



Wootton-by-Woodstock CE Primary School

Policy Agreed: Sept 2019
Person Responsible: Valerie Lucas
To be reviewed: Sept 2024

**Policy for PSHE
2019**

INTRODUCTION

At Wootton-by-Woodstock School we regard PSHE as an important component of the whole curriculum, the ethos and culture of our community. It is also a prime area of the EYFS curriculum. We believe that as a health promoting school the promotion of health and well being is central to the life of the school and its relationships with the surrounding community. We take responsibility in providing a broad and balanced curriculum which:

- Promotes the spiritual, moral, cultural, mental, emotional, social and physical development of pupils at the school and in society.
- Prepares pupils for the opportunities, responsibilities and experiences of adult life. Acknowledges and informs pupils about their rights as children and their responsibility for the rights of others under the United Nations Convention on the Rights of the Child.

All children are entitled to receive sound information about keeping healthy and safe, emotionally and physically.

A HEALTHY SCHOOL ENVIRONMENT

At Wootton-by-Woodstock School, we recognise that a 'healthy school' is an effective vehicle to promote PSHE offering an integrated whole school process in which all are enabled and valued, the environment and health of the staff is considered important, and adults provide positive role models in all aspects of well-being. We believe that a life skills approach can effectively compliment activities intended to enhance self-esteem, communication skills, values clarification and decision-making.

DEFINITION

PSHE is concerned with:

- Mental, emotional and physical well-being of the individual.
- The responsibility of the individual towards others and the environment.
- The education and understanding of the mental, physical, emotional spiritual, environmental, cultural and social influences that shape the community and the interactions of individuals within it.
- A holistic model of personal and social development, which encourages the making of healthy choices.

Within PSHE we recognize that:

- Health Education involves engaging the children in activities that promote their physical well-being and encouraging an adventurous approach to exercise, daily living, fresh air and exploration both in and out of school.
- Social Education involves encouraging children to take a responsible role in society. It includes developing the children's awareness of their personal safety and the processes by which they can seek help and information as well as learning the behaviour expected of them as members of society.



- Drug Education involves educating the children in the safe handling of medicinal drugs as well as the consequences of misusing substances such as alcohol, tobacco and recreational drugs. For further information please refer to the section on Drug Education and Drug Incidents.
- Relationships and Sex Education is defined as the information by which a child is enabled to become more aware of him/herself as a person and understand the process of development and reproduction. Please refer to the section on RSE for further information.

INTENT

In our school we aim, through implicit and explicit learning experiences, to:

- Develop an awareness of social, economic, political and ecological issues.
- Nurture mutual trust and respect between individuals and groups.
- Develop understanding, tolerance and respect.
- Encourage the development of informed and responsible healthy life choices.
- Develop positive attitudes towards health.
- Foster self-respect and self-esteem among all members of the community.
- Give opportunities for children to experience awe and wonder.
- Prepare pupils for the opportunities, responsibilities and experiences of adult life.

Within the taught and hidden curriculum i.e. the whole school environment, we aim to give pupils frequent and regular opportunities to explore feelings and to practice personal and interpersonal skills. We value and respect the learning that occurs in the community and in the home, believing that these, alongside school links, are essential dimensions of health education. The curriculum plans we have developed are related to the real world and children's experiences.

IMPLEMENTATION

CURRICULUM

TEACHING AND LEARNING

Activities are planned according to the different levels of children's skills and previous knowledge. A range of teaching strategies and learning styles are used in the delivery of this policy. These include:

- Experience within the ethos of the school
- Circle time and class discussion.
- Imaginative writing.
- Reflection, sharing and showing.
- Role-play and drama.
- The use of video and computer technology
- Visits and visitors where appropriate
- Class lesson time
- Worship and values education
- Peer education
- Structured group work
- Play and games
- Parent education
- Residential visits
- Nurturing groups
- IMPs
- ELSA

Differentiation Progression and Personalisation in discrete PSHE lessons will be ensured by a variety of approaches:

- Sensitivity toward personal circumstances of individuals
- Provision for individual support needs
- The same activity but different expectations of outcome.
- The same theme but different levels of input.
- Allowing for different pace of working.
- Different groupings of children.
- Specific target groups and activities

IT

Children and staff are encouraged to make full use of IT resources when appropriate.

ASSESSMENT

The assessment of PSHE will be by evaluation and will take place in all curriculum areas and extra curricular activity, as well as within the 'hidden' curriculum; however clear learning objectives will support the focus of evaluated activities. Individual pupil records will be kept in a pupil file or within the context of topic work files or books.

For discrete PSHE activities evaluation of and recording progress in PSHE should be aimed at enhancing the quality of teaching and learning, help pupils take responsibility for improving their own performance and learning, and be informed by best practice. Teachers should involve, wherever possible, the pupils through discussion, review and target setting. Reference should be made to the assessment policy.

For individual personal development evaluation should be made with reference to how the individual 'grows' with regard to personal and social qualities such as gains in confidence, progress towards being considerate towards others and so on.

RESOURCES

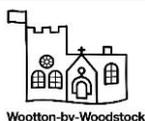
Resources

- We've Got it Covered, PSHE Association
- You, Me, Us ~ Social and Moral Responsibility
- Anti-Bullying ~ DfE guidance, Anti-Bullying Alliance materials
- SEAL documents
- Family Links materials and practice
- Library books
- ELSA activities
- Values Education

SEND

Health Education can:

- Address children's individual needs.
- Increase access to the curriculum.
- Enhance learning skills and develop previous knowledge.



It is recognized that children who have special educational needs may also have difficulties in areas of PSHE and social interaction. Therefore, as a consequence, staff will carefully monitor the progress of these children and respond appropriately.

MONITORING AND EVALUATION

The school monitors and evaluates on a continuous basis through the following:

- Lesson observations and the quality of teaching
- Work sampling
- The quality and effectiveness of long, medium and short term planning
- The quality and consistency of assessing and learning
- The quality of resources to support learning
- Feedback from stakeholders

CONTINUING PROFESSIONAL DEVELOPMENT

Staff are encouraged to extend professional development and improve their professional practice. The Local Authority and the ODST will be drawn upon for further help as and when necessary.

EQUALITY AND ACCESS

- We reflect and promote a child's key rights irrespective of religion or belief, race, nationality, ethnicity, gender, sexual orientation, age, ability or disability, opinion or family background.
- All children have equal access to opportunities in PSHE.
- They have the right to experience, enjoy and express themselves.
- We recognise that children will come to school with a variety of experiences and we should be prepared to approach them as individuals and draw on their own experiences.

See Equality and Access, SEND and Inclusion Policies.

HEALTH AND SAFETY

Please see Health and Safety Policy

SPIRITUAL, MORAL, SOCIAL AND CULTURAL

The teaching of PSHE will also enable the children to gain a deeper understanding of:

Spiritual: To build perception and an inner awareness of the self and its relationship to the outer world, both past and present, tangible and intangible, spiritual, and natural dimensions.

Moral: To develop a sense of right and wrong and to express or understand moral beliefs or dilemmas.

Social: To understand how people live their lives, what is important to them and what affects them; how people live and work together.

Cultural: To develop understanding of multi-cultural awareness, sensitivity, respect for those from cultures different to their own and the diverse modern society in which we live.

MANAGEMENT

There is a designated PSHE leader to oversee the planning in the school. The leader has a duty to inform the rest of the staff about new developments and, where appropriate, for organising (and providing) appropriate training. The leader will advise colleagues on resources to use in the classrooms and to aid planning. Resources will be kept in the resource area and on the staff room shelf. These will be increased as finance



and time allows, and reviewed periodically. The leader will monitor curriculum delivery, attend relevant meetings and will keep staff informed of developments.

RELATED POLICIES

Health and Safety
Food in School
Science
Equality
SEN and Inclusion
RSE
Drugs
Behaviour and Anti-Bullying
PE
SMSC

DRUGS EDUCATION

The philosophy of Wootton school is to provide a supportive and nurturing environment in which all pupils and staff are encouraged to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle. Provision of drugs education at our school takes account of pupil's views and opinions, so that it is both appropriate to their age and ability, and relevant to their particular circumstances. We acknowledge that drugs affect all communities in modern society and that we have a moral and legal obligation to the children in our care to address this issue and to ensure that we do all we can to:

- Inform pupils, parents and staff about the risks and consequences of drug use and misuse, linked to other substances – including alcohol, tobacco and solvents – where appropriate.
- Teach young people from the age of four upwards – both in and out of formal education settings – the skills needed to resist pressure to misuse drugs, including a more integrated approach to Health Education, with particular reference to DfE Guidance.
- Help make the misuse of drugs less culturally acceptable to young people, including the use of effective and targeted national and local publicity and information.
- Promote healthy lifestyles and positive activities not involving drugs and other substance misuse.
- Build on and disseminate good practice in identifying what works best in prevention and education activity.

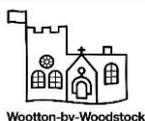
AIMS

It is acknowledged that our school community play an important role in tackling drug misuse by providing drug education and pastoral support to all pupils. It is our aim to help all pupils to be able to take their place safely in our society where a wide range of drugs exists. We recognize that some drugs have beneficial effects, but also that every drug has potential harm. For this reason, all drugs need appropriate and responsible care and management. In order to be able to make informed choices, staff and pupils need to understand the nature of drugs, their social and legal status, their uses and effects. In our school we aim through implicit and explicit learning experiences to:

Drug education is an important aspect of the curriculum for our school. The intention is to:

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



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- 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 peoples' attitudes towards drugs, drug use and drug users, including challenging stereotypes, and exploring media and social influences.

GUIDELINES

Definition of a Drug

A drug is defined as '*a substance people take to change the way they feel, think or behave*'. This definition includes illegal substances and also legal substances such as: alcohol and tobacco, volatile substances, over the counter and prescription medicines. (*Drugs: Guidance for Schools (DFES February 2004)* and (*National Drug Strategy 2008*))

- Drugs which are controlled/illegal substances (for example cannabis, amphetamines, ecstasy, LSD) under the Misuse of Drugs Act 1971
- Over-the-counter and prescription medicines, including those used improperly which can include sleeping tablets and slimming tablets
- All legal drugs including alcohol, tobacco, solvents, and poppers
- Drugs which are misused to enhance performance (for example analgesics or steroids)

DRUG USE

"Drug use is drug taking through which harm may occur, whether through intoxication, breach of school rules or the law, or the possibility of future health problems, although such harm may not be immediately perceptible. Drug use will require interventions such as management, education, advice and information, and prevention work to reduce the potential for harm."

DRUG MISUSE

"Drug taking which harms health or functioning. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour. Drug misuse will require a further range of interventions, which may include treatment."

Taken from SCODA 1999 *'The Right Approach'*

Effective teaching of drug education will increase pupils' knowledge and understanding of alcohol, tobacco and other drugs and also enable pupils to:

- Improve their self-esteem.
- Make informed choices and decisions
- Develop personal initiative and be able to take responsibility.



- Recognise personal skills and qualities in themselves and others.
- Maintain and develop relationships.
- Develop self-confidence.
- Develop assertiveness in appropriate situations.
- Develop the motivation to succeed.
- And provide opportunity to explore different attitudes to drugs and drug use.

SEND

Drug Education can:

- Address children's individual needs.
- Increase access to the curriculum.
- Enhance learning skills and develop previous knowledge.
- Protect vulnerable children and minimise risk

Drug Education is an important aspect of Health Education and for pupils with Special Educational Needs the curriculum needs to be specific to their needs. These pupils may be at greater risk than young people who are more aware of the potential dangers involved. These pupils may be taking medication and it is therefore important to stress the distinction between the importance of the medical benefits and drug misuse. The curriculum should equip these young people with the life skills required to cope with the potential dangers.

HEALTH AND SAFETY

All forms of illegal substance are forbidden on the school premises.

It is understood by the whole school community that the possession, use or supply of illegal and other unauthorised drugs within the school boundaries is entirely unacceptable. To protect the health and safety of the school community regular checks will be made of the site to ensure that drug paraphernalia, particularly needles and syringes, are cleared away safely and legally. The school will ensure that potentially hazardous substances are stored safely and pupils will be supervised if it is necessary that they come into contact with them in the course of their work. Pupils are not permitted to be in possession of inhalable products.

SMOKING

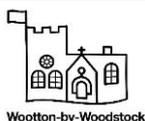
The school has a no smoking policy which should be observed by all those who visit it. We rely on the support of the staff, both teaching and ancillary, the governors and the parents in implementing this programme.

ALCOHOL

Alcohol is only legitimately in school when it has been authorised by the head teacher. It will not be allowed on the school premises except as part of an adult organized occasion such as the Governors Annual General Meeting for Parents or events organized by the Friends of Wootton School in which a free glass of alcohol may be included in the price of a ticket. A license will be applied for any occasion requiring a 'bar.' The arrangements for storage or use should be agreed and adhered to.

It is an offence under the Licensing Act 1964 to sell alcohol without a license. Schools would need to obtain an occasional license to sell alcohol under the Licensing (Occasional Permissions) Act 1983. However, no license would be needed by the school to offer alcohol at school events (where no sale takes place) or to store alcohol on school premises. The organisers are responsible for ensuring that all those consuming alcohol are over the age of 18.

Staff are discouraged from drinking alcohol during normal school hours or whilst supervising children.



MEDICINES

In our school we follow *Managing Medicines in Schools and Early Years Settings* guidance (2005). An up-to-date list of children taking prescribed drugs – i.e. for asthma or diabetes – will be circulated to each member of staff. It is the parents' responsibility to ensure safe administration of medicines during school hours. School staff are under no obligation to administer medicines to children. Staff may administer prescription medicines if parents have completed the required permissions, but this is at the discretion of individual staff members. Medicines should not generally be kept in school, except for asthma inhalers or Epi-pens, which will be kept available at all times.

Inhalers should be accessible from the class medical rucksack. This should be taken along when working out of the school building, going swimming or taking part in school visits.

Epi-pens *may* be carried by those children who develop severe allergic reactions but will usually be kept in specifically allocated places out of children's reach and are to be administered by named, trained staff only. Details of these medicines and their location are kept in the staff room and the office. Supply teachers are informed of this in the supply teachers' information folder.

Other exceptions may arise from time to time. At those times staff will review current provision and attend any necessary training.

Record keeping – it is important to keep an accurate record of when medicines have been given or in the case of a child refusing their medication. Records offer proof that the school has followed appropriate procedures. Please follow the medicines policy.

INCIDENTS

Schools' general power to discipline, as set out in Section 91 of the Education and Inspections Act 2006, enables a member of staff to confiscate, retain or dispose of a pupil's property as a disciplinary penalty, where reasonable to do so. Where the person finds other substances which are not believed to be controlled drugs these can be confiscated where a teacher believes them to be harmful or detrimental to good order and discipline. This would include new psychoactive substances or 'legal highs'. If school staff are unable to identify the legal status of a drug, it should be treated as a controlled drug.

The school will ensure that pupils have access to and knowledge of up-to-date information on sources of help if necessary (Annex B). This includes local and national helplines (including FRANK for drugs, NHS Smoking Services for tobacco and Drinkline for alcohol), youth and community services and drug services. These sources can be used as part of, or in addition to, the school's own drug and alcohol education.

The first concern whilst managing drugs is the health and safety of our school community and meeting the pastoral needs of pupils.

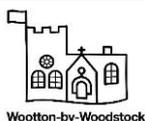
Staff will follow the flow chart *Drug Situations – 'medical emergency'* found in the *Drugs: Guidance for Schools (DFES February 2004) pages 117 -118 (See Appendix B)*

The Head teacher will then assess the school's legal requirements, this may include the involvement of appropriate outside agencies, and the proposed school response, the involvement of parents/carers, the arrangements for recording and informing other agencies, and the Health & Safety procedures (see Health & Safety policy) including safe handling of suspect substances.

All incidents will be recorded on a school incident form.

The consequences of such incidents involving pupils will follow broadly the same procedures as laid down in the school Behaviour Policy.

An incident may involve suspicions, observations, disclosures or discoveries of situations involving



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unauthorised drugs. It may involve adults or children. It could fit into the following categories:

- drugs or associated paraphernalia are found on school premises
- a pupil is found in possession of drugs or associated paraphernalia
- a pupil demonstrates, perhaps through actions or play, an inappropriate level of knowledge of drugs for their age
- a pupil is found to be a recognised source of supply of drugs on school premises
- a pupil is thought to be under the influence of drugs
- a pupil is displaying signs of illness or inappropriate behaviour as a result of substance misuse
- a staff member has information that the illegitimate sale or supply of drugs is taking place in the local area
- a pupil discloses that they are misusing drugs or a family member/friend is misusing drugs
- a parent/carer or staff member is thought to be under the influence of drugs on school premises.

In the case of any incident involving drugs of any kind or in the case of an emergency action will be taken in line with the procedures shown on the flowchart attached to this policy. They will be subsequently recorded on a school incident form. It is the responsibility of the Head-teacher to contact the parents/carers of a student involved in a drug-related incident. It is at the discretion of the Head-teacher whether parents/carers are contacted and if so, at what stage. Factors such as the safety and welfare of the child, whether they are on the Child Protection register, and confidentiality issues should be recognised, although in most cases it is expected that a parent/carer would be contacted.

MEDICAL EMERGENCIES

A medical emergency arises when a person:

- Is unconscious
- Is having trouble breathing
- Is seriously confused or disorientated
- Has taken a harmful toxic substance
- Is otherwise at immediate risk of harm

(DRUGSCOPE: 'The Right Response')

The procedures for an emergency apply when a child or young person or others are at immediate risk of harm. In any incident involving drugs, the most urgent question is always whether medical help is needed.

PUPILS WHOSE PARENTS AND CARERS MIS-USE DRUGS

Staff will be alert to behaviour which might indicate that the child is experiencing difficult home circumstances and be pro-active in the early identification of children's and young people's needs and in safeguarding the children in their care. Screening is important in assessing needs. Where problems are observed or suspected, or if a child chooses to disclose that there are difficulties at home and it is not deemed a safeguarding issue, the school will follow the procedures set out in this policy, assessing the pupil's welfare and support needs and when and how to involve other sources of support for the child such as Children's Services, services commissioned by the Drug and Alcohol Action Teams (DAAT) programmes and, where appropriate, the family.

KEEPING A RECORD OF INCIDENTS

It is vital that a proper record is kept of all situations, whether they are emergencies or not.

Great care must be taken to record any statements provided by those involved or by witnesses as police may require these if the incident becomes a criminal investigation.



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RELATED POLICIES

Medicines in School

Children with Medical Conditions

Asthma

Allergy Actions Plans

Health and Safety

Safeguarding and Child Protection

PLEASE SEE APPENDICES TO THIS POLICY

APPENDIX B: DRUGS SITUATIONS - MEDICAL EMERGENCIES

The procedures for an emergency apply when a child or young person or others are at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disorientated or who has taken a harmful toxic substance, should be responded to as an emergency.

Your main responsibility is for any pupil at immediate risk, but you also need to ensure the well being and safety of others. Put into practice your school's first aid procedures.

IF IN ANY DOUBT, CALL MEDICAL HELP.

ALWAYS:

- ◆ assess the situation
- ◆ if it is a medical emergency, send for medical help and an ambulance

BEFORE ASSISTANCE ARRIVES: If the person is conscious:

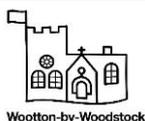
- ◆ ask the person what has happened and to identify any drug used
- ◆ collect any drug sample and any vomit for medical analysis
- ◆ **do not** induce vomiting
- ◆ keep the person under observation, warm and quiet

BEFORE ASSISTANCE ARRIVES: If the person is unconscious:

- ◆ ensure that the person can breathe and place in recovery position
- ◆ **do not move the person** if they have fallen, as a fall may have led to spinal or other serious injury which may not be obvious
- ◆ **do not** give anything by mouth
- ◆ **do not** attempt to make the person sit or stand
- ◆ **do not** leave the person unattended or in the charge of another pupil.

WHEN MEDICAL HELP ARRIVES:

- ◆ pass on any available information and any vomit and drug samples.



APPENDIX C: COLLECTION OF HYPODERMIC NEEDLES

Schools and colleges should be vigilant in checking premises and grounds for health and safety hazards including signs of any discarded equipment, which may be drug-related. If needles or syringes are found they should not be touched.

Contact the local authority who have the equipment required to dispose of the needles safely. If there are a large amount of needles appearing on a regular basis then after contacting the local authority, please contact the police who will pass the information onto the drugs team.

Do not pick the needle up yourself as you may injure yourself and could be in danger of being infected.

EXTERNAL ADVICE AND GUIDANCE

The school actively co-operates and seeks support with other agencies such as the Thames Valley Police, Social and Health Care Services, Local Education Authority, Health and other appropriate Drug Agencies to deliver its commitment to drugs education and to manage incidents of drug use and misuse. In all our planning and responses to drug issues we take careful account of LEA and national guidance, in particular, Department for Education and the Association of Chief Police Officers; Drug Advice for Schools (2012) and, DfE and ACPO drug advice for schools Advice for local authorities, headteachers, school staff and governing bodies (2012) which includes a list of helpful agencies.

RELATIONSHIPS AND SEX EDUCATION

This policy statement is designed to be complementary to, and supportive of, the role of parents in educating their children about sexuality and relationships. It recognises that the prime responsibility for bringing up children rests with parents/carers.

The Education Reform Act (Section 1) states that schools should provide a curriculum which “promotes the spiritual, moral, cultural, mental and physical development of pupils...and of society; and prepare such pupils for the opportunities, responsibilities and experiences of adult life.”

Relationships and Sex Education is an important dimension of this statutory entitlement.

RSE is an umbrella term for all the teaching and learning we offer pupils to understand our own and others’ sexuality and to develop skills for relationships and informed decision making.

The staff at Wootton agree that RSE is the entitlement of each child and is committed to deliver it within the context of a broad and balanced programme of PSHE, science and SMSC.

AIMS

The aim of the RSE policy is to clarify the provision of RSE to all pupils (including education about growth, puberty, reproduction, sexuality and sexual health) in line with Christian values and as set out in the guidance published by the Department for Education in July 2000. Relationship and sex education is delivered through appropriate elements of the curriculum.

In our school we aim through implicit and explicit learning experiences to:

- Ensure that RSE is fully integrated into the curriculum and not isolated, taken out of context or over-emphasised in any way.
- Foster self-esteem and respect for others as the cornerstone of good health education and of therefore good sex education.
- Tailor a programme appropriate to the age and the physical and emotional maturity of the children.
- Nurture a partnership between caring adults – governors, teachers, ancillary staff and parents – to ensure sensitive support for children and young people as they grow and mature.
- Ensure children have the ability to accept their own and others’ sexuality.



- Encourage children to enjoy relationships based upon mutual trust and respect, free from any abuse.
- Generate an atmosphere where questions and discussion on sexual matters can take place without embarrassment by answering questions as and when they arise.
- Adopt a whole school approach to RSE.

GUIDELINES

We aim to teach RSE in the belief that:

- It is an integral part of the learning process, beginning in childhood and continuing into adult life
- It should be provided for all children and young people including those; with physical, learning or emotional difficulties.
- It should encourage consideration of values, moral issues, sexuality, personal relationships and the development of communication and decision-making skills.
- It should foster self-esteem, self-awareness, the skills to avoid and resist unwanted sexual experiences and a sense of moral responsibility.
- RSE is part of a wider social, personal, spiritual and moral education process.
- Children should be taught to have respect for their own bodies and learn about their responsibilities to others.
- It is important to build positive relationships with others, involving trust and respect and taught in the context of marriage and family life.

Relationship and Sex education will take place throughout the children's time at this school.

IMPLEMENTATION

The programme will teach about relationships, love and care and the responsibilities of parenthood as well as reproduction, sexuality and sexual health. Young people need a clear understanding of the arguments for delaying sexual activity and resisting pressure, including the various moral and practical issues which need to be considered. It may be necessary to link RSE with issues of peer pressure and other risk-taking behaviour, such as drugs, smoking and alcohol, and ensure that young people understand how the law applies to sexual relationships.

Teachers have a responsibility to ensure the safety and welfare of pupils. The personal beliefs and attitudes of teachers will not influence the teaching of RSE within the PSHE framework.

Pupils will be taught to behave responsibly towards reproduction, sexuality and sexual health issues and be able to make informed decisions about relationships and their behaviour. Some aspects of RSE may arise incidentally through comments or questions from pupils. Whilst such topics may not be a formal part of the primary programme teachers will respond to these appropriately, for example, remarks about sexual imagery, HIV or contraception.

In Key Stage 1 RSE will arise from main or subsidiary topics such as Ourselves, Animals or the introduction of a new baby in the school community. Questions will be answered as appropriate and children will be encouraged to ask and answer questions openly.

In Key Stage 2 opportunity will be more contrived through the science and PSH curriculum e.g. Human Body or Plants. A programme will be taught in Year 6 for pupils moving to secondary school which will include:

- changes in the body related to puberty, such as periods and voice breaking;
- when these changes are likely to happen and what issues may cause young people anxiety and how they can deal with these; and
- how a baby is conceived and born.



A school nurse may assist in delivering information and use of appropriate audio/visual material will be planned in a controlled way. Parents will be encouraged, as in all other areas of the curriculum, to support their children's learning at home.

Effective teaching of sex education will increase pupils' knowledge of:

- Body language.
- Human physical growth and development
- Families, parenting and life cycles.
- Safety and child protection.
- Helping agencies.

It will also enable pupils to:

- Improve their self-esteem.
- Make informed choices and decisions.
- Develop personal initiative and be able to take responsibility.
- Recognise personal skills and qualities in themselves and others.
- Maintain and develop relationships.
- Develop self-confidence.
- Develop assertiveness in appropriate situations.
- Develop the motivation to succeed.
- Respect

THE ROLE OF PARENTS

The school understands that the primary role in children's RSE lies with parents and carers. We wish to build a positive and supporting relationship with the parents of children at our school through mutual understanding, trust and co-operation. In promoting this objective we:

- Inform parents about the school's sex education policy and practice.
- Answer any questions that parents may have about the sex education programme for their child.
- Take seriously any issue that parents raise with teachers or governors about this policy or the arrangements for RSE in the school.

Parents have the right to withdraw their children from all or part of any RSE provided in the Trust, but not from teaching the biological aspects of human growth and reproduction necessary under the Science National Curriculum. The Trust fully recognises that the views of parents need to be borne in mind when developing a RSE policy, and parents are welcome to comment on the extent to which this policy reflects their wishes and the culture of the community served by the school.

If a parent wishes their child to be withdrawn from RSE lessons, they should discuss this with the headteacher, and make it clear which aspects of the programme they do not wish their child to participate in. The school always complies with the wishes of parents in this regard.

THE ROLE OF THE HEADTEACHER

It is the responsibility of the headteacher to ensure that both staff and parents are informed about our RSE policy, and that the policy is implemented effectively. It is also the headteacher's responsibility to ensure that members of staff are given sufficient training, so that they can teach effectively and handle any difficult issues with sensitivity.

Along with the governing body the headteacher will support the design of a programme of study which ensures that the central aims of this RSE policy are covered and which meet the needs of pupils in their individual



school. In doing this the governing body and headteacher will have regard to guidance on teaching styles, appropriate curriculum content and the age and maturity of the pupils.

The headteacher may liaise with external agencies regarding the school RSE programme, and ensure that all adults who work with children on these issues are aware of the school policy, and that they work within this framework and that of the school safeguarding policies.

CONFIDENTIALITY

Teachers conduct RSE lessons in a sensitive manner and in confidence. However, if a child makes a reference to being involved, or likely to be involved in sexual activity, then the teacher will take the matter seriously and deal with it as a matter of child protection. Teachers will respond in a similar way if a child indicates that s/he may have been a victim of abuse. In these circumstances the teacher will talk to the child as a matter of urgency. If the teacher has concerns, they will draw their concerns to the attention of the DSL for safeguarding in the school. The DSL will then deal with the matter in consultation with health care professionals. (See also Safeguarding/Child Protection Policy).

ORGANISATION

In order to help pupils make informed choices, establish a healthy lifestyle and build up a carefully considered system of values, the teaching methods used are as important as the content of the lesson. The participation of pupils in lessons is essential in order to encourage them to learn from others and to help them to use appropriate language in ways which are understood by others. This requires the use of a balanced range of teaching methods.

DELIVERY OF SEX EDUCATION

RSE may be carried out in a variety of different ways and by different specialists as well as teachers including:

- Trained staff within the PSHE programme
- School Nurse Team
- Police Schools Liaison Officer
- By reference to sexuality in curriculum areas other than PSHE.
- Youth and Community workers
- Clergy or faith leaders

Certain lessons are compulsory under the National Curriculum in Science and are excluded from the right of parents to withdraw their children. Such lessons will not include material on AIDS, HIV, and other sexually transmitted diseases, or any aspect, other than biological aspects, of human sexual behaviour.

RSE will not be isolated, taken out of context or over-emphasised in any way.

MORALS AND MORALITY

Morals and morality are essential dimensions of sexuality and relationships. The programme will respect individual differences - inspired by cultural, religious, ethnic and family backgrounds - and it will endeavour to promote those values of respect and dignity for human life which are common to all faiths and societies.

Other values drawn from the school's core beliefs include promoting respect for each individual, positive self-esteem, self-respect and care for others. Pupils will be encouraged to consider the implications of these core values within the context of their relationships and sexuality.



RELATIONSHIPS

Relationships have an important part to play in sex education. Friendship, making relationships, and valuing friendship, will be recurring topics throughout the school. Choosing a partner, assessing personal qualities, considerations before marriage, together with relationships within the family, will be considered when appropriate; together with roles, avoidance of stereotyping and acknowledging different attitudes and influences.

SENSITIVE ISSUES

Avoiding sensitive or controversial issues does not make them go away and leaves children and young people confused and at risk. This policy sets out how topics such as contraception, abortion, homosexuality, HIV/AIDS and other sexually transmitted diseases are to be included in the school's support and guidance for young people and staff.

MENSTRUATION

The onset of menstruation can be alarming for girls if they are not prepared. Research shows that about a third of girls are not told about periods by their parents and 10% receive no preparation at all before their first period. As with education about puberty our schools' programmes will include preparation for menstruation making adequate and sensitive arrangements to help girls cope with menstruation and with requests for sanitary protection.

CONTRACEPTION

Teachers may not give personal, individual advice on contraception to those under 16 years for whom sexual intercourse is unlawful. Teachers must advise pupils to seek advice from parents, their general practitioner or the School Nurse Team.

ABORTION

It is accepted that abortion is an emotive issue and accordingly, if this topic were to arise incidentally at this school, any teaching response must present a carefully balanced view which respects a range of religious beliefs and which takes into account the law relating to abortion.

ASPECTS OF SEXUAL BEHAVIOUR RAISED OUTSIDE THE SEX EDUCATION PROGRAMME

The teaching of apparently unrelated topics may occasionally lead to a discussion of aspects of sexual behaviour. Provided that such a discussion is relatively limited and set within the context of the other subject concerned, it will not necessarily form part of the school's RSE programme.

In such cases, particularly since they may involve pupils whose parents have withdrawn them from sex education as such, teachers will need to balance the need to give proper attention to relevant issues with the need to respect pupils' and parents' views and sensibilities.

The Governing Body expects that teachers will draw upon their professional judgement and common sense to deal effectively with such occurrences and that they will be conversant with this policy document and act accordingly.



HIV/AIDS/SEXUALLY TRANSMITTED DISEASES

The publicity in public health campaigns and strong media attention has put AIDS into the language of even very young children.

For their own safety and wider awareness, students in all age groups need to know the difference between HIV and AIDS, modes of transmission, basic hygiene and risky behaviours (for young children, for example, picking up discarded needles or any skin piercing, for older students sharing needles and specific sexual behaviour).

All need to learn that there are no risky groups, only risky behaviours, and that there is no danger from persons with AIDS in any normal social contact.

Although HIV/AIDS have received the majority of publicity in recent years, young people also need to know that there are other sexually transmitted diseases.

HOMOSEXUALITY

Our school recognises that within society there are a range of views with regard to homosexuality. Regardless of this, prejudice, victimisation and the use of homosexual slang as a form of abuse are contrary to our schools' values and will be actively discouraged. Explicit and implicit homophobia in schools has a negative impact on the attendance and attainment of LGBT young people and schools will take a whole school approach to addressing prejudicial behaviour and attitudes. (See Behaviour and Anti-bullying Policy)

Young people, whatever their developing sexuality, need to feel that sex and relationship education is relevant to them and sensitive to their needs. Our teachers should be able to deal honestly and sensitively with sexual orientation, answer appropriate questions and offer support. There should be no direct promotion of sexual orientation.

CONSENT

RSE lays the foundations for developing empathy and understanding between girls and boys, young men and young women. From the earliest years, pupils should be encouraged to consider the importance of equality and respect within friendships and relationships, and to develop positive, non-violent behaviour.

While men and women can be both victims and perpetrators, evidence shows that girls are disproportionately likely to experience pressure, coercion or violence from boys and men. They should learn to recognise any physical, sexual and emotional violence and how to get help if they need it. SRE must provide a clear message that violence and exploitation are always wrong, that everyone is responsible for their own behaviour and that no one is ever responsible for the violence or abuse they experience.

PORNOGRAPHY

Any teaching response to comments about pornography that arise incidentally should emphasise that pornography is not the best way to learn about sex because it does not reflect real life, and can therefore be worrying, confusing and frightening for young people. Pupil should also learn that some pornography – child abuse images, for example – is illegal for any age. RSE should enable all young people to understand pornography's influence on gender expectations of sex. It should build on earlier learning about relationships, body image, consent and gender, which emphasises discussions about the importance of loving and respectful relationships.



ONLINE AND SOCIAL MEDIA

Children and young people are growing up in a culture where technology and social media are important and have created more opportunity for sharing personal information. From the early years RSE/Acceptable Use policies should encourage pupils to think about what they want others to know and see about them – whether on or offline. Teachers should address the core issues of safety, privacy, peer influence and personal responsibility. Internet safety is included in the computing curriculum and this should extend to aspects of safe relationships.

‘Sexting’ and other self-made images and messages of a sexual nature, raise particular issues of safety, privacy, peer influence and personal responsibility. ‘Sexting’ is a term used by adults, referring to sexual content and images sent by mobile phones. Specific work about ‘sexting’ should be addressed in RSE as soon as it is identified as a potential issue. Teaching should cover communication skills, attitudes and values, the law, acceptable and unacceptable behaviour, and how to seek help.

VISITING SPEAKERS

Visiting speakers may be used to help enhance the RSE programme. Where they are used, they will be required to conform to this policy statement. Health professionals are bound by their professional codes of conduct in a one-to-one situation with individual pupils but, in a classroom situation, they should follow the Trust’s Confidentiality Policy.

CONFIDENTIALITY POLICY

Teachers are required to adhere to ODST’s statement on confidentiality as set out in employee contracts of employment.

Pupils should be reassured that their best interests will be maintained. However, teachers cannot offer or guarantee absolute confidentiality. If confidentiality has to be broken, the pupil should be informed first and then supported, as appropriate.

It is only in the most exceptional circumstances that the school should be in the position of having to handle information without parental knowledge. Where younger children are involved this will be grounds for serious concern and child protection issues will need to be addressed.

Pupils should be encouraged to talk to their parents and given support to do so. If there is evidence of abuse, the ODST child protection procedure should be adhered to, ensuring that pupils are informed of sources of confidential help, for example, the school nurse, counsellor, GP or local young person's advice service.

RELEVANT LEGISLATION

- Education Reform Act 1988
- Equality Act 2010
- Sex and Relationship Education Guidance (DfE 2000)

RELATED POLICIES

Behaviour and Anti-bullying
Safeguarding and Child Protection
E-safety and Acceptable Use
PSHE
SMSC
Equality



Wootton-by-Woodstock



Science
Staffing
Confidentiality
SEND and Inclusion
Worship and Values