



# Roundhay St John's CE Primary School

# Drugs Education Policy

Date: March 2026

Review: Spring 2029

Headteacher: L Briggs

Chair of LAC: J Thompson

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

Date of policy: March 2023

Review date: March 2026

Brief annual reviews: March 2024; March 2025

Roundhay St John's 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
- 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

Roundhay St John's is a one form, Church of England primary school in an affluent area of north Leeds, which caters for children aged 3-11. We serve families from a range of ethnic, cultural and social backgrounds, including a number of children who receive pupil premium. The school is well supported by parents and achievement is good.

## 2. Development process

This policy was drafted by Kelly Chapman, PSHE lead, in consultation with the Pupil Support Committee, supported by the head teacher, for a proactive approach.

This policy has been approved by the Local Academy Council. The member of staff responsible for overseeing and reviewing this policy is Kelly Chapman. It will be reviewed briefly annually and in full every 3 years.

## 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 links to:

- Anti-bullying
- Assessment, Recording and Reporting
- Asthma
- Attendance
- Behaviour
- Child Protection/Safeguarding Children
- First Aid
- Health & Safety
- Medication/medicines
- PSHE
- Science
- Sex and Relationships Education
- SEN/Inclusion
- SMSC
- Visitors in School

## 6. The wider context of drug education

The school's drug education programme will:

- be an entitlement for all pupils
- 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, Children with SEND, looked-after children and children of parents with problematic drug use.
- start early, consider children's assessed needs at each stage in their development, as well as their age and emotional maturity.
- 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 confident in talking about issues around drug education
- include the acquisition of knowledge, the development of life skills and respectful attitudes and values
- provide 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 be 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
- helping pupils keep themselves safe from harm and building 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

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
- 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

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 - Mrs Lesley Briggs
- All school staff
- The Local Academy Council

- Pupils
- Parents/carers
- Supply teachers
- Volunteers
- School nurse and other health professionals
- Partner agencies working in or with the school such as Forward Leeds Platform
- Police

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 (7:30am until 6pm Monday to Friday term time only).
- The field adjacent to and behind the school premises that are used for PE and other lessons at times when the school building and grounds are occupied (7:30am until 6pm Monday to Friday term time only).
- Any location visited by pupils as part of an organised school visit, in and outside school hours
- A child in their school uniform who is acting as an ambassador for the school

## 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 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.

<b>Vocabulary taken from You, Me, PSHE SOW</b>	<b>Year group vocabulary is introduced:</b>
Medicine, spray, lotions, gels, creams, drops, lozenges, tablets, liquid medicine, injections, inhalers, asthma, asthma attack	Reception / Key stage 1
As above plus: Drug, tobacco, cigarettes, smoking, second-hand smoke, e-cigarettes, vaping, habit, addiction, addicted	Year 3
As above plus: Caffeine, alcohol, tobacco, nicotine products, habit, addiction, addicted, beers, lager, cider, wine, champagnes fortified wines (such as sherry and port), spirits, liqueurs, legal, illegal	Year 4
As above plus: Shisha and cannabis	Year 5
As above plus: Solvents, legal and illegal drugs, restricted drugs	Year 6

### 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/ 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

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, Mrs Lesley Briggs, and the Drugs/PSHE Education coordinator, Mrs Kelly Chapman.

### i. All staff

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, Mrs Caroline Richards, or the PSHE Coordinator, Mrs Kelly Chapman should they need it

## ii. Lead member/s of staff

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.

Specific responsibilities	Who – role?
Co-ordinating the DE provision, ensuring a spiral curriculum	K. Chapman; PSHE lead
Accessing and co-ordinating training and support for staff	K. Chapman; PSHE lead
Establishing and maintaining links with external agencies/other health professionals	K. Chapman; PSHE lead L Briggs; head teacher
Policy development and review, including consultation/dissemination with all stakeholders	K. Chapman; PSHE lead L Briggs; head teacher
Implementation of the policy; monitoring and assessing its effectiveness in practice	PSHE Governor
Managing child protection/safe guarding issues	L Briggs; head teacher P. Jones, R. Hewitt, C.Richards, T.Castro: deputy safeguarding officers
Establishing and maintaining links with parents/carers	K. Chapman; PSHE lead L Briggs; head teacher
Liaising with link schools to ensure a smooth transition	L Briggs; head teacher
Liaising with the media	L Briggs; head teacher
Recording and managing any drug related incidents	L Briggs; head teacher
Completes any screening/searching of pupils(this needs to be agreed by the head teacher and documented, although it is not a legal requirement)/property including lockers	L Briggs; head teacher
Contact with the Police on any incidents (where appropriate – see guideline)	L Briggs; head teacher
Sharing incident protocols	L Briggs; head teacher
Ensuring that the health, welfare and well-being of students with drug related issues is addressed in an appropriate and sensitive manner	K. Chapman; PSHE lead L Briggs; head teacher
First aid	Designated first aiders (see first aid policy for details)

The lead members of staff will:

- ensure the implementation and quality of a whole school long term and medium-term scheme of work for PSHE that incorporates effective education on drugs. –
- ensure the curriculum will be meeting the statutory requirements of the Relationships, Relationships and Sex Education and Health Education curriculum that became statutory for all schools in September 2020 and includes education on drugs, alcohol and tobacco / e-cigarettes (vaping).
- ensure that all staff are confident in the skills to teach and discuss issues related to drugs. - Consider the needs of all pupils, and to achieve this, recognise that the school might need to address some specific issues.
- consult with pupils to inform provision around education on drugs, including using the My Health, My School Survey.
- access appropriate regular training.
- regularly monitor the curriculum organisation, planning, and resources across the school. - Ensure procedures are in place for assessment, monitoring, and evaluation of the education on drugs.
- liaise with any service provision to effectively support aspects of the education on drugs.
- 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**

Governors are responsible for the approval of Drug Education Policy, ensuring it is disseminated to the wider school community and for reviewing the effectiveness of the policy. This includes ensuring the statutory requirements of Keeping Children Safe in Education (2022) and other safeguarding responsibilities are being met. The governing body, in co-operation with the head teacher, is also expected to involve pupils, health and other professionals to ensure the Drug Education curriculum is being effectively taught and addresses the needs of pupils, local issues and trends. The governing body will continue their involvement through regular evaluation of provision and policy.

The governing body as a whole play 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 that are effective for the needs of the pupils in school and they will support the head teacher with incidents if required.

### **iv. Parents and carers**

Our school aims to work in active partnership with families, value their views and keep them informed of the PSHE curriculum, including Drug Education curriculum and provision. We hope that good communication and opportunities for parents and carers to understand and ask questions about the school's approach will help increase confidence in the curriculum. Our Drug Education Policy is available to all parents and carers on our school website, and hard copies can be requested from the school office. When planning the curriculum, we have been mindful of the following requirements and duties:

- under the Human Rights Act 1998, to respect the right of parents and carers to ensure education and teaching in conformity with their own religious and philosophical convictions.
- under the Equality Act 2010, parents and carers should be able to view examples of the resources that the school plan to use as part of the taught curriculum.

Parents and 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.

It is important to start drug education from an early age, and include 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

- 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
- 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 and statutory Health Education.

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

The use of visitors and other external providers are used to enhance teaching rather than as a replacement for teaching by the school. However, there may be times when an external provider can add value and bring additional expertise, skills, or knowledge that teachers may not always have. However, we will always ensure that a member of staff is present when an external provider is working with pupils. The visitors and other external providers input will be more effective if a teacher provides the context and follow up to the session. All visitors and other external providers will have a Disclosure and Barring Service (DBS) Check. The evidence base does identify that programmes that are least effective in preventing drug misuse are those that focus solely on scare tactics, and the police as drug educators in schools, where their input is not part of a wider evidence-based prevention programme. Therefore, we will always quality assure the visitor or visiting providers' credentials. We will also ensure that the teaching delivered by visitors and other external providers fit with our planned programme and this published policy.

When working with outside agencies such as the school nurse the 'External Visitors Checklist' will be followed. See Appendix 2. Where external visitors are used, they will comply with the school's policy on confidentiality. The school will ensure that his/her values are in line with our ethos and values and that they use facts and evidence to inform their teaching.

### **Police**

The PSHE association and National Police Chief Council have produced a joint handbook which is designed for both police staff and teachers. It provides guidance on using police expertise to support delivery of the PSHE curriculum that includes 12 key principles for effective partnerships. The full guidance can be accessed at Police in the classroom | [www.pshe-association.org.uk](http://www.pshe-association.org.uk)

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**

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

- an audit of staff CPD needs will be completed as this policy is reviewed
- training and support is organised by Kelly Chapman
- all members of staff will be offered in-house, regular generic drug education awareness training which may include 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

Drug education is delivered through Personal, Social, Health and Economic (PSHE) education and fulfils the statutory requirements of the National Curriculum Science and Health Education. It develops through each of the Key Stages to ensure continuity and progression and take account of pupils' needs, so that it is both appropriate to their age and ability, and relevant to their particular circumstances.

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

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.

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

All local-authority-maintained schools in England must teach all of the parts of the National Curriculum Science and Health Education; 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 Health Education: Drugs, Alcohol and Tobacco (Statutory Requirements):

Key Stage	Content
By the end of Primary School	Pupils should know the facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking.

#### National Curriculum Science: Drugs, Alcohol and Tobacco (Statutory Requirements):

Key Stage	Content
One	N/A
Two	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: Drugs, Alcohol and Tobacco (Statutory Requirements):

Key Stage	Content
One	N/A
Two	Notes and guidance

	<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>
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## ii. 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>

## iii. 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 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

Identity, society and equality
Keeping safe and managing risk
Drug, alcohol and tobacco education
Mental health and emotional wellbeing
Careers, financial capability and economic wellbeing
Physical health and wellbeing
Sex and relationship education

	Year 1	Year 2	Year 3	Year 4	Year 4/5	Year 5	Year 6
<b>Autumn 1</b>	Me and others	What keeps me healthy?	Tobacco is a drug	Playing safe	Making choices	In the media	Healthy relationships How a baby is made?
<b>Autumn 2</b>	Feeling safe	Friendships	Bullying – see it, say it, stop it	Democracy	Growing up and changing	Stereotypes, discrimination and prejudice (including tackling homophobia)	Healthy relationships How a baby is made?
<b>Spring 1</b>	What do we put into our bodies?	Medicines and me	Strengths and challenges	Making choices	Growing up and changing	When things go wrong	Weighing up risk
<b>Spring 2</b>	Feelings	Indoors and outdoors	Celebrating difference	What is important to me?	Playing safe	Dealing with feelings	Human rights
<b>Summer 1</b>	My money	Boys, girls and families	Saving, spending and budgeting	Growing up and changing	What is important to me?	Different influences	Healthy minds
<b>Summer 2</b>	Fun times	Boys, girls and families	What helps me choose?	Growing up and changing	Democracy	Borrowing and earning money	Keeping safe out and about FGM

#### v. Curriculum organisation

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 lessons taught through PSHE lessons as detailed on the long term plan
- A specific Drugs Education scheme of work
- Taught in all year groups [EYFS to Y6]
- Will it be delivered in modules
- Some use of external agencies/services
- small group work
- cross curricular links e.g. science
- assemblies
- enrichment days / weeks

#### vi. 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 interests 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 will take into account the language skills of individual pupils, ensuring that all pupils have equal access to the drug education provision and resources.

## **vii. Resources**

We use primarily You, Me, PSHE 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 carefully evaluate teacher resources, leaflets, online resources and videos before using them.

We use children's books, both fiction and non-fiction, extensively within our drugs 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:

- Drugswise scheme of work (part of You, Me, PSHE)
- BBC Active. DRUG EDUCATION 9-11 (Interactive Whiteboard programme)  
<http://www.pearsonschoolsandcolleges.co.uk>
- Life Support Productions DVD  
<http://www.lifesupportproductions.co.uk/>
- Drug Education resource leaflets (Public Health Resource Centre)
- Resources as identified in the medium term plans for the drugs education modules
- Rory
- Alcohol Education

We will ensure resources are fully checked by teachers and, where appropriate, the head teacher and parents/carers before use. Questions we will ask about a resource prior to use may include:

- Is the resource consistent with the school's ethos and values?
- Is it factually correct and up-to-date?
- Does it encourage active and participatory learning?
- Is the resource contemporary in terms of the realities of pupil's lives?
- Does the resource portray positive images of a range of children?
- Does the resource show positive role models for girls and boys / women and men and avoid stereotypes relating to gender and sexual orientation?
- Is the resource inclusive on the basis of home and family circumstance, gender, sexuality, race, faith, culture and disability?
- Is it appropriate for the age, ability and maturity of the pupils?
- Are teachers confident about using the resource?
- Will the resource be used in its entirety or will it be more appropriate to adapt it and select from it?
- Does use of the resource fit into a planned and developmental programme of drug education?
- Is there a range of types of resource being used across the drug education programme, including a variety of formats, such as video, audio, visual, games, and models?

### **viii. Learning environment and ground rules**

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

Our 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 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.

Working agreements will be displayed and referred to during Drug Education lessons and will be 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, we will talk to pupils about personal boundaries, what information is private and how to protect their own and others' privacy.

## ix. Assessment and monitoring

Drug education is assessed and monitored as part of PSHE through pre- and post- assessments, learning walks, book scrutiny and lesson observations.

### Assessment includes:

- Baseline or pre-assessment (essential for needs-led PSHE).
- Summative assessment at the end of each unit (post assessment)
- Pupil self-assessment
- Assessment focused on knowledge as well as skill development and attitudes

### Monitoring activities:

- learning walks
- pupil discussions
- a system for regular review of the drugs policy and programme
- pupil and staff questionnaires
- pupil/staff/parent surveys
- samples of pupils' work

### Key questions

*Is the programme effectively managed and are staff clear about their roles and responsibilities?*

*Does the planned programme reflect national guidance, local priorities and pupils' needs?*

*Are all pupils being taught the programme as planned and does it spiral?*

*Is the quality of teaching consistent across all classes?*

### Evaluation activities:

- teacher and pupil evaluation of lessons, units and the overall PSHE programme
- teacher and pupil evaluation of resources
- evidence from learning walks
- evaluation of contributions of external partners
- feedback and evaluation by pupils
- sampling pupils' work and portfolios

All staff, on completion of a module/defined time period, will evaluate progress and impact of the delivery. This information will be used 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
- sampling pupils' work

### **Key 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?*

*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**

Safeguarding issues will be dealt with according to the school's Safeguarding Policy, for example, if a pupil's safety is considered under threat, including incidences of parental drug or alcohol misuse. Please see said policy for further details.

If a member of staff has concerns or a disclosure is made they will follow usual child protection recording procedures. Careful consideration will be made when working with vulnerable children or children with SEND. Advice will be sought from the Safeguarding Team team or the SENDCo as appropriate.

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

Whilst we 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, we cannot 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 Co-ordinator or a senior colleague. 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 safeguarding lead as soon as possible and always on the day the information is received, in line with our safeguarding and child protection policy.

We will 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

When pupils make disclosures, they are placing their trust in the member of staff's judgment and acknowledging that they need help. If a child makes a disclosure, it is not appropriate for a member of staff to offer complete confidentiality. Before allowing a child to make a full disclosure, therefore, it is essential that the member of staff should explain to the child that the information might need to be passed on to the Headteacher who may make a record and pursue Child Protection procedures if necessary.

The pupil's right to privacy should be respected, regardless of the gravity of the incident, so sensitive information should only be shared with relevant staff/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 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**

We will be alert to behaviour which might indicate that the child is experiencing difficult home circumstances. Where problems are observed or suspected, or if a child chooses to disclose that there are difficulties at home, we will 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**

Where necessary, we will identify need and refer or signpost to appropriate services, such as:

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. See Appendix 5.

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

Web <http://www.forwardleeds.co.uk/>

## **17. Complaints**

1. Contact the class teacher to discuss the concern.
2. Should the complaint not be resolved satisfactorily at the meeting please contact the Headteacher, Mrs Lesley Briggs
3. If your complaint concerns the Headteacher personally, it should be sent to the school marked "For the attention of the Chair of Governors".

## **18. Liaison with media**

The Headteacher will be responsible for any contact with the media. No other member of staff should speak to the media about drug related matters. Please contact the press and media office on: 0113 378 6007

## **19. 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.

Further information on available 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)

## 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.leedslscb.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	Is the school satisfied with the agencies CRB / liability arrangements? Yes / no

Other policies for consideration:	
Number of pupils: Key Stage: Year Group:	Learning needs: Other / individual needs:
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?
<b>AGREEMENTS</b>	
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:	Year group:	
School:	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	
2 Pupil disclosure of drug use	
3 Emergency or Intoxication pupil/adult	
4 Pupil in possession/using tobacco/e-cigarette/paraphernalia	
5. Pupil in possession of alcohol	
6. Pupil in possession of unauthorised drug	
7. Pupil supplying unauthorised drug ON school premises	
8. Drug or paraphernalia found ON school premises	
9. Parent/carer express concern	
10. Parent/carer affect by drug/alcohol ON school premises	
11. Disclosure of parent/carer drug misuse	
12. Incident occurring OFF school premises including on visits and school trips	

Drug involved (if known)	
Drug found/removed (Y/N)	
Where found/removed	
Name of staff who found the drug	
Name of witness	
Search involved (Y/N)	
Who authorised search & who searched	
Where retained	
Disposal arranged with (Police/parent/other)	
Disposal at date/time	
Disposed by	
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)

Via LCC mail express. Send to: [admin.yip@forwardleeds.co.uk](mailto:admin.yip@forwardleeds.co.uk)

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

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

**iv. Appendix 6 – 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			
Layout and presentation				
Key strengths				

<b>Areas for development</b>	
<b>Other comments</b>	

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