



**Broughton Hall High School
Technology College**

**DRUG EDUCATION POLICY
(INCLUDING THE MANAGEMENT OF DRUG RELATED INCIDENTS)**

1. INTRODUCTION

One of the four key aims of the Government White Paper 'Tackling Drugs to Build a Better Britain' (1998) was to help young people resist drug misuse in order to achieve their full potential in society.

Drug misuse is most common amongst people in their teens and early twenties, but the average age of first drug use is becoming younger. There is a strong correlation between the use of illegal drugs and the use of volatile substances, tobacco and alcohol amongst young people and for early to mid-teenagers; there are strong links between drugs problems, exclusion or truancy from school, break-up of the family, and initiation into criminal activity

Most children and young people of school age will never have used an illegal drug, although most will, at some stage, be treated medically with drugs or will try tobacco and/or alcohol. Of those who have experimented with illegal substances, very few will go on to become problem drug users. Nevertheless, all pupils, regardless of age, will be exposed to the effects and influences of drugs in the wider community and may be vulnerable to situations in which they could try both legal and illegal drugs.

Research shows that a drug education programme which addresses knowledge, skills and attitudes, challenges misconceptions and uses interactive teaching strategies can help to reduce consumption of drugs, delay onset of first use and can help to reduce the risks associated with drug use.

Drug education in schools is therefore an essential component of drug prevention and should be delivered through Personal, Social and Health Education (PSHE) and Citizenship and fulfil the National Curriculum Science Order. It should be appropriate to the age and maturity of pupils and have realistic aims.

This policy has been developed in view of the following documents:

- Drugs: Guidance for Schools (DfES/0092/2004)
- Joining Forces (Association Chief Police Officers, 2005)
- National Healthy Schools Programme (DfES, 2005)
- A Time for Change? Personal, Social and Health Education (Ofsted, 2007)
- Drug Education in Schools (HMI 2392, Ofsted 2005)
- The National Drug Strategy (1998)
- Liverpool Healthy Schools. Drugs & Alcohol: Education, Assessment and Intervention
- Every Child Matters Outcomes Framework (2005)
- Smokefree Legislation for England (1 July 2007)

National Healthy Schools Programme (DH/DfES, 2005)

Broughton Hall High School aspires to achieve the Liverpool Healthy Schools Standard for Drug Education (encompassed within PSHE Core Theme required for National Healthy School Status)

With the criteria in mind, we will endeavour to:

- Consult with Parents, Pupils, Governors, LA and Health Professionals on all matters of the Drug Education Policy.
- Listen to the views of parents and pupils regarding Drug Education and thus constantly evaluate the success of the programme delivered.
- Assess the needs of both teachers and pupils on a regular basis.
- Use local initiatives to inform and update practice.
- Regularly monitor the delivery of Drug Education.

“Children will achieve most at school when both their health and learning needs are met” (Liverpool Healthy Schools Guidance)

2. SCHOOL DESCRIPTION

Broughton Hall is an average sized Catholic Girls Secondary School. It has had specialist schools status since 1998. It draws its students from a wide area that includes some pockets of considerable social and economic disadvantage. Most students are from White British backgrounds. The proportion of students with learning difficulties and/or disabilities is below average, as is the proportion with a statement of special educational need. The school has gained a number of awards including the International Schools award, SportsMark, ArtsMark Gold, Eco Schools and Healthy Schools Awards. It is the lead school in the West Derby learning network, is a member of the Liverpool East post -16 collaborative partnership, and has many international links.

3. MISSION STATEMENT & VALUES / ETHOS

Founded by the Sisters of Mercy, Broughton Hall is committed to the Catholic Education of girls through Gospel values which permeate the life of the school.

Our school aims are;

- To recognise, nurture and celebrate the unique gifts, dignity and potential of each individual
- To develop a caring, joyful and friendly community in which all work hard and are happy
- To achieve excellence through an education which is concerned with the whole person and enables each person to develop spiritually, aesthetically, vocationally, physically, and academically.
- To foster a strong sense of community by generosity of spirit, sensitivity and tolerance, and forgiveness and compassion
- To ensure that prayer and worship underpin the daily life of the school.

Our schools objectives are;

- To ensure that all school policies and documents are rooted in these aims
- To ensure that each pupil leaves with a positive self-image
- To provide a curriculum and teaching strategies which acknowledge and respond to the needs of all
- To create a welcoming, safe, attractive environment
- To promote an awareness of equal opportunities, social justice, peace and global issues
- To strengthen the partnership of staff and pupils with parents, governors, parishes and local community, united in a common purpose

4. DEFINITIONS & TERMINOLOGY

For the purpose of this policy, a drug is defined as: **“a substance people take to change the way they feel, think or behave”** (United Nations Office on Drugs and Crime).

This broad definition allows for the inclusion of all medication (see schools Administrations of Medicine Policy), legal/illegal drugs (including alcohol and tobacco) volatile substances (see also the school's Health and Safety Policy and COSHH Policy) and all "over the counter" and prescription medicines.

Alcohol is not permitted at any time on the school site or during school visits except on special occasions such as at the discretion of the Head teacher and when staff are not acting in loco parentis, for example, events run by PTA, staff parties etc.

5. POLICY DEVELOPMENT & LINKS TO OTHER POLICIES

This policy was developed by S Clarke in March 2010 in consultation with SMT members, Governors, all teaching staff, pupils, parents, the Healthy Schools Team. This policy sets out the schools approach to drug education and how the school will respond to drug-related incidents within the responsibilities of the school.

This policy incorporates the multi-agency Liverpool protocols for Drugs & Alcohol: Education, Assessment and Intervention and therefore removes the need for a separate policy for managing drug-related incidents.

This policy has obvious links with the following school policies and should be considered within the context of these documents:

- PSHE and Citizenship;
- Health and Safety / COSHH (Control of Substances Hazardous to Health);
- The Administration of Medicines
- Education for Personal Relationships
- Safeguarding /Child Protection
- Confidentiality
- Healthy Schools
- RE
- Health and Safety
- Equal Opportunities
- Behaviour for Learning
- Anti-Bullying Policy
- Science
- Non-Smoking Policy

To whom does the policy apply?

This policy applies to all of the following people when they are on the school premises: pupils, staff, governors, parents/carers and visitors.

Breaches of this policy by any of those mentioned will be dealt with by the Head teacher/Governing body. This policy also applies to pupils and staff when off-site when the staff are acting in loco parentis. So, this includes all educational visits, including those abroad.

Although the school is not responsible for pupils travelling to and from school we will work with parents and / or other agencies should any problems be identified. The school is responsible for pupils during break and lunchtimes and this policy applies during these times. It also affects the use of school premises after normal school hours. Organisers of any after-school events should be made aware of the policy and their responsibility to implement it.

6. AIMS & OBJECTIVES OF DRUG EDUCATION

Aims and objectives of this policy

- To provide a framework for effective drug education
- To provide systems for dealing with drug-related incidents within the school environment.
- To ensure that the school's drug education programme reflects the aims and values of the school and its governing body.

Aims and objectives of drug education

"The aim of drug education is to provide opportunities for 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." (DfES, 2004 in 'Drugs: Guidance for Schools', p18)

The DfES (2004, p 27) and Ofsted (2007,p19) state that drug education should:

- increase pupils' knowledge and understanding;
- clarify misconceptions about drugs;
- develop pupils' personal and social skills to make informed decisions and keep themselves safe and healthy;
- develop pupils' self-esteem and self-awareness;
- enable pupils to explore their own and other people's attitudes towards drugs, drug use and drug users;
- enable pupils to challenge stereotypes and explore media and social influences;
- take account of pupil's views so that it is both appropriate to their age and ability, and relevant to their particular circumstances; and
- be supported by a whole school approach that includes the school's values and ethos, staff training and the involvement of pupils, staff, parents/carers, governors and the wider community;

Good drug education will help schools to ensure that children achieve the five outcomes of Every Child Matters, with particular contribution to Be Healthy and Stay Safe outcomes.

In addition, the Education Act 2002 places a statutory responsibility upon schools to provide a broad and balanced curriculum which:

- Promotes the spiritual, moral, cultural, mental and physical development of pupils at the school.
- Prepares pupils for the opportunities, responsibilities and experiences of adult life.

At Broughton Hall High School we aim to provide our children with the knowledge, understanding and skills that will enable them to make the sort of choices that lead to a healthy lifestyle and develop to their full potential.

The main aims of our drug education programme are to:

- Enable each pupil to develop confidence and self-esteem
- Raise pupils' awareness of the world of drugs so that they can make informed and responsible decisions about their own drug use in order to reach their full potential
- Encourage a healthy respect for all substances taken into the body
- Enable pupils to explore their own and other's feelings, views, attitudes, and values towards drugs and drug-related issues.

A baseline evaluation of pupil's knowledge and understanding of drugs will be undertaken to ensure the programme reflects and meets the needs of the pupils within the school. Where possible liaison has taken place between the school and its feeder primary schools to ensure a spiralling curriculum is in place and there is consistency in managing drug-related incidents.

7. EQUALITY OF OPPORTUNITY

Drug education will be provided to all pupils with consideration of any particular needs (see also the Equal Opportunities policy).

Difference and Diversity in Culture, Disability, Faith and Gender

The challenge for teachers delivering drug education within a multi-cultural and multi-faith society is to develop a curriculum and methodology that is open to all young people but which recognises, respects and celebrates differences.

Teachers should be able to deal honestly and sensitively with questions and offer support. The school will not tolerate any kind of bullying (see Anti-Bullying Policy).

Additional Needs

Children registered as having Special Educational Needs have the same right to good drug education as any other pupil and will be taught alongside all other pupils. However, teachers must be aware of and respond to their needs in drug education lessons just as in any others, taking account of targets set in the pupils' Individual Education Plans.

The school is aware that due consideration should be given to the educational entitlement of all the pupils in its care and they are taught appropriately. Where necessary we will seek guidance, advice and resources from the Local Authority.

8. ORGANISATION, PRACTICE & IMPLEMENTATION OF DRUG EDUCATION

Drug Education is delivered through the integrated PSHE Personal Wellbeing curriculum in Key stages 3 & 4. In year 8, The Enquiring Minds module Healthy, Wealthy & Wise includes a drug awareness section which involves participating in the Rush Drugs awareness programme at the Maritime Museum. This includes: identification of drugs, effects physical, social & emotional. This module is delivered in the autumn half term. In year 9 a drama theatre company presented a play which covered issues related to taking illegal drugs and family life.

In key stage 4 Drugs education is delivered through Health Days incorporating outside agencies to give specialist knowledge & advice on 1st March 2010 (Year 10) & 29th March 2010 (Year 11). The days include a drama presentation on substance misuse and hot seating session.

Substance misuse & its effects are discussed within the RE curriculum in terms of relational breakdown and impact on personal and family life. In year 10, the Edexcel Science curriculum includes the effects of legal Tobacco and Alcohol and illegal drugs on the nervous system & health.

The National Curriculum and Education Act 1996 Requirements

The National Curriculum Science Order states that:

- At Key Stage 3 pupils should be taught:
 - about the role of lung structure in gas exchange, including the effects of smoking
 - that the abuse of alcohol, solvents and other drugs affects health
 - how the growth and reproduction of bacteria and the replication of viruses can affect health, and how the body's natural defences may be enhanced by immunization medicines

- At Key Stage 4 pupils should be taught:
 - the effects of solvents, alcohol, tobacco and other drugs on body functions

Within PSHE & Citizenship (non-statutory)

- At Key Stage 3 pupils should be taught:
 - basic facts and laws, including school rules, about alcohol and tobacco, illegal substances and the risk of misusing prescribed drugs
- At Key Stage 4 pupils should be taught:
 - about the risks of alcohol, tobacco and other drugs use, early sexual activity and pregnancy, different food choices and sunbathing, and about safer choices they can make.

There are further opportunities available to teach drug education in the statutory Citizenship within school.

ICT Links

The appropriate use of ICT Resources is used to augment and enhance the children's drug education.

Teaching and Learning

The process of learning is informal, using a range of teaching strategies to meet the learning style of each student. The aims are to provide a safe environment & to encourage & maximise active participation of students. Strategies include:

- Well structured lesson plans with learning outcomes clearly identified
- Clear ground rules for managing discussion of sensitive & controversial. issues
- Thinking skills activities
- Class discussion
- Question and Answer sheets
- Working in pairs/groups
- Videos
- Guest Speakers
- Role Play
- Drama Workshops
- Reflection

The planning involves taking note of staff & student feedback which informs the planning process. Two students from each class will fill in a reflection on the lesson and its content. Staffs have the opportunity to feedback their thoughts at the end of module team meeting.

Drug education is delivered using a broad variety of teaching and learning strategies. Where the teaching and learning includes issues which may be sensitive, staff and pupils will work within clearly understood and applied ground-rules in line QCA Guidance. (See also section relating to confidentiality.)

Teaching programmes reflect the pupils' knowledge and understanding of drugs and drug issues by implementing a baseline evaluation technique.

Drug education is also taught via one-off events such as 'No Smoking Day' and via the Science National Curriculum (as outlined above). The PSHE coordinator will review the drug education provision on an annual basis through discussion with the teachers involved with the delivery of the programme and the school council.

Staffing

Ms Clarke has overall responsibility for drug education. Staff training needs are met through Continuous Professional Development, INSET training and individual staff development.

Mrs Meg Buckley is the appointed Governor.

In Key Stage 3, sessions are delivered by Enquiring Minds staff and in key stage 4 by RE/Science staff and specialist staff from outside agencies.

The Use of Visitors/Outside Agencies

Visiting facilitators (e.g. theatre companies, external partnership agencies such as the school nurse, fire brigade etc.) can enhance the delivery of drug education and some pupils do respond better if they perceive the deliverer to be an 'expert' rather than their 'normal' teacher.

However, visitors will only be used in the programme if they can offer an expertise, approach or pupil response which cannot be achieved by the teachers. Where visitors and outside agencies are involved, their contribution must have been planned as part of an overall programme of Drug Education. Their contribution should complement the teaching already taking place in the school

The use of visiting experts should ensure that the Liverpool Healthy Schools Checklist for Supportive Partnerships is given due consideration. The member of staff organising the session/event is responsible for ensuring that the content of sessions is appropriate and that the visitors are appropriately qualified with adequate background checks where applicable.

9. RESOURCES

All resources for drug education are regularly reviewed and updated in line with the education aims of this policy and reflecting Drugs: Guidance for Schools (DfES/0092/2004). Clear instructions on use of the resources are included – pupil and teacher information is separated and, where appropriate, handouts can be photocopied.

Resources used in drug education in this school:

- support the school's agreed aims, the aims of lessons and the objectives and values framework for drug education;
- conform to the legal requirements of drug education;
- are appropriate to the needs of the pupils;
- avoid racism, sexism, gender and homophobic stereotyping;
- encourage active and participatory learning methods;
- portray positive images of a range of young people;
- can be used as discussion materials;
- are adaptable for use with all pupils;
- are factual and up to date; and
- contribute to a broad, balanced PSHE Curriculum.

10. ROLES & RESPONSIBILITIES

The Role of the Head Teacher

The Head Teacher takes overall responsibility for providing a safe place of work for all staff and pupils and as such takes responsibility for this policy, its implementation, and for liaison with the Governing Body, parents/carers, Local Authority and appropriate outside agencies in the event of a drug-related incident.

Pupils who are suspected of being at risk from drugs, and in particular truanting pupils will be supported and monitored with assistance from relevant agencies such as the Local Safeguarding Unit, Young People's Substance Misuse Team, and Police.

It is the responsibility of the Head Teacher that all staff and parents are informed about this policy and that it is implemented effectively. It is also the Head Teacher's role to ensure that all staff have appropriate support and training so that they can teach effectively with sensitivity and understanding.

The Head Teacher will monitor the policy on a regular basis and report to the Governors on request.

The Head Teacher or in his absence a senior member of staff is the first point of contact for advice/support in dealing with a drug-related incident.

The Role of the Governors

The governing body has the responsibility of setting down these general guidelines on drug education, and will support the Head Teacher in implementing them. Governors will inform and consult with parents about the drugs education policy. Governors will also liaise and consult with the Local Authority and Health organisations so that the school's policy is in line with national and local guidelines. The named lead Governor with responsibility for this policy is Mrs Meg Buckley.

The Role of Parents/Carers

Parents/carers are encouraged to support the school's drug education programme. They are responsible for ensuring that guidelines relating to medication in school are followed (see Administration of Medicines Policy).

We wish to build a positive partnership with the parents of our children and this can only be achieved through mutual trust and co-operation.

We aim to:

- inform parents about the schools' drug education policy, programme and practice;
- invite parents to view the materials and resources used to teach drug education;
- ensure that parents/carers are aware they can contact school to discuss any concerns relating to drugs
- answer parental questions about drug education and where necessary signpost a parent to the relevant support agencies;
- encourage parents to be involved in reviewing the school policy and implementing modifications;
- inform parents about best practice with regard to current drug education so that they may support the key messages being given to the children in the school.

The Role of the Pupils

Two students from each class will fill in a reflection on the lesson and its content i.e. what they have learnt, what they have enjoyed/didn't enjoy and will suggest what further information they would like on the subject. The students complete an annual review. This will ensure that quality learning will take place and the needs of the students are met.

The Role of the PSHE/Drug Education Coordinator

The coordinator, together with the head teacher, has a general responsibility for supporting other members of staff in the implementation of this policy. The PSHE coordinator will provide a lead in the dissemination of information relating to drug education. They are responsible for identifying and providing good quality resources and in-service training. The PSHE coordinator is Ms Roberts.

The PSHE/Drug Education Coordinator will regularly attend LA meetings and courses. They will keep the Head Teacher, Governors and staff informed on up-to-date trends and current good practice.

Other Staff

March 2010
Next Review: March 2012

Drug prevention is a whole school issue. All staff, both teaching and non-teaching, should be aware of the policy and how it relates to them should they be called upon to deal with a drug-related incident. This includes lunchtime supervisors and the site manager and cleaning staff. If they have any queries or training requirements these should be made known to Ms Clarke, Deputy Head Teacher. The caretaker regularly checks the school premises – any substances or drug paraphernalia found will be recorded and reported to Ms Clarke and dealt with in accordance with this policy.

11. MONITORING, RECORDING, ASSESSMENT & EVALUATION OF DRUG EDUCATION

Each piece of PSHE/Drug work will be assessed by staff, given a build grade and uploaded onto Moodle.

Assessment and Record Keeping

Teachers will make assessments on progress in knowledge, understanding and skills. These assessments will inform the teachers planning and future delivery. Drug education will be assessed in a number of ways including:

- Pupil self assessment and the opportunity for reflection
- Discussion and peer group reflection
- Teacher assessment of pupil attainment by observation and review of student written work

Progress and achievement in drug education should form part of the PSHE section of the annual report to parents and carers, and will be communicated to the next class teacher in order to ensure continuity and progression

Monitoring and Evaluation of Drug Education

Ms Clarke and The PSHE Coordinator are responsible for the overall monitoring and evaluation of the drug education programme. This will include:

- reviewing samples of pupils' work
- teachers making comments on the scheme of work and lesson plans
- feedback from teachers involved in the delivery of the programme
- feedback from pupils
- including PSHE as an agenda item at Senior Leadership Team Meetings

The views of pupils and teachers are essential for evaluation of the drug education programme. Feedback will be gained through discussions and written responses when necessary. Changes, if needed, will be made to the planning and teaching of the programme in light of the evaluation and evidence of best practice.

12. CHILD PROTECTION & CONFIDENTIALITY

“Everyone in the Education Service shares an objective to help keep children and young people safe.” This is a shared objective from – Safeguarding Children in Education – September 2004

If a child discloses information relating to misuse of drugs including alcohol then absolute confidentiality cannot be guaranteed and disclosure by pupils of information relating to the misuse of drugs may be reported to the Head Teacher or in his/her absence, Ms Clarke senior member of staff.

It is the responsibility of every member of staff to know and abide by the school's Child Protection procedures. If any member of staff has a concern about the safety of a pupil they must record their concerns and pass them on to the school's Child Protection Co-ordinator. Children have rights under the Children's Act 1989 and can thus expect incidents of issues

relating to drugs to be treated sensitively. However, teachers should fulfil their professional responsibilities in relation to:

- child protection/child in need procedures
- co-operating with police investigation
- referral to external services

Pupils should know the rules regarding confidentiality and be reminded of them when appropriate with the establishment of clear ground rules that cover issues such as the teachers' and pupils' right to privacy and respect. Similarly, teachers should be aware that they are unable to offer confidentiality in discussions in lessons.

However, health care professionals (such as the school nurse) are able, under certain circumstances to maintain confidentiality except in circumstances where they have Child Protection concerns.

If rumours of drug misuse are disclosed the Head Teacher should be informed – the Head Teacher should assess the information and decide whether further action is to be taken

Guidance can be found in the Confidentiality Policy on the web site.

13. MANAGING SPECIFIC SITUATIONS: DEALING WITH DRUG RELATED INCIDENTS

Recording of Drug Related Incidents

In the Liverpool Guidance (Drug & Alcohol ; Education, Assessment and Intervention) for the management of drug related incidents in schools in Liverpool. Head Teachers, the Healthy Schools Team, Children and Young People's Services and Youngaddaction have all agreed the protocols. Our school also agrees to follow these protocols. Therefore, any information about drug related incidents/concerns will be recorded using the procedure indicated by calling the Healthy Schools Drug and Alcohol Co-ordinator on 0151 706 9747 or the PSHE Teacher Advisor 0151 233 3901

A flowchart for referral procedure for dealing with drug and alcohol incidents and concerns is on page 9 of the guidance document.

Use of Prescribed Medicines

The school is aware of and follows the local guidelines on the administration of prescribed medicines.

Unauthorised Substances

This section provides a framework for dealing with incidents surrounding the use, suspicion of use and finding of drugs and substances. The school does not condone the use of drugs but will endeavour to support any pupil with a drug problem in line with its pastoral responsibilities.

Staff should be aware that if they

- a) fail to take action in a drug-related incident, or**
- b) allow drug use to continue on school premises**

they could contravene the Misuse of Drugs Act 1971.

It should be noted that if the preservation of a confidence

- a) enables criminal offences to be committed, or**
- b) results in serious harm to the pupil's health and welfare**

criminal proceedings could ensue.

Following any incident staff should contact the Healthy Schools Drug and Alcohol Co-ordinator on 0151 706 9747 or the PSHE Teacher Advisor 0151 233 3901.

No substances are to be brought onto the school premises unless authorised by the Head Teacher or through the agreed protocol for the use of medicines on the school premises.

This includes, alcohol, tobacco, volatile substances, medicines (see Administration of Medicines Policy) and all illegal drugs. This applies to anybody using the building regardless of age or whether they are staff or pupils of the school.

What to do in the event of finding someone caught smoking tobacco on the premises

Refer to the local Liverpool Guidance/school's No-Smoking Policy

Record incidences according to the school no-smoking policy/Liverpool Guidance

What to do in the event of finding a drug or suspected illegal substance/drug paraphernalia

Following any incident staff should contact the Healthy Schools Drug and Alcohol Co-ordinator on 0151 706 9747 or the PSHE Teacher Advisor 0151 233 3901.

What to do in the event of finding or suspecting a pupil is in possession of a drug or is supplying a drug/supply is occurring on/near school premises.

- Request that the pupil hand over the article(s). Staff can ask pupils to turn out pockets or bags, but can not demand that this happens.
- Having taken possession of the substance/paraphernalia **staff should contact the Healthy Schools Drug and Alcohol Co-ordinator on 0151 706 9747 or the PSHE Teacher Advisor 0151 233 3901.**
- In this case, whilst there is no legal obligation to give the police the pupil's name, the police will take legal action if the Head Teacher/parents wish to do so.
- Pupils should be placed in isolation until the matter has been investigated.
- Parents/carers should be contacted as quickly as possible. Consider any relevant Safeguarding/Child Protection issues where appropriate, inform Ms Clarke, Designated Safeguarding Officer.

The Head Teacher/PSHE or Drug Education Coordinator should complete the appropriate 'Record of incident involving unauthorised drug' form and forward to the relevant agencies.

Extreme care should be taken if hypodermic needles are involved.

If a pupil refuses to hand over articles a search may be required – it should be noted that:

- Teachers can search school property, i.e. cupboards and trays without permission.
- Teachers should not search pupils or personal possessions. An enforced search by staff could be interpreted as an assault.

Procedures for dealing with a child suspected to be under the influence of a drug or substance.

1. Refer to schools First Aid Policy – the following suggestions are given for guidance only.
 - Stay calm, place child in a quiet area.
 - Do not leave child unsupervised
 - Seek medical advice from a First Aider.
 - If the child is drowsy or unconscious place them in the recovery position, loosen tight clothing and attempt to establish what the child has taken.
2. Any suspected substances might need to travel with child if removed for treatment.

3. Vomit should be safely collected where possible and also taken with the child (for analysis).
4. Parents/carers should be contacted as quickly as possible. Consider any relevant Safeguarding/Child Protection issues where appropriate (consult the named Child Protection/Safeguarding Coordinator in school if necessary).
5. The Head Teacher or Deputy Head Teacher should complete the appropriate 'Record of incident involving unauthorised drug' form and forward to the relevant agencies.

What to do in the event of disclosure about pupil's own drug use, parents'/carers drug use, or parents'/carers concern about their child's drug use.

1. Offer further information/support regarding substance use, and the support services available.
2. Inform parent/carer if appropriate i.e. if this will not place the young person concerned at risk (refer to Child Protection/Confidentiality Policy). Consider any relevant Safeguarding/Child Protection issues where appropriate and inform Ms Clarke and consider invoking child in need/child protection proceedings in accordance with the school's policy.
3. Where the disclosure means that staff feel the child is at risk of significant harm, staff should consider whether to invoke child protection procedures and where illegal drugs are involved,

Procedures for dealing with Parents/carers under the influence of drugs on the school premises.

1. Staff should attempt to maintain a calm atmosphere.
2. If staff have concern regarding discharging a pupil in to the care of a parent/carer attempts should be made to discuss alternative arrangements with the parent/carer, for example requesting another family member escort the child home.
3. The focus of the staff must be the maintenance of the pupil's welfare, as opposed to the moderation of the parent's behaviour.
4. Where the behaviour of the parent/carer immediately places the child at risk of significant harm or repeated behaviour places the child at risk or the parent/carer becomes abusive or violent, staff should consider whether to invoke child protection procedures and where illegal drugs are involved, staff should also consider invoking legislative action via involvement of the police.
5. The Head Teacher should complete the appropriate 'Record of incident involving unauthorised drug' form and forward to the relevant agencies.

When to contact the police

There is no legal obligation for the school to contact the police when a drug incident or offence has been discovered. Contacting the police is at the Head Teacher's discretion. However, Liverpool has worked hard to develop mutually agreed protocols for dealing with drug related incidents in schools and our school has agreed to use these protocols. Therefore, any information about illegal sales of drugs including alcohol and tobacco will be reported to them via the **Healthy Schools Drug and Alcohol Co-ordinator on 0151 706 9747 or the PSHE Teacher Advisor 0151 233 3901.**

In the event of a drug-related incident in the school, the school would cooperate with the police should they wish to search premises. A senior member of staff will accompany any search and any damage will be noted.

In the event of a serious incident the police may request to interview pupil(s). Parent(s)/carer(s) must be notified. They may refuse to give consent or prefer the interview to take place in their own home, in which case the police will make arrangements. Parents/carers may give authority to a responsible adult, e.g. a teacher to be present during the interview.

Dealing with the Media

If there has been a drug-related incident, the Local Authority will be informed by the Head Teacher. Advice will be given by the Local Authority on dealing with enquiries from the media in order to protect the interests of the child and the school.

In the first instance it is recommended that you contact the Local Authority School Drugs Advisers for advice and support.

Informing Parents

Parents/carers have the right to be informed of any incident that could result in potential harm to their child. This can be a very sensitive issue for parents, and therefore, it will be handled with care and consideration. The Head Teacher will consider if there are any special circumstances, which may temper this right. The local Safeguarding Unit may be contacted in the first instance and advice sought, Child Protection Policy and procedures need to be referred to.

Discipline

In normal circumstances parents will be contacted. If the Head Teacher assesses that the situation is a child protection issue then CPS will be contacted in the first instance. Further help and support is available from the Local Authority Exclusions Officer.

This school does not condone drug misuse. However, in deciding an appropriate sanction the school must consider the interests of the child balanced against the best interests of the whole school community. Whilst exclusion is a possible sanction (fixed or permanent) it would only be used as a last resort. A range of responses may also be considered that may include:

- A target pastoral support programme
- Referral to an appropriate agency such as Youngaddaction 0151 706 9747
- Behaviour support plans
- A managed move
- Fixed term exclusion
- Permanent exclusion

Consideration should be given to:

- the age of the pupil
- whether one pupil or a group of pupils is involved.
- whether there is evidence of particular peer pressure
- whether it is the pupil's first offence

14. MONITORING & EVALUATION OF POLICY

A copy of this policy is provided in the staff policies file on the school website and in the governors' policies file. A copy will be made available to any parent should they wish to see one.

Date of implementation March 2010.

15. REVIEW

This policy will next be reviewed in March 2012 by the lead Governor, Head Teacher, PSHE Coordinator, pupils and other relevant outside agencies e.g. The Healthy Schools Team. This will include evaluation of teaching and learning activities, current resources and staff training and the use (if any) of outside visitors.

Next review date: March 2012

16. SIGNATURES

Signed..... Head Teacher

Signed Chairman of Governors

GUIDANCE ON CONFIDENTIALITY

AIMS

This guide aims to raise awareness of Confidentiality for staff, parents and pupils.

Whilst it is important that this document is not too prescriptive it should offer all staff working directly with pupils some guidance on dealing with a variety of situations and disclosures. It is hoped that it will help in bridging the gap between general pupil support and the identification of Child Protection issues.

It is essential that parents and pupils have a clear understanding of the pastoral support available to their son or daughter within the school. This gives parents reassurance and staff greater confidence when called upon in a supporting situation.

'In managing drugs schools need to have regard to issues of confidentiality. Teachers cannot and should not promise total confidentiality. The boundaries of confidentiality should be made clear to pupils.' See Drugs: Guidance for Schools (DfES/0092/2004, p54)

Given the potential for uncertainty and ambiguity, it is vital that everyone working in school is aware of the boundaries of their legal professional roles and responsibilities, so that they can work together to ensure the best interests of the pupils. This includes supply staff, students and visitors.

THE LAW ON CONFIDENTIALITY IN SCHOOLS

Although there are laws relating generally to drug education i.e. that drug education is an entitlement under Section 351 of the Education Act 1996 and guidance that suggests drug education should 'enable those who have concerns about drugs to seek help,' there is no legislation relating specifically to confidentiality in schools. There is guidance on confidentiality but this is not legally binding. See Drugs: Guidance for Schools (DfES/0092/2004)

Pupils have the right to expect schools to provide a safe and secure environment. Any fears or worries that they bring into the classroom should not go unnoticed by staff. Teachers should be aware that effective drug education which brings an understanding of the types of drugs and risks associated with their use, can lead to disclosure of a Child Protection issue.

LINES OF RESPONSIBILITY & REFERRAL

Even if some of those working in schools are unable to offer absolute confidentiality to a young person, they can and should be honest and open about the terms of the relationship that they can offer, and understand those of other professionals.

It is possible for young people to identify any number of adults as approachable, trustworthy and responsible.

As such, disclosures can take place at any time, anywhere and with anyone from reception staff to PE teacher, Learning Mentor to Dinner Lady not forgetting a plethora of external agencies including School Nurses.

Disclosure from pupils may take place at an inappropriate moment or in an inappropriate place. If this happens the adult should talk again to the pupil individually as soon as possible before the end of the day.

All staff at Broughton Hall High School will be made aware of the internal lines of responsibility within the school and guidance on how to link in with other agencies that may

be involved and this should be made part of a staff induction for new staff and can be reviewed intermittently through inset.

THE DISCLOSURE PATHWAY

- The teacher/adult will approach the designated member of staff
- The school Safeguarding/Child Protection Procedures will be followed
- The designated member of staff will make sensitive arrangements, in discussion with the pupil, to ensure that parents/carers are informed

If approached by a member of staff or adult they should:

- Tell the pupil straightaway (preferably before they disclose anything) that they may have to involve another member of staff or inform their parents.
- Ask the pupil if they still want to talk about it or would they prefer to speak with someone who may be able to treat it more confidentially e.g. school nurse.
- Ask the pupil what they would like to happen to resolve the situation they have raised.

HEALTH PROFESSIONALS

Effective drug education should enable and encourage young people to talk to a trusted adult if they are using drugs or are contemplating doing so. It is desirable, although not always possible, that that person should be their parent or carer. The law allows health professionals to see and in some circumstances treat young people confidentially.

In order to be able to take responsibility for their actions, young people need to be more generally aware of the law relating to legal and illegal drugs, and in local confidential services.

Health professionals are bound by their professional codes of conduct to maintain confidentiality. **When working in the classroom they are bound by the confidentiality policy of the school.** In line with best practice guidelines they will seek to protect privacy and prevent inappropriate disclosures by negotiating ground rules and using distancing techniques.

THE 'FRASER' GUIDELINES FOR HEALTH PROFESSIONALS

It is important that staff in schools understand that drug misuse (especially alcohol) can lead to other risky behaviours such as underage and/or unprotected sexual intercourse. Therefore this guidance is still relevant to the context of drug education.

In 1985, Lord Fraser said in judgement of the Gillick case that a doctor can give contraceptive advice or treatment to a person under 16 without parental consent, providing the doctor is satisfied of the criteria below. These guidelines, known as the 'Fraser' guidelines, are only legally binding for doctors but they represent good practice for other Health Professionals. If the School Nurse is providing information 'off site' to pupils, the school nurse does not need to pass this information to the school.

Criteria for the 'Fraser' Guidelines:

- The young person will understand the advice
- The young person cannot be persuaded to tell his or her parents or to allow the doctor to tell them that they are seeking contraceptive advice
- The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment
- The young person's physical or mental health are likely to suffer unless he or she receives contraceptive advice or treatment
- It is in the young person's best interest to give contraceptive advice or treatment

Although these guidelines relate specifically to Contraceptive advice, the same guiding principles may be used in assessing whether a young person is able to be treated/offered advice in confidence (i.e. without parental consent) for any health related matter.

STAFF TRAINING

Training is offered to staff as part of their personal Continuous Professional Development, as part of school based INSET sessions.

The following staff have completed Designated Officer Safeguarding Training

Ms S Clarke	Deputy Head Teacher
Ms S Reid	Support Manager
Mrs K Barnes	Support Manager
Mrs A Greenhouse	Support Manager
Mrs P Tyrer	Support Manager
Mrs C Dowling	Support Manager

GENERAL RULES

- All staff must ensure that they do not promise to keep secrets for pupils.
- Students and parents/carers must be made aware of the school confidentiality policy
- Advice and support should be sought through the Designated Safeguarding Officer. Gut instincts should not be ignored and the Designated Safeguarding Officer can help to clarify any concerns.
If you are unsure, worried or just can't put your finger on it - go to your Designated Safeguarding Officer
- Pupils should be made aware that information may be shared with other staff / agencies where there is a cause for concern and that this will be done with their consent. There may be occasions where seeking their consent can be over-ridden e.g. the pupil is uncooperative and at significant risk, that seeking their consent will enable them to put themselves at risk.
- If a pupil has great anxieties about involving parents it may be necessary to check with the Designated Safeguarding Officer to see if there are any historical issues that inform you. Ask yourself if you have been convinced that involving parents will put the pupil at significant risk.
- Always tell the pupil what you are going to do next.
- Be re-assuring!

HEALTHY SCHOOLS

The Healthy Schools programme has been set to enable schools to sensitively and systematically offer a comprehensive curriculum and support package around the sensitive issues covered in this subject area. As such it is recommended that by achieving the standard schools will be ensuring a quality provision of education and support recognised locally and nationally.

DOMESTIC ABUSE

There can be a high rate of domestic violence in young peoples' relationships. Jealousy, alcohol, immaturity are all contributing factors.

It is as important to build self-esteem and confidence into the curriculum for all students teaching them how to manage powerful feelings and feelings of inadequacy and frustration, ownership and independence. There are several agencies that have worked successfully with primary and secondary schools to address the support needs of pupils as well as undertaking awareness raising sessions for staff and pupils.

This Guidance was written and approved on.....

Review date March 2012.....

Signatures.....