



**SAFFRON VALLEY COLLEGIATE**

# **PSHE/RSHE POLICY**

**Approved by the Management Committee: 18.01.17**

**To be reviewed: SPRING 2026**

**This policy is written in the context of and with regard to the statements below:**

**MISSION STATEMENT**

The Saffron Valley Collegiate seeks to provide a personalised educational experience that identifies and responds to the circumstances and needs of each individual child or young person. In doing so it enables them to progress academically and become successful learners through the reengagement of the young person with education.

**EQUALITIES STATEMENT:**

All who work within the Saffron Valley Collegiate are committed to the celebration of diversity, and the challenging of disadvantage and discrimination, in all its forms.

These values are explicit to the ethos of the Saffron Valley Collegiate and implicit in all policies and practices.

This policy is written in conjunction with the SVC Safeguarding, Early Help and Child Protection Policy

The Saffron Valley Collegiate will be otherwise referred to as 'SVC' or 'school' in the following document.

From 2020, the following subjects will become compulsory in applicable schools in England.

- relationship education in primary schools
- relationship and sex education in secondary schools
- health education in state funded primary and secondary schools

These subjects will support all young people to be happy, healthy and safe, equipping them for life as an adult in British society.

# **PSHE Policy (including RSHE and Drug Education)**

## **Policy Statement**

The ethos of the Saffron Valley Collegiate strongly encourages personal development and the nurturing of essential social and learning skills. Best practice in PSHE focuses on supporting the learner in developing a variety of skills and attributes as much as knowledge and understanding.

SVC believes all young people are entitled to opportunities which:

- Enable them to become effective learners
- Support them as they move from childhood through adolescence to become resilient, independent young people.
- Supports young people to make informed decisions about their lives. It is a planned curriculum area that contributes and is relevant to student's life chances, developing knowledge, understanding, skills and attitudes.

Personal, Social, Health Education (PSHE) is not a subject but a philosophy that should span the whole curriculum. It entitles all students to a curriculum underpinned by a framework which promotes personal and social development through planned learning opportunities and experiences. This aims to promote students' spiritual, moral, social and cultural development and prepare all young people for the opportunities and responsibilities of life. However it is important to recognise that many decisions about health and lifestyle are made in a social context or are influenced by the attitudes, values and beliefs of significant others.

Our ethos and PSHE curriculum ensure that we meet the 5 strands of Every Child Matters which states that every child has the right to: Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution, and Achieve Economic Well-being. We deliver a robust programme in line with our PSHE policy, which enables young people to:

- Acquire knowledge and understanding of themselves, of others and of the world they live in,
- Develop skills for living (understanding risk)
- Understand and manage their emotions
- Become morally and socially responsible
- Take on a range of roles and relationships
- Value themselves and respect others
- Contribute to their community (Community cohesion)
- Appreciate difference and diversity
- Participate actively in our democracy
- Safeguard the environment
- Act in the wider world in a way that makes the most of their own and others' human potential

This policy also considers the requirements of the Counter Terrorism & Security Act 2015, to have due regard to the need to prevent young people from being drawn into terrorism (Known as the 'Prevent Duty')

**The three over lapping core themes delivered across the academic year are: -**

Health & Wellbeing

Relationships

Living in the Wider World

## **A description of the development consultation process**

Across SVC, staff teams have discussed areas of development important to the different groups of young people we teach in the area of PSHE.

Working to develop PSHE schemes of work involves participation in cross-borough working parties such as Healthy Schools.

We endeavour to involve students in decision making with regard to the whole PRU-especially through Student Voice projects.

National and local data is used to inform the curriculum. Local data and information is used to inform activities and support important national priorities such as reducing teenage pregnancies, sexually transmitted infections and drug/ alcohol misuse.

Certain aspects of RSHE and Drug Education may cause controversy as it challenges personal beliefs and values. It is important that these issues are discussed and we make every effort to ensure that PSHE lessons include all students across the Saffron Valley Federation.

Under the Education Act 2002/Academies Act 2010 all schools must provide a balanced and broadly-based curriculum which:

- *promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and*
- *prepares pupils at the school for the opportunities, responsibilities and experiences of later life.*

The 2006 Education and Inspections Act placed a duty on Governing Bodies *'to promote the well-being of pupils at the school'*

Under the Equalities Act 2010 The Saffron Valley Collegiate of PRU's will strive to do the best for all students, irrespective of disability, educational needs, race, nationality, ethnic or national origin, sex, gender identity, pregnancy, maternity, religion or sexual orientation or whether they are looked after children.

The PSHE education we deliver will be sensitive to the different needs of individual students and may need to evolve over time as the student population changes. At all times our overarching principle is to ensure the present and future wellbeing of students and to meet their learning needs. It is also crucial for lessons to help students realise the nature and consequences of discrimination, teasing, bullying and aggressive behaviours (including cyber bullying), use of prejudice-based language and how to respond and ask for help.

## **What is PSHE?**

PSHE is Personal, Social and Health Education.

## **Why should it be taught?**

PSHE education is a non-statutory subject on the school curriculum. However, section 2.5 of the national curriculum states that all state schools 'should make provision for personal, social, health and economic education (PSHE), drawing on good practice'.

In 2020 Relationships and Sex Education (RSE) became compulsory in all secondary schools, as well as making Health Education compulsory in all state-funded primary and secondary schools. This is now referred to as RSHE in secondary schools. This guidance replaces the Sex and Relationship Education guidance (2000) and will be reviewed three years from first required teaching (September 2020) and every three years after that point.

In addition to the national curriculum framework, the Department for Education guidance states that the subject is 'an important and necessary part of all pupils' education' and that 'schools should seek to use PSHE education to build, where appropriate, on the statutory content already outlined in the national curriculum, the basic school curriculum and in statutory guidance on: drug education, financial education, relationship and sex education (RSE) and the importance of physical activity and diet for a healthy lifestyle.' (See Appendix 5 SVC Guidance on Healthy Eating) A strong PSHE curriculum supports SVC to fulfil its responsibilities to progress students' good Spiritual, Moral, Social and Cultural development (SMSC) and to ensure they are properly safeguarded.

The following quote from a recent DfE report concludes.

'Children with higher levels of emotional, behavioural, social and school well-being on average have higher levels of academic achievement and are more engaged in school, both concurrently and in later years.'

## **The Aims for the School Curriculum state that:**

The school curriculum aims to provide opportunities for all students to learn and to achieve. During key stage 3 and 4 students use the knowledge, skills and understanding they have gained in earlier key stages and their own experience to take new and more adult roles in school and the wider community. They develop the self-awareness and confidence needed for adult life, further learning and work. They have opportunities to show that they can take responsibility for their own learning and career choices by setting personal targets and planning to meet them. They develop their ability to weigh up alternative courses of action for health and well-being. They gain greater knowledge and understanding of spiritual, moral, social and cultural issues through increased moral reasoning, clarifying their opinions and attitudes in discussions with their peers and informed adults and considering the consequences of their decisions. They learn to understand and value relationships with a wide range of people and gain the knowledge and skills to seek advice about these and other personal issues. They learn to respect the views, needs and rights of people of all ages.

## **How PSHE supports the ethos and core mission of the collegiate and the explicit values framework for PSHE**

### **ORGANISATION AND PLANNING**

#### **Who is responsible for co-ordinating the subject?**

The PSHE Co-ordinator in conjunction with the PSHE lead and SLT at each provision.

#### **How will it be organised and covered?**

PSHE will be delivered in distinct lessons and/or thorough other curriculum areas (tutor time/drop down days)

It may also include Health and Safety and Food Hygiene Certification and a number of First Aid Certificates

Each provision will personalise their delivery of RSE and Drug Education, which may include contributions from outside agencies, such as Croydon NHS and The Drop-In Service.

When external agencies are used, they support the teacher and are not the main provider.

### **What extra provision will be made for students with particular needs?**

The Collegiate has links with a multitude of specialist providers including our own task force team, Safer London, Croydon Drop In and NHS Sexual Health Outreach Team. It also works closely with CAMHS, therapists and IAG personal advisers.

### **Delivery of Curriculum (see appendix 3)**

A range of teaching strategies will be used as appropriate.

These will include: Discussion – whole class, small group, 1:1, written tasks, art work, group activities.

Guest speakers/visitors e.g. Police, NHS PCT, Terrence Higgins Trust, YOS, School Health Advisor etc.

Teachers will choose the method most appropriate for their students to meet the objectives of the lesson.

SVC recognise that school should be a “safe space” that allows the learner to understand, discuss and appropriately challenge sensitive issues e.g. RSHE, terrorism and extremist ideals.

We encourage all students and the entire staff team to actively promote PSHE/Citizenship issues.

### **Criteria for resource allocation**

Suitable resources are available from outside agencies and other resources, such as the Real-Life babies, are available for all PRUs to use if deemed appropriate. Parents/carers are welcome to view resources throughout the year and are invited to make contact re any topic-based concerns.

### **Staff Professional Development**

The PSHE co-ordinator will undertake a variety of training opportunities and share best practice across the SVC.

### **Assessment, Monitoring and Evaluation**

#### **What is going to be assessed, including values, ability to know and recognise feelings, knowledge and skills?**

See PSHE Association guidelines

Students’ understanding, knowledge and skills are assessed through observation, discussion and questioning and participation in a variety of activities.

Formative and summative assessment strategies are used to assess knowledge, skills and understanding of the subject. The PSHE teaching team devise the tasks and will assess them to ensure continuity. Students will be involved in self-assessment e.g. prior knowledge and recognising experiences.

Teachers discuss progress made by learners and use the relevant tracking’ tool to share data with students detailing their own progress. General comments about PSHE are included in annual reports to parents, SIP and management committee.

### **Links to pastoral systems and community services**

#### **Students’ awareness, knowledge and accessibility of pastoral services within the school**

The Collegiate is able to provide support for students that complement issues raised from PSHE lessons by the Reintegration coordinator, Behaviour keyworker, Drop-in services, Ment4 etc.

## **Students' awareness, knowledge and accessibility of community services**

There are many outside agencies that provide services specifically catering for the needs of young people and we provide students with information on how to access these e.g. ChildLine, Samaritans, Off the Record.

## **Specific issues**

### **Statement on dealing with sensitive issues**

The following areas need to be considered:

1. Safeguarding and child Protection
2. Confidentiality statement
3. Dealing with difficult questions
4. Group agreements
5. Distancing techniques

Further guidance provided in Appendix 4- - Handling sensitive or controversial issues

### **Statement on working with outside agencies**

We have procedures in place for external visitors including DBS checks for regular activities and red/green lanyards for occasional onsite visitors etc e.g. school nurse, mentors, YOS, sexual health outreach workers and drug education advisers.

### **Linked policies - Other school policies related to PSHE**

E.g. Safeguarding, Behaviour for Learning, Equalities, Health and Safety Management of Drugs Education, PSHE inc RSE , Complaints Procedure can be viewed at <https://www.saffronvalleycollegiate.co.uk/page/?title=Policies&pid=3>

## **Dissemination**

### **How will this policy be shared with teachers, parents and students?**

To ensure the full effectiveness of this policy it is shared with teachers and parents and can be viewed at <https://www.saffronvalleycollegiate.co.uk/page/?title=Policies&pid=3> Students should also be made aware of relevant sections and this is done as part of PSHE lessons.

## **Monitoring and evaluation**

### **Who will monitor the implementation of the policy?**

The PSHE Co-ordinator in conjunction with SLT

### **When was it agreed and when will it be reviewed?**

The policy was adopted by SVC in 2017 and is reviewed on a three yearly basis unless an essential update is required due to changes to the curriculum.

## **Appendix 1 relating to Relationship, Sex and Health Education (RSHE)**

### **What is required?**

This guidance replaces the Sex and Relationship Education guidance (2000). This guidance will be reviewed three years from first required teaching (September 2020) and every three years after that point)

RSHE guidance (DfE 2020) recommends that all schools must have an up-to-date policy which is made available for inspection and to parents. The policy must:

- define relationship and sex education;
- describe relationship and sex education is provided and who is responsible for providing it.
- say how relationship and sex education is monitored and evaluated;
- include information about parents' right to withdrawal; and
- be reviewed regularly.

This policy covers Saffron Valley Collegiate whole school approach to Relationships and Sex Education (RSE). We believe that RSE is vital for the personal, social and emotional development of our pupils. It equips children and young people with the information, skills and values they need to have safe, respectful and enjoyable relationships and empowers them to take responsibility for their sexual health and well-being. Saffron Valley Collegiate believes that all children and young people have a right to holistic, inclusive and needs-led RSE. We believe that through providing high quality RSE, we are upholding the ethos and values of our school and its commitment to equality and celebration of difference. This policy was produced in consultation with our staff, Management Committee, pupils and parents. We will ensure the policy is effectively communicated to staff and parents, including through publishing the policy on our school website. The information below complies with our statutory obligations to deliver RSE under sections 34 & 35 of the Children and Social Work Act 2017. It will have due regard for the DfE's statutory Relationships Education, Relationships and Sex Education and Health Education Guidance and other relevant guidance. We will review the policy on a regular basis to ensure that it is in line with current Government guidance and legislation and to ensure that our RSE programme continues to meet the needs of our pupils. The policy should be read in conjunction with other relevant policies: anti-bullying policy, behaviour policy, child protection and safeguarding policy, PSHE, science curriculum policy, online safety policy etc

### **Definition of RSE**

We define Relationships education as teaching students about positive relationships, with a focus on friendships, family relationships, and relationships with other students and with adults.

Students will be taught about what a relationship is, what friendship is, what family means and who the people are who can support them. Building on primary education, students will be taught about different kinds of relationship, including intimate and sexual relationships; how to recognise when a relationship is harmful or unhealthy; about physical, sexual and emotional health; and about how to manage their online lives. Learning will reflect the fact that families can take many forms, and will be sensitive to the varied backgrounds that students may come from and the lifestyles they may have (for instance if they are in foster care or are young carers). Teachers will take care that students are not stigmatised due to their home circumstances.

Students will also learn about the differences between appropriate and inappropriate or unsafe contact, whether this is physical or online. Students will learn about positive emotional wellbeing, as well as how to recognise when they are at risk or abuse and exploitation. We will ensure that



students know how to seek help if they feel they need to.

Relationships education will reflect the way that many students spend time online. They will learn about how to recognise unsafe behaviours online, such as the sharing of images, the impact of pornography, and responding to contact from other people.

The sex education element of this part of the curriculum will look at topics such as contraception, the facts around pregnancy, sexual health and how lifestyle choices can affect fertility. Its aim is to ensure that students (will, when the time comes) enjoy a happy, consensual sex life in a way that safeguards their health and wellbeing.

Health education aims to teach students to understand physical and emotional wellbeing so they can make good decisions about their health. It will allow them to recognise what is normal for them and when to seek help. Students will learn how physical and emotional health are linked and can affect each other. They will learn about sexually transmitted infections, substance misuse, and the facts about pregnancy and parenthood.

Students will learn about ways to develop their self-control and their abilities to make decisions. They will be taught about ways to respond positively to setbacks or challenges. They will also be helped to overcome prejudice and stigma around health issues, especially those connected with mental health.

Students will learn about menstruation, and girls will be helped to manage their periods.

Many aspects of this curriculum overlap and a single topic can cover elements of relationships, health and sex education.

A full list of the topics covered in secondary education are shown in the appendix.

### **It has three main elements:**

#### **Attitudes and values:-**

- learning the importance of values and individual conscience and moral considerations;
- learning the value of family life, marriage, and stable and loving relationships for the nurture of children;
- learning the value of respect, love and care;
- supporting young people to appreciate diversity of sexual orientation and gender identity
- exploring, considering and understanding moral dilemmas;
- developing critical thinking as part of decision-making.

#### **Personal and social skills:-**

- learning to manage emotions and relationships confidently and sensitively;
- developing self-respect and empathy for others;
- learning to make choices based on an understanding of difference and with an absence of prejudice;
- developing an appreciation of the consequences of choices made;
- managing conflict;
- and learning how to recognise and avoid exploitation and abuse.

#### **Knowledge and understanding:**

- learning and understanding physical development at appropriate stages;
- understanding human sexuality, reproduction, sexual health, emotions and relationships;
- learning about contraception and the range of local and national sexual health advice, contraception and support services;
- learning the reasons for delaying sexual activity, and the benefits to be gained from such delay;
- the avoidance of unplanned pregnancy.

## **How is relationship, sex and health education provided and who is responsible for providing it?**

RSHE forms part of the PSHE curriculum. Many of the skills learned in PSHE are transferable to RSHE. The teacher is the main person to teach RSHE but outside agencies and personnel will support and enhance its delivery. For example, School Nurses can play a very important role in assisting schools to teach RSHE.

## **How is RSHE taught?**

From 2020, the following subjects were made compulsory in applicable schools in England.

- relationship education in primary schools
- relationship and sex education in secondary schools
- health education in state funded primary and secondary schools

This involves teaching children about reproduction, sexuality and sexual health. It doesn't promote early sexual activity or any particular sexual orientation. We will meet the learning objectives and content outlined in the DfE Relationships Education, Relationships & Sex Education and Health Education Guidance. All content will be delivered in a timely way and will be age and developmentally appropriate to meet the needs of our pupils, including those pupils with SEND. Effective teaching in these subjects will ensure that core knowledge is broken down into units of manageable size and communicated clearly to pupils, in a carefully sequenced way, within a planned programme or lessons.

## **What will be taught?**

- RSE is designed to teach students the skills they will need throughout life in order to build happy, healthy and safe relationships. It aims to help them develop tolerance of other people, and to understand the importance of respect and kindness.
- Health education - Health education covers the way our physical and mental wellbeing are interconnected.
- See Appendix 1.1 for a list of the topics that we will teach in Relationships and Sex Education and Health Education. The list is taken from the Government guidance on what schools are expected to teach in this part of the curriculum.

## **Parents' right to withdraw their children**

- As outlined within the Statutory Guidance, parents/carers have the right to request their child be withdrawn from all or part of sex education lessons that are delivered as part of RSE. However, parents/carers do not have a right to withdraw their child from anything designated as Relationships or Health Education, nor do they have the right to withdraw their child from any sex education delivered as part of the Science curriculum..
- All children will have the right to opt into sex education three terms before they turn 16 and the school will arrange for this to happen. In practice, this means that when a child turns 15 they have the right to be taught sex education if they want to.

## **Sexual Health Services**

Schools may provide sexual health services e.g. condom distribution. In these cases, a statement included detailing procedures will be included within the policy - **PLEASE SEE APPENDIX 1.2/1.3**

## Appendix 1.1

Intimate and sexual relationships, including sexual health	<ul style="list-style-type: none"><li>• how to recognise the characteristics and positive aspects of healthy one-to-one intimate relationships, which include mutual respect, consent, loyalty, trust, shared interests and outlook, sex and friendship.</li><li>• that all aspects of health can be affected by choices they make in sex and relationships, positively or negatively, e.g. physical, emotional, mental, sexual and reproductive health and wellbeing.</li><li>• the facts about reproductive health, including fertility, and the potential impact of lifestyle on fertility for men and women and menopause.</li><li>• that there are a range of strategies for identifying and managing sexual pressure, including understanding peer pressure, resisting pressure and not pressurising others.</li><li>• that they have a choice to delay sex or to enjoy intimacy without sex.</li><li>• the facts about the full range of contraceptive choices, efficacy and options available.</li><li>• the facts around pregnancy including miscarriage.</li><li>• that there are choices in relation to pregnancy (with medically and legally accurate, impartial information on all options, including keeping the baby, adoption, abortion and where to get further help).</li><li>• how the different sexually transmitted infections (STIs), including HIV/AIDs, are transmitted, how risk can be reduced through safer sex (including through condom use) and the importance of and facts about testing.</li><li>• about the prevalence of some STIs, the impact they can have on those who contract them and key facts about treatment.</li><li>• how the use of alcohol and drugs can lead to risky sexual behaviour.</li><li>• how to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment.</li></ul>
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## **Appendix 1.2 Condom Distribution Scheme**

The C-Card Condom Distribution Scheme is not about promoting sex to young people but is about acknowledging the fact that young people, some under the age of 16, do have sex and therefore have a real need for accurate sexual health information and services, such as condoms in a safe and confidential environment. It should not be seen in isolation; it is just one strand of a wider Sexual health promotion and HIV prevention programme delivered within the borough of Croydon.

SVC clearly promotes delayed sexual initiation or abstinence, however an increase in reported sexually transmitted infections (STIs), including HIV/AIDS, among adolescents has prompted many schools/communities to take action to protect their youth. One proven method is to provide comprehensive Sex and Relationship Education (SRE) along with school based programs that make condoms available to sexually active young people. The NHS, Public Health England and Croydon Health Services NHS Trust have adopted policies in support of school condom availability as a component of comprehensive sexuality education.

The C-Card scheme is one type of condom distribution scheme which provides registered young people with a C-Card – a credit card-style card – which entitles them to free condoms. The scheme is available for young people aged 13 to 24. Condoms can be given to young people within that age range if they are registered and have a C-Card. Under 13s are **NOT** eligible for the scheme. Sexually active under 13s will be referred to Social Care via the SVC Safeguarding Lead.

### **Under 16s**

Before providing under 16s with a supply of condoms, or information and advice about contraceptive services, the practitioner/s should satisfy themselves on the following points:

- The young person can understand the advice and has sufficient maturity to appreciate what is involved and understand its moral, social and emotional implications for them.
- The staff member providing the advice is unable to persuade the young person to inform their parents, nor allow the staff member to inform them that contraceptive advice is being sought.
- That the young person is very likely to begin or continue having sexual intercourse **with or without** contraceptive support and would be at risk of pregnancy and/or sexual infections.
- That **without** contraceptive advice or treatment, the young person's physical or mental health might suffer.
- That the young person's best interests require contraceptive advice or treatment (including condoms).

### **The key aims of the C-Card service are:**

- To reduce the number of unplanned teenage pregnancies and parenthood, especially those identified as being most at risk and vulnerable.
- To reduce the incidence of HIV and other STI's in young people.
- To increase the availability, accessibility and acceptability of condoms
- To reduce the associated barriers in accessing condoms, including financial cost and embarrassment
- To provide a service that empowers individuals to make sexual health choices
- To link individuals into mainstream services as required.

### **A young person applying for a C-Card will go through the following process.**

1. **Registration:** when a young person registers for a C-Card they will be assessed to ensure they are safe, competent to consent (Fraser Guidelines) and know how to use a condom.
2. **Issue:** once the C-Card is issued, the young person is entitled to an agreed number of supplies free from any participating distribution point including local chemists, Walk-In clinics etc. Supplies and quantities vary but may include condoms, lubricant, femidoms and dams, depending on the age and needs of the young person. Packs generally contain six to ten condoms, a supply of lubricant, written instructions, and details of local sexual and reproductive health services.
3. **Review:** after receiving supplies an agreed number of times, the young person must return to the registration outlet where their circumstances, sexual health and medical needs will be reviewed. More frequent reviews will be in place for 13 to 15-year-olds with access to staff support at every visit.

## **Confidentiality: (In conjunction with the 'Confidentiality Statement for Students)**

SVC staffs have the same duty of confidentiality to under 16's as to those aged 16+. Confidentiality may only be broken in the most exceptional situations when the health, safety or welfare of the young person, or others would otherwise be at grave risk. If this is the case, the latest guidance will be followed as issued by Croydon Safeguarding Children Partnership. If a young person discloses they are having sex below the legal age of consent it is not itself a reason to break confidentiality. However, SVC staff must ensure the young person is fully Fraser Competent (1). This means, we must ensure there are no further concerns about the safety of the young person. If there is any concern, this must be discussed with their safeguarding lead. Wherever possible, the young person must be informed of actions taken and involved in the process unless this would further jeopardise the young person's safety. If there is a disclosure by someone under 13 they will NOT be allowed the C-Card, in addition an SVC Safeguarding Lead will be notified and a referral to Social Care WILL be made as it is defined as rape under the Sexual offences Act 2003 even if the young person thinks they are consenting. However, if the SVC member of staff suspects that a young person is being abused or exploited and is at serious risk of significant harm which disclosure to an appropriate person could prevent, they will work with the young person to encourage them to allow the information to be passed on. If they refuse, and the staff member believes the involvement of other agencies is essential in the young person's best interest, they may consider disclosing the information without their consent. This should not be done without first telling the young person. It is important to remember that it may be the trusting nature of the relationship with the member of staff, which enables a young person to take the first step towards disclosing abuse or exploitation. A hasty breach of confidentiality, made before the young person is ready, may result in their denying the disclosure and losing the opportunity to resolve the problem.

Please see the 'Confidentiality Statement for Students' (Appendix 1.3), this will be on display during all C.Card sessions.

**All forms, including monitoring forms, WILL be stored in a locked cupboard / filing cabinet / drawer on school premises.**

SVC will adhere to the child protection guidance at all times. National guidance on safeguarding including child protection is available at

<https://www.gov.uk/government/publications/safeguarding-children-and-youngpeople/safeguardingchildren-and-young-people>

**Please refer to the SVC Safeguarding policy for further information**

**<https://www.saffronvalleycollegiate.co.uk/page/?title=Policies&pid=3>**

## Appendix 1.3 Condom Distribution Scheme

### CONFIDENTIALITY STATEMENT FOR STUDENTS

Whatever the reason for your visit here today, we offer everyone, including those under 16, a confidential service in a safe environment.

This means that:

- Anything you say to us will be treated with respect
- We keep records so that other people in the service can care for you
- We do not usually discuss your personal details outside this service without your knowledge.
- 

We have a duty to keep you safe. Confidentiality will only be broken in very **EXCEPTIONAL** circumstances, for example:

- When there is, in our professional judgement, a strong suspicion that you might harm others or that you might harm yourself
- When someone under 18 discloses that she or he is being physically, sexually or emotionally abused, and that not taking any action would put that person at further risk
- When it is disclosed that other young people (under 18) are being abused or are at risk, for example brothers or sisters being abused at home
- When you are under 13 and having sex
- When a court order is issued to a member of staff.

This statement produced and endorsed by Croydon Young People's Sexual Health Services Group: GU Medicine, NHS Walk-in Centre, Family Planning Service.

## **Appendix 2 relating to Drugs Education (Alcohol, Tobacco and Volatile Substances)**

### **The purpose of the policy**

#### **To state**

- The school's values and ethos on drugs
- The content and delivery of the school's drug education programme
- The school's rules around drugs
- Drug incident management within the school and health and safety issues

The DfE and ACPO drug advice for schools states that the purpose of the school drugs policy is:

- Clarify the legal requirements and responsibilities of the school
- Reinforce and safeguard the health and safety of pupils and others who use the school
- Clarify the school's approach to drugs for all staff, pupils, governors, parents/carers, external agencies and the wider community
- Give guidance on developing, implementing and monitoring the drug education programme
- Enable staff to manage drugs on school premises, and any incidents that occur, with confidence and consistency, and in the best interests of those involved
- Ensure that the response to incidents involving drugs complements the overall approach to drug education and the values and ethos of the school
- Provide a basis for evaluating the effectiveness of the school drug education programme and the management of incidents involving illegal and other unauthorised drugs.
- Reinforce the role of the school in contributing to local and national strategies.

### **The school's stance toward drugs, health and the needs of students**

Drug use and misuse have become increasingly common in our society. The SVC recognises the need to prepare and equip young people for life in a drug using society. The school also needs to be ready and able to deal with the broad range of drug related situations and incidents which

may occur in the lives of our pupils and others involved in the life of the school. It is vital that the school sends a clear message to the whole school community that the possession, use or supply of illegal or unauthorised drugs is unacceptable. However, if an incident involving drugs should occur, the first concern is always for the health and safety of the school community and meeting the pastoral needs of pupils. Therefore, administering First Aid and summoning help in the case of medical emergencies will always take priority before dealing with any issues (Croydon Serious Incident Procedure referred to in appendices).

#### **To whom the policy applies**

The policy applies to Saffron Valley Collegiate staff, students, parent and carers and partner agencies working within the geographical boundaries of the SVC sites.

Any incident that occurs off school premises while on school business, including school visits, will also be handled with reference to the school's drugs policy and using the Croydon Serious Incident Procedure.

#### **Staff with key responsibilities for drugs education**

The PSHE co-ordinator alongside the PSHE Lead will oversee the planning and co-ordination of



drug education. The management of drug incidents will be carried out by the Head Teacher.

### **Aim of Drug, Alcohol and Tobacco Education**

Now delivered as part of RSHE, the aim of drug education is to provide students with opportunities to develop their knowledge, skills, attitudes and understanding about drugs and the associated risks whilst recognising the benefits of a healthy lifestyle, relating this to their own and others' actions.

### **Objectives of Drug, Alcohol and Tobacco Education**

- To increase students' knowledge and understanding and clarify misconceptions about:
  - The short-term and long-term effects and risks of drugs (legal/illegal)
  - 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.
- To develop students' social and emotional skills so they can make informed choices 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
- To enable students 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.

### **Drug Education Programme**

This will be taught in distinct lessons as part of statutory RSHE and/or through other curriculum areas e.g. tutor time/drop down days. External agencies, may be invited to deliver appropriate workshops.

Each provision will personalise the delivery of Drug Education to meet the needs of their students, alongside associated social issues including gangs and peer pressure. This may include contributions from outside agencies, such as YOS, Croydon NHS, Croydon Drop-In and Change Grow Live

When external agencies are used they support the teacher and are not the main provider.

Refer to the SVC Management of Drugs Policy  
[https://www.saffronvalleycollegiate.co.uk/\\_site/data/files/documents/policies/B2B6A633828F6BFEED96BF27389C1D4D.pdf](https://www.saffronvalleycollegiate.co.uk/_site/data/files/documents/policies/B2B6A633828F6BFEED96BF27389C1D4D.pdf)

### **The needs of pupils**

Pupils are made aware of the various internal and external support structures via lessons and through workshops from outside agencies. Schools have a role to play in identifying young people who are suffering because of substance use and supporting them; this may include referral to outside specialist services such as the Croydon Smoking Cessation Team.

### **Involvement of parents and carers**

If deemed necessary, parents/carers will be informed about incidents involving drugs in the school.

## **Involving the police**

The police will not normally need to be involved in incidents involving legal drugs, but the school may wish to inform Schools Police about the inappropriate sale or supply of tobacco, alcohol or volatile substances to students in the local area.

As regards involving police the school will follow the Croydon Serious Incident Procedure (included in appendices) when dealing with drug related incidents in schools.

**If concerned at any time over the health or safety of a child call 999**

## **Drugs and the media**

When an incident has taken place advice will be sought from the Drug Adviser Team at - <https://www.changegrowlive.org/> and the Croydon Media Relations Team – [press@croydon.gov.uk](mailto:press@croydon.gov.uk)

## **Definitions and terminology**

### **For example:**

**DRUG-** This document uses the term to refer to any psychotropic substance that has potential to affect how a person thinks, feels or behaves. This includes all legal drugs such as tobacco and alcohol, all illegal drugs, volatile substances and over-the-counter prescription medicines.

**ILLEGAL DRUGS-** Class A: crack, cocaine, ecstasy, heroin, LSD, amphetamines if prepared for injection, magic mushrooms when prepared (e.g. dried or stewed).

Class B: Amphetamines Cannabis, GHB

Class C: Steroids, Valium, Temazepam, Diazepam (controlled)

**AUTHORISED DRUGS-** Principally medicines and any other drugs sanctioned for legitimate use (such as alcohol stored securely for a raffle, safe storage and use of hazardous chemicals). In all other circumstances drugs are unauthorised whether legal or not. For managing student prescription medication please refer to the policy [https://www.saffronvalleycollegiate.co.uk/site/data/files/documents/policies/9925299FA375FC\\_D7075EB02AD11D2AD4.pdf](https://www.saffronvalleycollegiate.co.uk/site/data/files/documents/policies/9925299FA375FC_D7075EB02AD11D2AD4.pdf)

## **DRUG USE**

The consumption of any drug. All drug use, including use of medicines, has the potential to cause harm.

## **DRUG MISUSE**

Drug taking through which harm may occur, whether through intoxication, breach of school rules or the law, or the possibility of future health problems.

## **DRUG ABUSE**

Drug taking which harms health or functioning. It may be part of a wider spectrum of problematic or harmful behaviour

## Appendix 3 – How will PSHE be organised and delivered

This section draws extensively on advice given at <https://www.pshe-association.org.uk/> which recommends that PSHE/RSHE should be provided through a combination of: Discrete Curriculum Time, drop down days and cross-curricular topics in other subjects areas that may include PSHE/Citizenship activities and school events.

### Discreet Curriculum Time

In order to cover the non-statutory framework for PSHE within the National Curriculum it is necessary to provide a separate planned curriculum time. There should be planned provision for activities such as circle time, class councils and co-operative games etc.

The scheme of work for PSHE should provide a developmental programme that both consolidates and further extends existing knowledge, skills and understanding.

The SOW should ensure that:

Knowledge skills and understanding in the non-statutory guidance for PSHE are developed.

RSHE and Drug Education are provided as per statutory RSHE guidance 2020

The issue of bullying is regularly explored.

### Secondary school

Schools should continue to develop knowledge on topics specified for primary as required and in addition cover the following content by the end of secondary:

Families	<ul style="list-style-type: none"> <li>• that there are different types of committed, stable relationships.</li> <li>• how these relationships might contribute to human happiness and their importance for bringing up children.</li> <li>• what marriage is, including their legal status e.g. that marriage carries legal rights and protections not available to couples who are cohabiting or who have married, for example, in an unregistered religious ceremony.</li> <li>• why marriage is an important relationship choice for many couples and why it must be freely entered into.</li> <li>• the characteristics and legal status of other types of long-term relationships.</li> <li>• the roles and responsibilities of parents with respect to raising of children, including the characteristics of successful parenting.</li> <li>• how to: determine whether other children, adults or sources of information are trustworthy: judge when a family, friend, intimate or other relationship is unsafe (and to recognise this in others' relationships); and, how to seek help or advice, including reporting concerns about others, if needed.</li> </ul>
Respectful relationships, including friendships	<ul style="list-style-type: none"> <li>• the characteristics of positive and healthy friendships (in all contexts, including online) including: trust, respect, honesty, kindness, generosity, boundaries, privacy, consent and the management of conflict, reconciliation and ending relationships. This includes different (non-sexual) types of relationship.</li> <li>• practical steps they can take in a range of different contexts to improve or support respectful relationships.</li> <li>• how stereotypes, in particular stereotypes based on sex, gender, race,</li> </ul>

	<p>religion, sexual orientation or disability, can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice).</p> <ul style="list-style-type: none"> <li>• that in school and in wider society they can expect to be treated with respect by others, and that in turn they should show due respect to others, including people in positions of authority and due tolerance of other people's beliefs.</li> <li>• about different types of bullying (including cyberbullying), the impact of bullying, responsibilities of bystanders to report bullying and how and where to get help.</li> <li>• that some types of behaviour within relationships are criminal, including violent behaviour and coercive control.</li> <li>• what constitutes sexual harassment and sexual violence and why these are always unacceptable.</li> <li>• the legal rights and responsibilities regarding equality (particularly with reference to the protected characteristics as defined in the Equality Act 2010) and that everyone is unique and equal.</li> </ul>
Online and media	<ul style="list-style-type: none"> <li>• their rights, responsibilities and opportunities online, including that the same expectations of behaviour apply in all contexts, including online.</li> <li>• about online risks, including that any material someone provides to another has the potential to be shared online and the difficulty of removing potentially compromising material placed online.</li> <li>• not to provide material to others that they would not want shared further and not to share personal material which is sent to them.</li> <li>• what to do and where to get support to report material or manage issues online.</li> <li>• the impact of viewing harmful content.</li> <li>• that specifically sexually explicit material e.g. pornography presents a distorted picture of sexual behaviours, can damage the way people see themselves in relation to others and negatively affect how they behave towards sexual partners.</li> <li>• that sharing and viewing indecent images of children (including those created by children) is a criminal offence which carries severe penalties including jail.</li> <li>• how information and data is generated, collected, shared and used online.</li> </ul>
Being safe	<ul style="list-style-type: none"> <li>• the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, and how these can affect current and future relationships.</li> <li>• how people can actively communicate and recognise consent from others, including sexual consent, and how and when consent can be withdrawn (in all contexts, including online).</li> </ul>

Intimate and sexual relationships, including sexual health	<ul style="list-style-type: none"> <li>• how to recognise the characteristics and positive aspects of healthy one-to-one intimate relationships, which include mutual respect, consent, loyalty, trust, shared interests and outlook, sex and friendship.</li> </ul>
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	<ul style="list-style-type: none"> <li>• that all aspects of health can be affected by choices they make in sex and relationships, positively or negatively, e.g. physical, emotional, mental, sexual and reproductive health and wellbeing.</li> <li>• the facts about reproductive health, including fertility, and the potential impact of lifestyle on fertility for men and women and menopause.</li> <li>• that there are a range of strategies for identifying and managing sexual pressure, including understanding peer pressure, resisting pressure and not pressurising others.</li>   <li>• that they have a choice to delay sex or to enjoy intimacy without sex.</li> <li>• the facts about the full range of contraceptive choices, efficacy and options available.</li>   <li>• the facts around pregnancy including miscarriage.</li>   <li>• that there are choices in relation to pregnancy (with medically and legally accurate, impartial information on all options, including keeping the baby, adoption, abortion and where to get further help).</li>   <li>• how the different sexually transmitted infections (STIs), including HIV/AIDs, are transmitted, how risk can be reduced through safer sex (including through condom use) and the importance of and facts about testing.</li>   <li>• about the prevalence of some STIs, the impact they can have on those who contract them and key facts about treatment.</li>   <li>• how the use of alcohol and drugs can lead to risky sexual behaviour.</li>   <li>• how to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment.</li> </ul>
Mental wellbeing	<ul style="list-style-type: none"> <li>• how to talk about their emotions accurately and sensitively, using appropriate vocabulary.</li>   <li>• that happiness is linked to being connected to others.</li>   <li>• how to recognise the early signs of mental wellbeing concerns.</li>   <li>• common types of mental ill health (e.g. anxiety and depression).</li>   <li>• how to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others' mental health.</li>   <li>• the benefits and importance of physical exercise, time outdoors, community participation and voluntary and service-based activities on mental wellbeing and happiness.</li> </ul>
Internet safety and harms	<ul style="list-style-type: none"> <li>• the similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image), how people may curate a specific image of their life online, over-reliance on online relationships including social media, the risks related to online gambling including the accumulation of debt, how advertising and information is targeted at them and how to be a discerning consumer of information online.</li>   <li>• how to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or find support, if they have been affected by those behaviours.</li> </ul> <p>Eating disorders and extreme weight loss are a specialised area and schools</p>

	<p>should use qualified support or advice as needed. Schools may consider accessing support from the NHS or local specialist services who may be able to provide advice and CPD for teachers.</p>
Physical health and fitness	<ul style="list-style-type: none"> <li>• the positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress.</li> <li>• the characteristics and evidence of what constitutes a healthy lifestyle, maintaining a healthy weight, including the links between an inactive lifestyle and ill health, including cancer and cardio-vascular ill-health.</li> <li>• about the science relating to blood, organ and stem cell donation.</li> </ul>
Healthy eating	<ul style="list-style-type: none"> <li>• how to maintain healthy eating and the links between a poor diet and health risks, including tooth decay and cancer.</li> </ul>
Drugs, alcohol and tobacco	<ul style="list-style-type: none"> <li>• the facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions.</li> <li>• the law relating to the supply and possession of illegal substances.</li> <li>• the physical and psychological risks associated with alcohol consumption and what constitutes low risk alcohol consumption in adulthood.</li> <li>• the physical and psychological consequences of addiction, including alcohol dependency.</li> <li>• awareness of the dangers of drugs which are prescribed but still present serious health risks.</li> <li>• the facts about the harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so.</li> </ul>
Health and prevention	<ul style="list-style-type: none"> <li>• about personal hygiene, germs including bacteria, viruses, how they are spread, treatment and prevention of infection, and about antibiotics.</li> <li>• about dental health and the benefits of good oral hygiene and dental flossing, including healthy eating and regular check-ups at the dentist.</li> <li>• (late secondary) the benefits of regular self-examination and screening.</li> <li>• the facts and science relating to immunisation and vaccination.</li> <li>• the importance of sufficient good quality sleep for good health and how a lack of sleep can affect weight, mood and ability to learn.</li> </ul>
Basic first aid	<ul style="list-style-type: none"> <li>• basic treatment for common injuries.</li> <li>• life-saving skills, including how to administer CPR. (Cardio Pulmonary Resuscitation is usually best taught after 12 years old.)</li> <li>• the purpose of defibrillators and when one might be needed.</li> </ul>
Changing adolescent body	<ul style="list-style-type: none"> <li>• key facts about puberty, the changing adolescent body and menstrual wellbeing.</li> <li>• the main changes which take place in males and females, and the implications for emotional and physical health.</li> </ul>

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## Teaching through and in other subjects/curriculum areas

Provision for some aspects of PSHE could be made through other subjects including:

**English:** Emotional literacy; discussion and debate; enquiry and communication; stories that illustrate aspects of personal and social development; how the media present information;

**Maths:** Aspects of financial capability; counting and sharing; data handling;

**Science:** Drugs (including medicines); sex; health; safety and the environment; ethical issues;

**Design and Technology:** Health and safety; healthy eating; realising that people have needs as they generate design ideas; use of technology; sustainable development;

**IT:** Communicating with others via e-mail; finding information on the internet and checking its relevance.

**History:** Use of sources; reasons for and results of historical events, situations and changes; diversity within societies studied; significant people, events, ideas and experiences of people from the past;

**Geography:** Topical issues concerning environment, sustainable development, land use; study of children's own locality and places in different parts of the world, including less economically developed countries;

**Art and Design:** Reflecting on and responding to ideas and experiences communicated through works of art, craft and design from different times and cultures;

**Music:** Making the most of abilities in playing or singing; issues of cultural diversity, their value and their expression;

**PE:** Teaching and learning about health and safety; development of personal and social skills through team and individual activities, games and sports; gender issues

**RE:** Religious and moral beliefs, values and practices that underpin and influence personal and social issues, and relationships.

It is not sufficient to rely on these links alone for the effective provision of PSHE. Separate provision needs to be made to ensure full coverage of the framework for PSHE.

## PSHE/Citizenship activities and school events

Occasional off-timetable experiences and activities provide a useful opportunity when a particular aspect of PSHE can be studied intensively e.g.

- Residential Experiences
- Health days
- Mini-enterprise schemes
- Fund raising schemes
- Citizenship days

These should form part of a planned and ongoing PSHE and Citizenship curriculum.

## **Appendix 4 - Handling sensitive or controversial issues**

A safe learning environment helps students share feelings, explore values and attitudes, express opinions and consider those of others without attracting negative feedback. As well as encouraging more open discussion it also helps to make sure that teachers are not anxious about unexpected disclosures or comments.

### **It is good practice for teachers to:**

- work with pupils to establish ground rules about how they will behave towards each other in discussion
- offer some opportunities for pupils to discuss issues confidentially in small groups as well as sharing views with the class (recognising when support is required)
- place boxes in which pupils can place anonymous questions or concerns to avoid having to voice them in front of the class
- ensure that pupils are clear about the difference between fact, opinion and belief, and that they have access to balanced information and views against which they can clarify their own opinions and views, including contributions made by visitors to the classroom; (whilst making clear that behaviours such as racism, discrimination and bullying are never acceptable in any form)
- decide how far they are prepared to express their own views, bearing in mind that they are in an influential position and must work within the school's values
- be sensitive to the needs and experiences of individuals – some pupils may have direct experience of some of the issues
- **always work within the school's policies on safeguarding and confidentiality (and ensure that pupils understand school policies on disclosure of confidential information and following up concerns in a more appropriate setting outside lessons)**
- link PSHE education into the whole-school approach to supporting student welfare
- provide appropriate support after a session for any student who may be troubled by an issue raised.
- make pupils aware of sources of support both inside and outside the school.

### **Ground rules**

Ground rules help to minimise inappropriate and unintended disclosures and comments of a negative nature made towards other pupils whether intentional or not. Such ground rules support broader class rules and the SVC Behaviour for Learning policy.

To be effective, pupils and teachers need to develop ground rules together, test them and amend as necessary.

Examples of ground rules include:

- not asking personal questions
- respecting what people say
- listening to others
- having the right to 'pass' if you do not wish to comment

**Information about sources of help both within the school and outside will be shared during the programme, helping children develop the skills to seek advice and articulate their**



**concerns.**

## **Appendix 5 SVC guidance for Healthy Eating**

### Introduction

SVC is dedicated to providing an environment that promotes healthy eating and enables pupils to make informed food choices. This will be achieved by the whole school approach to food provision and food education documented in this policy.

The policy was formulated through consultation between members of staff, governors, parents, students, and our school nurse.

### Aims

The main aims of our school food guidance are:

To provide a range of healthy food choices throughout the school day and in line with the mandatory School Food Standards

To support pupils to make healthy food choices and be better prepared to learn and achieve

To ensure a consistent approach to healthy eating across the school community including students, staff and parents/carers

### Food throughout the school day

#### 1. Breakfast

Breakfast is an important meal that should provide 25% of a child's energy requirement and supports pupils to be ready to learn at the start of each day.

Each provision has individual breakfast club arrangements.

#### 2. School Lunches

School meals are provided by a variety of catering providers and served between 12.30 – 1.15pm. The school meals meet the mandatory requirements of the School Food Standards 2015. All our school caterers uphold the required catering standards.

#### .3. Packed Lunches

The school's packed lunch policy is developed using guidance from the Children's Food Trust. The guidance aims to support students to have a balanced lunch and best prepare them for learning in the afternoon.

Packed lunches should aim to include:

Some starchy foods such as bread (sliced bread, pitta bread, wraps, bagels), pasta, potatoes, couscous; choose wholegrain where possible

1 portion of fruit and 1 portion of vegetables or salad

Dairy food such as cheese or yoghurt

Meat, fish, or another source of protein such as eggs, beans and pulses, hummus, falafel

Oily fish once every 3 weeks e.g. sardines or salmon

Packed lunches should not include:

Crisps or crisp type snacks e.g. flavoured rice cakes or cheddars

Sweets

Any items containing chocolate including bars, biscuits, cakes or yoghurts/desserts

The school provides water for all students at lunchtime; therefore, there is no need for packed

lunches to include a drink.

#### 4. Snacks

The school understands that healthy snacks can be an important part of the diet of young people.

Students are able to bring in healthy snacks or fruit into school to eat at break-times.

#### 5. Drinks

The school promotes water only in school.

Drinks restricted on-site include energy drinks, fizzy drinks and high sugar still drinks e.g. Rubicon/Ribena.

#### 6. School trips

A packed lunch will be provided by the school, for all students who usually have a school meal. Students are welcome to bring their own packed lunches on trips; however, these lunches must adhere to the same food and drink guidance described above.

#### Rewards and special occasions

##### Rewards

The school does not allow food to be used as a reward for good behaviour or achievement; other methods of positive reinforcement are used in school.

##### Celebrations

The school recognises the importance of celebrating birthdays and special occasions.

We welcome any parents who would like to send in fruit for their child to share with the class on their birthday. We discourage chocolates, sweets and cakes for birthdays.

For celebration events, we welcome a variety of foods, from different cultures, for students to try. The school will provide parents/carers with suggestion lists of celebration food to ensure that we have a wide variety of food choices available.

Occasional fund-raising events may include the sale of treat food such as cakes, but the inclusion of other foods will also be encouraged.

#### Curricular and extra-curricular activity

Food and nutrition is taught at an appropriate level throughout each key stage in science, PSHE and Cookery. The Eatwell Guide model is used throughout the school as a model of understanding a balanced diet. (See appendix 6)

Staff delivering cookery sessions adhere to Food Safety and Hygiene regulations.

#### Special dietary requirements

The school does everything possible to accommodate students' specialist dietary requirements including allergies, intolerances, religious or cultural practices.

Individual care plans are created for students with food allergies

Students food allergies are displayed in a sensitive way in relevant places around the school including kitchens and staff rooms

#### Expectations of staff and visitors

The school expects staff to contribute to and support this food policy across the school day. Staff and visitors will be expected to model good practice behaviour around food and drink and in line with the policy, when in the company of students.

Staff are encouraged to eat with the students during mealtimes within the school day.

Parents, carers and family members

Our relationships with parents/carers are very important and we aim to support them with information and advice around food, so that they are best prepared to make healthy choices for their families.

Coffee mornings, events and food related workshops are delivered throughout the year for family members to attend.

## Appendix 6 – Eatwell Guide

