

# DRUG EDUCATION AND INCIDENTS POLICY



This Drug Education and Incidents Policy was formally approved by Stanningley Primary School Governing Body in February 2018.

To be reviewed by Governors on or before Friday 28<sup>th</sup> February 2020.

Chair of Governors: \_\_\_\_\_ Mr A. Wibrew  
February 2018

Headteacher: \_\_\_\_\_ Mrs J. Brewer  
February 2018

# Drug Education and Incidents (DE&I)















**Date of policy:** February 2018

**Review date:** February 2020





Stanningley Primary School takes its responsibility to provide relevant, effective and responsible drug education to all of its pupils as part of the school's personal, social, health education (PSHE) curriculum very seriously. The school wants parents/carers and pupils to feel assured that drug education will be delivered at a level appropriate to both the age and development of pupils, and safe to voice opinions and concerns relating to the drug education provision.

## **1. Policy/School Context – why Drug Education and management of drug incidents is important in our school**

### **The purpose of a school drug policy is to:**

-  clarify the legal requirements and responsibilities of the school
-  demonstrate the commitment of the school to reinforce and safeguard the health and safety of young people and others who use the school
-  drives a proactive strategy for prevention of drug and alcohol misuse
-  clarify the school's approach to drugs for all staff, pupils, governors, parents/carers, external agencies and the wider community
-  outline the aims and outcomes of drugs education in the school
-  cover the school's role and responsibilities for the content and organisation of drug and alcohol education
-  give guidance on developing, implementing and monitoring the drug education programme
-  enable staff to manage drug incidents within the school boundaries and on school trips, with confidence and consistency, and in the best interests of those involved
-  clarify the support available to pupils whose own drug or alcohol use, or that of a family member, is causing concern, including screening and referral or signposting to external agencies
-  ensure that the approach to drug education, response to incidents involving drugs, and pastoral support are all consistent with 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

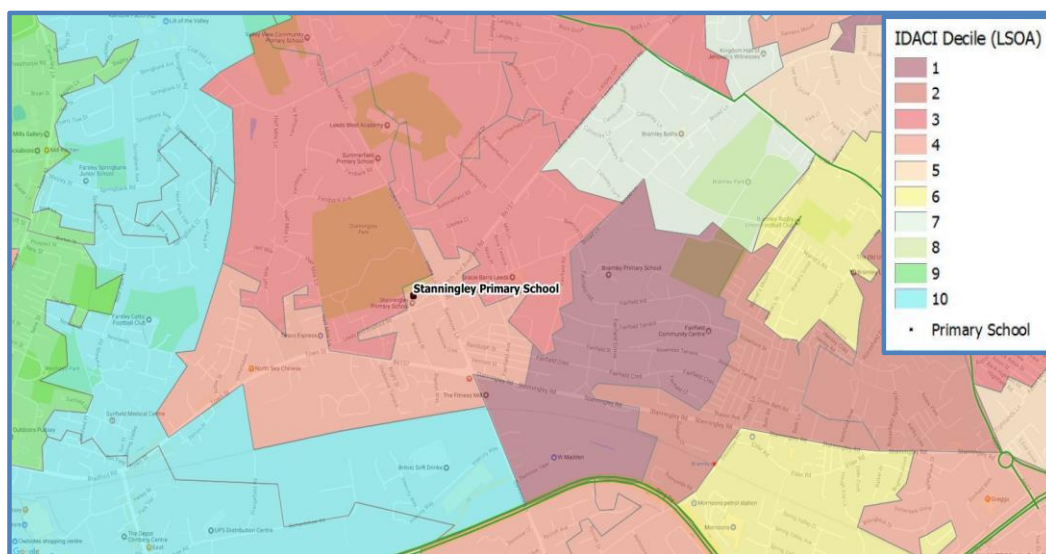
### **Why Drug Education and management of drug Incidents is important:**

-  Children have a right to good quality education ([United Nations Convention on the Rights of the Child](#)).
-  To enable all children and young people need to be able to make safe, healthy and responsible decisions about drugs
-  helps create a safe school community, in which our pupils can grow, learn and develop positive, health behaviours for life and ensures that those for whom drugs are a concern receive support.
-  Children want to be prepared for later life with many pupils reporting they receive it too late. Ofsted reinforced this in their 2013 '[Not Yet Good Enough](#)' report

- 🌈 **Safeguarding:** Drug Education and effective management of incidents plays a vital part in meeting the schools' safeguarding obligations as outlined in the updated [Keeping children safe in education – Statutory guidance for schools and colleges \(September 2016\)](#)
- 🌈 **Ofsted:** Inspectors will consider pupils' ability to assess and manage risk appropriately and to keep themselves and others safe in different situations and settings and how to keep themselves healthy and to make informed choices.
- 🌈 Schools maintain a statutory obligation under the Children Act (2004) to promote their pupils' wellbeing and under the Education Act (1996) to prepare children for the challenges, opportunities and responsibilities of adult life.
- 🌈 **National Curriculum:** Drug Education plays an important part in fulfilling the statutory duties the school has to meet as section 2.1 of the [National Curriculum framework \(DfE, updated December 2014\)](#) states.
- 🌈 The government has made it clear that all state schools 'should make provision for personal, social, health and economic education (PSHE), drawing on good practice'. (DfE, updated December 2014).
- 🌈 The Home Office sets out its ambition for all children to receive high quality PSHE in [the Drug Strategy \(2017\)](#), while the Department for Education's paper, The Importance of Teaching (2010) highlighted that 'Children need high quality PSHE so they can make safe and informed choices on issues such as substance misuse'.
- 🌈 Leeds Drug and Alcohol strategy and action plan (2016-2018) – our vision is that Leeds is a city that promotes a responsible attitude to alcohol and reduces the health harms related to drugs and alcohol; to enable individuals, families and communities affected by the use of drugs and alcohol to reach their potential and lead safer, healthier and happier lives.

## Context of our school

Stanningley Primary is a one-form-entry community school located in Stanningley, a suburb in the west of Leeds. The map below indicates that the immediate area surrounding the school has relatively high levels of deprivation, compared to some of the nearby areas to the west and south of the school.



The "Lower Super Output Area" (LSOA) in which the school is located is ranked 12,500<sup>th</sup> out of 32,844 in terms of deprivation, meaning 38% of areas in England have higher deprivation.









Figures from the January 2017 Stanningley Primary School census reveal that:

- 19% of children are eligible for Free School Meals (FSM), compared to 18% for Leeds primary Schools and 14% for state-funded primary schools nationally. 36% attract pupil premium funding, compared to 25% nationally in 2016.
- 11% of children are from Black and Minority Ethnic (BME) backgrounds, compared to 35% for Leeds primary schools and 32% for state-funded primary schools nationally.
- 7% of children have English as an additional language (EAL), compared to 21% for Leeds primary schools and 21% for state-funded primary schools nationally.
- 12% of children have special educational needs (SEN), compared to 14% for Leeds primary schools and 13% for state-funded primary schools nationally in 2016.
- 13% of children who attend the school live in an area classed as being amongst the 10% most deprived<sup>1</sup> in England. 9% of the children live in an area classed as being amongst the 3% most deprived.

## 2. Development process

This policy was drafted by Mrs Stott-Moore (Deputy Headteacher/PSHE Leader) in consultation with Leeds City Council Health and Wellbeing Service and was supported by senior leadership. All school staff were offered an opportunity to respond to the policy. This policy has been approved and adopted by the head teacher, Mrs Julie Brewer and governing body, Mr Alex Wibrew. The member of staff responsible for overseeing and reviewing this policy is the Headteacher who will be supported by the PSHE Lead: Mrs T. Stott-Moore. The policy will be reviewed briefly annually and, in line with good practice, in full every 2 years.

At Stanningley Primary School we are committed to the ongoing development of Drug Education in our school. We will use the following indicators to monitor and evaluate our progress and success:

-  a coordinated and consistent approach to curriculum delivery has been adopted
  -  the content of the Drug Education curriculum is flexible and responsive to pupils' differing needs which are gathered at least annually through the use of pupil perception data such as the Y5/6 My Health My School Survey
  -  children are receiving an entitlement curriculum for Drug Education in line with national and local guidance
  -  there are clearly identified learning objectives for all Drug Education activities and pupils' learning is assessed using both formative and summative approaches
  -  opportunities for cross-curricular approaches are being used where appropriate
  -  the impact of training for staff and governors on practice is evaluated
  -  policy and practice is revised regularly and involves staff, governors, parents/carers and, where appropriate, pupils
  -  opportunities are provided for parents/carers and members of our community to consider the purpose and nature of our drugs education, for example, through parent/carer information sessions
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### 3. Location and dissemination

This policy document is freely available on request to the whole school community. A copy of the policy can be found on the school website. A physical copy of the policy is available from the school office.

### 4. Definition and terminology

A drug is a substance people take to change the way they feel, think or behave. (Drug education in schools: A report from the Office of Her Majesty's Chief Inspector of Schools (July 2005))

The definition of 'drug' used in this document includes illegal drugs, tobacco, medicines, volatile substances (e.g. aerosols, solvents, glue or petrol) and novel psychoactive substances (legal highs). ([Mentor Adepis](#))

'New Psychoactive Substances (NPS) or Illegal highs' are drugs that cause psychoactive effects that contain various chemical ingredients which are now illegal as outlined in the [Psychoactive Substances Act](#) (26<sup>th</sup> May 2016).















The term 'drug education' is an explicit, planned component of PSHE education. It should enable pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions. ([Drugs, Guidance for Schools, DfES 2004](#)). It needs to be relevant to them and their community and a world where drugs are common place.

### 5. Policy relationship to other policies





- Anti-bullying
- Assessment, Recording and Reporting
- Asthma
- Attendance
- Behaviour
- Child Protection/Safeguarding Children
- Confidentiality
- Equal Opportunities
- First Aid
- Health & Safety
- Medication/medicines
- Mission/ethos statement
- Pastoral support
- PSHE
- Science
- Sex and Relationships Education
- SEN/Inclusion
- Teaching and Learning
- Visitors in School

## 6. The wider context of drug education

### The school's drug education programme will:

-  be an entitlement for all pupils, including those with additional learning and language needs
-  encourage pupils and teachers to share and respect each other's views with cultural awareness and sensitivity
-  recognise that parents/carers are the key people in teaching their children about drug education
-  work in partnership with parents/carers, pupils, other health professionals and the wider community to consult them about the content of the programme to influence lesson planning and teaching
-  respond to children's diverse learning needs. There is a need for increased access to information and services for vulnerable groups including children who have been excluded, non-attendees, looked-after children and children of parents with problematic drug use.
-  start early, take into account children's assessed needs at each stage in their development, as well as their age and emotional maturity.
-  will be sensitive to the fact that pupils may have varying attitudes towards drugs which are influenced by their cultural and religious backgrounds and their life experiences, values and beliefs. (Drugs: Guidance for Schools DfES 2004)
-  be taught by people who are trained and confident in talking about issues around drug education
-  include the acquisition of knowledge, the development of life skills and respectful attitudes and values
-  has sufficient time to cover a wide range of topics, such as legal and illegal drugs, alcohol and tobacco, with a strong emphasis on, responsibilities to others, negotiation and communication skills, accessing support services and the understand that all drugs are potentially addictive
-  use active learning methods, and is rigorously planned, assessed and evaluated
-  help pupils understand a range of views and beliefs about drugs in society including some of the mixed messages about drugs, alcohol and tobacco from different sources including the media
-  be part of a broader developmental PSHE education programme
-  if possible, link with other school subjects

### Drug education contributes to:










-  a positive ethos and environment for learning
-  safeguarding pupils (Children Act 2004), promoting their emotional wellbeing, and improving their ability to achieve in school
-  helping pupils keep themselves safe from harm, build confidence to resist peer pressure in accessing services if they need help and advice
-  reducing early onset of drug use, drug misuse, becoming addictive to drugs, domestic violence and bullying, how use of drugs can affect risky behaviours such as sexual activity etc

## 7. Overall school aims and objectives for drug education



Stanningley Primary School is committed to the health and well-being of its pupils. This policy states the school's approach to drug education and any issues related to the use of drugs and substances as they affect members of the school community, their safety, well-being and legal responsibilities.

All schools need to set realistic aims for their drug education and are consistent with the values and ethos of the school and the laws of society, as well as appropriate/relevant to the age and maturity of pupils and the school community.

## Aims of Drug Education:









-  a comprehensive and developmental programme of teaching and learning, which is delivered in the context of a Healthy School where the health and wellbeing of pupils and the whole school community are actively promoted.
-  has a positive influence on the ethos, learning and relationships throughout the school. It is central to our values and to achieving our school's stated aims and objectives
-  is a major component of drug prevention
-  provide opportunities for pupils to develop their **knowledge, skills, attitudes** and understanding about drugs to live confident, healthy, safe, independent lives now and in the future
-  raise pupils' self-esteem and confidence
-  teach pupils to be accepting and sensitive to a range of different beliefs, cultures, religions, backgrounds and values of those around them
-  provide pupils with the right tools to enable them to seek information or support, should they need it
-  teach pupils about their right to say no and resist peer pressure, in an age appropriate manner
-  ensure that staff teaching drug education remain neutral in their delivery

The aim of drug education is NOT to:





-  encourage pupils to become users of drugs at a young age
-  promote or normalise any drug use

## 8. To whom and where the policy applies

The policy applies to:

-  The head teacher
-  All school staff
-  The governing body
-  Pupils
-  Parents/carers
-  School nurse and other health professionals
-  Partner agencies working in or with the school such as d:side, Forward Leeds Platform
-  Police such as the Safer Schools Police Officer (SSPO)

At Stanningley Primary School the term 'school' refers to:

-  The buildings and grounds within the school perimeter security fence at times when pupils are authorised to be on the premises (8:00am until 5pm Monday to Friday term time only).
-  Stanningley Park, when used by the school for lessons or events
-  location visited by pupils as part of an organised school visit, in and outside school hours
-  Anytime a child is in their school uniform acting as ambassadors for the school for example, Remembrance Day Service



## 9. Language

It is good practice to use the correct scientific (not slang or street names) terms for each specific drug from the offset of the drug education delivery. Having the right language to describe the drugs, and knowing how to seek help if they are misusing, are vital for safeguarding.

Pupils will be taught the identified terms for drugs from Reception. Appropriate vocabulary will be taken from the programme of study for each year group in school. Slang or everyday terms used in certain social circles will be discussed when appropriate and open discussion to what is and isn't acceptable language to use. We will alert parents as to when certain drugs terms are likely to be used in class. However, we might need to use the terms at other times, such as when dealing with incidents of misuse.

We will consider how pupils who are new to English or English is an additional language will be supported in accessing and understanding the language used in lessons.

At Stanningley Primary School we will include an overview of the **Drugs Education** programme on individual class newsletters. This will be accompanied by a statement that invites parents/carers to discuss any questions/concerns with the class teacher before the start of the unit.

### Respectful language

The use of respectful language which challenges drug misuse and other forms of prejudice will be established in lessons, school rules, the school ethos and the Behaviour Management Policy. This will have benefits for the whole school community, both in and out of lessons, helping to ensure the school is a happy, healthy place to learn. The casual use of slang term and offensive language in school will be challenged and pupils will be made aware that using the word 'drunk or addict' to mean something else is wrong and will not be tolerated.

## 10. Answering questions








We acknowledge that sensitive and potentially difficult issues will arise in DE as pupils will naturally share information and ask questions. When spontaneous discussion arises, it is guided in a way that reflects the stated school aims and curriculum content for drug education. As a first principle, we answer questions relating to taught, planned curriculum for that age group to the whole class. We answer questions relating to areas beyond the taught, planned curriculum for that age group, in a sensitive and age appropriate way, only to the pupil or pupils who have asked the question. If a member of staff is uncertain about the answer to a question, or indeed whether they should answer it, they will seek guidance from the PSHE leader (Mrs Stott-Moore) / Child Protection Officers. Questions may be referred to parents/carers if it is not appropriate to answer them in school. We may use a question box where questions may be asked anonymously.

When answering questions, we ensure that sharing personal information by adults, pupils or their families is discouraged. Where a question or comment from a pupil in the classroom indicates the possibilities of abuse or risk of harm, teachers will pass this information to the designated person for safeguarding and child protection, in line with school policy and procedures.

Staff training will include sessions on how to deal with difficult questions. Agreed phrases, where appropriate, will be used in response to difficult questions [for example, 'I can only answer question on the content of this lesson' or 'That is something that may be covered later on' or 'I can't answer that question, but you could ask your parents/carers']



Ground rules are essential when discussing sensitive subject matters. Staff will establish clear parameters about what is appropriate and inappropriate in a whole-class setting by for example:










-  staff will set the tone by speaking in a matter-of-fact way
-  pupils will be encouraged to write down questions, anonymously if desired, and post them in a question box or ask-it basket
-  staff will have time to prepare answers to all questions before the next session, and will choose not to respond in a whole-class setting to any questions that are inappropriate or need one-to-one follow up
-  if a verbal question is too personal, staff will remind the pupils of the ground rules
-  if a question feels too old for a pupil, is inappropriate for the whole class or raises concerns, staff will acknowledge it and to attend to it later on an individual basis
-  staff will not provide more information than is appropriate to the age of the pupil
-  if staff are concerned that a pupil is at risk of abuse, the designated teacher will be informed and the usual child protection procedures followed

## **11.Key responsibilities for drug education and managing drug related incidents**

The head teacher, Mrs Brewer, takes overall responsibility for the policy and its implementation in the school. This responsibility includes liaison with the Governing Body, parents/carers, the Local Authority and other appropriate outside agencies. This responsibility will be a shared between the head teacher, Senior Leadership Team and the Drugs/PSHE Education coordinator (Mrs Stott-Moore).











### **i. All staff**

Staff will be supported to deliver high quality DE in school and know how to deal with a drug incidents in school and on planned school trips/visits and residential visits. All staff will:

-  ensure that they are up to date with curriculum requirements regarding DE and the school policy regarding drug incidents and the relevant protocols
-  attend and engage in professional development training around DE provision and drug incidents, including individual and whole staff training/inset, where appropriate
-  attend staff meetings to be introduced to any new areas of work and review the effectiveness of the approaches used
-  report back to the PSHE Coordinator/designated lead for drug incidents on any areas that they feel are not covered or inadequately provided for in the school's DE provision or in the school's DI policy
-  encourage pupils to communicate concerns regarding their social, personal and emotional development and any drug incidents in confidence and listen to their needs and support them
-  follow the school's reporting and protocol systems if a pupil comes to a member of staff with any drug related curriculum or incident issue that they feel they are not able to deal with alone
-  ensure that their personal beliefs and attitudes will not prevent them from providing balanced drug education or prevent them from following the school reporting and protocols for incidents
-  tailor their lessons to suit all pupils in their class, across the whole range of abilities, faiths, beliefs and culture and sexual orientations including those pupils with special educational needs
-  ask for support in this from the school SEND coordinator or the PSHE Coordinator, should they need it

## **ii. Lead member/s of staff (Headteacher, Senior Leaders & PSHE Lead)**

The lead member/s of staff will:

-  develop the school policy and review it briefly annually, and in line with good practice, in full every 2 years.
-  ensure that all staff are given regular and ongoing training on issues relating to DE as well as how to deliver lessons on such issues
-  ensure that all staff are up to date with policy changes, and familiar with school policy and guidance relating to DE
-  provide support to staff members who feel uncomfortable or ill-equipped to deal with the delivery of DE to pupils
-  ensure that DE is age appropriate and needs-led across all year groups; this means ensuring that the curriculum develops as the pupils do and meets their needs
-  support parent/carers involvement in the development of the DE curriculum
-  ensure that their personal beliefs, values and attitudes will not prevent them from providing balanced DE in school
-  communicate freely with staff, parents/carers and the governing body to ensure that everyone is in understanding of the school policy, curriculum for DE, management of any drug related incidents, and that any concerns or opinions regarding the provision/protocol, for incidents at the school are listened to, taken into account and acted on as appropriate
-  share the school's provision for DE and incidents with parents/carers in order to ensure they can support this at home
-  communicate to parents/carers any additional support that is available from the school or other local support networks/services to support them with DE and incidents at home






## **iii. Governors**



The governing body as a whole plays an active role in monitoring, developing and reviewing the policy and its implementation in school. There is a named link governor for DE and incidents who works closely with, and in support of, the lead member/s of staff. When aspects of DE and incidents appear in the School Improvement Plan, a governor will be assigned to reflect on, monitor and review the work as appropriate.

Any drug incidents will be reported back on a regular basis to the governing body to allow review of provision and protocols are effective for the needs of the pupils in school and they will support the head teacher with incidents if required.

## **iv. Pupils**

All pupils:




-  are expected to attend the statutory National Curriculum Science elements of the DE curriculum
-  should support one another with issues that arise through lessons
-  will listen in class, be considerate of other people's feelings and beliefs and comply with the ground rules that are set in class
-  will be made to feel comfortable to talk to a member of staff, in confidence, regarding any concerns they have in school related to DE or otherwise
-  will be asked for feedback on the school's DE provision (annually) and be expected to take this responsibility seriously; opinions on provision and comments will be reviewed by the lead member/s of staff for DRUG EDUCATION and taken into consideration when the curriculum is prepared for the following year's pupils

-  are required to know what the school rules are in regards to drugs, alcohol and tobacco use in school, visits and residential trips
-  are expected to follow agreed protocols regarding drug related incidents




## **v. Parents/carers**

At Stanningley Primary School we welcome the views of parents/carers in developing and reviewing DE policy and in their child's drug education.

Government directives state the importance of working with parents/carers for the development of personal, social and academic achievements of children. Therefore it is important that parents/carers support what we are doing. At Stanningley Primary School we encourage parents/carers involvement through our ethos, home school agreement, newsletters, support groups, learning support teams and other outside agencies where appropriate. We make sure the governors and members of the community are kept up to date and consulted about developments

-  Parents and carers are informed about the areas of learning relating to drug education
-  Parents and carers are invited to discuss any aspect of the drug education programme
-  The school recognises the importance of raising awareness of drug-related issues among parents, carers and the local community







Parents/carers have a crucial role in preventing young people's problem use of drugs and alcohol. Young people are more likely to avoid this when:

-  family bonds are strong
-  there is strong parental monitoring and clear family rules
-  they can talk openly with their parents/carers.





Schools can support parents in helping them talk to their children about difficult issues such as drugs and alcohol, while parents also need to support school drug education and rules around drugs. They should be encouraged to support their child's learning at home, for example through shared learning activities e.g. Nothing, Oh Lila resources.

Parents/carers of primary-age pupils will need to understand the importance of starting drug education from an early age, and that it includes learning about medicines, volatile substances, alcohol and tobacco.

The school will:

-  keep parents/carers informed about all aspects of the drug education curriculum, including when it is going to be delivered
-  hold drug awareness sessions for Key Stage 2 parents/carers every two years
-  provide access to resources and information being used in class and do everything to ensure that parents/carers are comfortable with the education provided to their children in school
-  expect parents/carers to share the responsibility of drug education and support their children's personal, social and emotional development
-  encourage parents/carers to create an open home environment where pupils can engage, discuss and continue to learn about matters that have been raised through drug education
-  provide support and encourage parents/carers to seek additional support in this from the school where they feel it is needed

At Stanningley Primary School we are aware that parents/carers are generally supportive of drug education and comfortable with the school taking the lead on planned learning but want to be prepared to answer their children's subsequent questions or simply talk together about their children's learning at home. We understand that consultation and involvement of parents/carers with drug education is likely to build their confidence and avoid some of the common misunderstandings. To support and engage parents/carers in drug education we will:

-  provide support to them on drug education and issues
-  where appropriate, offer workshops to find out more and view the resources used by school before it is delivered
-  notify them whenever more sensitive or specific aspects of this work are covered in the curriculum
-  offering drug awareness as part of a broader parenting or communication programme

## **The right to withdraw**





Drug education is a vital part of the school curriculum and supports child development so there is no provision for parents/carers to withdraw their child from the statutory content included in National Curriculum Science. Any parent/carer wishing to withdraw their child from drug education should firstly contact the class teacher to discuss the reasons why.

The Drug Education Forum report on engaging parents in drug education can be downloaded from [www.mentoruk.org.uk/resources/schools/toolkit](http://www.mentoruk.org.uk/resources/schools/toolkit)

## **vi. Working with other agencies and the wider community:**

### **The School Nurse**

The extent to which the school nurse contributes to drug education will depend in part on capacity and local resources. School nurses can most effectively support drug education by:

-  introducing themselves to all pupils by visiting a year group assembly or drug education lesson
-  supporting teachers with suitable vocabulary and resources
-  helping schools with the timing and content of drug education
-  informing curriculum planning by feeding back (anonymously) the common questions and concerns raised by pupils in one-to-one conversations with the school nurse

If the school nurse is unable to contribute directly to drug education then it is important that the curriculum includes learning about what services the school nurse or other local services provide and how they can be accessed, including details about confidentiality.




### **Police**

A senior member of staff who is responsible for the school's drugs policy should liaise with the police and agree a shared approach to dealing with drug-related incidents. This approach should be updated as part of a regular review of the policy.

The school will need to meet with their local Safer Schools Police Officer (SSPO) as part of the policy review. Decisions will need to be made on the circumstances when the police will be called to be

involved in drug incidents and whether the school will use the police to dispose of confiscated drugs. Please note that involving the police may result in a police record, regardless of whether any criminal proceedings follow, and this will have lifelong implications for a child.





The police may have three distinct roles in relation to drugs.

-  Advisory: trained officers with responsibility for liaising with schools who can provide informal advice
-  Investigating circumstances where an offence is suspected and the possibility of charges arise
-  Specialist support of the curriculum

## **12. Staff/governor Support & CPD**

It is important that all school staff feel comfortable to take and deliver lessons on drug education and answer questions from pupils/students. There are certain members of the school leadership team, such as the PSHE Coordinator, who will hold more responsibility for ensuring that the school's drug education provision is relevant to our pupils and effective, but this is generally a responsibility for all staff members and the school expects staff to voice opinions and share expertise in this area.

Staff Support and CPD needs are identified and met through the following ways:

-  training and support is organised by the Headteacher (Mrs Brewer) who will liaise with Deputy Headteacher / PSHE Leader (Mrs Stott-Moore)
-  Training needs are often identified as part of the performance management process
-  staff involved in the delivery of issues seen as potentially more sensitive will be offered appropriate training to encourage confidence in dealing with matters of confidentiality, child protection, sensitive issues and potentially difficult questions
-  support and CPD needs are met through support from the Health and Wellbeing Service, School Nurse Service, Forward Leeds, SSPO

## **13. Drug Education Provision**

Drug education should cover all drugs and, when appropriate, should focus on drugs of particular significance such as alcohol, tobacco, cannabis, volatile substances and all other relevant illegal drugs dependent on the locality of the school.

Drug education in the classroom should be supported by a whole school approach that includes the school's values and ethos, staff training and the involvement of pupils, staff, parents/carers, governors and the wider community.

Drug education should be delivered through Personal, Social, Health and Economic (PSHE) education and fulfil the statutory requirements of the National Curriculum Science. It should start in primary schools and develop through each of the Key Stages to ensure continuity and progression. It should take account of pupils' views, so that it is both appropriate to their age and ability, and relevant to their particular circumstances.

At Stanningley Primary School, the teachers use the 'Drug Wise' resource to help plan and deliver a spiral curriculum in DE. This is part of the 'You Me and PSHE' scheme of work. At Stanningley we are proud to complement our Key Stage 2 DE work with a visit from D.side. D:side is an interactive drug & alcohol education programme that provides primary school children with the appropriate knowledge & life skills to make informed choices and enjoy a positive future.



Drug education should enable pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.

#### i. Statutory aspects of drug education within the National Curriculum Science

**The school is required to teach what is contained within the National Curriculum Science.**



All local-authority-maintained schools in England must teach all of the parts of the National Curriculum Science; parents/carers do not have the right to withdraw their child/children from this. Schools are not required by law to teach the content indicated as being 'non-statutory'.

The programmes of study for science are set out year-by-year. However, they are only required to teach the relevant programme of study by the end of the key stage. Within each key stage, schools therefore have the flexibility to introduce content earlier or later than set out in the programme of study. In addition, schools can introduce key stage content during an earlier key stage if appropriate.

**National Curriculum Science (Statutory Requirements):**

Key Stage	Content
One	N/A
Two (Upper Key Stage 2 only) Year 6 Programme of study	<p>Animals including humans</p> <p>Pupils should be taught to:</p> <ul style="list-style-type: none"> <li>recognise the impact of diet, exercise, drugs and lifestyle on the way their bodies function</li> </ul>

**National Curriculum Science (Non-statutory Requirements):**

Key Stage	Content
One	N/A
Two	<p> Pupils should learn how to keep their bodies healthy and how their bodies might be damaged – including how some drugs and other substances can be harmful to the human body.</p> <p> Pupils might work scientifically by: exploring the work of scientists and scientific research about the relationship between diet, exercise, drugs, lifestyle and health.</p>

## ii. Non-statutory aspects of drug education

Key Stage	Knowledge and understanding	Skills	Attitudes
One	<ul style="list-style-type: none"> <li>• (PSHE and Ct 2d) to agree and follow rules for their group and classroom, and understand how rules help them <i>[e.g. simple safety rules]*</i></li> <li>• (PSHE and Ct 3f) that all household products, including medicines, can be harmful if not used properly</li> <li>• (PSHE and Ct 3g) rules for, and ways of, keeping safe, including basic road safety <i>[e.g. rules for medicines]*</i>, and about people who can help them to stay safe <i>[e.g. the police, health professionals]*</i></li> </ul>	<ul style="list-style-type: none"> <li>• (PSHE and Ct 1b) to share their opinions on things that matter to them and explain their views <i>[e.g. about illness and taking medicines]*</i></li> <li>• (PSHE and Ct 1c) to recognise, name and deal with their feelings in a positive way</li> <li>• (PSHE and Ct 2c) to recognise choices they can make, and recognise the difference between right and wrong</li> <li>• (PSHE and Ct 3a) how to make simple choices that improve their health and well-being</li> </ul> <p>During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> <li>• (PSHE and Ct 5a) take and share responsibility <i>[e.g. for their own behaviour; by helping to make classroom rules and following them; by looking after pets well]</i></li> <li>• (PSHE and Ct 5d) make real choices</li> <li>• (PSHE and Ct 5e) meet and talk with people</li> <li>• (PSHE and Ct 5h) ask for help</li> </ul>	<ul style="list-style-type: none"> <li>• (PSHE and Ct 2a) to take part in discussions with one other person and the whole class <i>[e.g. by exploring attitudes to medicines and other substances]*</i></li> <li>• (PSHE and Ct 2b) to take part in a simple debate about topical issues</li> </ul> <p>During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> <li>• (PSHE and Ct 5b) feel positive about themselves</li> <li>• (PSHE and Ct 5c) take part in discussions</li> <li>• (PSHE and Ct 5g) consider social and moral dilemmas that they come across in everyday life <i>[e.g. attitudes towards smoking and alcohol]*</i></li> </ul>
Two	<ul style="list-style-type: none"> <li>• (PSHE and Ct 2b) why and how rules and laws are made and enforced, why different rules are needed in different situations and how to take part in making and changing rules</li> <li>• (PSHE and Ct 3a) what makes a healthy lifestyle, including the benefits of exercise and healthy eating, what affects mental health, and how to make informed choices</li> <li>• (PSHE and Ct 3b) that bacteria and viruses can affect health and that following simple, safe routines can reduce their spread</li> <li>• (PSHE and Ct 3d) which commonly available substances and drugs are legal and illegal, their effects and risks</li> <li>• (PSHE and Ct 3f) that pressure to behave in an unacceptable or risky way can come from a variety of sources, including people they know, and how to ask for help and use basic techniques for resisting pressure to do wrong</li> <li>• (PSHE and Ct 3g) school rules about health and safety, basic emergency aid procedures and where to get help</li> <li>• PSHE and Ct 4g) where individuals, families and groups can get help and support</li> </ul>	<ul style="list-style-type: none"> <li>• (PSHE and Ct 1a) to talk and write about their opinions, and explain their views, on issues that affect themselves and society</li> <li>• (PSHE and Ct 2b) why and how rules and laws are made and enforced, why different rules are needed in different situations and how to take part in making and changing rules</li> <li>• (PSHE and Ct 3e) to recognise the different risks in different situations and then decide how to behave responsibly, including sensible road use, and judging what kind of physical contact is acceptable or unacceptable</li> <li>• (PSHE and Ct 3f) that pressure to behave in an unacceptable or risky way can come from a variety of sources, including people they know, and how to ask for help and use basic techniques for resisting pressure to do wrong</li> <li>• (PSHE and Ct 4e) to recognise and challenge stereotypes</li> </ul> <p>During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> <li>• (PSHE and Ct 5e) meet and talk with people</li> <li>• (PSHE and Ct 5h) find information and advice <i>[e.g. through helplines; by understanding about welfare systems in society]</i></li> </ul>	<ul style="list-style-type: none"> <li>• (PSHE and Ct 1b) to recognise their worth as individuals by identifying positive things about themselves and their achievements, seeing their mistakes, making amends and setting personal goals</li> </ul> <p>During this Key Stage, pupils should be taught the knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> <li>• (PSHE and Ct 5a) take responsibility</li> <li>• (PSHE and Ct 5b) feel positive about themselves</li> <li>• (PSH and Ct 5g) consider social and moral dilemmas that they come across in life <i>[e.g. attitudes towards smoking and alcohol] *</i></li> </ul>



### iii. Intended Learning Outcomes for Drug Education

Key Stage	Learning Outcome
One	<ul style="list-style-type: none"><li>• Children can talk about the harmful aspects of some household products and medicines.</li><li>• They can describe ways of keeping safe in familiar situations.</li><li>• Children can make simple choices about some aspects of their health and well-being and know what keeps them healthy</li></ul>
Two	<ul style="list-style-type: none"><li>• Children can make choices about how to develop healthy lifestyles.</li><li>• They can make judgements and decisions and can list some ways of resisting negative peer pressure around issues affecting their health and well-being.</li><li>• They can list commonly available substances and drugs that are legal and illegal, and can describe some of the effects and risks of these.</li><li>• They can identify and explain how to manage the risks in different familiar situations.</li><li>• Children can explain how their actions have consequences for themselves and others.</li></ul>







### iv. The needs of pupils

To teach drug education effectively, teachers will want to have some idea of the children or young people's pre-existing knowledge, beliefs and experiences relating to legal and illegal drugs.

We recognise that an interactive approach to drug education will better develop the skills of our pupils and also that it is more likely to meet their needs. We involve pupils in the evaluation and development of their drug education in ways appropriate to their age.

An effective needs assessment pinpoints issues that are relevant, and perhaps of concern, to children and young people. For example, knowing which drugs are of most concern may help determine the skills and information that will be most useful to the group. Also, a needs assessment can flag up individuals with pressing issues. When needed, help and support may be sought from local targeted services and specialist drug and alcohol services that have expertise in addressing the early intervention in respect of a child or young person's drug related needs. You do not have to be a professional drugs worker to conduct a basic needs assessment or conduct screening and there is guidance available to help you through the process.

We will involve/consult with pupils through various methods such as:

-  discussions with pairs, small groups of pupils and class discussions
-  anonymous questionnaires/surveys (e.g. the Y5/6 My Health My School Survey)
-  pupil focus groups formed specifically for drug education
-  quizzes or graffiti sheets
-  pre and post assessment activities for drug education
-  school council meetings



***The law (Human Rights Act 1998) states that, 'children have the right to be heard and express their opinions.'***

***Asking pupils their views on DRUG EDUCATION gives them an opportunity to be active citizens and ensures that teaching can meet the specific needs of the pupils it is aimed at. Findings from consulting pupils are also a powerful tool for communicating the needs of pupils to parents/carers, school staff and governors. Ofsted seek the views of pupils as part of their inspections. By making pupil consultation part of school culture, there will be ongoing evidence showing how pupils' needs are being identified and met.***

### **Suggested questions to ask pupils:**

- *Where do you get information about your body and what can harm it?*
- *Does what is taught in school at the moment answer all of your questions?*
- *What would you like more information on?*
- *Do you feel able to ask for support and advice?*
- *Do you feel confident talking about drugs, alcohol and tobacco?*
- *Do you feel safe to learn in DRUG EDUCATION lessons?*
- *Do the activities used in lessons help you to learn?*
- *What do you think would improve DRUG EDUCATION in our school?*

### **v. Topics to be covered**

 <b>Stanningley Primary School PSHE Whole School Curriculum</b> 						
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Spring 2	Drug, alcohol and tobacco education What do we put into and on to bodies?	Drug, alcohol and tobacco education Medicines and me	Drug, alcohol and tobacco education Tobacco is a drug	Drug, alcohol and tobacco education Making choices	Drug, alcohol and tobacco education Different influences	Drug, alcohol and tobacco education Weighing up risk

Class 1	Around the house children will learn to identify factors that keep themselves and others safe. They learn that household products can be harmful if not used properly.
Class 2	Medicines children will learn to identify factors that keep themselves and others safe. They learn about the positive role of medicines and develop an understanding of how they can be harmful if not used properly.
Class 3	Smoking
Class 4	Alcohol
Class 5	Drugs and volatile substances children will look at commonly available drugs including volatile substances, tobacco and cannabis.
Class 6	How drugs affect us. Children build their knowledge and understanding of the effects of using drugs including cannabis and alcohol.

### **vi. Curriculum organisation**






At Stanningley Primary School we recognise that a good quality drug education requires sufficient time for planning, delivery and evaluation. In the spring term we deliver a timetabled DRUG EDUCATION programme, with clear learning outcomes, that ensures regular and repeated input that builds year on year. Pupils receive their entitlement for drug education through a spiral curriculum which demonstrates progression.

### **vii. Working with visitors and other external agencies**

Where appropriate, we may use visits and visitors from external agencies or members of the community to support drug education. This is an enrichment of our programme and not a substitute for our core provision which is based upon the strong relationships between teachers and pupils. It may be the case that the subject under discussion is better coming from an expert or experienced health professional who can challenge pupil's perceptions. When visitors are used to support the programme, the school's policy on use of visitors will be used.

*Teachers should always be present when classes have visitors. Visitors will be given a copy of this policy, and any other relevant policies, and expected to comply with the guidelines outlined within it. Our partnership with the local community is also a priority and we recognise and value its contribution to the drug education programme.*

Before involving visitors in any aspect of drug education, teachers should ensure that:

-  the visitor understands the school's confidentiality policy, values and approach to the educational programme
-  there is appropriate planning, preparatory and follow up work for the sessions
-  the visitor understands the emotional, intellectual, cultural, religious, social and ability level of the pupils involved, including where there may be a specific issue relating to child protection
-  the teacher needs to be part of the experience in order for the pupils to value the lessons and to build on the pupils' learning after the session/s as well as answer any questions the pupils may subsequently have
-  the guidelines and checklist (Appendix 2 and 3) should be used with the visitor to ensure success

## Monitoring and evaluating visitors' and external agencies' contributions

### Use Appendix 3 – External Visitor Checklist (during & after visit)

*Ofsted (2002) reported that external visitors could make a significant contribution to drug education. External visitors will need to be comfortable and able to work within the school's values' framework. Loco parentis remains with the teacher when an external visitor is leading a class and it is important that the teacher and visitor have agreed roles and responsibilities so that they do not undermine each other. The visitor's input will also be more effective if it is planned with the teacher who provides the context and follow-up.*

*External visitors contributing to drug education could include school nurses, youth workers, peer educators, theatre-in-education companies, staff from local drug services or domestic violence charities, members of a faith or community group or staff from the Health and Wellbeing Service etc.*

*Children often say that visitors enrich their learning because their visits are memorable. If external visitors contribute to drug education they should be selected because they have the right skills and experience to make a unique contribution and add value.*

*An external visitor should not be used as a substitute for a teacher. They should also comply with the school's policy on confidentiality and it is vital to establish that visitors' values are in line with the school's ethos and values and that they use facts and evidence to inform their teaching. Ultimately schools are responsible for providing a broad and balanced curriculum that meets the needs of pupils.*

*If external visitors are invited into school to contribute to the school drug education programme, you should consider:*

- *Is there a protocol for the use of outside visitors?*
- *Do pupils have access to information about external sources of information, advice and support?*

*Pupils also benefit from having accessible information at school about local support services available, for example, in pupil planners. This should include information about local young people's health services, NSPCC, Childline, Samaritans. Having visitors from local services can be invaluable to increase confidence and know-how to access help and support if and when needed.*

**NB.** *See Appendix 2 & 3 for the visitors' guidelines and checklist*






## viii. Inclusion, equality and diversity

All pupils, whatever their experience, background and identity, are entitled to quality drug education that helps them build confidence and a positive sense of self, and to stay healthy. All classes include pupils with different abilities and aptitudes, experiences, religious/cultural backgrounds, gender and

sexual identities. To encourage pupils to participate in lessons, teachers will ensure content, approach and use of inclusive language reflects the diversity of the school community and helps each and every pupil to feel valued and included in the classroom.

We promote the needs and interest of all pupils. The school's approaches to teaching and learning take into account the ability, age, readiness and cultural backgrounds of the pupils to ensure all can access the full drug education provision. We promote social learning and expect our pupils to show a high regard for the needs of others.

Responding to pupils' diverse learning needs. Considerations will be made for:

-  religious and cultural diversity
-  differing abilities, including SEND
-  diverse sexuality of pupils
-  pupil's age and physical and emotional maturity
-  pupils who are new to English

### **Ethnicity, religion and cultural diversity:**

Our policy values the different backgrounds of all pupils in school and, in acknowledging and exploring different views and beliefs, seeks to promote respect and understanding. We encourage respect for all religions and cultures. We do not ask pupils to represent the views of a particular religious or cultural group to their peers, unless they choose to do so.

### **Special educational needs and learning difficulties:**

Drug education helps all pupils understand their physical and emotional development and enable them to make positive decisions in their lives. We ensure that all pupils receive drug education and we offer provision appropriate to the particular needs of our pupils, taking specialist advice where necessary. Staff will differentiate lessons to ensure that all members of the class can access the information fully. The school will use a variety of different strategies to ensure that all pupils have access to the same information.

Some pupils will be more vulnerable to abuse and exploitation than their peers, and others may be confused about what is acceptable public behaviour. These pupils will need help to develop skills to reduce the risks of being abused and exploited, and to learn what sorts of behaviour are, and are not, acceptable.

### **Pupils who are new to English**

The school should take into account the language skills of individual pupils, ensuring that all pupils have equal access to the drug education provision and resources.

## **ix. Resources**

We primarily use the, 'You Me & PSHE' scheme or work/programme of study and the resources recommended within it. We will focus on the needs of the pupils and our planned learning objectives. We select carefully resources which meet these objectives. We evaluate carefully teacher resources, leaflets, online resources and videos before using them.

We use children's books, both fiction and non-fiction, extensively within our DRUG EDUCATION programme. Teachers will always read and assess the books before using them to ensure they are appropriate for the planned work. They will also consider the needs and circumstances of individual pupils in class when reading texts, in case they need to have a preparatory conversation with a pupil before the teaching takes place, for instance.

Key texts and resources we will use for DRUG EDUCATION are:

- Leeds Primary PSHE Scheme of work – You Me & PSHE (DRUGWISE)
- Drug Education resource leaflets (Public Health Resource Centre)
- Resources as identified in the medium term plans for the drugs education modules
- Nothing
- Oh Lila
- Rory
- Alcohol Education







#### **x. Learning environment and additional non-negotiable working agreement**

Staff are careful to ensure their personal beliefs and attitudes do not influence the teaching of drug education. To this end, working agreement have been agreed to provide a framework of common values within which to teach. There are clear parameters as to what will be taught in a whole-class setting, and what will be dealt with on an individual basis.

Teachers are aware of their responsibility to minimise the chance of pupils making disclosures in the class by a working agreement, distancing techniques and other recognised methods. When working on sensitive issues.... Distancing techniques can be used to avoid embarrassment and protect pupils' privacy. Depersonalising discussion, puppets, using role play to 'act out' scenarios, appropriate dvds and TV extracts, case studies with invented characters and visits to/from outside agencies can all help pupils discuss sensitive issues that develop their decision-making skills in a safe environment.

Working agreements offer safety and security for children and teachers. A safe climate is ensured through the school rules and Circle Time rules which should be revised regularly.










#### **Possible working agreement is:**

-  We listen to each other (treat everyone with respect)
-  We do not say or do anything that would hurt another person
-  We do not use people's names within Open Forum
-  We signal when we want to say something (take turns)
-  We may say pass
-  If a game involves touch we may sit and watch before making a decision to join in.

This working agreement is negotiated within each individual class/school at the beginning of the academic year and throughout each school year between the teacher and children. In addition to these rules it would be appropriate for the class teacher to develop a working agreement for lessons and discussions related to Drug Education.

In addition to the working agreement used in PSHE, we will develop a non-negotiable agreement for lessons and discussions related to drug education. If pupils are to benefit fully from a drug education programme, they need to be confident speakers, good listeners and effective, sensitive communicators. When the needs of pupils are analysed, of overriding importance are two key areas: they need to feel safe and be safe. An additional, working agreement may help staff to create a safe and relaxed environment in which they do not feel embarrassed or anxious about unexpected questions or comments from the pupils. They also reduce the possibility of inappropriate behaviour and the disclosure of inappropriate personal information.

Our additional, non-negotiable working agreement is:

-  Confidentiality: 'what is said in the room, stays in the room' except if anyone mentions something which could be harmful or put them at risk – then will have to pass the information on to help keep them safe
-  We will not gossip about the lesson but we will talk to someone we trust if we feel there's a need to get help.
-  It's not OK to ask personal questions of each other or the teacher but we can put questions in the box for later.
-  Don't name names: if you want to ask about or share a personal story or experience, you can speak in the third person about 'someone I know', 'a friend', 'a situation I've heard about/read about'
-  We will try to only ask questions related to what we are learning in the lesson.
-  We will use the correct terms for different drugs.
-  The meaning of words will be explained in a sensible and factual way.
-  It is ok to say pass / not join in.
-  We will respect different opinions, situations & backgrounds.

Ofsted has identified that an emotionally safe and secure learning environment is a feature of outstanding PSHE (2013). Use of a working agreement or ground rules is an essential technique to help create and maintain a safe learning environment, and can also be a useful activity in itself.

- It is important to consider the balance between the input into the working agreement by the pupils and the teacher.
- Keep the working agreement to a minimum (four or five statements) ensuring that those chosen are effective and can easily and consistently be implemented.
- It is important that the working agreement is displayed and shared with the whole school community.
- Explain the concept of a working agreement, which everyone needs to agree. Draw comparisons with other areas of life (e.g. playing a game, driving a car or playing a sport).
- Teachers and pupils will need to consider what to have in a working agreement so that they can get on together in class.
- What sort of things can spoil what we do? What kind of behaviour makes things difficult for others?
- What is it like to talk to someone and they do not really listen?
- What needs to be added to ensure that everyone enjoys the lessons and nobody upsets anybody else?

For younger pupils a circle time activity can be used to develop the working agreement. For example, pupils are asked to name a game they like to play and then imagining an alien has landed on earth. How would the alien know how to play the game and what they can't? Go round the circle naming rules from the game, and then discuss what it feels like when someone does not follow the rules. Why are rules helpful? This then leads into the working agreement for when the pupils are learning together in drug education. Makaton and pictures can be used to support a written working agreement.

For older pupils, put pupils into groups, give everyone a card or sticky note and ask them to write down one rule that would make them feel more comfortable working together in drug education lessons. Pupils then discuss in their groups and prioritise the rules. Each group puts forward 3–5 rules on a large sheet of paper displayed for everyone to discuss. From these suggestions hold a class vote.

Once a working agreement has been made it should be referred back to and displayed during drug education lessons. Ensure that an effective working agreement is written in language that is age appropriate and formulated (as far as possible) as positive behaviours. Pupils may suggest confidentiality as part of the agreement, proposing that 'what is said in the class should stay in the class.' In reality this is not feasible. Instead, talk to pupils about personal boundaries, what information is private and how to protect their own and others' privacy.

## **xi. Assessment, recording and reporting in drug education**

It is important for teachers to feel confident that learning has taken place, to be able to demonstrate progress, and to identify future learning needs. It also allows the leadership team, parents, governors and school inspectors to see the impact that PSHE education is having for pupils and for whole school outcomes, such as Ofsted judgements on personal development, behaviour and welfare, safeguarding, spiritual, moral, social and cultural (SMSC) development and the promotion of fundamental British

values. There is no statutory requirement for using the end of key stage assessment in PSHE. However, assessment is required for effective PSHE teaching and to measure pupils' progress. Without assessing your PSHE education, all you can do is describe your provision; you cannot show its impact. Use will be made of the QCA end of key stage statements across the year groups as a guide to expectations of progress in learning.

Assessing learning in PSHE education must use a combination of teacher assessment and pupil self- and peer assessment. It would be inappropriate for assessment in PSHE education to be about levels or grades, passing or failing. The model of assessment that is most meaningful in PSHE education is ipsative assessment. Ipsative assessment compares where a pupil is at the end of a lesson or series of lessons against where they were before the lesson(s), in a similar way to an athlete measuring today's performance against their own previous performance. So the benchmark against which progress is measured is the pupil's own starting point, not the performance of others or the requirements of an exam syllabus.

Pupils are actively involved in effective assessments of their own learning. They will be involved in discussions about how their work is assessed, so that they know and can recognise their achievements. However, it is important to note that not all aspects of PSHE should be assessed e.g. in discussions, pupils may reflect on how issues reflect on their own family or relationships

Please state school practice

#### Assessment in PSHE

- Is planned from the beginning and identified as part of the teaching and learning
- Involves discussions with pupils about learning objectives and outcomes
- Reflects the learning and achievements of all pupils, taking into account their range of learning styles and intelligences
- Supports the way PSHE is delivered in the school
- Actively involves pupils as partners in the assessment process, giving opportunities for pupils to give and receive feedback on their progress and achievements, helping them to identify what they should do next
- Gives opportunities for pupils to collect evidence of their achievements that are linked to learning objectives and outcomes of the relevant activities.
- Is ongoing, diagnostic and informs future learning and teaching

#### Assessment methods:

- baseline or pre-assessment (essential for needs-led drug education)
- needs assessment is used to identify existing knowledge and skills of pupils
- assessment is built into the drug education programme to inform planning
- summative assessment takes place at the end of each unit
- pupil self-assessment is used where appropriate
- assessment focuses on knowledge as well as skill development and attitudes
- all class teachers have assessment sheets to support the module to record progress
- identify pupils who have exceeded or fallen short of the module objectives and those that have achieved it
- teachers will keep a note of pupils who have missed some or the entire module due to absence from school
- QCA End of Key Stage Statements are used to assess progress in drug education
- pupil progress and achievement is reported to parents/carers
- pupil achievement in drug education celebrated and shared



Assessment plays a key role in effective drug education teaching and learning. Assessment is a process through which judgements are made about an individual's learning and development. It is not about making judgements on the character, worth or values of individual pupils, nor is it about continual testing.

There are no attainment targets for drug education. End of Key Stage Statements were developed by QCA to help teachers assess progress for PSHE.









The following are examples of questions that can be used with pupils to support the reflection stage and to develop pupil understanding of what they have learned and the progress they have made:

- What do I know already?
- What new information have I learnt?
- What do I now think and believe?
- What feelings did I have during the session?
- How did I feel about what I found out?
- Has listening to the views of others changed my views and/or beliefs?
- Did it help me confirm what I really believe?
- Did I learn anything I did not expect to?
- What do I now think and believe?
- How will it change my behaviour in the future?
- What do I now need to learn?
- Is there anyone else I need to talk to about this?

## xii. Monitoring and evaluation






### Monitoring activities:

School staff will monitor the delivery and provision for Drug Education by:

-  Holding regular reviews with individual members of staff
-  Compiling a portfolio of work that includes anecdotal evidence, parental/carers comments, photographs, children's work etc.
-  Observing PSHE lessons
-  effective PSHE leadership with a system of lesson observations and peer support
-  pupil and staff interviews/questionnaires
-  pupil/staff/parent surveys
-  scrutinising staff planning
-  samples of pupils' work

All staff, on completion of a module/defined time period, will evaluate progress and impact of the delivery. This information will be used by the PSHE coordinator to modify and amend the delivery. Pupils' and parents' views will be incorporated in this process.

### Evaluation activities:

-  teacher and pupil evaluation of lessons, units, modules and the overall drug education programme
-  teacher and pupil evaluation of resources
-  evaluation of contributions of external partners
-  feedback and evaluation by pupils
-  sampling pupils' work and portfolios

Evaluation is the process that measures whether the lesson or unit of work is effective and worthwhile. The assessment of pupil learning will contribute to the lesson/unit evaluation. Evaluation is a means of improving provision and raising standards. It helps to identify issues for development and can prompt a review process and this may result in changes to the drug Education programme or policy.

Evaluation answers the questions:

- Has this lesson or unit enabled the pupils to learn what was intended?
- Does it meet the needs of the pupils?
- What do we think of it? (teachers, pupils and parents/carers)
- What are its strengths and areas for development?
- Do we need to modify it in any way to improve it?

## 14.Safeguarding and Child Protection

Stanningley Primary School is committed to safeguarding and promoting the wellbeing of all children and expects our staff, visitors and volunteers to share this commitment.

Drug education plays a very important part in fulfilling the statutory duties all schools have to meet and the drug education policy should be closely aligned to the school's safeguarding policy. Drug education helps pupils understand the difference between safe and abusive relationships and equips them with the knowledge and skills to get help if they need it. The use of the correct anatomical terms for body parts also helps to ensure that children are able to describe abusive behaviours if they need to.

When teaching any sensitive issue young people may give cause for concern, and a link needs to be made with the pastoral system and safeguarding arrangements. All adults involved in drug education delivery need to be aware of the pastoral system and safeguarding arrangements in place.

If adults have any reason to believe a pupil is at risk, then they must follow the Child Protection procedures and alert designated staff immediately.



**Designated Safeguarding Lead (DSL) / Headteacher – Mrs Julie Brewer**



### **Designated Teachers**

**(Safeguarding Deputies)**

**Mrs Stott-Moore (DHT)**

**Mrs Whiteley (AHT)**

**Di Greenwood (Family Support)**

## 15.Confidentiality in the context of drug education and management of drug related incidents

In drawing up the policy, schools need to have regard to issues of confidentiality (although staff cannot promise total confidentiality to pupils). This will need careful discussion ensuring that all relevant stakeholders understand the limits on confidentiality and the implications of this in practice. Whilst







teachers cannot and should not promise total confidentiality, all staff working with young people should clearly understand that their main priority has to always be to work in the best interests of the students. In the vast majority of cases “working in the best interests of students” will involve a joint partnership with parents/guardians. However, schools should not give an absolute guarantee to disclose all information to parents/guardians. If there are possible child protection issues the member of staff must inform the Child Protection Designated Staff immediately. The member of staff must explain to the student why she/he needs to inform other people to gain support for her/him. School staff and parents/carers will need to understand that outside professionals working in the school may be guided by different codes of confidentiality. Generally speaking health professionals work within a code of conduct known as the Fraser guidelines. The guidelines are set within the context of contraceptive advice and treatment but the principles may influence judgements about other advice and support given to students under 16.

The nature of drug education means that pupils may disclose personal information that staff will respond to appropriately. The classroom is never a confidential place to talk, and that remains true in drug education. Pupils will be reminded that lessons are not a place to discuss their personal experiences and issues, or to ask others to do so, through the establishment of a working agreement. Any visitor to the classroom will be bound by the school’s policy on confidentiality, regardless of whether they have, or their organisation has, a different policy. We will make sure visitors are aware of this, and make sure there are enough opportunities for pupils to access confidential support after the lesson if they need it.

Any information disclosed to a staff member or other responsible adult, which causes concern about the child’s safety, will be communicated to the designated teacher for Child Protection as soon as possible and always within 24 hours, in line with our safeguarding and child protection policy.

If a pupil tells a health professional, such as the school nurse, something personal on a one-to-one basis outside of the classroom, our school’s confidentiality policy will help us to decide whether that person can keep that information confidential, or whether they need to seek help, advice, or refer to someone else. We will also signpost pupils and their families, where appropriate, to websites and other offline resources and health and counselling services so pupils know where to go for confidential help and advice.

Techniques used in school to minimise the chance of pupils making a disclosure in a DRUG EDUCATION lesson include:

-  depersonalising discussion
-  puppets
-  using role play to ‘act out’ scenarios
-  appropriate DVDs and TV extracts
-  case studies with invented characters
-  visits from outside agencies

## **16.Support, advice, referral protocols and treatment**

Pupils affected by their own or other’s drug misuse should have early access to support through the school and other local services. We hope that pupils will feel safe in the school environment to talk to any member of staff in confidence about any areas of concern regarding their personal, social and emotional development, including matters raised by or relating to drug education or use. We promote the school ethos as one of inclusion and acceptance throughout all areas of school activity and hope

that pupils respond to this by feeling comfortable to ask questions and continue their learning both in and outside of the classroom.

There is no reason for staff to expect to be made aware of a pupil/parent or colleague's drug use, and no person will be discriminated against because of this if there is a disclosure of this type of information.

### **Pupils whose parents/carers or family members misuse drugs**

Schools will be alert to behaviour which might indicate that the child is experiencing difficult home circumstances. Most are pro-active in the early identification of children's and young people's needs and in safeguarding the children in their care. Where problems are observed or suspected, or if a child chooses to disclose that there are difficulties at home a school should decide if it is deemed a safeguarding issue. This should include protocols for assessing the pupil's welfare and support needs and when and how to involve other sources of support for the child such as Children's Services, Forward Leeds and, where appropriate, the family.

### **Local drug and alcohol services**

Clear referral protocols and communication routes should be established between schools and agencies providing support to children and young people and families around drug, alcohol and tobacco. The school should be confident that it can identify need and refer or signpost to appropriate services where necessary:

- Targeted prevention / early intervention for young people who are identified as at high risk of substance use and who may already be experimenting.
- Specialist services for young people whose drug or alcohol use is frequent / escalating or is otherwise believed to pose a risk of harm, because of the age of the child or young person, the substance used (for example volatile substances).
- Specialist services for children and young people who have complex needs or whose substance misuse is causing current harm, requiring a specialist or statutory integrated response, which may be focused around safeguarding.
- Services to support the children of drug and alcohol misusers. These might be 'young carers' services.

Forward Leeds is the alcohol and drug service in Leeds for adults, young people and families. They offer a range of services. To refer (please see **Appendix 5** for the referral form) please use:

- SPOC number: 0113 887 2477
- Email: [referral.team@nhs.net](mailto:referral.team@nhs.net)
- Web <http://www.forwardleeds.co.uk/>

### **17.First Aid**

Refer to your school First Aid policy

### **18.Complaints**

Parents/carers who have complaints or concerns regarding the drug education provision should contact the school and follow the school's complaints policy.

## 19.Liaison with media

Please contact the press and media office on: 0113 378 6007. At Stanningley Primary School the Head Teacher will be responsible for any contact with the media. **No other member of staff should speak to the media about drug related matters.**

## 20.Local support available to schools

The Health and Wellbeing Service can offer support through training, resources, national and local guidance, bespoke lessons and in school advisory sessions.

### Training available:

- Effective Leadership and Management of PSHE
- Planning a whole school PSHE curriculum using the new PSHE Primary SOW
- Assessing PSHE
- Review and update your Drug Education and Incidents Policy
- Risk and Resilience and Drug Education for Primary Schools (Oh Lila)
- Key Stage 1: Drug Education (Nothing)
- Is your school drug wise? (Primary)
- Delivering effective drug education (Secondary)
- Growing Up in a Social Media World
- Key stage 1 and 2 Drug education (Rory) and Exploring Domestic Violence (Little Mouse)
- Creative Approaches to Delivering PSHE

Further information on the above training, as well as how to book, can be found at: [www.schoolwellbeing.co.uk](http://www.schoolwellbeing.co.uk) and [www.leedsforlearning.co.uk](http://www.leedsforlearning.co.uk)

### Bespoke primary drug education lessons can also be delivered in school

For further information on the above bespoke sessions, please contact Emma Newton at: [emma.newton@leeds.gov.uk](mailto:emma.newton@leeds.gov.uk)

### In school advisory sessions:

For further information on drug education and managing drug related incidents, please contact Steven Body – [steven.body@leeds.gov.uk](mailto:steven.body@leeds.gov.uk)

## 21. Appendix

### i. Appendix 1 – Useful Organisations and websites

- a) **Addaction** is one of the UK's largest specialist drug and alcohol treatment charities. They provide services specifically tailored to the needs of young people and their parents. The Skills for Life project supports young people with drug misusing parents. Website: [www.addaction.org.uk](http://www.addaction.org.uk)
- b) **ADFAM** offers information to families of drug and alcohol users, and the website has a database of local family support services. Website: [www.adfam.org.uk](http://www.adfam.org.uk)
- c) **Alcohol Concern** works to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems. Website: [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)
- d) **ASH (Action on Smoking and Health)** is a campaigning public health charity aiming to reduce the health problems caused by tobacco. Website: [www.ash.org.uk](http://www.ash.org.uk)
- e) **Children's Legal Centre** operates a free and confidential legal advice and information service covering all aspects of law and policy affecting children and young people. Website: [www.childrenslegalcentre.com](http://www.childrenslegalcentre.com)
- f) **Children's Rights Alliance for England** is a charity working to improve the lives and status of all children in England through the fullest implementation of the UN Convention on the Rights of the Child. Website: [www.crae.org.uk](http://www.crae.org.uk)
- g) **Change4life** a website for government health campaigns, information and advice on a health issues, including alcohol. Website: [www.nhs.uk/Change4Life](http://www.nhs.uk/Change4Life)
- h) **Don't bottle it up** provides facts and advice about alcohol. Website: [www.dontbottleitup.org.uk](http://www.dontbottleitup.org.uk)
- i) **Drinkaware** is an independent charity that promotes responsible drinking through innovative ways to challenge the national drinking culture, helping reduce alcohol misuse and minimise alcohol related harm. Website: [www.drinkaware.co.uk](http://www.drinkaware.co.uk)
- j) **Drinkline** is a free and confidential helpline for anyone who is concerned about their own or someone else's drinking. Tel: 0800 917 8282 (lines are open 24 hours a day)
- k) **DrugWise** is a centre of expertise on illegal drugs, aiming to inform policy development and reduce drug-related risk. The website includes detailed drug information and access to the Information and Library Service. Website: <http://www.drugwise.org.uk/>
- l) **FRANK** is the national drugs awareness campaign aiming to raise awareness amongst young people of the risks of illegal drugs, and to provide information and advice. It also provides support to parents/carers, helping to give them the skills and confidence to communicate with their children about drugs. Website: [www.talktofrank.com](http://www.talktofrank.com)
- m) **Mentor UK** is a non-government organisation with a focus on protecting the health and wellbeing of children and young people to reduce the damage that drugs can do to their lives. Website: [www.mentoruk.org.uk](http://www.mentoruk.org.uk)
- n) **National Children's Bureau** promotes the interests and well-being of all children and young people across every aspect of their lives. Website: [www.ncb.org.uk](http://www.ncb.org.uk)
- o) **Family Lives** is a charity offering support and information to anyone parenting a child or teenager. It runs a free-phone helpline and courses for parents, and develops innovative projects. Website: <http://familylives.org.uk>
- p) **Re-Solv (Society for the Prevention of Solvent and Volatile Substance Abuse)** is a national charity providing information for teachers, other professionals, parents and young people. Website: [www.re-solv.org](http://www.re-solv.org)
- q) **Smokefree** is a national website encouraging people to quit smoking, with information and advice. Website: <http://smokefree.nhs.uk>

- r) **Stars** are a national Initiative offers support for anyone working with children, young people and families affected by parental drug and alcohol misuse. Website: [www.starsnationalinitiative.org.uk](http://www.starsnationalinitiative.org.uk)
- s) **Youth Offending Teams** Local Youth Offending Teams are multi-agency teams and are the responsibility of the local authority, which have a statutory duty to prevent offending by young people under the age of 18. Website: <https://www.gov.uk/youth-offending-team>

## Additional Websites

- <http://www.nhs.uk/Livewell/Sexualhealthtopics/Pages/Sexual-health-hub.aspx>
- <https://www.pshe-association.org.uk/>
- [www.riseabove.org.uk](http://www.riseabove.org.uk)
- <http://www.nat.org.uk/>
- <https://www.nspcc.org.uk/>
- <https://www.childline.org.uk>
- [www.healthyschools.org.uk](http://www.healthyschools.org.uk)
- <http://www.leeds.gov.uk/phrc/Pages/default.aspx>
- [www.leeds.gov.uk/phrc/Pages/public-health-training.aspx](http://www.leeds.gov.uk/phrc/Pages/public-health-training.aspx)
- <http://www.leedsiscb.org.uk/>
- [http://shop.ncb.org.uk/category\\_s/1831.htm](http://shop.ncb.org.uk/category_s/1831.htm)
- <http://www.themarketplaceleeds.org.uk/>
- <https://www.mindmate.org.uk/>
- <http://www.breathe2025.org.uk/>
- [www.schoolwellbeing.co.uk](http://www.schoolwellbeing.co.uk)



## ii. Appendix 2 – External Visitor Checklist (prior to visit)

Checklist for schools and agencies	
TIME AND PLACE	
Date(s) of Involvement:	Time:  From            to  Number of days / weeks:
Venue / room(s):	Agency arrival time:
Room Layout:	Agency to be greeted by:
Equipment required to be provided by the school:	Session plans:  Attached: yes / no  To be forwarded to:
PEOPLE	
School:  Contact details:	Agency name:  Specialism:
School address:  Tel No:  E-mail:	Agency address:  Tel No:  E-mail:
Child protection teacher:  Learning mentor / other contact:	Agency contact:  Other Contact:
Teachers to be involved:	Do parents/carers need to be consulted before the session? Yes / no
Have disclosure / confidentiality procedures been discussed? Yes / no  Other policies for consideration:	Is the school satisfied with the agencies CRB / liability arrangements? Yes / no
Number of pupils:	Learning needs:

Key Stage:	Other / individual needs:
Year Group:	
Intended learning outcomes:	What has been taught previously?  How will the work be continued?
How will skills and progress be assessed?	Who will be present?  How will they support the session?
How does the work support the CPD of teachers e.g. team teaching?	Do staff require / want any additional training? Yes / no
How will the effectiveness of the session be evaluated by pupils?  How will the effectiveness of the session be evaluated by adults?	Which routes for referral, procedures and services will pupils be signposted to?
AGREEMENTS	
Have any expenses been agreed to?  Yes / no	
Checklist completed by:  Designation:  Date:  Meeting carried out: in person / by phone / other (please circle)	

### iii. Appendix 3 – External Visitor Checklist (during & after visit)

<b><u>Joint Evaluation Form</u></b>		
Please fill this in together where possible		
Aim of session:		Session date:  Time:
Agency:  School:		Year group:  Class:
<b>Question</b>	<b>Scale 1 – 10</b>	<b>Evidence: How do you know?</b>
1. How well did the programme meet the needs of the pupils?		
2. How well has the work developed the skills of pupils to manage their wellbeing?		
3. How well has the input contributed to the DRUG EDUCATION programme?		
4. Has there been an impact on staff skills and confidence?		
5. How well did the pre-planning support the session / visit?		
6. How will be the work be continued and / or adopted into the Schemes of Work next year?		
7. Were there any elements that could be improved in the future?		
8. Any other comments?		
Please keep a copy for your records.		

#### iv. Appendix 4 – Record of incidents involving drugs, alcohol or tobacco

**Confidential**

UPN Number		
Contact Details		Incident
School Name		Date of incident
Report form completed by		Time of incident
Date record completed		Repeat incident (Y/N)
Role/Relationship with pupil		Where incident occurred
Contact details (Mobile & Email)		

Tick to indicate the category:		
1 Concern/suspicion about use/possession or and supply		Drug involved (if known)
2 Pupil disclosure of drug use		Drug found/removed (Y/N)
3 Emergency or Intoxication pupil/adult		Where found/removed
4 Pupil in possession/using tobacco/e-cigarette/paraphernalia		Name of staff who found the drug
5. Pupil in possession of alcohol		Name of witness
6. Pupil in possession of unauthorised drug		Search involved (Y/N)
7. Pupil supplying unauthorised drug ON school premises		Who authorised search & who searched
8. Drug or paraphernalia found ON school premises		Where retained
9. Parent/carers express concern		Disposal arranged with (Police/parent/other)
10. Parent/carers affect by drug/alcohol ON school premises		Disposal at date/time
11. Disclosure of parent/carers drug misuse		Disposed by
12. Incident occurring OFF school premises including on visits and school trips		Witness of drug disposal

Pupil Information		Parent/Carer	
Name of pupil(s)		Parent/carers informed (Y/N)	
Pupil's Form/class		Parent/Carers name	
D.O.B.		Relationship with pupil	
Gender		Informed by	
Ethnicity		Informed - date & Time	
First Aid		Police involvement	
First Aid given (Y/N)		Police informed	
First Aid given by		Police Incident Reference Number	
Ambulance/doctor called		Police informed by	
Ambulance/doctor called by		Police informed (date/Time)	
Ambulance/doctor called - time		Witness	

Brief description of incident - symptoms/situation/concerns
Evidence to substantiate concerns
Other action taken (See protocol flowchart)
Member(s) of staff involved including Senior Leadership involvement (Name & Action)

		Date
Copy to	Designated member of staff for DAT	
	Forward Leeds (admin.yp@forwardleeds.co.uk)	
	Other (please specify)	

## v. Appendix 5 – Forward Leeds Young People’s 1-1 Referral Form



How to refer:-

Via our SPOC number: 0113 887 2477

To discuss the referral contact our duty worker via our office number: 0113 887 2757

Via email: [referral.team@nhs.net](mailto:referral.team@nhs.net)

### Young People’s 1-1 Referral

Name		D.O.B	
Address		Postcode	
Education status School/ College/ Employment/ NEET		Ethnicity	
		Gender	
Disability	Yes	No	Prefer not to say
Looked after child	Yes	No	Prefer not to say
Social care Involvement	Yes (Record contact details)		No
Safeguarding details	CLA CIN CP EHP (Delete as appropriate). Record details below.		
Contact details for YP/ Parent			
Details of other agencies involved			

Is the young person aware of referral?	Yes	No
Parent/carers aware of referral?	Yes	No
What the Young Person wants from referral?		
Where does the YP want to be seen?		
Preferred Contact Method? Phone/Letter/Text/Social Media		
How did you hear about our service?		

Referrer details (Name, Contact number, role/relation to YP)

--

Current substance use

Substance	Frequency (eg daily/weekly)	Method of use (eg sniff, smoke)	Amount	Further info (eg how long used for)

Any risks of H/V to worker when meeting YP

--

In the box below please record any additional concerns for the young person e.g. Mental health, self-harm, CSE, attendance at A&E due to drug/alcohol use, homelessness, NEET, Drug debt, domestic violence, involved in offending pregnancy, family drug/alcohol use

--

**Internal Use Only:**

<b>Date of Referral:</b>		
<b>Name of Worker taking referral:</b>		
<b>Referral entered into 1-1 Referral log:</b>	<b>Yes</b>	<b>No</b>
<b>Screening tool score and risk level</b>	<b>Score</b>	<b>Risk level</b>

[www.forwardleeds.co.uk](http://www.forwardleeds.co.uk)  
[www.facebook.com/forwardleeds](https://www.facebook.com/forwardleeds)  
[www.twitter.com/forwardleeds](https://www.twitter.com/forwardleeds)

Forward Leeds is a service led by Developing Initiatives for Support in the Community (DISC) in partnership with BARCA, St Anne's Community Services, St Martin's Health Service and Leeds and York Partnership Foundation Trust . DISC is a company registered in England, Registered Company No. 182 0492 and a Registered Charity No. 515 755, VAT No 334 6763 43, Registered Social Landlord (RSL) 4713

Registered Office: Sapphire House, IES Centre, Horndale Avenue, Aycliffe Business Park, Newton Aycliffe, Co Durham, DL5 6DS



## **vi. Appendix 6 – Drug Incident Scenarios**

### **Primary schools**

1. A pupil tells a staff member that there is a syringe in the playground.
2. A pupil is worried about his older brother smoking cannabis and wants to find out whether this is dangerous without getting him into trouble.
3. A pupil asks a teacher about injecting drugs, giving the impression she has seen this at home.
4. On a school trip a parent helper has a cigarette in full view of pupils.
5. A parent arrives by car to collect their child from school and they smell strongly of alcohol.
6. A pupil tells a staff member that two friends are acting strangely following the break and that they were seen with a spray can.
7. A pupil brought in an inhaler without staff knowing, and it has gone missing from his bag.
8. On the way home, a staff member sees a pupil smoking.
9. A staff member overhears a pupil discussing a family member who smokes cannabis.
10. A pupil has been coming in pretending to drink alcohol and acting drunk.
11. A pupil approaches a teacher to tell them that another pupil has brought drugs in from home.

### **Secondary schools**

1. On a residential school trip, some pupils have brought in alcohol and a teacher is called in when one becomes unconscious.
2. A group of pupils are seen by a teacher hanging out on a Saturday afternoon. At least one of the group is smoking cannabis.
3. Pupils are regularly smoking cigarettes at the bus stop outside school.
4. A small amount of white powder in a plastic bag is found hidden on school premises.
5. A pupil is thought to be under the influence of drugs during lessons.
6. A teaching assistant hears rumours that a pupil is bringing drugs into school for other people.
7. A parent is concerned that their son may be taking drugs and wants someone to talk to.
8. A pupil tells a school counsellor that they often drink on their own to deal with stress.
9. A parent is suspected of being under the influence of drugs when on school premises.
10. A pupil discloses a parent, relative or friend is using drugs.
11. Empty cigarette lighter refills have been found on the school premises, raising suspicions of volatile substance abuse.

Mentor Adepis

## **vii. Appendix 7: Exercises for a pupil and parent focus visits**

### **Priorities for drug education (Mentor ADEPIS)**

Pupils get together in pairs and rank a list of statements from most important to least important to learn about in drug education. Examples are listed below, some more suitable for older pupils.

Pairs then join together in fours and agree on a common order. As well as collecting these, each group of four feeds back their top three priorities and why they chose these, as well as any reason they thought an issue was unimportant. (A diamond nine activity could also be used).

Rank – most important to least important to learn about for pupils your age

1. School rules about alcohol, tobacco and other drugs
2. Laws about young people and drugs
3. What most people your age do – and whether it's different from what they say!
4. Impacts of drinking alcohol – what are the risks and benefits right now
5. Effects of drinking alcohol in the long term
6. Impacts of smoking right now
7. Effects of smoking in the long term
8. Different types of illegal drugs and their effects
9. Risks of sniffing glue, gases or petrol
10. How to manage social situations where others are drinking or taking drugs and you don't want to.
11. How to stay safe when you're out and keep your friends safe.
12. Where you can get help if you are worried about yourself or someone you know.
13. Effect of alcohol & drugs on sex and relationships, and keeping yourself safe.

### **Rights and responsibilities activities (Mentor ADEPIS)**

Explain the purpose of the school's drug policy, for example "to keep everyone safe when they are at school, and to help our pupils be confident in making healthy choices outside school."

Explain that to make this happen, pupils, parents and teachers all have responsibilities, but also have rights / reasonable expectations of others. For example, teachers, have a responsibility to give pupils accurate information, but might need training to make sure that their knowledge about teaching drug education is up to date.

Pupils can then use graffiti sheets or post-it notes to collect ideas about rights and responsibilities for each group (pupils/teachers/parents).

### **Example questions to survey parents (Mentor ADEPIS):**

1. What do you think the school's drug and alcohol policy should try and achieve?
  - Keeping children and young people safe.
  - Teaching them life skills
  - Enforcing the school rules and supporting laws on drugs, alcohol and smoking
  - Other...
2. Do you think your children understand the school's rules on drugs and alcohol?
3. Would you like information to help you in talking to your children about alcohol?
4. Would you like information to help you in talking to your children about drugs? (*illegal drugs, „legal highs“ or volatile substances (sniffing glue, gases, aerosols or petrol)*)

### **Discussion ideas for a parent focus group (Mentor ADEPIS)**

1. Do pupils get consistent messages at home and at school about alcohol, cigarettes and illegal drugs? If not, why not, and could the school do anything about this?
2. Does the school respond appropriately to breaches of rules related to drugs, compared to disciplinary action for breaches of other school rules (for example theft, violence or bullying).
3. Is it more important to have fixed sanctions for certain offences, so pupils are clear where they stand, or to be able to be flexible according to circumstances?

4. How could parents access support if they were worried about their child's behaviour?
5. How should the school support children where there is known to be a problem with drugs or alcohol in their family?
6. What rights and responsibilities do parents, teachers and pupils have relating to the school drug policy? Should parents have to sign a copy of the policy?

## viii. Appendix 8 – Pupil Concern - Checklist

<b>a) SOCIAL BEHAVIOUR</b>
Significant changes in the availability and use of money
Increased activity i.e. hyperactive behaviour
Increased lethargy
Rapid changes in energy levels
Increased withdrawal
Changing friendship patterns
Rapid changes in disposition from elation to depression
Unco-operative behaviour
Truancy
Use of substance-related language
Concealment and denial
Aggressiveness
Internal truancy from lessons
Increased involvement in conflict situations
<b>b) APPEARANCE / DRESS</b>
Stains on clothing
Smells on clothing
Lowering of standards
<b>c) PHYSICAL CONDITION</b>
Paleness
Tiredness
Weight loss
Lack of co-ordination
Poor hygiene
Spots around mouth/nose
Redness around mouth/nose
Blisters in the region of the mouth
Inflamed eyes
Injection marks
<b>d) LEARNING PERFORMANCE</b>
Reduced concentration
Loss of powers of recall
Incoherence

The above list is given for the purpose of illustrating a possible model for recording observations. It is not definitive and schools may wish to devise their own list. All these indicators can refer to other changes and conditions of behaviour including normal adolescent development.

## ix. Appendix 9 – Drug Education & Managing Drug Related Incidents Policy Review Tool

### How to use the policy checklist:

- This checklist can be used to review old or new policies
- It can be used by the lead author of the policy as a self-review tool, by senior leadership or school council
- It is recommended that this checklist is used annually (or when a new member of staff comes into post)
- If a section does not apply to your school, select 'not applicable' (NA)
- If you require additional support with your policy please email: [schoolwellbeing@leeds.gov.uk](mailto:schoolwellbeing@leeds.gov.uk)

<b>School Name:</b>	
<b>Date of review:</b>	
<b>Reviewer:</b>	
<b>Name of lead author:</b>	

Section	Topic area	Included (✓ or ✗)	NA	Comments / Recommendations
1	Policy context			
2	Development process			
3	Location and dissemination			
4	Definitions and terminology			
5	Policy relationship to other policies			
6	Overall school aims for Drug Education			
7	The wider context of Drug Education			

8	To whom and where the policy applies			
9	Language			
10	Answering questions			
11	Key responsibilities for drug education and managing drug related incidents			
12	Staff/Governor support and CPD			
13	Drug education provision			
14	Management of Drug related incidents – Pupil & Staff			
15	Medicines policy			
16	Smoke free environments			
17	Safeguarding and Child protection			
18	Confidentiality in the context of drug education and management of drug related incidents			
19	Liaison with other schools			
20	Support, advice, referral protocols and treatment			

<b>21</b>	<b>First Aid</b>			
<b>22</b>	<b>Complaints</b>			
<b>23</b>	<b>Liaison with media</b>			
<b>24</b>	<b>Local support available to schools</b>			
<b>25</b>	<b>Websites</b>			
<b>26</b>	<b>Local and national references</b>			
<b>27</b>	<b>Appendix</b>			
<b>Layout and presentation</b>				
<b>Key strengths</b>				
<b>Areas for development</b>				
<b>Other comments</b>				

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