

# White Laith Primary School

## DATE: Drug, Alcohol and Tobacco Policy

### (Drug Education and Incidents (DE&I) Policy)

Date of policy: September 2021

Review date: September 2024

At White Laith we are committed to providing a caring, friendly and safe environment for all of our pupils so they can learn in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by or invited to deliver services at White Laith. We recognise our responsibility to safeguard and promote the welfare of all our pupils by protecting them from physical, sexual or emotional abuse, neglect and bullying.

We also exercise this responsibility by educating our children so that they grow in their understanding of their rights and responsibilities to themselves and others, in safety consciousness, and, in their maturity and abilities to keep themselves and others safe.

We perceive this to be part of our role in promoting British values.

White Laith 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 – 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 to be able to make safe, healthy and responsible decisions about drugs
- To help 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.

## 2. Development process

This policy was drafted by the PSHE Leader in consultation with the Head teacher and was supported by the senior leadership team for a proactive approach. An understanding of the whole school community and their needs and views was also taken into account.

This policy has been approved and adopted by the head teacher and governing body. The member of staff responsible for overseeing and reviewing this policy is: The PSHE Leader. It will be reviewed briefly annually and in full every 3 years.

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 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 DE, for example, through parent/carer information sessions
- a variety of methods are employed to communicate the key points of the policy and curriculum to the community

## 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 201).

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

This policy can be read in conjunction with:

- PSHE Policy
- Safeguarding Child protection Policy

## 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
- work in partnership with
- 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
- 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

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 DE 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 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 Forward Leeds Platform
- Police such as the SSPO

## 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. 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 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.

Agreed list of vocabulary used in school:

Year Group	Vocabulary
Early Years/KS1	Lotion, tablets, lozenge, medicine, injection, inhalers, syringe, henna, inhalators, dosage, alcohol, cigarettes, cigars, e-cigarettes, tobacco
KS2	Cigarettes, cigars, e-cigarettes, shisha, tobacco, nicotine, cannabis, toxin, drug, injected, asthma, eczema, alcohol, lighter, addictive, caffeine, habit, solvents, cocaine, khat, steroids, illegal highs, legal highs,

### 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

*How will staff answer 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/ Child Protection Officer. 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**

### ***What are the school's responsibilities?***

The head teacher 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 will often be a shared responsibility between the head teacher and the Drugs/PSHE Education coordinator.

#### **i. All staff**

*How are staff supported to deliver high quality DE in school and how to deal with a drug incidents in school and on planned school trips/visits and residential?*

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**

*How is/are the lead member/s of staff supported to lead on the development and implementation of high quality DE in school?*

The lead member/s of staff is/are entitled to receive training in their role and responsibilities. This supports them to lead on the development of the school's policy and practice and to monitor its implementation. This practice includes the curriculum and approaches to teaching and learning, as well as whole school approaches to health and wellbeing.

The lead member/s of staff will:

- develop the school policy and review it on a yearly basis
- ensure all members of the governing body will be offered appropriate DE training
- 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
- ensure that the knowledge and information regarding DE to which all pupils are entitled is provided in a comprehensive way
- support parent/carer 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**

#### ***What are the roles and responsibilities of the 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**

#### ***What are the roles and responsibilities of pupils?***

- Pupils are consulted on the policy from the outset and when it is reviewed and need to understand why they are being asked to give their views and how these views are taken into account.
- Pupils should be regularly kept informed of the changes to the policy and the curriculum as a result of their input, and if particular ideas have been rejected, they are told why.
- Pupils can initiate changes rather than having the areas of work always set by adults.
- Pupils get a chance to influence 'core' aspects of the school (e.g. teaching and learning, school rules and policies)

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 [termly/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

By consulting and involving pupils in the review and decision making of the school's drug policy and provision pupils will benefit for example improved self-esteem, skill development and attachment to school. In addition, giving children and young people a voice can improve the policy, making it more relevant to pupils' needs; help pupils understand the school's approach to drugs and the reasoning behind this; bring up important learning opportunities about drug issues; and give greater legitimacy to the rules in the eyes of pupils.

### **v. Parents/carers**

***How will the school support and engage parents/carers in the school's drug education provision?***

***How will the school notify parents/carers when particular aspects of drug education are being taught?***

***How will the school encourage parents/carers to explore drug education topics with their children at home?***

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. We encourage parents/carers involvement through our ethos, home school agreement, newsletters, support groups, 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 parents/carers\*
- gather parent /carers' views on the policy and the curriculum delivery and take these into account when they are being reviewed through focus groups or questionnaires
- 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 through parent workshops/websites/twilights]
- 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

### **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.

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

#### **The School Nurse**

##### ***How will the school nurse support drug education?***

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

## **Community**

Outside the school, there may be other members of the local community who can contribute to discussions about the school's drug policy, for example the parish council or park wardens. The school needs to consider carefully how the views of the local community will be gained and how these views will be used to help to shape policy. There may be considerable work needed to do this effectively. It is good practice to liaise with other local, trust, cluster or feeder to ensure consistency of approach.

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

*How are staff CPD needs identified and met?*

*What training opportunities/support is there for all staff?*

*What support do teachers need in their role as drug educators?*

*What information is shared through the Induction handbook?*

It is important that all school staff feel comfortable to take delivery of 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:

- an audit of staff CPD needs will be completed annually or at other appropriate times
- training and support is organised by the PSHE Leader who may choose to liaise with the Headteacher
- all members of staff will be offered regular generic drug education awareness training which includes sessions on: confidentiality, setting ground rules, handling controversial issues, responding to awkward questions, an introduction to the rationale of why teaching drug education is so important, current law and guidance, learning outcomes and school policy]
- 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**

*Clarify what and how drug education is delivered to all pupils.*

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.

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):**

<b>Key Stage</b>	<b>Content</b>
One	N/A
Two (Upper Key Stage 2 only) Year 6 Programme of study	Animals including humans  Pupils should be taught to: <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):**

<b>Key Stage</b>	<b>Content</b>
One	N/A
Two	<b>Notes and guidance</b> <ul style="list-style-type: none"> <li>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.</li> <li>Pupils might work scientifically by: exploring the work of scientists and scientific research about the relationship between diet, exercise, drugs, lifestyle and health.</li> </ul>

## 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>• (PHSE 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>

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>

### iii. The needs of pupils

#### *How will pupils be involved and consulted?*

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 My Health My School Survey)
- pupil focus groups formed specifically for drug education
- quizzes or graffiti sheets
- draw and write or 'jugs and herrings' where pupils' drawings and explanations can give a picture of a class's understanding of 'drugs'
- older pupils reviewing the drug education programme for younger pupils
- pre and post assessment activities for drug education
- school council meetings
- full class consultation activities which ensure all pupils have a voice in the process

### iv. Topics to be covered

#### *What topics will the programme cover?*

See Appendix 11 for DATE Long Term Plan.

### v. Curriculum organisation

#### *How is the drug education curriculum organised and delivered in school?*

Pupils receive their entitlement for drug education through a spiral curriculum which demonstrates progression. The drug education programme is delivered through a variety of opportunities including:

- designated drug education time as part of our PSHE programme
- Will it be delivered in modules
- Delivered in science lessons
- Delivered in PSHE lessons
- use of external agencies/services
- school ethos
- small group work
- cross curricular links e.g. science
- assemblies
- enrichment days / weeks

## vi. Working with visitors and other external agencies

***How will the school work with visitors and other external agencies to enhance drug education provision?  
What processes will ensure monitoring of visitors' and external agencies' contributions, evaluation of impact on learning (beyond pupils' enjoyment) and what actions might follow?***

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**

See Appendix 3.

## vii. 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.

We will consult with parents/carers when developing the drug education policy and programme in order to reassure them of the content and the context in which it will be presented.

**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.

**viii. Resources**

***Make reference to which resources will be used to deliver drug education?***

***How often these are reviewed (by students, parents/carers and staff).***

***A list of the resources used to deliver drug education is held by the PSHE coordinator and located where in school?***

We use primarily Drug Wise 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
- BBC Active. DRUG EDUCATION 9-11 (Interactive Whiteboard programme)  
<http://www.pearsonschoolsandfecolleges.co.uk>
- 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

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

*Why is a working agreement important?*

*What additional non-negotiable agreement will be developed for drug education?*

*How will the working agreement be developed and reviewed?*

Staff are careful to ensure their personal beliefs and attitudes do not influence the teaching of drug education. To this end, working agreements 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.

PSHE Ground Rules

Everybody has the right to:

- Be listened to
- Choose to share their own thoughts and experiences
- Ask for help or information

We have the responsibility to:

- Listen and not judge
- Not repeat others thoughts and experiences
- Be respectful to other people
- Use the correct vocabulary
- Not talk about our learning with younger children

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

*How will you provide evidence of pupils' learning and progress and report this back to parents/carers/governors?*

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.

Progress in PSHE education should be recorded and reported to parents in line with all other non-core curriculum subjects. We assess pupils' learning in drug education in line with approaches used in the rest of the curriculum. We report to parents/carers at the end of the school year on pupils' learning and progress within drug education.

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
- Measures what we value about PSHE and not just those aspects that are easy to measure
- 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
- pupil progress and achievement is reported to parents/carers
- pupil achievement in drug education celebrated and shared

Assessment in PSHE should not imply that children are failing as people or citizens. The assessment process itself must promote children's self-esteem by valuing children's contributions and enabling children's voices to be heard.

### **xi. Monitoring and evaluation**

***How will the delivery and provision for drug education be monitored?***

***How will the delivery and provision for drug education be evaluated?***

***Will pupils be involved in this and how?***

#### **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
- a system for regular review of the drug education policy and programme
- pupil and staff interviews/questionnaires
- pupil/staff/parent surveys
- 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
- evidence from lesson observations
- evaluation of contributions of external partners
- feedback and evaluation by pupils
- scrutiny of assessment records
- sampling pupils' work and portfolios
- use parents assembly's

**14. Safeguarding and Child Protection**

***How will pupils who are thought to be 'at risk' be supported?***

***If the school has any reason to believe a pupil is at risk, what will happen?***

If a pupil's safety is considered under threat, including incidences of parental drug or alcohol misuse the school's Safeguarding and Child Protection policies will be followed.

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

***What will the school do in order to minimise the risk of disclosure in a drug education lesson?***

***Specify the school's approach to sharing information and how it will secure pupils' and, where necessary, parent/carers' agreement for this.***

***Specify the school's approach to ensuring that sensitive information is only disclosed internally or externally with careful attention to pupils' rights and needs.***

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 to/from outside agencies

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

***How will the school support staff, pupils, parents who use drug, alcohol and tobacco?***

***How will the school support staff, pupils, parents who live with a user of drug, alcohol and tobacco?***

***Do staff, pupils and parents know how to refer themselves and others for various internal and external support?***

***What information can and will be shared and sent to parents?***

***What are the negotiated and agreed procedures for collaborating with local agencies that can offer targeted and specialist support for pupils/families regarding drug issues.***

***If parents have concerns about their children, would they be expected to communicate these to the school and would they be able to access support?***

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 will decide if it is deemed a safeguarding issue 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 the 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. 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)**

<b>Checklist for schools and agencies</b>	
<b>TIME AND PLACE</b>	
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:
<b>PEOPLE</b>	
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

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

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

<u>Joint Evaluation Form</u>		
Please fill this in together where possible		
Aim of session:		Session date:  Time:
Agency:  School:		Year group:  Class:
Question	Scale 1 – 10	Evidence: How do you know?
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/carer express concern		Disposal arranged with (Police/parent/other)	
10. Parent/carer affect by drug/alcohol ON school premises		Disposal at date/time	
11. Disclosure of parent/carer drug misuse		Disposed by	
12. Incident occurring OFF school premises including on visits and school trips		Witness of drug disposal	

Pupil Information	
Name of pupil(s)	
Pupil's Form/class	
D.O.B.	
Gender	
Ethnicity	
First Aid	
First Aid given (Y/N)	
First Aid given by	
Ambulance/doctor called	
Ambulance/doctor called by	
Ambulance/doctor called - time	

Parent/Carer	
Parent/carer informed (Y/N)	
Parent/Carer name	
Relationship with pupil	
Informed by	
Informed - date & Time	
Police involvement	
Police informed	
Police Incident Reference Number	
Police informed by	
Police informed (date/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.yip@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/carer 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

## **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 – Police Drug Education in Schools Policy

To be updated.

ix. Appendix 9 – 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.

## x. Appendix 10 – 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			

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

## Appendix 11 – DATE Long Term Plan

	<u>Lesson 1</u>	<u>Lesson 2</u>	<u>Lesson 3</u>
<b>Early Years</b>	Pupils learn to be safe at school and at home around everyday substances		
<b>Year 1</b>	<b>What do we put into our bodies?</b> Pupils learn about what can go into bodies and how it can make people feel	<b>What do we put on to our bodies?</b> Pupils learn about what goes on to bodies and how it can make people feel	
<b>Year 2</b>	<b>When I needed some medicine</b> Pupils learn why medicines are taken	<b>Where do medicines come from?</b> Pupils learn where medicines come from	<b>Staying safe around medicines</b> Pupils learn about keeping themselves safe around medicines <b>Asthma lesson</b> Pupils learn that medicines can be used to manage and treat medical conditions such as asthma, and that it is important to follow instructions for their use
<b>Year 3</b>	<b>Helpful or harmful</b> Pupils learn the definition of a drug and that drugs (including medicines) can be harmful to people	<b>Smoking and tobacco</b> Pupils learn about the effects and risks of smoking tobacco and second-hand smoke	<b>Stopping smoking</b> Pupils learn about the help available for people to remain smoke free or quit smoking
<b>Year 4</b>	<b>Drugs that are common in everyday life</b> Pupils learn that there are drugs (other than medicines) that are common in everyday life, and why people choose to use them	<b>About alcohol</b> Pupils learn about the effects and risks of drinking alcohol	<b>Drug use</b> Pupils learn about different patterns of behaviour that are related to drug use
<b>Year 5</b>	<b>Risks of smoking</b> Pupils learn about the risks associated with smoking drugs, including cigarettes, e-cigarettes, shisha and cannabis	<b>The media and other influences</b> Pupils learn about different influences on drug use – alcohol, tobacco and nicotine products	<b>Resisting pressure</b> Pupils learn strategies to resist pressure from others about whether to use drugs – smoking drugs and alcohol
<b>Year 6</b>	<b>Risks and effects of different drugs</b> Pupils learn about the risks associated with using different drugs, including tobacco and nicotine products, alcohol, solvents, medicines and other legal and illegal drugs	<b>Judging risk</b> Pupils learn about assessing the level of risk in different situations involving drug use	<b>Managing situations</b> Pupils learn about ways to manage risk in situations involving drug use

Copyright © 2017 by the Health & Wellbeing Service

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission in writing to Leeds City Council, nor be otherwise circulated in any form of binding or cover other than that in which it is produced without a similar condition including this condition being imposed on the subsequent user.