

Beecroft Primary School Drug Education and Incidents Policy

September 2026

At Beecroft Primary we are committed to providing relevant, effective and responsible drug education to all of our pupils as part of the school's personal, social, health education (PSHE) curriculum. 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

2. Why Drug Education and management of drug Incidents is important:

- Children have a right to good quality education (United Nations Convention on the Rights of the Child).
- To enable all children and young people need to be able to make safe, healthy and responsible decisions about drugs
- helps create a safe school community, in which our pupils can grow, learn and develop positive, health behaviours for life and ensures that those for whom drugs are a concern receive support.

- Children want to be prepared for later life with many pupils reporting they receive it too late. Ofsted reinforced this in their 2013 'Not Yet Good Enough' report
- **Safeguarding:** Drug Education and effective management of incidents plays a vital part in meeting the schools' safeguarding obligations as outlined in the updated Keeping children safe in education – Statutory guidance for schools and colleges (September 2016)
- **Ofsted:** Inspectors will consider pupils' ability to assess and manage risk appropriately and to keep themselves and others safe in different situations and settings and how to keep themselves healthy and to make informed choices.
- Schools maintain a statutory obligation under the Children Act (2004) to promote their pupils' wellbeing and under the Education Act (1996) to prepare children for the challenges, opportunities and responsibilities of adult life.
- **National Curriculum:** Drug Education plays an important part in fulfilling the statutory duties the school has to meet as section 2.1 of the National Curriculum framework (DfE, updated December 2014) states.
- The government has made it clear that all state schools 'should make provision for personal, social, health and economic education (PSHE), drawing on good practice'. (DfE, updated December 2014).
- The Home Office sets out its ambition for all children to receive high quality PSHE in the Drug Strategy (2017), while the Department for Education's paper, The Importance of Teaching (2010) highlighted that 'Children need high quality PSHE so they can make safe and informed choices on issues such as substance misuse'.
- Leeds Drug and Alcohol strategy and action plan (2016-2018) – our vision is that Leeds is a city that promotes a responsible attitude to alcohol and reduces the health harms related to drugs and alcohol; to enable individuals, families and communities affected by the use of drugs and alcohol to reach their potential and lead safer, healthier and happier lives.

2. Development process

- This policy was drafted by Stephanie Carter (Mental Health Lead) in consultation. It is fully supported by the Senior Leadership Team.
- 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, 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. The policy is available 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 (26th 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, this includes newer phenomenon like vaping.

5. Policy relationship to other policies

- This policy links to:
- Anti-bullying
- Asthma
- Attendance
- Behaviour
- Child Protection/Safeguarding Children
- Confidentiality
- Continued Professional Development
- Equal Opportunities
- First Aid
- Health & Safety
- Healthy Schools
- Medication/medicines
- Mission/ethos statement
- Monitoring and Evaluation
- Outside visits and residential trips
- PSHE
- Science
- Sex and Relationships Education
- SEN/Inclusion

- Teaching and Learning
- Visitors in School

6. The wider context of drug education

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

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 and where the policy applies

- The policy applies to:
- The head teacher
- All school staff
- The governing body
- Pupils
- Parents/carers
- School nurse and other health professionals
- Partner agencies working in or with the school such as Forward Leeds Platform
- Police such as the SSPO

The term 'school' refers to:

The buildings and grounds (including the school field) 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).

Any location visited by pupils as part of an organised school visit, in and outside school hours

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.

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 Safeguarding Lead. 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

10. 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 and the Drugs/PSHE Education coordinator.

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 Leader/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 c coordinator or the PSHE Leader, should they need it

ii. Governors

- The governing body as a whole plays an active role in monitoring, developing and reviewing the policy and its implementation in school. 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.

iii. Pupils

- Pupils are consulted on the policy 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.

iv. Parents/carers

- 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, where appropriate:
 - 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. This could be done through the sharing of materials, where appropriate
 - 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

Parents/carers are generally supportive of drug education and comfortable with the school taking the lead on planned learning but want to be prepared to answer their children's subsequent questions or simply talk together about their children's learning at home. Consultation and involvement of parents/carers with drug education is likely to build their confidence and avoid some of the common misunderstandings. To support and engage parents/carers in drug education the school could, where necessary:

- provide support to them on drug education and issues
- offer workshops to find out more and view the resources used by school before it is delivered

- notify them whenever more sensitive or specific aspects of this work are covered in the curriculum
- combining with a pupil performance or assembly, for example, where pupils demonstrate what they have learnt through their drug education
- offering drug awareness as part of a broader parenting or communication programme

- holding sessions in community settings or within organisations representing particular ethnic groups
- inviting parents/carers into school to learn alongside their children

The right to withdraw

Drug education is a vital part of the school curriculum and supports child development so there is no provision for parents/carers to withdraw their child from the statutory content included in National Curriculum Science. Any parent/carer wishing to withdraw their child from drug education should firstly contact the class teacher to discuss the reasons why. The Drug Education Forum report on engaging parents in drug education can be downloaded from www.mentoruk.org.uk/resources/schools/toolkit

11. Working with other agencies and the wider community:

The School Nurse

- School nurses can most effectively support drug education by:
- supporting teachers with suitable vocabulary and resources
- helping schools with the timing and content of drug education
- informing curriculum planning by feeding back (anonymously) the common questions and concerns raised by pupils in one-to-one conversations with the school nurse

Police

- 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. Drug Education Provision

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.

National Curriculum Science (statutory and non-statutory)

Key Stage	Content
one	n/a
two	Pupils should be taught to: - recognise the impact of diet, exercise, drugs and lifestyle on the way their bodies function

	notes and guidance - 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. - Pupils might work scientifically by: exploring the work of scientists and scientific research about the relationship between diet, exercise, drugs, lifestyle and health.
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Non-Statutory PSHE curriculum: You, Me and PSHE

Whole school curriculum overview

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Autumn 1	Physical health and wellbeing Fun times	Physical health and wellbeing What keeps me healthy?	Drug, alcohol and tobacco education Tobacco is a drug - including vaping	Identity, society and equality Democracy	Physical health and wellbeing In the media	Sex and relationship education  Healthy relationships / How a baby is made
Autumn 2	 Keeping safe and managing risk Feeling safe	 Mental health and emotional wellbeing Friendship	 Keeping safe and managing risk Bullying – see it, say it, stop it	 Drug, alcohol and tobacco education Making choices	 Identity, society and equality Stereotypes, discrimination and prejudice (including tackling homophobia)	 Sex and relationship education Healthy relationships / How a baby is made

Spring 1	Identity, society and equality Me and others	Sex and relations hip education Boys and girls, families	Mental health and emotional wellbeing Strengths and challenges	Physical health and wellbeing What is important to me?	Keeping safe and managing risk When things go wrong	Drug, alcohol and tobacco education Weighing up risk
	Drug, alcohol and tobacco education What do we put into and on to bodies?	Sex and relations hip education Boys and girls, families	Identity, society and equality Celebrating difference	Keeping safe and managing risk Playing safe	Mental health and emotional wellbeing Dealing with feelings	Identity, society and equality Human rights
Summer 1	Mental health and emotional wellbeing Feelings	Keeping safe and managing risk Indoors and outdoors	Careers, financial capability and economic wellbeing Saving, spending and budgeting	Sex and relations hip education Growing up and changing	Drug, alcohol and tobacco education Different influences	Mental health and emotional wellbeing Healthy minds
	Careers, financial capability and	Drug, alcohol and tobacco education	Physical health and wellbeing	Sex and relations hip education	Careers, financial capability and economic wellbeing	Keeping safe and managing risk

	econom ic wellbei ng My money	n Medicines and me	What helps me choose?	Growing up and changing	Borrowing and earning money	Keeping safe - out and about FGM
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ii. 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)
- whole school pupil survey (every 2 years)
- 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

iii. 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:

- All year groups (from year 1 upwards)
- Delivered in science lessons
- Delivered in PSHE lessons
- school ethos
- small group work
- cross curricular links e.g. science
- assemblies
- enrichment days / weeks

iv. Working with visitors and other external agencies

Where appropriate, we may use visits and visitors from external agencies or members of the community to support drug education. This is an enrichment of our programme and

not a substitute for our core provision which is based upon the strong relationships between teachers and pupils. It may be the case that the subject under discussion is better coming from an expert or experienced health professional who can challenge pupil's perceptions. When visitors are used to support the programme, the school's policy on use of visitors will be used. *Teachers should always be present when classes have visitors.* Visitors will be given a copy of this policy, and any other relevant policies, and expected to comply with the guidelines outlined within it. Our partnership with the local community is also a priority and we recognise and value its contribution to the drug education programme.

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

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

v. 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

vi. 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.

vii. Special educational needs and learning difficulties:

Drug education helps all pupils understand their physical and emotional development and enable them to make positive decisions in their lives. We ensure that all pupils receive drug education and we offer provision appropriate to the particular needs of our

pupils, taking specialist advice where necessary. Staff will differentiate lessons to ensure that all members of the class can access the information fully. The school will use a variety of different strategies to ensure that all pupils have access to the same information.

- Some pupils will be more vulnerable to abuse and exploitation than their peers, and others may be confused about what is acceptable public behaviour. These pupils will need help to develop skills to reduce the risks of being abused and exploited, and to learn what sorts of behaviour are, and are not, acceptable.
- **Pupils who are new to English**
- The school should take into account the language skills of individual pupils, ensuring that all pupils have equal access to the drug education provision and resources.

viii. Resources

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

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

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

- Leeds Primary PSHE Scheme of work *You, Me and PSHE*
- Resources as identified in the medium term plans for the drugs education modules

ix. Assessment, recording and reporting in drug education

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:

- needs assessment is used to identify existing knowledge and skills of pupils
- assessment is built into the drug education programme to inform planning
- pupil self-assessment is used where appropriate
- assessment focuses on knowledge as well as skill development and attitudes
- 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 at the end of each year through individual pupil reports

x. Monitoring and evaluation

Monitoring activities:

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

- Holding regular reviews with individual members of staff

- Compiling a portfolio of work that includes anecdotal evidence, parental/carer comments, photographs, children's work etc.

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
- scrutinising staff planning
- samples of pupils' work

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
- feedback and evaluation by pupils
- scrutiny of assessment records
- sampling pupils' work and portfolios
- use parents assemblies

13. Safeguarding and Child Protection

If a pupil's safety is considered under threat, including incidences of parental drug or alcohol misuse then school staff will follow our child protection policy and procedures.

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

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

15. Support, advice, referral protocols and treatment

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

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

Pupils whose parents/carers or family members misuse drugs

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

Local drug and alcohol services

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

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

Policy review date: September 2027

S Carter