be in line with 'Keeping children safe in education'.
- When a child/person of interest is spoken to, take notes of what is said and record the important words as exactly as possible. Time, date and sign these notes as well. This will enable statements to be made later by staff if required. A Police MG11 witness statement will be required.
- If there are any key witnesses, such as the finder of the drugs, take full notes from them; this will include the description of any items of evidence, and where that evidence was found. This may include the taking of photographic evidence.
- Seal, sign and label those items of evidence in plastic 'evidence bags', include the time, date and location and, if possible, ensure the witness who found the evidence signs the label as well. Items, and in particular suspected drugs, MUST BE HANDLED AS LITTLE AS POSSIBLE. In particular, other students and members of staff must not handle them at all. Ensure those handling evidence wear protective gloves.
- Keep all original notes and any items of evidence (in bags) in a locked and secure location.
- Set up an agreement with your local police for the collection and disposal of such items.

Applying these simple rules will enable schools to hand the crime over to the police efficiently.

Staff need to follow their Safeguarding, Child Protection, Exclusion and Behaviour policies and act in accordance with these policies. It is the role of school staff to refer to the police and not 'investigate' and/or collect 'evidence' beyond what they would do in line with policy.

Drug testing

Some schools have adopted strategies for managing drugs that include the use of police handlers with passive drugs dogs and other drug testing and detection equipment. The DfE and Association of Chief Police Officers (ACPO) (2012) advise that "drug dogs and drug testing should not be used for searches where there is no evidence for the presence of drugs on school premises. However, schools

may choose to make use of drug dogs or drug testing strategies if they wish. It is advisable that the school consults with the local police."

If local police are to respond with the use of sniffer dogs, they should do so as part of a warrant-led operation. "Schools considering sniffer dog searches without the authority of a police warrant should exercise extreme caution before doing so." (DfES, 2004)

The Drug Detection Strategy National Guidance (2004) advises that passive dogs and other forms of detection equipment should be reserved for extreme circumstances and that any school considering such action take careful account of the following:

Is their use:

- Consistent with the pastoral responsibility of the school to create a supportive environment?
- Going to lead to labelling and be damaging to pupils and possibly staff concerned?
- Going to result in appropriate support for pupils and staff in need?
- Feasible, and an effective use of school resources, and those of the police where involved?
- Culturally sensitive?

The DfES guidance (Drugs: Guidance for Schools, 2004) stressed that it is essential for schools to consider very carefully factors, including:

'If sniffer dogs are to be used for demonstration or educational purposes, schools will need to have procedures in place and have agreed in advance with the police what will happen should the sniffer dog indicate a trace on a pupil, member of staff or visitor to the school.'

Where such action is planned for the purposes of detection, the national guidance advises that:

- The intention to use such an approach is clearly stated in the school's Drug Policy developed in consultation with pupils, parents/carers, staff, governor/trustees and the whole school community.
- Parents/carers have given their consent (usually in writing) to the proposed use of sniffer dogs or other forms of detection/ testing equipment.

Demonstrations/educational visits should never be used surreptitiously as a detection exercise.

Surrey Police's position on drug testing

Surrey Police will not introduce Passive Drugs Dogs into the county's schools unless it is part of a warrant-led operation.

Although schools have the option to contract private companies to run Passive Drug Dog operations in schools, Surrey Police recommends that the issues outlined in the Drug Testing Checklist (see Appendix 4) are addressed before consideration is given to any such privately-run operation.

Surrey Police may offer schools who are concerned about the use or availability of drugs on their premises support and the use of the Ion Track Itemiser (ITI). The Ion Track Itemiser is a drug- and explosives-testing machine that detects traces of substances as small as one-millionth of a gram. Surfaces are swabbed with a sample trap, which is then inserted into the machine. The itemiser then analyses and identifies any substance on the trap. The results are usually available within 7 seconds. The itemiser can be used out of school hours to swab various locations (e.g., toilets and locker rooms) giving an indication of the substances (if any) that are being brought onto the school premises. Note: ITI is used only if evidence of drugs exists, as it is used to gather and validate intelligence.

ITI will only be considered where the school can identify cause for concern (the police will ask whether the school's Drug Policy is up to date, and whether it covers effective drug testing, including the testing of premises). Pupils, parents/carers and staff should be consulted throughout this process.

In the event of a Surrey Police-led ITI operation within the school premises, the school will be required to address all the issues listed in the Drug Testing Checklist (see Appendix 4). This should be done in partnership with all relevant support agencies before the operation is agreed.

An ITI operation will only take place outside school hours. ITI will only be used in the schools to sweep premises; it will not be used to test individuals within school premises.

Upon analysis of the results of an ITI operation, Surrey Police will actively support the school. The aim will be to tackle any identified drug presence, positively and proactively, in partnership with other supporting agencies as well as involving pupils and parents/carers in the whole school approach.

Supporting notes on planning and implementation

Drug Policy

Within the police operation, there is a risk that some individuals' property may be found to have traces of an illegal substance. The school policy needs to be clear about what actions will be taken in the case of pupils, staff or visitors being subject to allegations of this kind, which may be unfounded. The school must refer to its Safeguarding Policy here.

Aims and objectives

Decide what the key aims and objectives of an operation are. This will provide a clear purpose, set boundaries and the criteria for success necessary in an evaluation process.

Governing Body/Board of Trustees

Discuss any plans at an early stage with the Chair of the Governing Body/Board of Trustees.

Planning

Arrange a planning meeting with the police and other parties you consider need to be involved, e.g., young person's substance misuse service (Catch-22). It is important to be clear, before testing, about what you would do if there are traces of drugs on the school premises. Planning for this eventuality needs to be in place and agreed by everyone involved.

Confidentiality

This should be based on the school's confidentiality/safeguarding policy and your PSHE ground rules.

Appendix 1: Additional documentation and information to assist the effective leadership and management of PSHE

PSHE EDUCATION DEVELOPMENT TABLE (LEADERSHIP)

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Leadership	• There is no collective or written agreement or understanding about PSHE Education. • The headteacher has only a limited understanding of PSHE Education. Support from SLT and the governors/trustees is limited. There is no link governor/trustee for PSHE Education or Surrey Healthy Schools. • There is no PSHE (including Relationships and/or Relationships & Sex Education) policy. PSHE Education is not included in the School Improvement/Development Plan or reviewed in school self-evaluation.	• There is a statement which identifies the potential for a whole school approach to PSHE Education. • The headteacher understands the importance and value of PSHE Education, its potential impact upon the school, its links to personal development, behaviour, inclusion, safeguarding, welfare and achievement. • The headteacher has active support from the governors/trustees, link governors/trustees for PSHE Education, online safety, safeguarding and Surrey Healthy Schools have been appointed and champion developments.	• There is a well-written vision statement of intent which clearly articulates whole school approach to PSHE Education in the context of the school ethos and values. It is included in public documents available to parents/carers and includes reference to RSE, Drug Education, online safety, Wellbeing and Financial Capability/Careers. • The headteacher has a thorough understanding of PSHE Education, its links to personal development, behaviour and attitudes and achievement, and the need to involve all stakeholders in the community. Governors/trustees are actively involved in PSHE Education and related events.	• There is an innovative vision statement of intent for PSHE Education reflected in the school aims. It recognises the potential impact of PSHE Education on pupils, parents/carers, staff and the community as underpinned by Surrey Healthy Schools and the promotion of physical, social, emotional and mental health and wellbeing. Pupils understand the vision and have input into what they want to learn and would like to do. • The headteacher is pro-active in supporting the leadership group involving all stakeholders and has high expectations for the impact of PSHE Education on school improvement, safeguarding, online safety, SMSC and personal development, behaviour and welfare. Link governors/trustees support PSHE Education, online safety, safeguarding and Surrey Healthy Schools and are involved in the future planning and development.

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Leadership	• There is no PSHE Education Leader or if in post, has few skills, lacks knowledge and understanding, and makes minimal impact.	• There is an up-to-date policy containing a statement which reflects the school's work on PSHE Education. There is a Relationships and Sex Education policy and a Drug policy. • There is an up-to-date plan for PSHE Education with achievable targets. Funding has been allocated to the development of the subject. • The PSHE Education Leader has received some training, has developed a core of provision, and is supporting colleagues who also teach PSHE. PSHE coverage is published on the school website. • The PSHE Education Leader discusses PSHE Education with the leadership team.	• The school is committed to the development of their Surrey Healthy Schools Approach. • There are coherent PSHE/RSE and Drug policies, which reflect the school's work, matched to the strategic plan. • There is a long-term whole school strategic plan supported by a curriculum plan with short term targets, costed and has funding allocated. The plan includes specific reference, where appropriate, to proactively addressing mental health, Surrey Healthy Schools, inclusion and equalities, SMSC and values. • PSHE is timetabled as a discrete subject and is supported a scheme of work, well-considered assembly themes and additional activities – the scheme of work is published on the school website. • An audit of PSHE Education coverage has been carried out alongside other Heads of Department to ensure in addition to the planned PSHE curriculum there are opportunities for a whole school cross-curricular approach to be taken.	• There are detailed and coherent PSHE/RSE and Drug policies, which are reflected in current work and match the development plan and school aims. They are reviewed and updated regularly by all relevant stakeholders, including a committee of pupils. • There is a detailed PSHE Education plan, which shows short- and long-term targets, costings and commitment to its development across the school curriculum and the culture of the school; impacting upon the wider local community that the school belongs to. • PSHE is timetabled as a discrete subject and is taught by confident and trained teachers. There is a PSHE scheme of work in place which is learning led. PSHE lessons are further supported by well-considered assembly themes and planned additional activities. • The school website shows the school curriculum including the curriculum coverage of PSHE. • There are planned and effective opportunities for coherent cross-curricular PSHE Education supported by Heads of Department and SLT.

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Leadership			• There is an experienced and skilled PSHE Leader who has identified PSHE as a training priority. They have good subject knowledge and lead a whole school approach building on the Personal, Social, Health and Economic Education delivered in previous phases. • PSHE Education is regularly discussed at staff and at governor/trustee curriculum group meetings and pupil needs and views are taken into account. • The PSHE Leader monitors and audits PSHE provision at least annually – this contributes to the development of a Surrey Healthy Schools Approach.	• The PSHE Education Leader is highly skilled and able to motivate staff. The Leader has the support of the head and all teachers, and involves the community as well as championing PSHE Education across the school. • There is a pro-active group for PSHE Education and Surrey Healthy Schools which includes a democratically elected group of pupils. Regularly driving the subject forward, this group should also involve parents/carers, members of the community and governors/trustees. • The PSHE Leader monitors and audits PSHE provision regularly, contributes to the development of the Surrey Healthy Schools Approach, the school improvement plan and addresses the training needs of staff.

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Management of Resources	• There are a few PSHE Education resources, most of which is outdated. There is no clear deployment: for example, distribution of resources might be dependent upon the PSHE Education Leader. • There are no criteria for the selection of PSHE Education resources. There is not a designated PSHE Education resources area.	• Though there are sufficient resources to meet minimum standards and entitlement, the school has identified gaps in resource provision. Funding is available to meet these needs. • There is a nucleus of appropriate resources augmented by material in a range of subjects and the school library. • Resources are used to support the teaching of PSHE Education but lack focus and challenge. • Resources are selected to meet the needs of individual topics within the PSHE Education curriculum but are un-coordinated.	• There is a wide range of resources available to teachers and pupils. Pupils are able to access and choose resources themselves. • Effective use is made of IT to access resources. All teachers have access to a wide range of teaching resources. All pupils have access to resources to support their learning. • There are effective resources to support core PSHE Education teaching and learning. • NCA - CEOP resources are used to support elements of online safety and decision making. • Resources are matched to the contents of the lesson and a mixture of teaching and learning approaches are used. • There are clear criteria for the selection of resources to support teaching, learning and assessment throughout the school.	• There is a wide range of quality resources, including digital materials. • Resources have been created by pupils and all resources are matched to need and they support inclusion, equalities and diversity. • All pupils have opportunities to use their community as a resource and have access to visits, visitor activities, and digital resources, appropriate to the curriculum and their needs. • NCA - CEOP resources are integrated effectively into the PSHE curriculum. • There are good, appropriate and effective resources to support PSHE Education teaching and learning throughout the school.

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Management of Resources			• Resources are regularly reviewed, revised and updated by the PSHE Education Leader. • Thorough preparation, monitoring and follow up of any work-related learning or enterprise activities is in place.	• Resources are selected to support a wide range of teaching and learning approaches and to reflect needs, equalities and inclusion. Information materials challenge stereotypes and aim to broaden choice. Any Careers information materials include STEM (Science, Technology, Engineering and Mathematics) opportunities. • There is a planned programme for the review and replacement and purchase of resources. • Teachers and pupils at all levels regularly review and assess the value of the resources. • Pupils and teachers also discuss what other resources would be helpful.

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Teaching and Learning	• PSHE Education is fragmentary. Links between PSHE, SMSC, values, physical and mental health, behaviour, inclusion and safeguarding have not been grasped. • There is no scheme of work or it lacks detail and progression and sufficient reference to RSE, Drugs, (including tobacco, alcohol), mental health and careers/financial capability. • Lesson plans have unclear learning objectives and are over-reliant on resources which are not matched to pupil need. • Teachers are uncertain of the purpose of the subject, and employ a narrow range of teaching styles.	• There is a tangible core of learning activities for PSHE Education. • There is a scheme of work based upon the PSHE Association Programme of Study and incorporates the DfE statutory guidance, which takes into consideration the needs of the pupils and community. It ensures progression across the school. • Most plans have clearly focused learning objectives. • Teachers make selective use of commercial lesson plans, schemes of work and resources. • Lessons have good features, but teachers have insufficiently high expectations of the range and depth of work anticipated.	• There are detailed lesson plans for class teachers, including RSE, Drug Education, health and careers education/financial capability. • Effective use is made of the national and local data. • Lessons make real-life links to appropriate and credible support services and websites such as Childline and Catch 22 (secondary). • Most plans identify a small number of key learning objectives and outcomes. Resources are selected which support the learning objectives. Opportunities for reflection on learning are provided. • Teachers use a wide range of teaching and learning approaches to deliver PSHE Education with high levels of interaction for pupils.	• PSHE Education lessons are very well planned. All classroom teachers are aware of the links to SMSC, values and safeguarding. • Lessons relate to the specific requirements of pupils and the community and make reference to local and national credible support services and groups, including websites. • Schemes of work are regularly reviewed and developed. Participation is planned for, monitored and reviewed by staff and a democratically elected group of pupils. • All plans have clear teaching objectives and learning outcomes/ success criteria. • An effective balance of commercial and teacher-created resources are used to meet objectives. • Teaching and learning approaches are matched to the lesson content, acknowledge a variety of learning styles and encourage participation by all pupils.

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Teaching and Learning	• Teachers do not understand the importance of assessment in PSHE Education. • Teachers who teach PSHE Education lack confidence and competence at handling sensitive issues. • There is no mention of digital safety. • There are few opportunities for pupils to participate beyond lessons. • The School Nurse is not encouraged to participate in the PSHE curriculum.	• Some PSHE Education teachers are aware of the sensitive nature of some issues and are able to respond appropriately. Some teachers continue to avoid them completely. • Some teachers plan for digital literacy in PSHE Education. • In addition to weekly timetabled lessons, some teachers have provided opportunities for participation beyond the classroom. • The School Nurse is given little involvement in the PSHE Education programme.	• All PSHE Education teachers have received training in handling sensitive issues. Controversial issues are not avoided in lessons. • All teachers use a range of activities and resources to support teaching and learning. Most teachers make good use of opportunities to develop digital literacy. • There is a school policy that enables pupil participation across and beyond the school such as a school council. Pupils are occasionally able to participate in projects in the community. • The School Nurse is fully involved in the PSHE Education provision.	• Sensitive issues are seen as central to PSHE Education, and staff encourage pupils to explore the issues and reflect on a balance of responses. Most teachers are confident in answering questions and exploring issues. • All teachers make imaginative and effective use of technology. Many teachers make excellent use of a range of devices. • Pupils and teachers work together with other adults; they take responsibility for activities in the school and community. • The School Nurse is fully involved in the PSHE Education programmes and contributes to future planning. • There is a democratically-elected group of pupils that has input into PSHE Education policy in school. There is some form through which the whole school can have input into the school development policy.

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Staff Development	• No structured audit has taken place. No-one knows the skills teachers may have for teaching aspects of PSHE Education. • In many lessons the quality of teaching is affected by the teacher's insecure knowledge and understanding of PSHE Education.	• An audit has taken place which has identified gaps in provision and areas for whole school development. Some teachers have received training as a consequence. • Most teachers have sound knowledge and understanding of PSHE Education. Training is available for teachers to improve this.	• An audit of skills has taken place and teachers with particular strengths are able to share their expertise with other PSHE Education teachers. • Class teachers have good knowledge and understanding of PSHE Education and use it effectively in their teaching. Training is provided to meet teacher needs (for secondary teachers, this includes Careers Education).	• Audits are used on a regular basis to identify individual and whole school development needs and to ensure that pupil entitlement is met and staff in need of extra support are given assistance. There is training for staff to show how they can constructively support PSHE Education especially at transition periods.

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Monitoring, Assessment and Evaluation	• There is no formal monitoring process. • Assessment in PSHE Education is not included in the school assessment policy. • Pupils do not know what is expected of them in PSHE Education. There is no review of PSHE Education. • Staff are unclear about how to assess PSHE Education. • Most pupils do not make progress in learning. Teachers assess pupils' progress or achievement in an arbitrary way, if at all and this is not reported to parents/carers.	• The PSHE Leader monitors class teachers as and when the need arises. This may include lesson observations, scrutiny of planning and work sampling. • The Assessment Policy includes PSHE Education. • Pupils know what is expected of them but teachers' expectations are low and no account is taken of activities pupils may be involved in beyond school. The Leader monitors PSHE but this is rarely discussed in a wider forum. • Lesson objectives and success criteria are shared with pupils at the start of the lesson and reviewed during plenaries.	• There is regular and planned monitoring of PSHE Education provision across the whole school, including lesson observation, scrutiny of work and planning. • A policy for assessment, including PSHE Education is in place and reviewed on a cyclical basis. • A range of assessment strategies is used to inform planning and underpin pupil progress in PSHE Education. • The school makes use of appropriate pupil tracking approaches.	• Teachers regularly observe each other. Pupils are highly involved in the monitoring, assessing and evaluation process, identifying issues for development and change. Reports are made to governors/trustees and parents/carers. • Most pupils make very good progress. Assessment involves pupils in the process fully and identifies and celebrates their achievements. Pupils comment on both their progress and on ways this could be improved. • Assessment identifies further needs and priorities for planning future work. Ensure that, at transition points, schools are aware of pupil achievement. • Reports to parents/carers clearly show how pupils have made progress in knowledge and skills development, consideration is also given to the understanding and appreciation of a range of values and attitudes.

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Monitoring, Assessment and Evaluation	• The school has not engaged with the Surrey Healthy Schools Approach or training.	• Most pupils make some progress. Assessment lacks rigour. There is no mechanism for drawing on these assessments to show progress over time. There is no comment about PSHE Education in annual reports. • Staff CPD on assessment is planned. • The PSHE Leader reports to the leadership team. The school has plans for developing a Surrey Healthy Schools Approach and has discussed this with the Senior Leadership Team. • The PSHE Leader reads the Surrey PSHE, Inclusion & Wellbeing News and use is made of the Surrey Healthy Schools website www.healthysurrey.org.uk/professionals/healthy-schools.	• Most pupils make good progress. There is a whole school approach to assessing and recording progress in PSHE Education used by all teachers. Some account is made of this in planning future work. Teachers understand the difference between assessment for learning and assessment of learning. Pupils are involved in how they think they have done. • Parents/carers are provided with regular and accessible information on progress in learning and skills development in PSHE Education. • Annual reports include a PSHE Education section.	• There are planned meetings for pupils and staff to jointly review and develop success criteria to support the PSHE curriculum. • Teachers are confident in the range of day-to-day assessment strategies they use formatively (AfL). • Learning and development is valued – there is a supportive atmosphere that allows pupils to make and learn from mistakes. • A school portfolio of moderated PSHE Education work is in place. • Parents/carers are considered equal partners in the learning journey and are provided with guidance on how to maximize learning and development. • All members of staff, SLT and governors/trustees are well briefed on progress.

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Monitoring, Assessment and Evaluation			• Pupils are clear about expectations. Achievement in PSHE Education across and beyond school is recognised and celebrated by the school. Credit is given for active participation in school and community life. Pupils identify and reflect on progress of targets for PSHE Education. • PSHE Education is regularly discussed at staff meetings and issues are identified for future development. The subject is reviewed annually by key staff and an action plan is produced by the PSHE Leader.	• Detailed analysis of assessment is used to identify specific strengths and weaknesses. • Pupils' post-16 destinations are assessed and shared with pupils, parents/carers and staff to increase understanding of the labour market and further/higher education trends (secondary) • PSHE Education is discussed by pupils and staff at school council meetings, at governing body/trustee meetings and at Surrey Healthy School Action Team/Working Party meetings. The review involves parents/carers and members of the school community, and plans are shared. • A Surrey Healthy Schools Approach is developed, maintained and progressed. Pupil, staff and community members are fully aware of the impact of mental and physical health on the school and community. They have a strategic vision of how Surrey Healthy Schools Approach should inform the school development plan in coming years.

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Monitoring, Assessment and Evaluation			• A Surrey Healthy Schools Approach is being further developed at the school and is a feature of the School Improvement / Development Plan. All teachers acknowledge how wellbeing can contribute to pupil progress and achievement.	

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Parental and Community Involvement	• Parents/carers and others are used as visitors on an ad hoc individual basis. There is no External Contributor or visitor policy or guidance in place. No use is made of other providers. • The school website does not refer to PSHE Education, available support for pupils or the PSHE Education, RSE, Drug Education, Career Education Policy (secondary), or Surrey Healthy Schools Approach. • Parents/carers and the community are generally unaware of the school's approach to PSHE Education.	• The school plans for the involvement of parents/carers and community members in line with school policy and Surrey External Contributor Guidance. Safeguarding and confidentiality practices are shared with external contributors. • The school makes some use of local and national agencies as a resource, including the school nurse. • The school has a website which includes PSHE Education but it is not easily accessible to parents/carers and the community and provides little detail. • PSHE Education is addressed at the governors'/trustees' meetings with specific reference to arrangements for RSE being made. Information is also available in school news letters to the community. Parents/carers know what their children are being taught in PSHE Education.	• Parents/carers and community members are used to support the PSHE Education curriculum and receive clear guidance on their role and purpose and safeguarding practices are shared. Their involvement is well planned and evaluated by staff and pupils. • Mapping of local community and health resources has been undertaken and their use is planned for. • The school website is effectively managed and includes quite detailed information regarding PSHE Education and available pupil support. The PSHE Education teaching curriculum, pupil participation, work and achievements are published on the site.	• Parents and members of the community are involved in planning activities in collaboration/partnership with the PSHE Education Leader with input from pupils. The involvement of external contributors is monitored and a there is an effective policy in place which includes safeguarding practices. • Pupils and teachers invite speakers to increase awareness of a variety of issues including careers, using the External Contributor guidance produced by Surrey Healthy Schools. • Pupils assist in the management of the PSHE Education pages on the website. It is dynamic and provides information, resources, and links for pupils and parents/carers. There is an opportunity for parents/carers to make comments about the PSHE Education curriculum.

AREA	FOCUSING	DEVELOPING	ESTABLISHED	ADVANCED
Parental and Community Involvement			• Parents and the community are kept informed through regular newsletters, the school website and through participation in PSHE Education activities.	• Parents and community members are invited to participate in workshops on specific aspects of PSHE Education such as RSE, Drug Education, inclusion & anti-bullying, local issues, human rights, fair trade, careers, financial capability and emotional health and wellbeing. Parents/carers and community members are also invited to give or take part in talks. Parents/carers and employers act as role models to challenge stereotypes, inspire and broaden pupil aspirations.

AREA	ACTIONS	WHO	BY WHEN	OUTCOME
Leadership				
Resources and their Management				
Teaching & Learning				
Staff Development				
Monitoring, Assessment & Evaluation				
Parents/carers and Community Involvement				
Other/additional information				

PSHE Leader audit tool

The PSHE Leader should ensure that strengths and weaknesses have been identified and that appropriate actions are undertaken in a timely and considered manner.

This grid uses wording from Theme 2 of the Surrey Healthy Schools Self-Evaluation Tool.

Responsibility	Y	N	Action/Date
2.1 The PSHE leader takes a professional partnership approach towards subject development.			
2.1.1 Does the PSHE leader identify their own subject specific, and wider teaching and learning/leadership and management needs, and engage in appropriate professional development?			
2.1.2 Does the PSHE leader involve a professional network of support in order to ensure: PSHE delivery is accurate, up-to-date and effective, and that the skills and knowledge of those delivering PSHE are improved?			
2.2 The PSHE curriculum is developed effectively (Personal, social and emotional development (PSED) in early years foundation stage (EYFS)).			
2.2.1 Is there a spiralling (developmentally progressive) PSHE scheme of work with clear intent in place for each year group?			
2.2.2 Is the PSHE curriculum underpinned by the PSHE Association Programme of Study?			
2.2.3 Does the PSHE curriculum cover all of the statutory elements required as set out by the DfE for Health and Relationships Education (Primary) or Health Education and Relationships and Sex Education (RSE) (Secondary)?			
2.2.4 Are parents/carers actively consulted and effectively involved in the development of the PSHE curriculum (in particular relationships education/relationships and sex education)?			
2.2.5 Is the PSHE curriculum proactively supported by the science curriculum?			
2.2.6 Is the PSHE curriculum proactively supported by the computing curriculum?			
2.2.7 Does the school effectively use local data (including school data) to ensure that the PSHE curriculum meets pupil need?			
2.2.8 Are effective mechanisms in place to ensure that all pupils' views are reflected in PSHE curriculum planning, teaching, learning and assessment, including vulnerable pupils and those with and without protected characteristics?			
2.2.9 Does the PSHE curriculum purposefully signpost pupils to, and raise awareness of appropriate specialist services that can give professional advice on matters such as			

contraception, sexual health, alcohol, drugs, mental health and wellbeing?			
2.2.10 Is the PSHE curriculum published on the school website?			
2.3 Implementation of the PSHE curriculum and effective practices: monitoring, evaluation and assessment.			
2.3.1 Are PSHE ground rules or PSHE learning agreements in place for each class and used effectively throughout the school?			
2.3.2 Are PSHE ground rules or learning agreements developed in consultation with pupils, written in 'pupil appropriate language' and do they acknowledge the 'right to pass' and 'confidentiality'?			
2.3.3 Are teacher subject knowledge, training and development needs identified and is support/training provided appropriately?			
2.3.4 Does monitoring the quality of PSHE education identify where information, key concepts and skills are presented clearly, enabling appropriate discussion and development?			
2.3.5 Does monitoring identify where pupil knowledge, understanding and skill development is progressive and where any misconceptions are corrected?			
2.3.6 Does monitoring identify where skills, knowledge and understanding are applied by pupils because they have been committed to long-term memory (via behaviour change)?			
2.3.7 Does monitoring identify ways in which assessment is used to effectively support the teaching of the PSHE curriculum?			
2.3.8 Does monitoring identify where assessment is used to help pupils embed PSHE knowledge, understanding and skills whilst providing opportunities to reflect upon their own and others' attitudes and values?			
2.3.9 Does monitoring identify whether pupils know how their knowledge, skills and understanding have progressed in PSHE?			
2.3.10 Does monitoring identify the extent to which pupils consider the PSHE curriculum meets their needs and supports their ability to make 'informed and positive' decisions?			

In addition, the PSHE Leader should also ensure these responsibilities are undertaken:

Responsibility	Y	N	Action/Date
Write/review the PSHE policy (which may include Relationships Education, and/or Relationships & Sex Education), ensuring links to Drug Policy, RSE Policy, Anti-bullying, Safeguarding, Equalities, online safety, Mental Health, Bereavement, preventing Suicide, Relational Behaviour, SMSC and the school ethos and values (see also www.healthysurrey.org.uk/professionals/healthy-schools)			
Write/review the RSE policy, ensuring links to Drug Policy, Anti-bullying, safeguarding, Equalities, online safety, Mental Health, Bereavement, preventing Suicide, Relational Behaviour, SMSC and the school ethos and values (Ensure the DfE statutory guidance and the PSHE Association Programme of Study are viewed first)			
Write/review the Drug Policy, ensuring links to RSE Policy, Anti-bullying, safeguarding, Equalities, online safety, Mental Health, Bereavement, preventing Suicide, Relational Behaviour, SMSC and the school ethos and values			
Establish a comprehensive spiralling scheme of work covering all aspects of PSHE (including Relationships Education and/or Relationships & Sex Education and Health Education) (See the PSHE Association Programme of Study)			
Monitor, assess, record and report PSHE (teacher, self- and peer assessment), giving consideration to pupil progress			

and high expectations, linking findings to SDP/SIP and governors/trustees.			
Raise standards and profile of PSHE (with assistance from the PSHE or related governors/trustees)			
Identify appropriate cross-curricular opportunities for PSHE, make links to safeguarding, school values and ethos, online safety, Surrey Healthy Schools, mental health, equalities, anti-bullying and SMSC Make links with Literacy and Maths across the curriculum			
Be aware of how PSHE can be differentiated to meet the needs of all pupils			
Consult with pupils regarding the development of PSHE, e.g. pupils' needs assessments to inform curriculum development, school council to inform policy and practice			
Model lessons for colleagues			

Identify/provide/monitor lesson resources			
Support and train staff			
Manage the PSHE budget			
Organise external contributors where they enhance the curriculum (Use the External Contributor Guidance in this guidance document)			
Evaluate external contributors			

Identify CPD opportunities for self and colleagues.			
Provide and maintain a PSHE Leadership and Management Plan (use the Surrey Healthy Schools Self-Evaluation Tool - Theme 2, PSHE)			

Responsibility	Y	N	Action/Date
Keep abreast of new government initiatives in PSHE (See www.healthysurrey.org.uk/professionals/healthy-schools for information on training courses and network meetings)			
Keep abreast of new initiatives in PSHE locally (See www.healthysurrey.org.uk/professionals/healthy-schools for information on training courses and network meetings)			

Provide information to parents/carers (curriculum mapping, topic coverage, curriculum evenings, school reports, assemblies, school newsletter and website)			
Consult with parents/carers (questionnaires, policy consultations, engagement of Healthy Schools working party, PTA)			
Engage with and maintain a Surrey Healthy Schools Approach			
Lead/organise INSET sessions			
Read the News Section on the Surrey Healthy Schools website www.healthysurrey.org.uk/professionals/healthy-schools			

PSHE staff audit form

The purpose of this audit is to review the provision of PSHE Education across the school, taking into account areas of strength, identifying CPD opportunities and collecting the thoughts and viewpoints of staff; this will ensure that talents and assets are realised and recognised in order to make our provision as interesting, inspiring and effective as possible.

Please answer all the questions where possible. Thank you!

Questions	**Your response**
What is your area of specialism?	
For how long have you been teaching PSHE and related areas?	
What do you feel is the purpose of PSHE (including careers education and financial capability)?	
Which teaching methods do you consider to be your strengths?	
Are there any areas of PSHE where you feel particularly confident?	
Are there any areas of PSHE where you would appreciate CPD investment?	
Looking at the curriculum planning, are there any areas which you feel are particularly successful? What makes these areas successful?	
Are there any areas of the PSHE curriculum that you feel are not particularly effective/successful or relevant? Please identify which one/s and, if possible, the reasons for this.	
Are there any areas of the PSHE Education curriculum that you feel require further investment in the supporting resources? Please give details.	
If external contributors support elements of your PSHE Education provision, please identify the contributor and, on a scale of 1 to 5 (where 1 is the least) please rate their added benefit to pupil learning in PSHE, giving reasons if possible.	

On a scale of 1 to 5 (where 1 is the least) please rate your general confidence when teaching PSHE.	
Have there been any questions asked by staff, pupils or parents/carers which you have been unsure how to answer? Please give details.	
Are you aware of the organisations like the Catch 22 service for pupils requiring drug support? *(secondary school relevant)*	
Would you like to take a lead on an area of PSHE CPD, with support if required? If so, in what area?	
Please feel free to make any other comments here.	

Pupil impact survey (adapt to suit the age/stage/needs of pupils)

Year: _____ Age:_____ Female ☐ Male ☐ Prefer not to say ☐ (Please tick)

Date:_____

Read each statement and then put a tick in the box that best describes how you feel today.

Please have a go at each statement.

	Strongly Agree	**Agree**	**Not Sure**	**Disagree**	**Strongly Disagree**
I enjoy PSHE Education lessons.					
PSHE Education helps me in my everyday life.					
PSHE Education helps me to understand other people's viewpoints.					
PSHE Education lessons are well planned and have a clear focus.					
I feel that PSHE Education themes are relevant to my life and my future.					
I feel that I know what I am good at in PSHE Education.					
I know where I would like to improve.					
I learn best when taking part in activities.					
I generally consider myself to be a confident person.					
I have a clear idea about what I would like to do in the future.					
I feel confident in handling money.					
I often set myself goals and aims.					

I feel I have a good understanding of the law.					
I am highly motivated.					
I consider that I am good at assessing risk.					
I am coping well with emotional changes in my life.					
I am coping well with physical changes in my life (puberty and adolescence).					
I am coping well with emotional changes in my life (puberty and adolescence).					
I can describe how I am feeling most of the time.					
If I find something difficult, I still try to do it.					
I know when people are starting to get upset.					
I calm down quickly after I have got angry or upset.					
I find it quite easy to make new friends.					
I worry about the things I can't do.					
I usually have the skills and confidence to deal with situations assertively.					
I enjoy finding out about experiences and cultures that are different to my own.					
I am happy being me.					
I believe I would know how to resist pressure placed upon me to do something I didn't want to do.					

Members of staff are fair in the way they treat us.					
I can talk to a member of staff about anything.					
I am sometimes picked on or bullied by other people.					
If I need support, I know who to speak to in school.					
I sometimes bully or pick on other people.					
I often talk to my friends about what we have been studying in PSHE Education.					
I often talk to my parents/carers/family about issues discussed in PSHE Education.					

In PSHE I would like to learn more about:
In PSHE I would like to have the opportunity to:
Thank You!

Pupil evaluation

This form will be used to help us ensure that you receive effective PSHE Education lessons in a way which you find interesting, relevant and helpful. Please complete the following questions quietly, on your own. Feel free to add further information on the back of the sheet. Thank You!

Are you: a boy □ a girl □ prefer not to say □	
Which year group are you in?	
Which teacher delivers your PSHE Education?	
Which themes do you remember learning about this year?	
Which of these did you find particularly useful? Were there any reasons for this?	
Was there a theme which you did not find useful? Was there a reason for this? Can you suggest a way to make it more helpful?	
Is there any more information you would have liked on any of the themes? Can you give details of what you would have liked to know?	
Place a tick against the methods of teaching you found effective. You may add your own ideas	
Discussion □ Role play □ Card game activities □	Videos □ Research □ Websites □

Presentations □ Producing leaflets, posters, etc. □	Work produced using technology □ Other _____
Please include any other comments that you have to help us with our PSHE planning, teaching and resources.	

End of topic review

Topic:	PSHE Targets:

The skills I have used in this topic are:					
Discussion/Debate		Drama/Music		Reading/Writing	
Research		Creative/Art		Artefacts/Visual	
Presentations		Projects		Group Work	
Critical reflection/thinking		Moral reasoning		Appreciation of others' attitudes/values	
Negotiating		Decision making		Recognising emotions and feelings	
Q&A		Digital		Other:	

The knowledge, understanding, skills and values I have been developing...

An example of how this affects my life is:

To improve my work, I aim to:

My teacher can help me by…

It would be better if…

Criteria for the selection of PSHE resources and materials

Adapted from Drugs Guidance for Schools, DfES, 2004.

It is unlikely that any one resource will generate a positive response to every aspect of the checklist below, but positive answers to a high proportion are desirable.

Good practice principles	yes/no
Are the underpinning values and beliefs clearly stated, and are they consistent with those of the school?	
For drug education-related resources: do the drugs defined include medicines, alcohol, tobacco/vaping, volatile substances, new psychoactive substances (NPS) and illegal drugs?	
For relationship-related resources, is there a variety of relationships addressed? Does the resource focus upon respect for oneself as well as respect for others and factors that constitute positive relationships?	
Is there guidance on identifying pupils' levels of knowledge and experience, including how to incorporate this into planning?	
Do the activities cover a range of teaching and learning styles?	
Is there guidance on evaluating and/or assessing activities?	
Are the materials inclusive and free from racial, religious, gender and sexist stereotypes?	
Do the materials take account of religious, cultural, physical diversity and additional and/or special educational and disability needs?	
Does the material suggest ways of involving parents/carers and the community in PSHE Education?	
Has the material been developed in consultation with pupils and teachers and has the effectiveness been evaluated?	
Does the material include guidance on the knowledge and skills needed for effective delivery and help build teacher competence and confidence?	
Are the resources normative (based on the data)?	
Do the resources have a strengths-based approach?	

Are the resources trauma-sensitive/-informed?	
Do the resources support a restorative approach?	
Can the resources reflect the school's (relevant) policies?	

Teaching and learning	**yes/no**
Does the material outline processes for establishing a safe learning environment?	
Is active learning promoted?	
Are discussion and reflection encouraged?	
Do the activities cover the development of knowledge, skills and attitudes and values?	
Is the content differentiated and can it be adapted for use with particular groups of pupils?	
Is guidance given on assessing learning outcomes?	
Content	**yes/no**
Does the range of scenarios covered meet pupils' needs?	
Is the content factually accurate and balanced, taking a normative approach and using up-to-date data?	
Are the learning outcomes/success criteria clearly stated?	
Are the learning outcomes/success criteria sufficiently challenging?	
Is the content appropriate to the needs of the pupils in terms of language, images, attitude, maturity, understanding and knowledge required?	
Does it avoid stereotyping of all kinds, pertaining to the nine protected characteristics?	
Does it include positive images of a range of people and will the imagery and language appeal to pupils?	

Do the activities encourage pupils to think about relationships, community groups, peer pressure, careers and financial courses of action, evaluating evidence and taking account of a range of perspectives?	
Curriculum issues	**yes/no**
Does it contribute to broad and balanced PSHE Education provision?	
Does the material say how it covers statutory and non-statutory learning outcomes?	
Does the resource support continuity and progression across Key Stages and curriculum subjects?	
Can the material be adapted to differing curriculum models and school timetables?	

Examples of PSHE assessment activities

On the brink – alcohol assessment

Summary of 'On the brink'

'On the Brink: Growing up in an Alcohol Using World – Children 4–11 years', was a research project led by Sarah Smart; the research consultants were Noreen M Wetton (Health for Life) and Margaret Collins. Sarah wanted to tap into primary children's changing perceptions of alcohol and alcohol-related behaviours.

Drug and Alcohol activity varies between localities, sometimes even between schools on the same road, so it is important that the curriculums schools design are tailored to the needs of their children. It is important that schools and teachers are aware of children's prior knowledge before they devise their Drug Education curriculum. Looking at local statistics, as well as national trends and discussing issues with local police and school nurses will inform schools of local needs.

Suggested sequence

It is suggested that teachers planning to carry out the 'On the Brink' research work through the following sequence.

Practice run

The children may not be used to this kind of research activity so it may help if you give them a practice run in a less sensitive area of Health Education. This will enable you to explain the rules for working in this way. It is suggested that you use the strategy known as 'A Picture of Health' for your practice run, using the following instructions.

- Explain to the children that you want to find out from them what they think being healthy means.
- Explain to the children the rules – see introduction and script.
- Use a single piece of paper as the response sheet.
- Ask the children to draw a healthy person.
- Next, ask them to illustrate this by drawing items the person needs to be and stay healthy around the healthy person, writing down the name of the item next to its picture.
- Remember to scribe for children needing support.
- When the children have finished, collect in their response sheets, and praise them for the way they have worked – without talking or sharing their ideas.
- Give the class an opportunity to talk about what they drew and wrote, and find out what, as a class, they think is most important to being healthy.
- It is suggested that you leave several days between this practice run and your 'On the Brink' research.

Introduction and Script

It is important not to discuss alcohol issues or give any definition of alcohol before using this research strategy. Tell the children that they are going to do some drawing and writing that will help you and other people plan the work they will be doing. Reassure children that they can have help with writing if they whisper the word to you (or if appropriate another member of staff in the room) but only write what they say.

Introduction

Today, we are going to be drawing and writing about drinks and drinking.

What I want are your ideas, a few drawings from each of you and a bit of writing. You don't have to be brilliant at drawing and writing as it is your ideas I want. Draw in pencil – quickly – don't colour in your drawings. It is not a test – you don't put your name on the paper. There are no right or wrong answers. All of your ideas will be really useful.

There is only one rule – just for this lesson you're not going to talk about what you are thinking, drawing or writing, please don't look at what other people are doing. It is very important that I see ***your*** *ideas. When we are finished and I've collected in all the sheets we can talk about everything you've done.*

Use your own spellings, you don't need a dictionary or word book, it is your ideas that are important, not your spellings, but if you really need help, put up your hand and you can whisper the word to me and I will write it for you.

Okay, let's start.

Here is a specially prepared sheet for you – ***see template****. There is a place at the top for you to write your year and whether you are a boy or a girl (or prefer not to say). You do not write your name.*

Look at the sheet, on one side there are four numbered boxes and on the other side there is a picture and a speech bubble. Make sure you have got the side with the boxes on. I'm going to ask you to draw something in Box 1 and when you have all started, I will ask you to leave your drawing, and write something in the same box. When you have finished your writing, you may go back and finish your drawing until we are ready for the next box.

Carry out the activity one step at a time, using the following script. You will know how much time to allow before moving on to the next step. Do not alter the script or give any suggestions or explanations.

Introduction and script continued…

Script

Invitation 1	*In **Box 1** draw a person who has just said, "I want a drink."* *Draw a picture of the kind of drink your person wants and write what it is.* *Write down why your person wants a drink.* *Stop now and move onto Box 2*
Invitation 2	***Box 2*** *Some people drink drinks with alcohol in them.* *In Box 2 draw the drinks you think have alcohol in them.* *Write what these drinks are.* *Stop now and move on to Box 3.*
Invitation 3	***Box 3*** *Now what I want you to do is to think about the kinds of things people do when they have had too much alcohol to drink.* *In this Box draw people doing some of these things.* *Write down what they are doing when they have drunk too much alcohol and why they are doing it.* *Stop now, move on to Box 4*
Invitation 4	***Box 4*** *Think about alcohol and what it does inside a person's body.* *In Box 4 draw your person again and show all the places in their body where alcohol can go.* *Write what alcohol can do to these parts of the body.* *Stop now and move to Box 5.*
Invitation 5	***Box 5*** *Here is a picture of some young people who are thinking of starting to drink alcohol.* *Draw yourself in the box.* *Think about what you would say to these young people (or just pick one person) about drinking alcohol and write it in the speech bubble.*
Conclusion	***Well done, everyone.***

	Please check that you have got something written by every picture you have drawn. *Please don't discuss your work until I have collected in all the response sheets.* *Thank you.*

Once the papers are collected in, give the children time to talk about what they drew, wrote or how they felt.

Boy / Girl / Prefer not to say Year_____.

Box 1.	**Box 2.**
Box 3.	**Box 4.**

BOX 5

Draw and write risk-taking assessment

Developmental psychologists and sociologists have examined how children and young people perceive risk. However, most of this work begins where the relevant expert is – sometimes with a list of hazards known to cause harm to young people such as roads and drugs, or with an expert understanding of probability. These 'deficit' models seek to explain why children have an imperfect view of the world and are therefore more vulnerable. The draw and write technique starts where the children and young people are. It asks what risk means to them and how would they manage the risk in that situation? As well as revealing a different aspect of risk from a child's eye, it also provides a place for teachers and health professionals to start to plan how to develop relevant, interesting and appropriate lessons for the young people in their care.

How it works

Explain to the groups that you are going to ask them to draw and write about something which different people describe in different ways. Ask them not to share their ideas with each other to begin with, so that you can all see how many different ways there are to think about this. Tell them they are going to draw and write about what risk means to them.

- Ask them to draw someone their own age doing something risky. (It can be a stick person). Do not clarify what risky means, tell them to draw what they think it means or write 'I don't know'.
- Ask them to write, under the picture, what is happening in the picture.
- Ask them to write what makes this risky.
- Finally ask them to return to their drawing and draw themselves in the scene. What would they be doing or saying to help?

The first thing we learn from this research is that young people (and many adults!) equate risk with danger. They demonstrate this with drawings of people their own age teetering on the edge of high buildings, on cliff edges, falling from aeroplanes or tightropes and bungee jumping. When asked what makes it risky some children write: 'It's risky because it is dangerous.'

Danger is one end of a continuum of risk, where the consequence is both severe and highly probable. Other hazards are associated with less severe consequences and a lower probability of harm and are at the opposite end of that continuum. These risks are sometimes depicted in examples of 'misbehaviour' – such as taking another biscuit when mum has told you not to. The consequence from the child's point of view is of being told off (perhaps not very likely, or not too severe and so a risk worth taking). Of course, the mother may perceive the risks rather differently and may be more concerned with preventing her child from developing less healthy eating behaviour, or not having enough to last until the next shopping trip.

Some young people combine hazards with other behaviours, so smoking cannabis can be seen both as a risk to health and as misbehaviour, where the harm comes from getting caught.

The research, carried out with thousands of children and young people, revealed patterns in the hazards they identify and the approaches to managing the risk.

For example, the frequency with which road hazards appeared in the samples vary with age, peaking amongst 9-13-year-olds and again at age 16-18. The context differs though – while the younger group drew cycle and pedestrian accidents, the older group depicted themselves as drivers or passengers in cars, often in situations where the driver has been drinking alcohol. Boys more often depicted scenes where the risk taking is deliberate, such as playing 'chicken' by running across a busy road. Girls were more likely to perceive consequences for other road users and the friends and families of road accident victims than boys at the same age.

Of most concern to teachers and safety professionals whose pupils have taken part in this research is the lack of awareness of how to manage or control risks in unfamiliar situations. Children were able to give good advice to the person in their picture about crossing the road safely or riding bicycles in the dark, but they were on more shaky ground when knowing what to do if a friend is drunk, on drugs or committing a crime. In a survey of 6,000 11–18-year-olds in Essex schools, only two young people would have involved an adult. This is perhaps the most worrying finding of all. Why are children and young people unlikely to call on adult help and support when they or their friends are at risk? Is the fear of being told off so great, or are they simply unaware of the services and support available to them?

Risk is a concept that underpins so much of the work done in PSHE, not just in injury prevention. This research technique, used as a classroom activity, can help teachers start where their pupils are in their understanding of risk, challenge and build on that understanding and help them to see how, by recognising their personal response to risk, they can help to keep themselves and others safe – while having fun and learning from their experience.

Example classroom activity to help young people understand the concept of risk [suggested for key stages 2-4]

Carry out the draw and write activity with your pupils. Invite them to share some of the hazards they have identified (for example, high places, misbehaviour, roads, alcohol, illegal drugs, fireworks, railway crossings). Write each one of these on a separate sheet of A4 paper, so that it can be read from the back of the room, and add a few of your own. These could be inspired by a particular issue you want to raise, or an activity you are planning for them. The following examples might be appropriate for pupils in Key Stage 4: leaving a drink unattended at a party; canoeing; chatting to someone on the internet. Include at least one activity where the sense of danger (and thrill!) is high, but the risks are carefully controlled, such as a roller coaster ride.

Now invite individual pupils to select one of the hazards and stand on an imaginary line at the front of the class, where high risk (severe consequences, highly probable) is at one end and low risk (least severe consequences, low probability) at the other end. Ask them to hold their 'hazard' sheets so others can see the. When they are in position, ask the rest of the class if they agree. If anyone disagrees, ask them to take that hazard and change places. Do this a few times so that it is clear that different people see risk differently. Are there any examples where most people agree?

Now invite the pupils to get into groups to discuss some of the riskier activities. What steps would they take to manage or control the risk, so that the probability of harm is reduced – and the possibility of benefits is increased? Encourage them to identify sources of adult help and support where appropriate.

Invite them to reflect on what they have learned about risk by doing this activity. Ask them to imagine that they have a risk thermostat which experience has set for them: where is their personal risk thermostat set? Do they like to take risks, or do they prefer not to take risks?r

Adapted from McWhirter, J. (2007) 'It's a bit risky is this!' RoSPA. Available at RoSPA School and college safety

Draw and write drug assessment – in a class of its own

A draw/describe and write activity for pupils aged 11 to 13 *with thanks to Essex Schools Drug Education Project.*

Spoken instructions	Reminders and prompts	Beware
'Hello. I am going to hand you a questionnaire which requires you to draw, describe and write some of your ideas about drugs and drug use.' 'This is a voluntary activity. Taking part in the activity will help with the understanding of your age group'	Remind the pupils to listen to the instructions carefully	Do not mention the word DRUGS prior to the introduction. Do not give any explanation of drugs. The purpose is to find out the pupils' experience.
Ask the pupils to read the front page carefully. When they have done this, they can begin.	Remind the pupils that there are no wrong answers and that all their ideas are right. Tell the pupils if they don't know what to write they can write 'I don't know'. Put this on the board.	Do not let the pupils comment out loud, or ask questions. Do not let them share their ideas with other pupils Do not give them any hints or clues.
CONCLUSION When all of the pupils have finished, ask them to check that they have answered the questions by drawing and/or writing. Thank the pupils for their co-operations.	A two- or five-minute warning is useful.	Remind them not to put their names on the questionnaire

Draw / Describe and write

Please draw a circle around your Year group:

7 8 9 10 11 12 13

Please circle as appropriate:

Male Female Prefer not to say

1. Please describe or draw a young person who uses drugs.

2. Think about the person you have described or drawn.

What drugs does this person take?

3. Why do you think this person takes drugs?

4. Where do they get the drugs they take?

5. Where and when do they use the drugs they take?

6. What does the drug do for them?

7. What are the risks…

- For the person themselves?

- For other people?

- What would be the risks for you if you took these drugs?

- How do you feel about these risks?

Thank you for your help

Ground rules / Classroom agreement

Value	Action – I will…
Respect	Actively listen when others are speaking Proactively participate, but speak one person at a time Say what I believe, and is true to me Recognise that some things are said for purposeful discussions within the lesson Not name people in a negative way
Honesty	Pass if I don't have an answer – but always try to have a go Try to do things if I say I will do them, and do them on time Challenge and question when I disagree or am unsure
Inclusion	Work well with different people Be thoughtful and appreciative of similarities and differences Be observant and empathetic of others and support them where possible
Co-operation	Take turns Encourage and assist others Talk things through, especially if there is a disagreement
Happiness	Try to give things a go Be polite Encourage others

Ground rules / Classroom agreement

Need	Action – I will…
Clarity	Speak clearly so people can hear Ask if I don't understand Listen carefully Not speak over others Be assertive where necessary
Support	Be mindful of how others may be feeling Be kind to others and to myself Show respect for myself and others Remember that people have different abilities, thoughts and ideas
Safety	Ask for help if I need it Tell a teacher or trusted adult and not keep secrets if I know that someone is in danger Use the right to pass only when I need to
Optimism	Encourage others to try their best Try my best at all times Try to be positive

Active teaching and learning techniques

These strategies enable structured thinking to take place on any topic and so can be used to increase the effectiveness of teaching and learning in all curriculum areas. They provide opportunities for the development of key personal skills and qualities.

Basic Skills and Strategies	
Active listening	Individuals listen without interrupting, and then give feedback designed to establish that they have understood what the speaker intended.
Addressing concerns - "Ask-it Basket"	A strategy for enabling pupils to express personal concerns/questions about sensitive issues without being personally identified.
Assertiveness	Pairs and groups explore concepts relating to assertiveness and practice skills.
Brainstorm/Concept Mapping	Group members contribute ideas for achieving a specific task. A scribe records everything that is said. There is no discussion or comment during the first stage. The second stage is to select a small number of ideas for more detailed consideration.
Card round or circle processes	The whole class or group respond in turn to a specific agenda, which sometimes involves completing stem statements.
Card Sort	A strategy for exploring attitudes and values through sorting a number of statements according to given criteria. The aim is to reach consensus in the group.
Carousel	The class forms two circles, one inside the other. The inner circle faces out, the outer faces in. Opposite people form a partnership to address a specific task for a given length of time, through discussion, sharing experiences or role play. One circle then moves on two places. The same or a different issue is addressed by the new partnership.
Clarifying a concept	Groups reach a common understanding of a concept through a sequence of activities either starting from brainstorming or involving a detailed statement from phrases or sentences contributed by individuals
Conflict resolution/Restorative Approaches	Groups undertake a series of steps designed in order for people to be able to move forward and which meet emotional needs.
Ground Rules/Agreement	Group members agree guidelines as to how they will treat each other.
Group forming and trust building	The group take part in activities designed to help members get to know each other, to establish communication between them or to focus attention on the topic under consideration e.g. Circle Time
Group work with an observer	An observer gives the group feedback on the way the group has tackled the task according to previously agreed criteria
Group work with a consultant	A consultant is available to provide information to the group. The consultant can be a teacher, student or visitor.

Basic Skills and Strategies	
Identifying priorities	Statements on separate cards are sorted into a sequence according to identified criteria. "Diamond nines" sort into the below pattern 1 2 3 4 5 6 7 8 9
Information Carousel	Each group has access to a different source of information. They identify key issues and send a spokesperson to communicate the issues to other groups. The original groups reflect on what they have learned.
Interviewing a visitor	Groups agree and carry out a course of action to welcome and draw on the personal experience of a visitor.
"I" statements	Participants are expected to state their own feelings and wishes using statements which include "I" rather than you. (Although distancing techniques may be used and are sometimes preferable.)
Line up	Individuals place themselves on a continuum or either side of an imaginary line, to represent their personal views in response to a 'controversial' statement
Matching concepts	Two or more sets of statements about different aspects of a topic are matched according to given criteria
Negotiation	A four-step strategy includes progressive stages to reaching agreement on a course of action: • active listening • identifying and expressing personal feelings and wishes • making "I" statements agreeing win/win solutions
Problem solving	Groups are given a specific task to achieve collaboratively
Reaching consensus on a course of action	Discussion or other strategies are used to bring all group members to a common understanding or an agreed course of action
Role Play	Groups act out a given situation in order to gain understanding and experiment with possible solutions to a problem situation
Simulation	Individuals play a role in a simulation of real-life experience
Target setting	A work sheet for personal target setting, with notes for teachers

Drug Education audit

The following questions will assist the school with the development of a needs-based Drug Education curriculum and should be considered along with the PSHE Leader Audit Tool, Pupil Impact Survey and PSHE Staff Audit Tool which can be found in the PSHE Guidance at www.healthysurrey.org.uk/professionals/healthy-schools (in the PSHE section).

QUESTION	CURRENT PRACTICE	ACTION REQUIRED, BY WHOM, TIMESCALE, EXPECTED OUTCOME
Is there an identified person in place to lead PSHE (including Drug Education)?		
Is the PSHE Leader confident and sufficiently qualified?		
What Drug Education already takes place in each year group? And in which curriculum area/s?		
What teaching materials and methods are used? Are they effective? How do you know?		
What are the strengths and weaknesses of current provision (including teaching, learning and assessment)?		
What is the staff's understanding of drugs and Drug Education?		
How confident are staff in the delivery of Drug Education?	1 2 3 4 5 (less confident – more confident)	
Are PSHE Ground Rules or PSHE Agreement visible and being applied in each classroom? Is confidentiality explained, understood and consistent?		

QUESTION	CURRENT PRACTICE	ACTION REQUIRED, BY WHOM, TIMESCALE, EXPECTED OUTCOME
Are the school values supporting effective Drug Education?		
What are the information and training requirements of staff?		
How will the programme be reviewed, monitored, assessed, evaluated and updated?		
What are the needs of the pupils - how can needs be identified? (Local data, including school observations and awareness, teaching and learning assessment activities.)		
What are the information/training needs of parents/carers and governors/trustees?		
How is PSHE and Drug Education coverage and content shared with the school community? (For example, curriculum maps, school website, newsletter, reports, curriculum evening.)		
How is SMSC supporting effective Drug Education?		
How is Drug Education supporting the safeguarding of children and young people?		
Do external contributors support the delivery of Drug Education? How effective is this?		

QUESTION	CURRENT PRACTICE	ACTION REQUIRED, BY WHOM, TIMESCALE, EXPECTED OUTCOME
Is the External Contributor Guidance used to support effective practice? (see appendix 2)		
Is there an up-to-date Drug Policy in line with DfE and Surrey guidance?		
Does the Drug Policy support the current Drug Education provision?		
Is pupil voice used to inform the policy and curriculum?		
Does the policy provide support as how to deal with Drug-Related Incidents (DRI), appropriate support for pupils and suggested responses?		
Is the ethos of the Drug Policy in line with the ethos promoted through the curriculum and general school culture?		
Are there any points to note regarding any drug related permanent or fixed term exclusions both this year and last?		
What are the needs of the staff in this area and how do you know?		
SECONDARY SCHOOLS		
Are you aware of the Catch 22 service? Do you use their service? Are all staff aware this service exists, and do they know how to refer to this service?		
Are pupils aware that they can self-refer to this service? Do they have access to		

QUESTION	CURRENT PRACTICE	ACTION REQUIRED, BY WHOM, TIMESCALE, EXPECTED OUTCOME
confidential advice from the school nurse? Are service websites displayed?		

Appendix 2: External Contributor Guidance

The Effective Use of External Contributors – A Good Practice Guide

The main role of external contributors in PSHE teaching and learning is to enhance the delivery of the existing curriculum, alongside teachers in schools. External contributors contribute to the curriculum in universal PSHE lessons (suitable for all pupils) and/or in targeted sessions (suitable and required for some pupils only). As such, it is vital to ensure that external contribution in PSHE is effective and of a high quality.

The aim of this guidance is to recommend good practice that ensures the effective use of external contributors in schools. It supports teachers who are responsible for organisation and liaison with external contributors and enables external contributors to develop effective working relationships with schools.

It is essential that this guidance be seen in relation to Surrey County Council's Safeguarding and Child Protection Policy templates.

The guidance contains photocopiable checklists and appendices for both teachers and external contributors to ensure consistent practice.

Planning for an effective external contributor session: Checklist for schools

No.	**Activity – Have you…**	Tick Box
1.	Verified whether the external contributor's knowledge, expertise, values and beliefs are relevant and appropriate?	
2.	Asked for any references/recommendations and established whether DBS checks are required?	
3.	Agreed the objectives, outcomes, activities, groupings and content of the session with the external contributor? Been involved in the planning of the session?	
4.	Agreed the date, timings and size of group with the external contributor?	
5.	Provided the external contributor with appropriate information on the target group of pupils including age, gender, ability, ethnicity, additional needs and/or special educational needs (SEND) and prior learning experience? Considered whether any pupils have particular needs which may be due to the subject matter/issues contained within the lesson?	
6.	Ensured the external contributor has a copy of relevant policies and termly planning?	
7.	Arranged availability of a suitable room, ensured that resources are booked and that the external contributor will be welcomed on the day, shown the facilities such as the toilets and staffroom, and introduced to pupils?	
8.	Ensured that the teacher stays in the session and that their role during the session is made clear (e.g. observing, participating, supporting a group of children)? Strategies for classroom management, behaviour and safeguarding/child protection issues have been agreed, including PSHE Ground rules?	
9.	Discussed the session with pupils in advance to clarify with them the content of the session and to think of relevant questions? (N.B. where appropriate pupils can be given responsibility for 'looking after' the external contributor.)	
10.	Discussed follow-up work to ensure continuity and on-going support for pupils where required?	
11.	Planned to evaluate external contributor's input to ensure appropriate future development?	
12.	Planned for how to address spontaneous issues?	

Planning for an effective external contributor session:
Checklist for external contributors

No.	**Activity – Have you…**	Tick Box
1.	Verified whether your knowledge, expertise, values and beliefs meet the requirements and needs of the school?	
2.	Produced any references/recommendations required by the school and established whether DBS checks are required?	
3.	Agreed the objectives, outcomes, activities, groupings and content of the session with the school/teacher? Involved the school/teacher in the planning of the session?	
4.	Agreed the date, timings of lessons and size of group?	
5.	Checked with the school/teacher about appropriate information on the target group of pupils including age, gender, ability, ethnicity, additional needs and/or special educational needs (SEND) and prior learning experience? Checked with the school/teacher whether any pupils have particular needs which may be due to the subject matter/issues contained within the lesson?	
6.	Asked the school for copies of relevant policies and planning to ensure that you are working within the school's ethos?	
7.	Confirmed with the school in advance which resources you will require and that they will be available and set up on the day in an appropriate room, whether parking is available and who to ask for on arrival?	
8.	Ensured that the teacher stays in the session and that their role during the session is made clear (e.g. observing, participating, supporting a group of children)? Strategies for classroom management, behaviour and safeguarding/child protection issues have been agreed, including PSHE group agreement/ground rules?	
9.	Prepared a lesson plan and made it available to the school in advance (and where appropriate given examples of resources/handouts and indicated a range of teaching and learning strategies, e.g. role play, debate, etc. and planned with the school for ways to manage spontaneous issues)?	
10.	Used a service level agreement (where your service requires one)?	
11.	Discussed follow-up? (N.B. this may include identification of individuals or agencies who could provide support/information on a longer-term basis, e.g. help line numbers, websites, drop-ins, access to local services.)	
12.	Planned to evaluate the session?	
13.	Agreed to report any incidents of concern in line with agreed protocol?	

Suggested evaluation form for pupils
(external contributor guidance)

Could be used for individual completion or for group discussion.

Name of session:	**Year group:**
Name of external contributor:	**Date:**

	Yes	**No**	**Not Sure**	**Comments**
1. Did you enjoy this session?				
2. Did you understand the session?				
3. Did you learn anything new from the session?				If yes, what?
4. Would you like to know more about this subject?				If yes, what would you like to know about?
5. Anything else you would like to say?				

Thank you!

Suggested evaluation form for external contributor
(external contributor guidance)

Name of session:	**School:**

Date:	**Year group:**	**No of pupils:**

	Yes/No	**Comments**
1. Were you welcomed and treated with courtesy?		
2. Were all the resources that you required available?		
3. Was the room appropriate for the session?		
4. Were you accompanied throughout the session by the class teacher?		
5. Were the aims and objectives of this session met?		

	Yes/No	Comments
6. Were a range of teaching and learning strategies used?		

7. General comments on the session What went well?   What, if anything, would you do differently?

Suggested evaluation form for teachers
(external contributor guidance)

Name of session:	**Name of external contributor:**

Date:	**Year group:**	**No of pupils:**

	Yes/No	**Comments**
1. Were the aims and objectives of this session met?		
2. Was the session effectively delivered?		
3. Were pupils engaged in the session?		
4. Were a range of teaching and learning strategies used?		
5. Were resources/language age-appropriate?		

	Yes/No	Comments
6. Would it be useful to use this speaker again?		

7. General comments on the session What went well? What, if anything, would you do differently?

Appendix 3

Suggested policy framework wording for schools' Drug Policy

Schools are encouraged to adapt this framework wording to meet needs.

Who has been involved in the framework wording development?

For example…

This policy has been developed in consultation with representatives of:

- the Senior Leadership Team (SLT)
- the governing body or board of trustees
- staff with specific responsibility for drug/medicine issues
- other teaching staff
- pupils
- parents/carers
- outside agencies e.g. local authority, Surrey Healthy Schools, Public Health, Police.

The policy reflects the guidance of national and local bodies, i.e. DfE, Surrey Healthy Schools, Surrey Police.

All school personnel, parents/carers and pupils are familiar with the contents of this policy and its location.

Definition of terms

drug: this document uses the term drug to refer to any substance people take to change the way they feel, think or behave: all legal drugs including alcohol, tobacco, volatile substances (those giving off a gas or vapour which can be inhaled), all illegal drugs (those controlled by the Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016[1]), and over-the-counter and prescription medicines.

drug use: the consumption of any drug. All drug use, including medicinal use, carries the potential for harm.

drug misuse: the use of a substance for a purpose not consistent with legal or medical guidelines. Drug taking through which harm may occur, whether through intoxication, breach of school rules or the law, or presents an immediate or future risk of harm.

[1] Now controlled under the Psychoactive Substances Act 2016

drug dependence: drug dependence refers to someone feeling like they cannot function normally without taking a substance. Dependence can be physical or psychological and can have many negative effects on someone's life.

harmful substance use: a pattern of substance use that is causing damage to health.

hazardous use: a pattern of substance use that increases the risk of harmful consequences for the user.

The terminology may continue to evolve in response to increasing understanding of potentially stigmatising language.

Rationale for Drug Education

What is the school's rationale for providing drug education?

For example…

The school has a duty to:

- provide a balanced and broadly-based curriculum
- promote pupils' spiritual, moral, social and cultural development
- prepare children and young people for the challenges, opportunities and responsibilities of adult life
- promote school/British values, helping to ensure children can contribute to wider society
- promote the welfare and safeguarding of children and young people.

The school recognises the need to:

- prepare and equip pupils for life in a drug-using society
- deal with the broad range of drug-related situations and incidents which may occur in the lives of pupils and others involved in the life of a school
- set out a proactive rational response towards safeguarding, Drug Education and drug-related incidents as that this is more likely to have a positive outcome compared to a reactive response determined when confronted with a drug use or possession incident
- publicise the Drug Policy to ensure that the pupils and community are aware and understand the school's position in relation to Drug Education, drugs and drug-related incidents
- ensure that the messages pupils receive in the classroom and from the school's response to a drug incident are consistent with the school values, culture, vision, PSHE curriculum and safeguarding practices.

SECTION 1

Drug Education: curriculum provision

Aims and objectives for Drug Education in the curriculum

For example…

Aim: the aim of Drug Education in the school is to provide opportunities for pupils to develop their knowledge, skills, attitudes, values and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions in order to prevent or reduce the harmful consequences of substance use.

Objectives/pupil learning outcomes:

- to provide accurate information about drugs and the law relating to them
- to provide a supportive environment where pupils can develop safely the skills to make informed decisions and choices
- to increase understanding about the implications and possible consequences of the use and misuse of drugs
- to provide opportunities to examine attitudes and values towards drug use
- to promote the development of personal and social skills relating to positive health behaviours and the opportunity to practise them
- to enable young people to identify sources of appropriate personal support.

How is Drug Education organised in the curriculum?

For example…

Context

- Drug Education is provided within a broader programme of PSHE where wider issues of promoting health, positive behaviours for physical and mental health and social responsibility can be addressed and where drug misuse prevention is just one component. (Specific drug-related information is also provided within the statutory Science curriculum.)
- Drug Education is part of statutory Health Education. It links to wider learning on health and prevention, physical health and fitness, healthy eating and first aid and also to wider statutory learning, included within Relationships Education and Relationships & Sex Education.
- The school acknowledges that a positive health-promoting ethos helps pupils feel valued and part of the school community and, in doing so, helps build self-esteem and resilience that may enable pupils to cope more effectively in drug-related situations.

- PSHE curriculum model (this may be specific to each school and how PSHE is timetabled): PSHE is taught as a discrete subject as well as forming part of safe and considered additional input through school themed activities. It is also integrated within cross-curricular topics and the science curriculum.
- Scheme of work (again, this may be peculiar to each school): an appendix that shows appropriate coverage in a spiral curriculum that spans the school's age groups would be suitable here.

Parent/carer involvement

For example…

The school believes that it is important to have the engagement and support of parents/carers and the key stakeholders in the community for Drug Education. Parents/carers are/will be given the opportunity to find out about and discuss the school's Drug Education (e.g. through a parent/carer awareness session, the school website, school newsletter or other opportunities).

Visiting speakers/external contributors

For example…

Visiting speakers from the community (e.g. school nurse) can make a valuable contribution to the existing PSHE programme. Their input is carefully planned so as to fit into and complement or enhance the curriculum. See guidance on the Effective Use of External Contributors, which can be used to assist with the effective preparation of external contributors.

Teaching and learning methods for drug education

For example…

Methods of approach:

In keeping with the school's approach to PSHE, a variety of teaching and learning methods is used as appropriate to the topic and needs of the pupils (e.g. think/pair/share, role play, group discussion).

These strategies enable pupils to:

- place new learning in the context of previous experience
- explore currently-held personal and cultural beliefs and values in the context of new learning
- apply new learning to current behaviour, to be able to make and act on informed choices
- actively consider the implications of the learning for themselves, society and the environment.

Monitoring, evaluation and assessment:

For example…

The PSHE Leader will monitor delivery of the provision through observation, learning walks and discussions with teaching and pastoral staff to ensure consistent and coherent curriculum provision.

Evaluation of the effectiveness will be conducted on the basis of:

- regular pupil and teacher evaluation of the content and learning processes
- staff meetings to review and share experience.

All staff who deliver PSHE will assess progress in learning using the school's assessment procedures. Assessment is carried out formally and informally to establish the needs of pupils in order for planning to be effective and appropriate.

SECTION 2

Legally-available substances on site

For example…

The school's position is as follows:

Tobacco and vaping products

The school operates a no smoking policy at all times throughout the building and grounds in order to protect all members of the school community from the harms of second-hand smoke and to prevent the uptake of, and reduce the prevalence of, smoking across the school community. Smoking is not permitted in any part of the school's premises and grounds including the entrance area to the school, on land adjacent to the school building (e.g. car parks, garden areas, walkways, playgrounds, playing fields etc.) or on the school road crossing patrol areas. The use of vapes (e-cigarettes) is not permitted in any part of the school premises and grounds.

Those wishing to quit smoking should be advised to use licenced nicotine medications and seek support from www.healthysurrey.org.uk/smoking and One You Surrey Programmes Stop Smoking There are no designated smoking areas provided within the school buildings or grounds.

The Smokefree Policy applies to all events and activities held in the school, including before and after school sessions, any meetings organised which are attended by school employees as part of their work, and/or visitors to such meetings and events.

Suitable posters, displays and statutory no smoking signage will be displayed in school areas to create a positive visual message which supports a smokefree working environment.

Smoking/vaping is not permitted in any school owned/hired/leased vehicles, as well as private vehicles when used for carrying students or staff on school business. This is a statutory requirement. Schools also have a duty to reinforce the smoking legislation on buses used for pupil transport. This applies when students are taken off site on school excursions/visits/trips. Staff and accompanying helpers will be reminded that smoking/vaping is not permitted when on duty and looking after students.

Students are not permitted to smoke/vape when in uniform or when representing the school in any capacity. Students found smoking/vaping will be subject to appropriate action.

The school is committed to being a *No Smoking/Vaping* site. This policy applies to pupils, employees, parents/carers, visitors, any member of the public, contractors or others working and using the school premises or vehicles, and all vehicles used to transport students.

Alcohol

The consumption of alcohol during the working day is prohibited for all members of the school community. The Headteacher must be consulted and permission obtained before arranging any functions at which alcohol may be consumed.

Alcohol should not be consumed at any function where pupils are present

OR

As a rule, alcohol should not be consumed at any function where pupils are present but this is left to the careful discretion of the Headteacher for each event.

Solvents

The school recognises that many ordinary substances lend themselves to misuse and therefore need to be carefully stored and managed. Permanent markers should be kept secure at all times. Refer to COSHH regulations relating to the secure storage and safe keeping of solvent substances in classrooms and labs.

Also:

- Correcting fluid is not permitted in school
- Aerosol (deodorant) sprays are not permitted for use in school
- Lighter fuel is not permitted in school.

Medication – over-the-counter and prescribed drugs

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. For example, asthma reliever inhalers are kept by pupils for easy and immediate access (staff must be made aware to whom this applies in order to monitor proper use). Clearly labelled spare inhalers are kept in the medical room/office. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access.
- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. If and when a member of staff administers medicine, this should be in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.
- Special arrangements may be made for children suffering from serious medical conditions who may require urgent or specialised care. Such conditions could be Asthma, Anaphylaxis, Diabetes and Epilepsy. In such cases parents/carers need to agree an individual treatment

plan in accordance with 'Supporting Pupils with Medical Conditions' and any medical professionals involved.

For more detail on medicines, see:

Supporting Pupils at School with Medical Conditions' (DfE, 2015 – updated 2017)

And

'Supporting children and young people with medical conditions' (Surrey County Council, 2023)

For further details, visit Surrey Education Services , specifically 'Supporting Children and Young People with Medical Conditions' document or refer to a similar policy/guidance within your school setting.

School excursions (day and residential)

For example…

The school's policy on drugs applies to all school excursions, trips, visits and excursions.

SECTION 3

Responding to drug-related incidents

This policy is for guidance and may be adapted to take into consideration individual circumstances.

The school strongly believes that drug misuse, possession and/or distribution has no place in schools, that it must be detected as early as possible and that the pupils, staff and community should be aware of the consequences of any such actions. The school also notes that drug misuse commonly occurs in association with other risk factors or behaviours and that a strong connection with the school can be a key component in a safeguarding and pastoral response.

What is the school's responsibility in relation to drug incidents?

For example…

The school acknowledges pastoral responsibility in this area and seeks to work closely with families and support agencies. **The school will consider each drug incident individually and recognises that a variety of responses will be necessary to deal with incidents.** It will consider very carefully the implications of any action it may take. The school seeks to balance the interests and welfare of the pupils involved, the other school members and the local community.

The range of possible responses includes:

- The use of in-school counselling services (these are confidential sessions provided by professionals from young people's counselling services)
- Case conferences to discuss the options carefully before devising action plans to enable pupils to remain in school and receive appropriate help
- Behaviour contracts (setting out clearly the terms on which a pupil can remain at the school - emphasising positive rather negative behaviour). Schools may refer to PSP (pastoral support plan) or IBP (Individual Behaviour Plans)
- Intensive in-school programmes
- Referral to an appropriate specialist young person's substance misuse service such as Catch 22, or One You Surrey with the agreed consent of the young person.

Possible measures might include detentions, parents/carers taking pupils home for the day, internal fixed-term suspension, and fixed-term cessation of privileges. Permanent exclusion remains an option but is viewed as a final course of action as it may only transfer the problem.

Note that:

- The management of drug-related incidents is co-ordinated through the identified member of the SLT.
- Incidents involving drugs may take the form of emergencies, intoxication, discovery/observation, disclosure, suspicion/hearsay.

Emergency situations

If a pupil is deemed to be at serious risk of harm as a result of drug misuse (e.g. collapsed, unconscious), the following course of action should be taken in line with the school's safeguarding policy:

- Notify reception by the fastest possible means to call an ambulance and briefly outline the cause of the emergency
- Summon help immediately from another member of staff and send for a first aider
- Provide emergency aid to pupil as appropriate and do not leave them alone
- Notify the Headteacher or another senior manager
- Notify the pupil's parents/carers (if appropriate and in line with the school's safeguarding policy)
- Remove, in the presence of an adult witness, any suspicious substances/equipment and retain in case they are required by ambulance staff

- Record the incident in the school's medical book/complete an incident form
- A written report will be given to the Headteacher, pastoral deputy head and head of year
- The Designated Lead for Safeguarding will be informed who will follow the school's Safeguarding Policy to make sure the incident is recorded appropriately and follow up actions in line with SSCP's procedures
- With the consent of the young person, they will be referred to Catch 22, or the most appropriate service. Drug-related incidents should be referred to C-SPA where all referrals can be collated and informed decisions made: Report a concern about a child or young person - Surrey County Council (surreycc.gov.uk). Catch 22 services can also be referred to: Surrey Young People's Substance Misuse | Catch22 (catch-22.org.uk).

Intoxication

- The pupil will be removed to a quiet room and be accompanied by a member of staff at all times.
- The first aider will be called and further medical help summoned if necessary.
- Parents/carers will be informed and called to the school to collect the pupil and advised to visit their GP and/or Catch 22.
- The incident will be recorded in the school medical book/incident form completed.
- A written report will be provided for key staff as above.
- The Designated Safeguarding Lead (DSL) will be informed who will follow the school's Safeguarding Policy to make sure the incident is recorded appropriately and follow up actions in line with Surrey Safeguarding Partnership procedures.
- With the consent of the young person, they will be referred to Catch 22, or the most appropriate service. The school can also contact C-SPA through a written request for support and/or seek a consultation for support and further guidance.

Observation

- If a pupil is discovered possessing, using or dealing any substance not permitted in school they will be escorted to/approached by a senior member of staff.
- The senior member of staff will seek to remove any suspicious substances from the pupil (in the presence of an adult witness) or to secure the voluntary production of any substances believed to be concealed on the pupil's person. (Intimate physical searches should not be made by any teacher or member of school staff.) Any substance should be sealed in a labelled plastic bag and the label should be signed by the witness with the date, time and location added. The substance should be placed in a secure safe until the police attend.

- The situation will be investigated promptly and thoroughly and a written record made.
- The pupil will be kept out of class and away from peers but supervised by an adult at all times. The pupil will be informed that the situation is a serious one (particularly if the substance in question is believed to be an illegal one) and that parents/carers (and police) will be informed and asked to attend the school.
- The Headteacher will be notified who, in turn, will sanction appropriate interim pastoral and disciplinary measures and notify the pupil's parents/carers.
- If the substance is/or is suspected of being illegal, the Headteacher will call the local police to help with identification of the substance and give appropriate police involvement.
- The governing body or board of trustees will subsequently be informed.

Disclosure

- A pupil may disclose to a member of staff that they have been using drugs or is concerned about someone else's drug use. **Concern for the pupil's welfare will be paramount** but in line with the school Safeguarding Policy staff will not be able to promise complete confidentiality and should make this known to any pupil seeking such an assurance. Information about a pupil in relation to drugs will follow the same procedure as for other sensitive information. The DSL, head of year, pastoral deputy and Headteacher will be informed and further help sought if appropriate. The pupil may be referred to a drugs or counselling agency/intervention programme (that is part of a community, multi-agency support network to the school) and/or referred to the Catch 22 service.

Suspicion/hearsay

Any hearsay/rumour about pupil drug use will be carefully evaluated in the light of the school's own knowledge about the pupil and sensitively investigated before any possible action is taken.

If staff believe the rumour to be unfounded, steps will be taken to challenge the rumour and its effects, for example:

- Challenging the behaviour that might have led to the rumour
- Challenging those responsible for circulating ill-formed information
- Challenging the environment in which rumours breed.

If the rumour is found to be true, the same procedures will be taken as outlined in the previous section for disclosure of drug use.

If there is suspicion of a pupil misusing drugs, the pupil will be observed and monitored over a period

of time before deciding on appropriate action to be taken.

Recordings of pupil observations will be carried out by the staff member(s) making the observations.

Substance-misusing parents/carers

For example…

The school recognises that some of its pupils may have a parent/carer whose drug use (legal and/or illegal) is problematic. The child's welfare in this case is paramount and the school will act, within the legal limits that it can, to support the child in a variety of ways, both practically and emotionally. Key staff involved in such support have received guidance and training in this area.

If a member of staff suspects that a parent/carer collecting their child from school and intending to drive is intoxicated, police advice is that efforts should be made calmly to help the parent/carer think of alternative, safer ways of getting home. This might include walking home, getting somebody else to collect them or calling a taxi. If the parent/carer becomes aggressive and insists on driving, on no account should staff put their own safety or security at risk. If possible, staff should note down details of the car and contact the police with this information as soon as possible.

Training and support for staff

For example…

All new staff to the school benefit from PSHE (including Drug Education) continued professional development training in order to enhance their PSHE delivery skills. Support for teaching and understanding drug-related issues is also incorporated in our staff INSET programme. Surrey Healthy Schools provides free, on-demand training and live, virtual training to all school staff in Surrey; this is generic PSHE training and is an essential foundation for effective Drug Education within PSHE.

Catch 22 can provide targeted assistance to schools where a problem has been identified (i.e. with young person or group of young people) and/or there is a need for staff training to ensure effective referrals and responses to substance misuse are achieved.

A member of the senior leadership team with oversight of the PSHE Leader has responsibility for ensuring that drugs issues are handled in the spirit embodied in this document.

Links to other Policies and Advice

This Drug Policy is supported by, but not limited to:

PSHE Policy

Mental Health (including preventing suicide) Policy

Behaviour/Relationships Policy (with a focus on restorative practice and wellbeing)

Medicines Policy

Health and Safety Policy

Safeguarding Policy

School Visits

SEND and Additional Needs Policy

Confidentiality Policy

Exclusions Policy

Searching, Screening and Confiscation - Advice for schools (DfE, 2023)

Use of reasonable force (DfE, 2013)

Drug Advice for Schools (DfE and ACPO, 2012)

When to call the police – guidance for schools & colleges (NPCC)

Behaviour in schools: advice for headteachers and school staff (DfE, 2024)

Review of this policy framework wording

For example…

This policy is reviewed at least every three years and also in the light of any incident that may occur relating to drugs or any new findings arising from educational research, local or national guidance.

Appendix 4: Drug Testing in School Checklist

All schools should complete the following checklist in partnership with relevant agencies before agreement to use ITI is reached.

REQUIREMENTS
1. A school drug policy addressing all issues outlined in *Drugs: Guidance for Schools* (DfES 2004) and DfE & ACPO, Drug Advice for Schools (2012) **DETAILS:**
2. Has the use of testing within school premises been agreed as part of the school's drug policy? **DETAILS:**
3. Have all relevant school committees agreed the use of testing in school? (e.g. Board of Governors, PTA Committee, School Council) **DETAILS:**
4. Have all relevant partner agencies been consulted to provide advice and support the planning process? (e.g. Surrey Police, Catch 22) **DETAILS:**
5. Have the details of the operation been agreed? Which areas will be tested and why? - Will staff areas be included? **DETAILS:**
6. Have the reasons for the operation been discussed and agreed? - What are the aims of the operation? **DETAILS:**

REQUIREMENTS
7. Will members of the school community be informed about the details of the operation (i.e. date, locations)? **DETAILS:**
8. Has a press release been prepared, in case of media interest? **DETAILS:**
9. How will the operation be evaluated? **DETAILS:**
10. Has a targeted/ whole school Drug Education strategy been agreed in the event of positive test results? **DETAILS:**
11. Has a follow-up operation strategy been agreed to monitor the locations of substances within school premises? **DETAILS:**

Appendix 5: Suggested responses for secondary schools managing drug-related incidents.

The following grid is a guide for appropriate responses as agreed by a consultation process involving Surrey County Council, schools, Surrey Police and aligned services. However, the individual circumstances of each case and pupil must be considered carefully by appropriate bodies and will need to ensure alignment with policies.

The aim of these suggested responses is to stimulate examination of values and practices, discussion and debate and, ultimately, through this process, to lead to greater consistency of practice across the county. There are many grey areas and scenarios that a grid of responses does not address (e.g. the instance of a vulnerable 'loner' child who is befriended for the purpose of carrying a substance on someone else's behalf). It is therefore vital that each incident is managed carefully, investigated and assessed, giving due consideration to the long-term welfare of the pupil involved and the welfare of the wider school community. In light of this, the suggested response may not always be the most appropriate response to each situation.

Linking school responses to drug-related incidents with the school's behaviour and safeguarding policies is likely to ensure this type of measured response.

Schools will need to ensure that they align their drug-related incidents policy with their behaviour and safeguarding policies, and that these in turn align with the guidance provided on the 'Permanent exclusion and suspension from school' pages on the Surrey County Council website: www.surreycc.gov.uk/schools-and-learning/schools/at-school/exclusion-from-school.

Incident	First occasion	Second occasion	Support to be considered at any stage
Illegal substance found on school premises.	School record kept of incident. Police informed with arrangements made for storage, identification (where appropriate) and safe disposal.		Evaluation of the PSHE curriculum. School risk assessment considered. Review of school Drug Policy.
Possession of alcohol in school. Intoxication with alcohol.	First aid assessment / medical assistance Alcohol confiscated. Parents/carers informed of incident, in line with the school Safeguarding Policy. Parents/carers requested to collect pupil if appropriate. Incident investigated, witness statements written and incident logged. 1-2 days internal exclusion.	As per first occasion. 1-2 days fixed-period suspension with reintegration meeting as per school behaviour policy.	Evaluation of the PSHE curriculum. School pastoral support as per drug and behaviour policies. Behaviour contract. Risk assessment. Referral to School Nurse to be considered if young person is receptive to advice about quitting. Early Help Assessment.

Incident	First occasion	Second occasion	Support to be considered at any stage
			Catch 22 referral (with student consent). Mindworks referral. Health advice and leaflets given.
Possession of cigarettes (inc. e-cigarettes/vapes) on school premises. Smoking of cigarettes (inc. e-cigarettes/vapes) on school premises. Possession of cigarette-making paraphernalia.	Cigarettes / equipment confiscated. Parents/carers contacted and informed of incident in line with the school's Safeguarding Policy Parents/carers requested to collect pupil if appropriate in line with school Safeguarding Policy. Incident investigated, witness statement written and incident logged. 0-2 days internal exclusion.	As per first occasion. 1-2 days fixed-period suspension. Reintegration meeting with parents/carers where the school Drug Policy and the consequences of another offence may result in further fixed-period suspensions of 1-3 days. Refer to the 'Exclusion guidance for Headteachers'.	PSHE curriculum evaluation. School pastoral support as per drug and behaviour policies. Behaviour contract. Risk assessment. Referral to School Nurse.

Incident	First occasion	Second occasion	Support to be considered at any stage
			Early Help Assessment. One You Surrey. Mindworks referral. Health advice and leaflets given.
Possession and/or consumption of volatile substances including 'poppers' (liquid nitrate)	Substance confiscated. Parents/carers contacted and informed of incident. Parents/carers requested to collect pupil if appropriate in line with school Safeguarding Policy. Incident investigated, witness statement written and incident logged. Meeting with Parents/carers where the school *Drug Policy and the consequences of further offences, are made clear).*	As per first occasion. 1-2 days fixed-period suspension. Reintegration meeting with parents/carers where the school's drugs misuse policy and the consequences of another offence may result in possible permanent exclusion.	PSHE curriculum evaluation. School pastoral support as per drug misuse and behaviour policy. Behaviour contract. Risk assessment. Early Help assessment/MARAC referral form. Catch 22 referral (with student consent).

Incident	First occasion	Second occasion	Support to be considered at any stage
	0-2 days internal exclusion. Paraphernalia confiscated – in line with the school Drug Policy (in the 'Searching, screening and confiscation', DfE document).		Mindworks referral. Youth Support Service referral. Health advice and leaflets given.
Possession of Class A, B or C drug (See http://www.talktofrank.com/ or https://www.gov.uk/penalties-drug-possession-dealing for drug classifications) (Misuse of Drugs Act 1971) and/or new psychoactive substance/s (Psychoactive Substances Act 2016) Smoking of an illegal substance travelling to school, on school premises and outside of school in uniform.	Substance confiscated. Parents/carers and police informed of incident in line with school Safeguarding Policy. Incident investigated, witness statement written and incident logged. 1-3 days fixed period exclusion. Reintegration meeting with parents/carers where the schools drugs misuse policy and the consequences of a second offence made clear.	As per first incident. 1-5 days fixed-period suspension, pending a possible managed move, alternative placement and or permanent exclusion in line with the school drug/behaviour policy.	PSHE curriculum evaluation. School pastoral support as per drug and behaviour policies. Behaviour contract. Risk assessment/MARAC referral form. Early Help Assessment.

Incident	First occasion	Second occasion	Support to be considered at any stage
Possession of drug weighing, preparation, smoking, consuming and or storage of paraphernalia. Photographs of self on social media sites, preparing, consuming and or smoking what looks to be an illegal substance, on school premises or outside of school, in or out of school uniform.	Paraphernalia confiscated – in line with the school Drug Policy (see 'Searching, screening and confiscation', DfE document)		Catch 22 referral (with student consent). Mindworks referral. Youth Support Service referral. Health advice and leaflets given.
'Social' supply of an illegal substance on school premises (usually associated with small amounts of money) and with contributing factors attached to the reason for supply. Supply of a large amount or different types of Class A drugs on school premises (usually associated	Substance/equipment confiscated. Parents/carers and police informed of incident in line with school Safeguarding Policy. Incident investigated, witness statements written and incident logged in line with school Safeguarding Policy. 1-5 days fixed-period suspension, pending a possible managed move,	As per first incident. 1-5 days fixed-period suspension, pending a possible managed move, alternative placement and or permanent exclusion in line with the school drug/behaviour policy.	PSHE curriculum evaluation. School pastoral support as drug and behaviour policies. Behaviour contract. Risk assessment/MARAC referral form.

Incident	First occasion	Second occasion	Support to be considered at any stage
with more than £20) with contributing factors attached to the reason for supply.	alternative placement and or permanent exclusion, in line with the school drug / behaviour policy. Paraphernalia confiscated – in line with the school Drug Policy (see 'searching, screening and confiscation', DfE document)		Early Help Assessment. Catch 22 referral (with student consent). Mindworks referral. Youth Support Service referral. Health advice and leaflets given.

Appendix 6

Sources of support and information
Local support services and information

MINDWORKS SURREY - CAMHS

Website: www.mindworks-surrey.org/

CATCH 22 – SURREY YOUNG PEOPLE'S SUBSTANCE MISUSE

Catch 22 designs and delivers services that build resilience and aspiration in people of all ages and within communities across the UK. A specialist treatment service in Surrey offering one-to-one support to young people and their families who are affected by substance misuse. Surrey Young People's Substance Misuse Service is a county-wide treatment service for young people aged 11 to 21-years-old, with extra help for care leavers and those with learning difficulties up to the age of 25.

Tel: 01372 832905 0800 622 6662 (out of hours helpline)

Email: ypsm@catch-22.org.uk

Web: www.catch-22.org.uk/programmes-services/surrey-young-peoples-substance-misuse-service/

HEALTHY SURREY WEBSITE

The Healthy Surrey website acts as an online resource for Surrey's health and wellbeing information. It includes information for adults covering areas such as: Eat Well, Get Active, Alcohol, Mental Wellbeing, Drugs and Substance Misuse and Sexual Health, Advice and Clinics. Visit the website: www.healthysurrey.org.uk/

NHS SEXUAL HEALTH SERVICES IN SURREY

Website: www.healthysurrey.org.uk/your-health/sexual-health

ONE YOU SURREY – STOP SMOKING SERVICE

Our free stop-smoking service gives you access to a dedicated advisor who will support you throughout your quit attempt. We will see you (up to a maximum of 12 appointments) to help you remain smoke-free.

Call: 01737 652168

Email: Hello@oneyousurrey.org.uk

Website: One You Surrey Stop Smoking

PSHE, WELLBEING AND SURREY HEALTHY SCHOOLS

Surrey Healthy Schools provides a framework to assist schools with the development and promotion of mental and physical health and wellbeing. Surrey Healthy Schools is suitable for all schools and provides a focus for work across the curriculum and school day and includes all aspects of health, including Drug Education.

For further information about the Surrey Healthy Schools approach and free PSHE training, visit: www.healthysurrey.org.uk/professionals/healthy-schools/

SURREY FAMILY INFORMATION SERVICE

www.surreycc.gov.uk/children/support-and-advice/families

SURREY LOCAL OFFER

www.surreylocaloffer.org.uk/

SURREY YOUNG CARERS

Telephone: 01483 568 269

Email: syc@actionforcarers.org.uk

Website: www.surrey-youngcarers.org.uk

National support services and information

BROOK

Telephone: 0808 8021234

Website: www.brook.org.uk

CHILDLINE

Telephone: 0800 1111

Website: www.childline.org.uk

NSPCC

Telephone: 0808 800 5000

Website: www.nspcc.org.uk

OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES

Website: www.gov.uk/government/organisations/office-for-health-improvement-and-disparities

TALK TO FRANK

The national drugs awareness campaign aiming to raise awareness amongst young people of the risks of illegal drugs, providing information and advice. It also provides support to parents/carers, helping to give them the skills and confidence to communicate with their children about drugs.

Tel: 0300 123 6600 (24 Hour Helpline)

Email: frank@talktofrank.com

Website: www.talktofrank.com

SMOKEFREE – NHS

Website: Smokefree NHS

STOP ILLEGAL TOBACCO AND VAPING

Report illegal vapes/cigarettes anonymously.

Call: 0300 999 6999

Website: www.stop-illegal-tobacco.co.uk/share-information

YOUNGMINDS

Telephone: 0808 802 5544

Website: www.youngminds.org.uk

PSHE: Relationships & Sex Education and Health Education Guidance (including Drug Education and Responding to Drug-Related Incidents Guidelines)

Surrey Healthy Schools

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Surrey Healthy Schools