

Woolenwick Junior School

Drug Education Policy V2

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| Policy Name | Drug Education Policy |
| Created by | KW/MC |
| Responsibility of | School Improvement |
| Reviewed by | MC |
| This Review Date | April 2017 |
| Next Review Due | 2020 |
| Cycle | 3 years |
| Ratified by delegated governor | CS |

Version History

| Version | Amendments | Date | Author / reviewer |
|---------|-------------------|------------|-------------------|
| V1 | Original document | March 2013 | TB/MC |
| V2 | Reviewed | April 2017 | KW/MC |

This school defines the term “drug” as any substance which affects the way in which the body functions physically, emotionally or mentally and includes tobacco, alcohol, solvents, over-the-counter and prescribed medicines as well as illicit substances.

Values and aims

Set in the broader context of personal, social and health education, our drugs education reflects our whole school aims to provide a caring community in which young people can learn to respect themselves and others and take responsibility for their own actions. We are committed to the health and safety of all members of the school community and will take action to safeguard their well being.

Fundamental to our school’s values and practice is the principle of sharing the responsibility for the education with parents and carers. We strive for effective communication and co-operation.

This policy will apply on the school premises and beyond, wherever pupils are within the care of school staff. This includes school trips and educational visits. The school

will also have an interest in the health and well being of the pupils beyond these school boundaries and we would encourage parents and others in the community to adopt the same principles.

Whilst we acknowledge that the numbers of young people who use and misuse substances is rising, it is important to recognise that many young people are choosing not to do so. We will support their differing needs.

Alcohol and illegal drugs have no place in school. This includes the possession of alcohol and cigarettes by those who are underage to do so.

Rationale:

We believe that the purpose of drug education should be to give pupils the knowledge, skills and attitudes to appreciate the benefits of a healthy life-style and to relate these to their own actions, both now and in the future.

We aim to:

- Enable young people to make healthy, informed choices through increasing their knowledge, challenging and exploring attitudes and developing and practising skills.
- To increase understanding about the implications and possible consequences of drug use and misuse.
- To listen to young people's thoughts, feelings and concerns and to ensure that drug education responds to their needs.
- To help young people distinguish between different substances, consider their use, misuse, benefit and harm.
- To counter any inaccurate messages which young people receive about drugs.
- To encourage an understanding for those experiencing or likely to experience drug use (including those dependent on medicinal drugs).
- To widen understanding about related health, social and legal issues.
- To enable children to identify where help and support can be found.
- To develop as a Health School.
- To develop individuals self esteem.

We intend to achieve our aims through:

- A co-ordinated and consistent approach to the curriculum and to possible drug related incidents
- Content and teaching approaches, which match the needs and maturities of all pupils, including those with special educational needs.
- Integration of drug education into the curriculum.
- Involvement of the whole community, including staff, governors, parents, pupils and relevant visitors.
- Training and support for staff in the planning and delivery of drug education.
- Regular revision of policy and practice.

Planning

Opportunities for drug education will be clearly identified on long, medium and short term plans.

Special Educational Needs

Additional support may be given by staff. Activities may be differentiated.

Teaching – curriculum, materials and approaches

Delivery will be:

- Through planned elements of national curriculum subjects
- Through the discrete PSHE curriculum, covering areas such as Keeping myself safe, Peer pressure, healthy choices and Protective behaviours.
- Through pastoral time;
- Through assemblies;
- Through occasional planned and negotiated visits from school nurse, police officer or other appropriate people;
- Through, cross-curricular links such as English.
- Through informal curriculum and opportunities for extra curricular activities.

Contribution from other curriculum subjects might include, for example:

English – group discussion and interaction, information texts, literature and media

Maths – Handling data, including interpreting and discussing results

ICT - Finding things out, exchanging and sharing information, computer modelling

Drama – exploring and developing skills through role play

Music and art – exploring popular culture

PE – Fitness and health

RE – exploring morals, values and cultural diversity.

A wide range of teaching approaches can be used and we particularly encourage active and accelerated learning methods, which involve children's full participation. Ground rules will be negotiated when appropriate and the sensitivity of the work will be recognised, safeguarding the interests of the individual child and the whole class. The work will be regularly monitored and evaluated by all involved, including the young people.

It is important that drug education is delivered within a safe, secure and supportive learning environment. Firm group discussion rules should be established with all groups talking about drug issues. Approaches to sensitive issues will be introduced by using distancing (3rd Person) techniques

Confidentiality

Some pupils may chose to mention instances of drug use in class or with individual members of the school community. While staff will want to be supportive, it is clear that they work within child protection guidelines and clearly state that they may not be able to guarantee confidentiality.

Working with visitors

Visitors can make a valuable contribution to drug education provision but do not constitute a comprehensive programme. The rationale for bringing in a visitor must be clear. It must enhance the overall educational experience and must educate rather than sensationalise. It must fit with the stated aims and objectives of school PSHE and drug education policy. School staff must always be present and the educational outcomes evaluated. Further guidance is available from www.drugs.gov.uk & www.hertsdef.org .

Liaison between schools and with parents and the wider community

We will work with other schools in the area to develop consistent practices to support young people. This includes attention to the needs of young people as they transfer from primary to secondary school. We recognise that this and other aspects of community liaison is an important area to which we can contribute with the support of colleagues in Herts Children's Services and other local agencies. The work is developing.

Roles and responsibilities

This policy relates to all members of the school community. All staff have a responsibility for drug education and must be fully aware of this policy and its implications for themselves and for others in the community. Whenever adults interact with children, they recognise that they may be influencing attitudes and behaviour.

At home, responsibility for pupil's welfare rests solely with parents or carers. At school it is principally the responsibility of the schools. Between home and school it is shared and it is this that needs to be discussed and agreed.

All staff should consider themselves as role models whose behaviour the children are likely to notice and often follow. Staff also have a responsibility to know how they should respond to any possible drug related incidents. They receive training and support in delivering their responsibilities.

Teaching and support staff have a responsibility to contribute to the taught curriculum for drug education. They listen to the pupils and determine their specific needs. These needs are met in specific drug education inputs as well as through a wider programme of personal and social skills development.

The Headteacher and Senior Leadership Team (SLT) have the ultimate responsibility for ensuring that policy and practice in this area is followed, including appropriate curriculum content and response to drug related incidents.

The PSHE Co-ordinator is responsible for overseeing both curriculum delivery and other elements of school life contributing to drug education. This will include monitoring and evaluating drug education policy and practice throughout the school. They will also work with other co-ordinators to identify where other learning experiences contribute to drug education.

The Governor with responsibility for drug education and drug related issues has received training in drug issues and understands the issues involved and how they relate to wider issues of behaviour and school ethos. S/he contributes to developing and reviewing drug education policy and practice.

Staff training

It is essential that all school staff have general drug awareness and a good understanding of the school's drug and other related policies.

All those involved in teaching drug education need opportunities to develop skills, knowledge and confidence in addressing drug issues with pupils through continuing professional development.

Activities could include:

- Team teaching or observing other skilled staff
- Coaching from a skilled mentor
- Participating in collaborative enquiry and action research
- Training sessions or courses

Resourcing

The PSHE co-ordinator will have responsibility for organising the resources necessary to support the Drug Education Curriculum. Levels of resources will be assessed ½ yearly during the curriculum review and any resource needs will be included in the Subject Improvement Plan.

Monitoring and evaluation

The effectiveness of the drug education policy will be monitored by the PSHE coordinator as part of the ½ yearly curriculum review. This will identify the level of the children's understanding, the quality of the curriculum and the level of resources. The

review will be reported to the Senior Leadership Team.

Other monitoring might include:

- Informal comments made by teachers
- Monitoring medium and short term planning
- Lesson observation
- Looking At samples of children's work

Every year the PSHE co-ordinator will produce a Subject Improvement Plan that will be built into the School Development Plan.

The success of the policy for dealing with drug related incidents will be determined by the children's:

- Level of knowledge
- Issues addressed in drug education
- Knowledge of the risks and possible consequences of drug misuse
- The number of repeated offences following different kinds of responses or sanctions or the number of fixed term or permanent exclusions