



National Healthy
School Standard
Guidance



Healthy Schools:

What they are about and how they will work

Why healthy schools?

The White Paper on *Excellence in Schools* (1997) set out the Government's intention to help all schools to become healthy schools. In addition, *Saving Lives: Our Healthier Nation* (1999), as well as the report of the *Independent Inquiry into Inequalities in Health* (1998) recognise the importance of a sound education in promoting better health and emotional well-being for all children and young people and, in particular, those who are socially and economically disadvantaged. **The school is a key setting in which to improve both health and education.**



What is a healthy school?

A healthy school is one that is successful in helping pupils to do their best and build on their achievements. It is committed to on-going improvement and development. It promotes physical and emotional health by providing accessible and relevant information and equipping pupils with the skills and attitudes to make informed decisions about their health. A healthy school understands the importance of investing in health to assist in the process of raising levels of pupil achievement and improving standards. It also recognises the need to provide both a physical and social environment that is conducive to learning.

What is the National Healthy School Standard?

The National Healthy School Standard (NHSS) is part of the Healthy Schools Programme, led by the Department for Education and Employment and the Department of Health. The national standard offers support for local programme co-ordinators and provides an accreditation process for education and health partnerships. It is envisaged that local programmes becoming accredited to the national standard will gain credibility and status and, in so doing, work effectively with schools. **The overall aim of this work is to help schools become healthier schools through supporting the development and improvement of local programmes.**

What is a local healthy schools programme?

Local healthy schools programmes, based in education and health partnerships, **provide support to schools** on becoming healthier places for staff and pupils to work and learn. This support might include guidance on leadership and managing change; staff professional development; school culture; policy; pupil, parent/carer and local community involvement; curriculum planning; teaching and learning and working with external agencies in a range of contexts such as Personal, Social and Health Education and citizenship. These activities ensure that work is grounded in supportive whole school practice and therefore more likely to **have a greater impact on pupils' health, learning opportunities, experience and indeed, their achievements.**

What are the targets for the National Healthy School Standard?

The target for the NHSS is for all LEAs to be involved in an accredited education and health partnership by March 2002. The national standard has a role in supporting the development of local healthy schools programmes. A further target is that by March 2002, the majority of schools will be involved in a local programme.

Why standards for local programmes?

There are a number of programmes currently in place across England; some have established strong and mature partnerships between education and health services, whilst others are in the early stages of planning. Hence, there is a wide range of practice and varying degrees of effectiveness in terms of supporting schools in becoming healthy schools. This picture particularly applies to services currently on offer to schools through programmes, as well as the standards they are supporting schools to achieve.

Rigour and consistent standards across partnerships and schools will be achieved by introducing a national accreditation process for local programmes. The standard will include **the minimum criteria schools will be expected to achieve to gain recognition on themes such as Personal, Social and Health Education (PSHE) and citizenship.**

What will the standards aim to achieve?

The main purpose of the accreditation process is to ensure

- *programmes are based in sustainable education and health partnerships*
- *the participation of schools and young people*
- *quality management of local healthy schools programmes*
- *programmes are responsive to school and local needs, as well as national priorities*
- *evidence is gathered to demonstrate effectiveness.*

The Standard can also be used by programmes as a baseline for on-going assessment of current practice and as a starting point for a review of provision. Above all, it is anticipated that **the Standard, alongside other methods used by local programme co-ordinators, will develop and improve the capacity and capability of programmes to assist schools in the process of becoming healthy schools.**

How have the standards been developed?

The national quality standards for local healthy schools programmes have been informed by the practical experience of those currently co-ordinating programmes, as well as the outcomes of the external evaluation of pilot site activities in the eight NHS Executive Regional Office areas. **The emphasis has been on identifying the key features that contribute to effective work in schools.**

What do the standards look like?

The national quality standards and their component parts are organised into three sections:

- *partnerships*
- *programme management*
- *working with schools.*

The components in each standard provide an indication of the range of activities a local programme needs to engage in to achieve that particular standard.

Guidance on a whole school approach which contributes to developing and maintaining healthy school activities is also included in the standards. Alongside this, there is additional guidance on the specific themes that programmes are likely to be working with schools on, as well as details of resources to support effective sex and relationships education and drug education. The minimum criteria for recognition of achievement in schools in relation to specific themes are outlined in the accompanying guidance material.

As in many existing programmes, flexibility to meet additional needs, other than those identified in the guidance, is retained, through the inclusion of local and school-led priorities. Such priorities might include reducing smoking rates amongst girls aged 11-16 or improving the management of asthma incidents in school. It is expected that these will be developed in a similar way to the specific themes identified in the national standard.

Local programmes will need to take account of the guidance that accompanies the standards in their planning, work with schools and in assessing school achievement. In this context, evidence will be sought from the programme to demonstrate how the guidance is being used to inform work with schools eg through support services and target-setting, as well as in recognising school success.





How will programmes achieve national accreditation?

Programmes will be expected to provide evidence to demonstrate achievement of the national quality standards. There are a number of sources of evidence which local programme co-ordinators might consider to demonstrate achievement of the standards. These include at

local programme level

- *strategic plans such as Health Improvement Programmes and Education Development Plans*
- *examples of links made with other national and local priorities*
- *local health profiles and outcomes from needs assessment activities*
- *management plans eg targets set at local level*
- *monitoring and evaluation processes*
- *budget*
- *staff job descriptions*
- *staff training needs assessment and induction programme*
- *publicity and guidance materials*
- *school recruitment and marketing strategy*
- *terms of reference/membership/minutes of relevant meetings*
- *service level agreements with schools*
- *centrally organised training and consultancy programme for schools*
- *school assessment criteria*
- *methods of recognising and celebrating success*
- *dissemination strategy.*

school level

- *school development/management plans*
- *prospectuses and staff and parent handbooks*
- *audit and target-setting tools*
- *baseline data such as take up of healthier food, attendance levels, SATs scores and GCSE passes*
- *targets and action plans*
- *self-evaluation tools*
- *examples of school-based consultancy and support*
- *examples of work with external agencies such as codes of practice*
- *outputs of work in schools such as policies, schemes of work*
- *lesson observation notes*
- *pupils' work and assessment records*
- *views of staff, governors, pupils and parents*
- *school assessment criteria*
- *methods of recognising and celebrating success*
- *dissemination strategy.*



Co-ordinators will need to submit quantitative evidence such as numbers of schools currently involved in a programme and plans for the intended roll out of the local programme, as well as documentation, resources and qualitative data, for example, views of teachers, pupils and parents.

Over the next three years, local healthy schools programmes will be able to apply for accreditation to the national standard. A pool of national assessors will be recruited in Spring 2000 to assist the process of accreditation.

Local programmes are likely to need to gain re-accreditation on a three-yearly basis. Further information on this process will be available in due course.

Guidance and support, alongside training events, on preparing applications for national accreditation and aspects of programme development, will be available from the national team, as well as appointed regional consultants.

How will schools achieve recognition as a healthy school?

Once schools have demonstrated a commitment to becoming a healthy school by participating in a nationally accredited local programme, they can use the national Healthy Schools' logo.

In order to achieve recognition for a specific theme, such as sex and relationships education or drug education, schools must have achieved targets based upon the national guidance criteria. Targets will be set through negotiation with the local programme and will be based on the outcomes of an audit undertaken to ascertain the school's stage of development.

Schools can prioritise themes according to their needs and local and national priorities. If schools meet the criteria set, they will be given recognition for their achievements. Programmes might choose to do this by awarding a symbol or badge relating to that specific theme.

Becoming a healthy school is a developmental process and it is envisaged that schools will not only maintain the progress made but also work towards achieving targets focusing on new themes.



The National Healthy School Standard

Section 1 Partnerships

The local healthy schools programme must work in partnership at a strategic and operational level

STANDARDS	COMPONENTS
1.1 The local programme must be based in an established education and health partnership	<ul style="list-style-type: none"> a) health and local education authorities working together to develop the programme, nominate lead officers and ensure inclusion in Health Improvement Programme b) health authorities and local education authorities to jointly deliver tasks c) responsibilities appear in job descriptions and work programmes of education and health staff d) programme must be linked to other relevant initiatives to secure additional sources of funding such as *HAZs, HLCs, EDPs, EAZs, JCCs, Children's Services Plans, Quality Protects Action Plans, Sure Start and Drug Action Teams e) work with those providing services to schools such as community health trusts (including school nursing services and mental health teams), primary care groups, police services, social services and other local authority departments including the youth service
1.2 The local programme must involve school staff in planning	<ul style="list-style-type: none"> a) cross-phase school involvement in programme planning, including representatives from special, religious foundation and independent schools b) programme is responsive to school needs through existing or new consultation processes, for example, headteachers' consultative committees and Diocesan Boards
1.3 The local programme must involve young people in planning	<ul style="list-style-type: none"> a) clear strategy for involving young people in programme planning b) programme is responsive to young people's expressed needs through use of existing or new consultation processes, for example, youth groups and young persons' forums
1.4 The local programme must involve statutory and non-statutory agencies and community groups in the planning, delivery and evaluation of activities	<ul style="list-style-type: none"> a) representatives of statutory and non-statutory agencies (such as specialist drug and sexual health services) and community groups (such as faith groups and residents associations) involved in planning, delivery and evaluation of the programme

* Health Action Zone (HAZ), Healthy Living Centre (HLC), Education Development Plan (EDP), Education Action Zone (EAZ), Joint Consultative Committee (JCC)

Section 2

Management of programme

The local healthy schools programme must ensure that systems are established to deliver effective services to schools

STANDARDS

COMPONENTS

<p>2.1 The local programme must consider equalities issues in its planning, delivery, monitoring and evaluation</p>	<p>a) equalities issues (such as ethnicity, gender and disadvantage) inform programme development targets</p> <p>b) process to achieve targets includes addressing equalities issues</p> <p>c) progress on equalities issues assessed through programme monitoring and evaluation</p>
<p>2.2 The local programme must recognise legal requirements, non-statutory guidance and government priorities, including examples of good practice and sources of appropriate support</p>	<p>a) programme plans and services to schools reflect relevant national policies and recommendations</p> <p>b) programme demonstrates the creativity and flexibility to respond to emerging policy developments</p>
<p>2.3 The local programme must have the capacity and capability to deliver agreed services to schools</p>	<p>a) a well resourced healthy schools team in place</p> <p>b) team members' roles clearly defined</p> <p>c) induction programme and professional development provided to the team on the basis of regular review of needs</p> <p>d) impact of training on programme success regularly evaluated</p> <p>e) service level agreements negotiated with schools</p>
<p>2.4 The local programme must have a progressive plan to involve all schools and sustain their involvement</p>	<p>a) strategy to recruit and retain all schools, including the independent sector</p> <p>b) strategy for obtaining resources, including joint funding</p> <p>c) clear marketing and publicity strategy involving key partners</p> <p>d) programme development links with other priorities such as literacy, numeracy and ICT</p> <p>e) benefits of school involvement in the programme are promoted</p>
<p>2.5 The local programme must identify at the outset, monitoring and evaluation processes to show effectiveness</p>	<p>a) agreed success criteria drawing on information, for example, from health profiles and EDPs</p> <p>b) clearly defined monitoring and evaluation process, including local and school data collection</p> <p>c) information from monitoring and evaluation informs programme development</p> <p>d) programme contributes to national evaluation programme</p>
<p>2.6 The local programme must share experiences to inform improvement and development of healthy schools' activities</p>	<p>a) a plan for sharing experiences with partners, other schools, local communities and the National Healthy School Standard</p>

Section 3

Working with schools

The local healthy schools programme must work with schools, offer challenge and support whilst contributing to whole school education and health improvement

STANDARDS	COMPONENTS
<p>3.1 The local programme must support schools in considering equalities issues in planning, delivery, monitoring and evaluation</p>	<ul style="list-style-type: none"> a) equalities issues (such as ethnicity, gender and disadvantage) inform healthy school targets b) process to achieve targets includes addressing equalities issues c) progress on equalities issues assessed through school monitoring and evaluation
<p>3.2 The local programme must support schools to develop a task group to lead activities</p>	<ul style="list-style-type: none"> a) process for identifying school co-ordinator and school task group (representative of whole school community and including local support agencies such as the school nursing and youth services) b) senior management, school co-ordinator and task group have clearly defined roles which include working in partnership with others c) regular review and provision of training and support for co-ordinator and task group, including use of peer mentor support from other schools d) evaluation of impact of training on progress towards meeting targets
<p>3.3 The local programme must ensure that schools recognise legal requirements, non-statutory guidance, government priorities, including examples of good practice and sources of appropriate support</p>	<ul style="list-style-type: none"> a) school plans and targets reflect relevant national policies and recommendations b) healthy schools activities must engage with the curriculum, other aspects of school life and reflect school priorities such as improving literacy and reducing truancy
<p>3.4.1 The local programme must support a whole school approach to education and health improvement</p>	<ul style="list-style-type: none"> a) leadership, management and managing change b) policy development c) curriculum planning and resourcing including working with external agencies d) teaching and learning e) school culture and environment
<p>3.4.2 The local programme must have measures (based on the accompanying guidance) for assessing school achievement in relation to the criteria</p>	<ul style="list-style-type: none"> f) giving pupils a voice g) provision of pupils' support services h) staff professional development needs, health and welfare i) partnerships with parents/carers and local communities j) assessing, recording and reporting pupils' achievement

STANDARDS

COMPONENTS

3.5.1 The local programme must ensure that a whole school approach is used in working on the specific themes	a) local priorities b) school priorities c) PSHE d) citizenship e) drug education (including alcohol and tobacco) f) emotional health and well-being (including bullying)
3.5.2 The local programme must have measures (based on the accompanying guidance) for assessing school achievement in relation to the specific themes	g) healthy eating h) physical activity i) safety j) sex and relationships education
3.6 The local programme must have a process of working with schools to agree targets, which includes addressing equalities issues	a) starting points established through use of existing baseline data and evidence of good practice b) audit of strengths and weaknesses to define areas for improvement c) education and health targets set, and action plans developed with realistic time frames d) targets linked with school management/development plan priorities
3.7 The local programme must support schools in achieving the targets set, ensuring that equalities issues are addressed throughout	a) level of support available to schools must be communicated to them and a service level agreement negotiated b) service level agreements must identify a programme of training and consultancy as well as school based support tailored to need c) collaboration with external agencies to ensure support offered to schools is appropriate and effective d) facilitate networking between schools to share learning e) impact of training on achievement of targets is regularly evaluated
3.8 The local programme must support schools in assessing the impact of activities	a) a monitoring and evaluation process, with a particular focus on pupils' learning outcomes b) schools assisted to ensure that this learning informs future activities c) outcomes feed into local programme monitoring and evaluation
3.9 The local programme must provide opportunities for schools to celebrate success, promote achievements and maintain motivation to develop further	a) school achievements inform future maintenance and development targets b) process identified for celebrating and sharing these achievements within school, with other schools, local communities, local funding bodies and at regional and national levels

National Healthy School Standard

Accompanying guidance

This guidance provides the criteria for assessing school achievements referred to in 3.4.2 of the quality standards.

A whole school approach

Wider school context

- *equalities issues inform the development and implementation of activities*
- *the impact of training on the success of healthy schools activities is regularly evaluated and informs the development of the programme*
- *the school delivers the specific themes according to the framework in the revised National Curriculum and in line with statutory requirements and non-statutory guidance*
- *pupils' views are reflected in school activities, including those with special educational needs and specific health conditions, as well as disaffected pupils, young carers and teenage parents*
- *the whole school community (pupils, staff, parents, governors and community partners) is invited to take part in policy development, physical, social and cultural activity and support each others learning*
- *the school provides a culture and environment to support the taught PSHE and citizenship curriculum*

a) leadership, management and managing change

- *health issues are seen as contributing to school improvement and this understanding informs discussions on policy and practice at staff and governor meetings*
- *healthy schools activities are identified in the School Development Plan and delivered through other priorities such as literacy and behaviour support*
- *headteacher and governors support task group by agreeing non-contact time and inclusion in the school decision making process*
- professional development plans include training in PSHE and citizenship for all staff

b) policy development, for example in sex and relationships education, drug education (including alcohol and tobacco)

- *the school develops all policies in line with legal requirements and non-statutory guidance*
- *the school has established mechanisms for involving the whole school community in policy development and implementation such as parent forums*
- the roles and responsibilities of the whole school community are clearly defined in all policies

c) curriculum planning and resourcing including working with external agencies

- schemes of work are developed identifying pupils' learning outcomes
- a range of resources is used including National Grid for Learning sites such as Wired for Health, children's literature and the school nursing service
- a code of practice for working with external agencies is developed and its implementation monitored
- links are made with other curriculum areas, for example, science, technology, humanities and art

d) teaching and learning

- a range of teaching styles in PSHE and citizenship is used such as circle time and debating forums, appropriate to pupils' age, ability and level of maturity
- recognition is given to different styles of learning and opportunities are offered to put learning into practice such as practical experience in the community and in work
- peer support for learning is encouraged such as older pupils working with younger ones
- the importance of a safe and supportive teaching environment is recognised where pupils and teachers can work together to promote health, for example, working agreements are established and classroom layout is considered
- pupils are encouraged to consider levels of risk and make informed judgements about their actions

e) school culture and environment

- healthy schools activities are set out in the school prospectus, parent handbook and staff documentation including recruitment and induction packs
- school organisation and culture should support pupils' spiritual, moral, social and cultural development
- all staff and pupils play a part in developing and maintaining a positive school culture
- attention is paid to creating and maintaining a welcoming environment, which is secure and well lit
- the school has a smoking policy and its grounds are free of litter and graffiti, toilets have locks, toilet paper, hot water and paper towels, as well as sanitary towel dispensers and disposal facilities and clean drinking water is provided



f) giving pupils a voice

- pupils' needs assessment informs curriculum planning
- pupils' views influence teaching and learning in PSHE and citizenship
- pupils take responsibility for some aspects of school life such as keeping the site litter free, break-time snack sales, changing displays and the garden
- mechanisms are established for involving pupils in policy development, for example, through school councils and the healthy schools task group

g) provision of pupils' support services

- *clear procedures, including reporting of information are in place, to support pupils' health conditions, for example, asthma and anaphylaxis*
- *provision of internal pupil support services such as academic mentoring and counselling*
- *information is given on local support services for children and young people such as sexual health and drug agencies, smoking cessation services and referrals made, where appropriate*

h) staff professional development needs, health and welfare

- *staff are consulted on their training and support needs through a regular review process*
- *a range of relevant professional development opportunities is offered covering subject knowledge and teaching skills, for example, team teaching, peer coaching and lesson observation time*
- *non-contact time is provided to allow for planning, delivery and evaluation of healthy schools activities*
- *staff are given the opportunity to share information, learning and experience with other schools and visit them to gain support and knowledge of good practice*
- *the staff room and working areas provide a positive environment for staff*
- *school to consider using the Investors in People framework to enable more focused and effective identification, planning and evaluation of training and development for school staff*
- *arrangements are in place for appropriate occupational health advice and support*

i) partnerships with parents/carers and local communities

- *parental involvement is welcomed, for example, through an identified room, noticeboard for parents and reading partner schemes*
- *parents and community partners are involved in policy development such as through the Parent Teachers Association, questionnaires and parents evenings*
- *parents and external partners (for example, Drug Action Team, Family Planning Nurses) are involved in the task group for developing healthy schools activities*
- *parents and community partners, including local businesses are invited to participate in aspects of school life, for example, as part of the governing body, open days, help in the classroom, sponsored events, school fetes and work placements*
- *home-school agreements are developed, in consultation with parents/carers, and implemented*

j) assessing, recording and reporting pupils' achievement

- *pupils' progress in PSHE and citizenship is recorded and assessed*
- *pupils' achievements are celebrated in the school community*
- *pupils involved in setting new targets based on progress made*
- *pupils' assessment informs the planning process and future teaching*

National Healthy School Standard

Accompanying guidance

This guidance provides the criteria for assessing school achievements referred to in 3.5.2 of the quality standards. The local programme must ensure that a whole school approach is used in working on specific themes.

Specific themes

a) local priorities

- *local programmes will develop criteria to assess school achievements in relation to any local priorities identified such as reducing smoking rates amongst girls aged 11-16*

b) school priorities

- *local programmes will develop with schools criteria to assess school achievements in relation to any school priorities identified such as improving management of asthma incidents in school*

c) PSHE

- *the school recognises that all aspects of school life have an impact on the personal and social development of pupils and that consistent messages are presented*
- *the school encourages pupils to recognise their achievements and do their best*

d) citizenship

- *the school recognises that all aspects of school life can have an impact on the development of pupils in becoming informed, active and responsible citizens*
- *the school provides opportunities for pupils to be actively involved in the life of their school and communities*

e) drug education (including alcohol and tobacco)

- *the school has a named member of staff and a governor who are responsible for drug education provision*
- *the school has a planned drug education programme involving development of skills, starting from early years, which identifies learning outcomes, appropriate to pupils' age, ability and level of maturity and which is based on pupils' needs assessment*
- *the school has a policy, owned and implemented by the whole school, including parents/carers, for managing drug related incidents which includes identifying sources of support for pupils and alternatives to exclusion*
- *staff understand the role that schools can play in the national drug strategy and are confident to discuss drugs issues and services with pupils*
- *the school works with the police, youth service and local drug services in line with the Drug Action Team strategy to develop its understanding of local issues and to inform its policy*

f) emotional health and well-being (including bullying)

- *opportunities are provided for pupils' views to inform policy and practice*
- *the school has a policy and code of practice for tackling bullying, which is owned, understood and implemented by all members of the school community and includes contact with external support agencies*
- *the school openly addresses issues of emotional health and well-being by enabling pupils to understand what they are feeling and by building their confidence to learn*
- *the school identifies and supports the emotional health needs of staff*

g) healthy eating

- *the school presents consistent, informed messages about healthy eating, for example, food on offer in vending machines, tuck shops and school meals should complement the taught curriculum*
- *the school provides, promotes and monitors healthier food at lunch and break times and in any breakfast clubs where they are provided*
- *the school includes education on healthier eating and basic food safety practices in the taught curriculum*

h) physical activity

- *the school has a whole school approach to the promotion of physical activity*
- *the school offers all pupils, whatever their age or ability, a minimum of two hours physical activity a week within and outside the National Curriculum*
- *the school is aware of a range of relevant initiatives and networks and takes advantage of appropriate opportunities to promote and develop physical activity*
- *the school encourages its staff, pupils, parents/carers and other adults, for example, sports development officers to become involved in promoting physical activity and develops their skills, abilities and understanding through appropriate training*



j) safety

- *the school has an identified health and safety representative and regularly conducts risk assessments*
- *members of the whole school community are aware of their roles and responsibilities in ensuring that the school is a healthy and safe environment which includes addressing child protection issues through the curriculum and having clearly defined procedures for responding to incidents*
- *the school provides opportunities for all pupils to develop health skills in relation to first aid*
- *the school provides a healthy and safe playground which addresses issues of sun safety, has a quiet area and lunchtime supervisors trained in dealing with bullying and organising play activities*
- *the school encourages its staff and pupils to consider cycling and walking to and from school and provides training in safety and security supported by safer travel policies*

**k) sex and relationships education**

- *the school has a policy which is owned and implemented by all members of the school including pupils and parents and which is delivered in partnership with local health and support services*
- *the school has a planned sex and relationships education programme (including information, social skills development and values clarification) which identifies learning outcomes, appropriate to pupils' age, ability, gender and level of maturity and which is based on pupils' needs assessment and a knowledge of vulnerable pupils*
- *staff have a sound basic knowledge of sex and relationships issues and are confident in their skills to teach sex education and discuss sex and relationships*
- *staff have an understanding of the role of schools in contributing to the reduction of unwanted teenage conceptions and the promotion of sexual health*

Supporting resources for sex and relationships education and drug education



Sex and relationships education

Developing and Reviewing a School Sex Education Policy (1994). *Sex Education Forum.*
A practical step-by-step guide.

Good Practice in Sex Education: A source book for schools (1995). *Edited by Caroline Ray and Dilys Went.* It offers guidance on sex education and examples of good practice.

Children, Sex Education and the Law (1996). *Nevill Harris.* Includes chapters by leading experts on sex education, gender and sexuality.

Partnerships with Parents in Sex Education (1996). *Lorna Scott.* Offers help to schools wanting to develop consultation with parents.

From Needs to Practice (1996). *Sue Plant.* Effective sex education training and support. Offers schools a training needs assessment model.

Religion, Ethnicity and Sex Education (1996). *Rachel Thomson.* Offers an exploration of the issues raised by teaching sex education in a multi-cultural society through examining seven religious and one secular personal perspectives.

Let's hear it for the Boys - Supporting sex and relationship education for boys and young men (1997). *Edited by Gill Lenderyou and Caroline Ray.* Raises awareness of the needs of boys and offers guidance on more effective practice.

Let's talk about sex and relationships. A policy and practice framework for working with children and young people in public care (1998). *Hansa Patel-Kanwal and Gill Frances (Lenderyou).* A step-by-step guide to developing a coherent policy framework for teaching children and young people in public care about sex and relationships.

The above resources are available from the Sex Education Forum along with a series of factsheets on various issues relating to sex and relationships education.

Drug education

Tackling drugs to build a better Britain (1a) and Tackling drugs to build a better Britain: guidance notes (1b) (1998). *TTA*. Government White Paper identifying the elements and four main aims of the 10-year strategy for tackling drug issues (1998-2007). The separate guidance document sets out the evidence and information upon which the White Paper is based, and provides a practical reference point for those implementing the strategy.

The right responses: managing and making policy for drug-related incidents in school (1999). *SCODA*. Detailed guidance on managing planned and unplanned situations involving drugs at or near school, and setting an effective school drug policy.

The right approach: quality standards in drug education (1999). *SCODA*. A quality code containing national standards for the delivery of drug education in schools.

The right choice (1997). *SCODA*. Detailed and accessible guidance on selecting drug education materials for schools. Highlights and summarises eleven key criteria which constitute good drug education materials.

Circular 4/95: drug prevention and schools (1995). *DfEE*. Detailed guidance on the role and duties of schools in relation to curriculum input and response to incidents. It was circulated to all state schools.

Protecting young people: good practice in drug education in schools and the youth service (1998). A guidance booklet extending the support set out in Circular 4/95.

Guidance on good practice (1998). *Drugs Prevention Initiative (DPI) Home Office*. A supplement to the DPI's overview guidance to drug action teams on developing local drugs prevention strategies.

Drug education: curriculum guidance for schools (1995). *Schools Curriculum and Assessment Authority*. Guidance on how to plan and organise drug education, with reference to time-tabling, content and health education principles.

OFSTED report: drug education in schools (1997). *OFSTED/HMSO*. A report from the office of Her Majesty's Chief Inspector of Schools. A study of primary and secondary schools which examines: their planning of drug education curricula, teaching methods and their outcomes, their monitoring and evaluation of drug education work, school policies, and the way that schools respond to drug related incidents.

A scheme of work for Key Stages 1 and 2: Science (1998). *DfEE*. Optional exemplar of work based on the Key Stages 1 and 2 science programme of study and attainment targets. Unit 2A: Health and growth and Unit 5A: Keeping healthy contain specific references to drugs, including medicines, alcohol and tobacco.

Social inclusion: pupil support (1999). *DfEE*. This document contains guidance on both the law and good practice on school attendance, behaviour and discipline, exclusion, re-integration and education outside school.

Summaries of drug education publications were taken from The Right Approach: Quality standards in drug education (1999). *SCODA*.

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