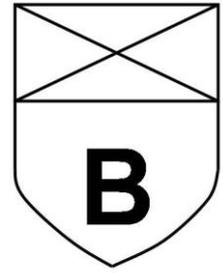


# Policy

## Bradfield CE Primary School Drug Education Policy



### Philosophy

We believe that Drug Education is something that enables children to lead a happy and healthy lifestyle in a world where drugs are used for many good purposes but are also being abused and misused.

We believe that our Drug Education programme should focus on the children themselves, their current knowledge, thoughts, feelings, concerns and needs and enable them to make responsible, informed decisions for a healthy lifestyle.

### Aims

Through our Drug Education programme we aim to develop the children's attitudes and skills to enable them to make responsible, informed decisions for a healthy lifestyle. Our drugs education reflects 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 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 their future lives. (Cited SCAA 1995 Drug Ed: Curriculum Guidance for Schools)

### We aim to: -

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

### Outcomes

We intend to achieve our aims through:

- a co-ordinated and consistent approach to the curriculum and to possible drug related incidents
- an appropriate teaching programme which responds to the children's stated needs
- clearly defined learning outcomes for lessons and other inputs

- reinforcement of key messages at different ages and stages and in different situations
- content and teaching approaches which match the needs and maturity of all pupils, including those with special educational needs and English as an additional language
- integration of drug education into the curriculum
- involvement of the whole community, including staff, governors, parents, children and relevant visitors
- training and support for staff in the planning and delivery of drug education
- regular revision of policy and practice
- recognising that adults are role models for children and committing ourselves to:

### **A smoke free environment**

- not using alcohol on the premises during a school day
- telling parents and visitors what we are doing and encouraging them to support us
- looking for ways to avoid the need for over-the-counter drugs, such as finding a quiet room or corner for headache sufferers

### **Teaching and Learning**

#### **The planned programme should:**

- explore attitudes and values as well as extend knowledge
- start with early years, be progressive and build on previous learning
- ensure pupils' needs assessment informs curriculum planning
- ensure pupils are involved in determining the content of the programme
- identify learning outcomes, appropriate to pupils' age, ability and level of maturity
- ensure visitors integrated into a planned programme and used to complement not replace teacher-led activities
- be reviewed regularly

Opportunities for drug education will be clearly identified on long, medium and short term plans. A drug education programme across the key stages, showing knowledge and understanding, skills and attitudes is in the appendix. Delivery of drug education may be planned as a discrete subject, planned through subject teaching or undertaken as a role of broader opportunities in school life.

Schemes of work are being developed with key objectives and values across the primary age phase.

Bradfield CE Primary School recognises that this programme of work, as in other areas of study, there is an interplay between the development of knowledge, understanding, skills and attitudes. The sequence in which ideas are presented in the programme is not intended to imply a teaching order; that is a matter for the individual class teachers to determine.

The National Curriculum 2000 requires that drug education be taught within the science curriculum. Pupils will consider scientific information and health and safety issues. Science also provides opportunities to assess evidence and draw conclusions. Various aspects of drug education must be addressed at different key stages within the science curriculum:

**At Key Stage 1** 5-7 year olds are taught about the role of drugs as medicines

**At Key Stage 2** 7-11 year olds should be taught about the effects on the human body of tobacco, alcohol and other drugs, and how these relate to their personal health

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In addition to science and other curriculum subjects, we have developed effective drug education within our PSHE programmes. Opportunities are also provided through the wider curriculum, for example in assemblies, during school visits and health weeks.

### **Involving Young People**

This is best achieved where:

- the teacher acts as a facilitator
- pupils learn, practice, and demonstrate personal and social skills
- pupils are actively involved in, and take responsibility for their learning
- pupils reflect on their learning and plan the next step

Following an activity, pupils need time to reflect, share reactions and start to make sense of the experience in relation to themselves and others.

The SCAA guidance suggests that ‘pupils should be given opportunities to record and reflect on the outcomes of their learning.’ (Cited in A Guide for Schools, Developing a Drug Education Policy)

### **Special Educational Needs**

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

### **Teaching – curriculum, materials and approaches**

**Delivery will be: -**

- through topics
- through planned elements of national curriculum subjects, including RE, PSHE and Citizenship, Healthy Schools events and Programme of Work (e.g. Health and Wellbeing Week)
- through pastoral time
- addressed occasionally in assemblies
- through occasional planned and negotiated visits from the school nurse, police officers or other appropriate people

A wide range of teaching approaches can be used and we particularly encourage active 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.

Our drug education programme will be provided as part of an integrated programme to cover both key stages at the school. It will include the statutory elements of the National Curriculum and the school’s Personal, Social, Moral and Health Education programme.

Both the formal and informal curriculum will avoid any sexism, racism and any form of prejudice.

A variety of teaching methods will be used, for example: drawing, writing, discussion, drama, role play, to suit the needs and interests of the pupils.

Pupils will be provided with opportunities to make informed choices and decisions.

### **Implementation and Management**

Fundamental to our school aims and objectives is the principle of involving and informing parents in the education of their child.

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All parents will be informed of the school's Drug Education Policy via the School website.

Our Drug Education Co-ordinator is the headteacher, Jenny Slade

### **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 may be influencing attitudes and behaviour.

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. Staff have a sound basic knowledge of drugs issues and are confident in their skills to teach drug education and discuss issues with pupils.

Teaching and support staff have a responsibility to contribute to the taught curriculum for drug education. It is important to listen to the children's own experiences and attitudes, to find out their specific needs. These needs should be met in specific drug education inputs. Teachers should evaluate pupils' learning against clearly stated outcomes.

The Headteacher and Senior Leadership Team (SLT) have the ultimate responsibility for ensuring that policy and practise 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 which contribute to drug education. This will include monitoring and evaluating drug education policy and practice throughout the school. The drug education co-ordinator should work with other co-ordinators to identify where there are overlaps and where other learning experiences contribute to drug education.

The Class Teacher has the responsibility of allocating appropriate timing to the learning of drug education through PSHE or science programme. They ensure that appropriate skills, knowledge and values have been taught.

Governors need to understand the issues involved and contribute to developing and reviewing drug education policy and practice. It is good practice to appoint a governor with a lead responsibility for PSHE, covering issues surrounding drugs education as well as other PSHE related subjects. Governors represent the wider school community and have an important part role in determining the approach to behaviour and general ethos of the school.

All medicines in school are used and stored appropriately in the Medical Room or Staff Room refrigerator. Medicines are administered by the office staff on completion of an indemnity form by the parent.

### **Confidentiality**

Pupils may make a personal disclosure with regard to drug use, either in class or to individual teachers. Teacher may come to possess sensitive information about pupils, some of it about illegal activity. All parties need to be clear about the rules of confidentiality.

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The promise of confidentiality is not realistic, especially when there is a risk to the safety of a pupil or other people. While staff will want to be supportive, it is clear that they work within child protection guidelines. The child should always be told when information is to be passed on. Information concerning risk to the pupils must be passed to the headteacher immediately and s/he will consult parents and other responsible adults.

In responding to any situation, we seek to balance the interests of the individual, other members of the school and extended community.

Our focus will always be on the child, not the drug.

In medical emergencies, staff must follow the attached procedures and complete an emergency record form. (See Drug Incident Policy)

Response to possible drug-related incidents

(See separate policy for drug related incidents and appendix for guidance)

The named person is the headteacher, Miss Jenny Slade or the deputy designated person, Mrs Fiona Coulam.

Equal Opportunities

All young people are entitled to our drug education programme, regardless of race, creed or gender. Written and visual resources will be carefully selected so that they are not biased in any way.

Community Links

Working in partnership with parents and carers and the wider community is an essential element.

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 clearly evaluated. We are committed to liaising with parents, secondary schools and the wider community.

We recognise that this is an important area to which we can contribute.

At appropriate times the school works with the police, youth service and local drug services to develop understanding of local issues and to inform and update on policy and knowledge.

### **Assessment, Monitoring, Recording and Reporting**

Assessment is as central to drug education as it is to any other learning process. A variety of assessment techniques should be used and they should be built into the planning of the drug education programme. Self-assessment holds a central role in PSHE and drug education. The individual's feelings and responses must always be respected.

- Any judgement about self-worth has to be made by the individual. It should be their decision whether they share it with others
- Unlike knowledge and skills, it is inappropriate to assess pupils' values. However, pupils should be encouraged to reflect on how their personal values relate to those of the school and society, and on the consequences of challenging these values

Assessment, therefore, should allow the learner to:

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- Pose the questions
- Make the judgement in the light of the evidence of his/her current strengths and needs
- Reconsider and plan in terms of his/her growth and development

Self-assessment can be influenced by the views of others. Information from a range of sources will help pupils to see themselves through the eyes of other people.

#### **What can be assessed?**

- Factual knowledge and understanding; knowledge of facts (the effects of drugs, why hygiene is important, where support and help can be found) is the least difficult aspect of personal and social development to assess. Non-threatening approaches using quizzes, word searches, and games work best. Understanding and being able to apply knowledge may be observed and assessed in real or simulated experiences, e.g. during the planning of projects or in role play
- Personal and social skills: school will ensure that pupils have had opportunities to learn and practise these. They can then be assessed in real or simulated activities

Individuals themselves, plus peers, teachers and other adults can be involved in assessing skill level and progress.

Monitoring of drug education is the responsibility of the PSHE co-ordinator, Jenny Slade. It should include checking that whole school objectives are being met, that standards of teaching and learning expected are being achieved, that resources are adequate and the scheme of work taught appropriately. This will be linked to the monitoring of the personal development, behaviour and welfare of children. Work will be regularly monitored and evaluated by all involved, including the young people. A variety of informal evaluation activities are being built into the programme. Pupils are given opportunities to reflect and record the outcomes of their learning in a variety of ways. All staff will support the drug education co-ordinator in the collation of this information and so work towards establishing a cohesive and progressive curriculum.

Teachers, pupils and parents will want to know what progress is being made in drug education. The different activities which contribute to the drug curriculum will be included in the PSHE section. It will generate opportunities to record learning and progress in different ways. We are required to keep records on all aspects of pupils' development. The pupils' annual school report includes a commentary on personal and social learning. Teachers negotiate statements from the earliest years, with pupils taking increasing responsibility for them as they become older through their self-assessment sheets.

#### **Professional Development**

All staff will receive support and training on drug education, either by in house methods or external agencies. This may be whole school training or for individual staff to build confidence in the teaching of drug education.

#### **Links to other Policies**

for example:

PSHE, equal opportunities, visits, health education

Lunchtime, anti-bullying, behaviour

Health and safety, healthy eating

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### **Resources**

A list of resources used for the teaching of drug education can be found in the PSHE cupboard. Agencies who provide support to our school in the teaching of drug education care, e.g. police liaison, school nurse, Drugline.

### **Review**

The policy will be reviewed in the line with the policy review dates, by the PSHE Co-ordinator in conjunction with the teaching staff. Governors will be consulted at this review.

The review of policy and any amendments will need to be considered when dating the School Development Plan. An action plan to be completed with appropriate action for the year, encompassing future thinking. The co-ordinator will attend regular inset courses to keep up to date on drug related issues.

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## Appendix

### Our Drug Education Programme

<b>Key Stage 1 Knowledge and Understanding</b>	<b>Key Stage 1 Skills</b>	<b>Key Stage 1 Attitudes</b>
<ul style="list-style-type: none"><li>• school rules relating to medicines;</li><li>• basic information about how the body works and ways at looking after the body;</li><li>• the role of medicines (both prescribed and over-the-counter) in promoting health and the reasons people use them;</li><li>• understanding that all drugs can be harmful if not used properly;</li><li>• simple safety rules about medicines and other substances used in the home, including solvents;</li><li>• people who are involved with medicines (such as health professionals, pharmacists, shopkeepers);</li><li>• people who can help children when they have questions or concerns;</li><li>• consideration of alcohol and tobacco, their general effects on the body and behaviour.</li></ul>	<ul style="list-style-type: none"><li>• communicating feelings such as concerns about illness and taking medicines;</li><li>• following simple safety instructions;</li><li>• when and how to get help from adults.</li></ul>	<ul style="list-style-type: none"><li>• valuing one's body and recognising its uniqueness;</li><li>• attitudes towards medicines, health professionals and hospitals;</li><li>• attitudes towards the use of alcohol and cigarettes.</li><li>• Responses to media and advertising presentations of medicines, alcohol and smoking.</li></ul>

<b>Key Stage 2 Knowledge and Understanding</b>	<b>Key Stage 2 Skills</b>	<b>Key Stage 2 Attitudes</b>
<ul style="list-style-type: none"><li>• school rules relating to alcohol, tobacco, solvents and illegal drugs;</li><li>• different types of medicines;</li><li>• legal and illegal drugs including their form, their effects and their associated risks;</li><li>• people who can help children when they have questions or concerns;</li><li>• dangers from handling discarded syringes and needles;</li><li>• more detailed information about the body, how it works and how to take care of it.</li></ul>	<ul style="list-style-type: none"><li>• identifying risks;</li><li>• coping with peer influences;</li><li>• communicating with adults;</li><li>• decision-making and assertiveness in situations relating to drug use;</li><li>• giving and getting help;</li><li>• safety procedures and basic emergency aid procedures.</li></ul>	<ul style="list-style-type: none"><li>• valuing oneself and other people;</li><li>• attitudes and beliefs about different drugs and people who may use or misuse them;</li><li>• responses to media and advertising presentations of alcohol, tobacco and other legal drugs;</li><li>• taking responsibility for one's own safety and behaviour.</li></ul>

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