



**Top Valley Academy**

**Anti Drug Policy 2015**

Approved by Governing Body 23 June 2015

# **Top Valley Academy Anti Drug Policy 2015**

*Based on the DfE / ACPO guidance document*

As part of our commitment to the Drug Strategy 2010 Reducing demand, restricting supply, building recovery: supporting people to live a drug free life we acknowledge the part we can play as a school through early identification, intervention and preventative education. We have used the current DfE/ACPO Drugs Advice For Schools 2012 to guide the development of our policy and practice, taking account of the additional practice guidance supplied in the previous Drugs Guidance for Schools 2004 as recommended by DfE and Mentor UK who have been commissioned by DfE to provide tools for developing this policy and our practice.

## **What we mean by 'Drugs'**

Drugs means all prescribed and over the counter medication, tobacco and nicotine products including e-cigarettes, alcohol and novel psychoactive substances (NPSs or legal highs), solvents glues or gasses or other intoxicants misused to get high and illegal drugs as covered by the misuse of drugs act

## **Development process**

We involve parents, staff, pupils and governors in policy development, including this policy. It is available from the office and on the Academy website and will be updated every 2 years.

## **Local and national references**

This policy was written using the DfE/ACPO Drug Advice for School 2012 with additional advice and Local Authority information from the Early Intervention Team DrugAware Consultant.

## **The purpose of the policy**

The Academy is committed to a healthy environment in which neither the misuse of drugs (including legal substances i.e. medicines, tobacco and alcohol) - by pupils, staff or visitors, nor the illegal or unauthorised supply of these substances is condoned.

The first concern in managing drugs is the health and safety of the school community and meeting the pastoral needs of pupils.

We wish to continuously work towards being a DrugAware Academy in all aspects of Academy life, providing an environment, ethos and curriculum that supports and prepares pupils for the choices they may be required to make in a drug-using world. We uphold the Academy core values of pride, opportunity respect and belief; actively promote British Values and operate within the objectives as set out in SMSC.

## **Where and to whom the policy applies**

This policy encompasses all legal drugs (including alcohol and tobacco), all illegal drugs, volatile substances (solvents and gasses) and over-the-counter and prescription medicines.

The policy, in line with all other Academy rules and expectations of behaviour, applies to staff, pupils and visitors to the school, not only within the Academy boundaries defined by the boundary fence and gates at the front of the building and the boundary fence along

the sides and back of the building and on all Academy visits but also on trips and residential activities, including those made outside of normal Academy hours. It will also be upheld on all Academy buses and may be applied to the immediate vicinity of the Academy if appropriate.

Other policies that relate to the implementation of this policy are:

- Equal and diversity
- Behaviour
- Health and Safety
- Medical Treatment of Pupils
- Safeguarding and Child Protection
- Sex and Relationships Education

These policies are available on the Hub and the Academy website.

## **Management of drugs at the Academy and on Academy trips**

### **Storage and Administration Of Medicines**

The Academy acknowledges that, parents and carers have prime responsibility for their child's health and should provide us with information about their child's medical condition when appropriate, this will be recorded on an admissions form stored in the main office or on a medicines information slip provided by the office.

There is no legal duty, which requires teachers to administer medication; this is a voluntary role and will only be called upon in exceptional circumstances. Where exceptional circumstances exist, a contract will be agreed between the Academy and the parent or carer and records kept appropriately. Where necessary, Academy staff will receive training on specific medical conditions.

In this Academy, Sue Matthews, Safeguarding and Child Protection worker (or any other delegated First Aider) is responsible for administering medication, its safe storage and keeping of appropriate records.

Other than an inhaler, no pupil should be in possession of medication at any time. All necessary medication is stored in the First Aid Room in either the refrigerator or the labelled secure cupboard. Further details can be found in the Academy's Medical Treatment of Pupils policy based on DfE guidance, "Supporting pupils at schools with medical conditions 2014".

Additional information will be provided by parents/ carers if pupils are going on trips or residential and a designated staff member will carry the medication and be responsible for its safe storage and administration in line with the policy.

## **Illicit Drugs**

We will do our best to ensure that the Academy premises are safe and have identified safety procedures in the rare event that a syringe or needle or other drug-using

equipment are found discarded in the premises. A sharps bin is available to clear up found sharps. Similarly if illicit substances are found or confiscated these will be safely stored and arrangements made with the police for their safe disposal.

The Headteacher is permitted by law to authorise personal and property searches for drugs if there are reasonable suspicions that they are being concealed. The police will be involved in an advisory capacity where serious incidents occur but the school will deal with minor incidents internally as advised by the ACPO guidance. The Academy will be clear on how it will apply sanctions and support for serious or repeated offences involving the use or supply of drugs and alcohol, including options to involve police in prosecution. As an Academy, we can have a role in early intervention with young people around drug use and so will prioritise intervention and behaviour change support for young people involved in incidents, making sure they, and their parents/carers understand the consequences and seriousness of their behaviour now and potentially on their future. **Parents will be informed of incidents unless there is a reason not to (such as an ongoing investigation or a safeguarding concern).**

We will ensure that incidents related to alcohol or illicit drug use, possession or supply will be dealt with robustly by the Academy in partnership with appropriate support and enforcement agencies, following their practice guidance. We acknowledge that in today's society it may be likely that young people may encounter substances such as alcohol and cannabis and may even experiment with these things. Such lapses of judgement may be a one off or transitory and evidence shows that early intervention is effective in forestalling further incidents, putting students back on track. We recognise that substance misuse can sometimes indicate a deeper or complex set of problems or issues in a young person's life and will seek to explore the individual circumstances of any such incident before deciding what actions will be taken. We recognise that specialist intervention and support may be expedient in dealing with such incidents and have a working agreement with Journey Young People's Drug Service to provide early intervention by referral to our nominated Education Link Worker in the Academy. Young people will always be assessed for referral where there is any concern about substance use, regardless of any other sanction imposed, this will ensure the root cause of the behaviour can be addressed. As an Academy we seek to follow good practice guidance from the police (ACPO) and the government (DfE) that minor or one off incidents\* may be dealt with internally ensuring that we employ the avenues advice and support available to us, employing permanent exclusions only as a last resort when other measures have been found to be ineffective. Where we apply temporary (or even permanent) exclusions we will try wherever practicable to use this time to implement a structured intervention as evidence suggests that unsupervised periods of exclusion put young people at a greatly increased risk of escalating substance use whereas early intervention has a high probability of eradicating the problem.

*See DfE guidance notes in [appendix 2 on searches](#) and involving the police*

## **Smoking:**

A no-smoking policy has been developed and accepted by staff and governors. This policy will be inline with the required workplace smoke free policy (available from the NCC website) The policy states that smoking is prohibited on any part of the Academy premises.

## **Alcohol:**

The use of alcohol by all members of the Academy community, including visitors, is also prohibited except for occasional adult functions out of school hours. This is with the prior permission of the Academy's management.

## **Searching Pupils**

This section is in line with the DfE guidance, "Screening, searching and confiscation" 2012.

The Headteacher can authorise a search of pupils or their possessions (including bags and lockers) without their consent if there are reasonable grounds for suspecting that a pupil is in possession of a prohibited item (which includes alcohol, illegal drugs, tobacco, cigarette papers, smoking paraphernalia and e-cigarettes).

Further details can be found in the relevant section of the Academy's Behaviour policy.

## **Pupil Support:**

We will provide pupils with opportunities to gain appropriate support and information if they have worries or concerns about drugs issues. This will be through:

School Nurse

Lifeline 'Journey' Education Link Worker Service

Explore Family (for those affected by parental or family use)

Information displays

SHARP (School Help Advice Reporting Page) [www.topvalley.thesharpsystem.com](http://www.topvalley.thesharpsystem.com)

Referral forms and information on these services are at:

<http://www.nottinghamdrugaware.co.uk/supportyp.php#agencies>

## **Transitions**

If a pupil is excluded or involved in a manage move, or if they have know issues around substances (either their own or family) this will be addressed in their transition plans and assisted by the Lifeline Journey Education Link Worker.

## **Information sharing**

Although it is important to maintain confidentiality throughout the handling of any incident or disclosure, pupils and parent/carers will be made aware that complete confidentiality cannot be guaranteed and will be necessary for the safeguarding of the young person. The sharing of the information will be done sensitively and on a need to know basis. This will help in retaining the trust of pupils and parents/carers and will ensure that the sharing of inappropriate information is kept to a minimum.

## **Drug Education**

Drug Education forms a part of the statutory order for National Curriculum Science and will also be provided in the broader context of PSHE. We will ensure that opportunities are secured across the curriculum for drugs education and a broad range of up to date resources are available to support this. We base our programme on the needs of young people, gathering information through surveys, discussion and research of local data.

We endeavour to deliver a minimum entitlement of:

**12 Hours at KS3**

**5 hours at KS4**

Concentrating on the drugs most relevant to the age and experiences of the young people (such as medicines, tobacco and alcohol) linking to SEAL to acknowledge their feelings about other people's drug/alcohol use and build resilience skills. See the details of our drug education programme in appendix 1.

### **Support from visitors**

The Academy appreciates the valuable contribution of outside agencies, but recognises that their contribution alone does not constitute a complete drug education programme. We believe it is the responsibility of the school to ensure that the contributions made by visitors to the classroom reflect our own philosophy and approach to the subject.

### **Staff support and training**

We will audit our staff's needs and confidence in relation to delivering effective and up to date drug education and access training as necessary through the DrugAware Programme and Local Authority to meet these needs.

### **Governance**

This policy is current from [date] and will be reviewed in 2 years

The whole school community was involved in developing the policy through the school council and parent consultation activities.

	<b>Print Name</b>	<b>Signatures</b>
Head teacher		
Governor		
Drug coordinator:		
Pupil representative		
Policy accredited for DrugAware Standard	Anna Power Nottingham City Council	

## Appendix 1: Effective Drugs Education

Drug education is an important aspect of the curriculum for our school. It should aspire to build resilience and self-efficacy around the issue of substances and substance situations.

**Risk education is explicitly mentioned within social, moral, spiritual and cultural (SMSC) guidance and is covered within science and PSHE.**

Teaching methods adopted in the classroom offer a **rich variety of opportunities for active learning** and include; circle time, group discussions, role-play and drama. Due to the sensitive and sometimes controversial nature of the subject, ground rules will be negotiated and adopted and **pupils' knowledge-level assessed** prior to any input to ensure appropriateness of context.

We use the Dvibe Survey to ensure an appropriate needs-based programme for young people.

### ***Cross curricular links***

There are also opportunities for making cross-curricular links more broadly, with English, drama, religious education, history and citizenship. Elements of drug education taught across subjects should be identified and documented.

Citizenship at all Key Stages can contribute to drug education by, for example, providing opportunities for pupils to:

- understand rules and law and how they relate to rights and responsibilities
- consider different points of view
- explore moral, social and cultural issues
- discuss and debate topical issues

Contributions from other curriculum subjects might include, for example:

- English - group discussion and interaction, information texts, literature and media
- Maths - handling data, including interpreting and discussing results
- Information and communication technology (ICT) - finding things out, exchanging and sharing information
- Drama - exploring true to life situations and developing skills through role play
- Music and art - exploring popular culture
- Geography - economic activity
- Physical education - fitness and health
- Religious education - exploring morals, values and cultural diversity.  
Faith perspectives on the use or prohibition of alcohol / drugs.

## Appendix: Learning outcomes for drug education

<b>Drugs and Alcohol Education Audit Key Stage 3 (years 7-9) 12 hours minimum</b>
<b>Students will:</b>
describe the risks and consequences of using substances (related to their existing knowledge / experience)
explain how peer pressure affects decisions about using substances
develop skills to manage risk in relation to substances in relevant situations
explain the terms 'habit', 'dependence' and 'addiction' in relation to substance misuse
describe how to behave and get help in emergency and risky situations
recognise the impact of drugs and alcohol on sexual behaviour or other risky behaviour
describe the different influences affecting people's decisions about drugs and alcohol (E.G. culture, family, faith, peers)
describe where to go for help for information, advice and support on issues relating to sexual health, relationships, on-line safety and drug use
Be aware of the recommended safe limits for alcohol use for young people and adults
know the laws related to substances

<b>Drugs and Alcohol Education Audit Key Stage 4 (years 9.10.11) (5 hours minimum)</b>
<b>Students will:</b>
describe the risks and consequences of using substances (related to their existing knowledge / experience)
revisit and develop how peer pressure affects decisions about using substances (legal, illegal, NPSs)
further develop skills to manage risk in relation to substances in relevant situations with emphasis on transition to adult responsibilities
explain the terms 'habit', 'dependence' and 'addiction' in relation to substance misuse
describe how to recognise, avoid and/or manage risky situations
recognise the impact of drugs and alcohol on sexual behaviour or other risky behaviour (including crime, employment and travel) relevant to individuals
describe the different influences affecting people's decisions about drugs and alcohol (E.G. culture, family, faith, peers)
describe where to go for help for information, advice and support on issues relating to sexual health, relationships, on-line safety and drug use
Be aware of the recommended safe limits for alcohol use for young people and adults
know the laws related to substances (linked to consent, CS, travel and career)

## Appendix 2: DfE/ACPO guidance points

### Searching Pupils

9. Schools' general power to discipline, as set out in Section 91 of the Education and Inspections Act 2006, enables a member of staff to confiscate, retain or dispose of a pupil's property as a disciplinary penalty, where reasonable to do so.

10. Where the person finds other substances which are not believed to be controlled drugs these can be confiscated where a teacher believes them to be harmful or detrimental to good order and discipline. This would include novel psychoactive substances or 'legal highs'. If school staff are unable to identify the legal status of a drug, it should be treated as a controlled drug.

11. Schools are not required to inform parents before a search takes place or to seek their consent to search their child.

### Storage of substances confiscated or found

17. In taking temporary possession and disposing of *suspected* controlled drugs schools are advised to:

- ensure that a second adult witness is present throughout;
- seal the sample in a plastic bag and include details of the date and time of the seizure/find and witness present;
- store it in a secure location, such as a safe or other lockable container with access limited to senior members of staff;
- notify the police without delay, who will collect it and then store or dispose of it in line with locally agreed protocols. **The law does not require a school to divulge to the police the name of the pupil from whom the drugs were taken** but it is advisable to do so;
- record full details of the incident, including the police incident reference number;
- inform parents/carers, unless this is not in the best interests of the pupil;
- identify any safeguarding concerns and develop a support and disciplinary response .

18. The Association of Chief Police Officers (ACPO) recommends that drug dogs should not be used for searches where there is no evidence for the presence of drugs on school premises.

23. Exclusion **should not be** the automatic response to a drug incident and permanent exclusion should only be used in serious cases. More detail on excluding pupils can be found in the DfE [Exclusion Guidance](#).

24. Drug use can be a symptom of other problems and schools should be ready to involve or refer pupils to other services when needed. It is important that schools are aware of the relevant youth and family support services available in their local area.

# **Joint Working Agreement Between Journey Young People's Drug and Alcohol Service**

**And**

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## **SECTION 1**

### **Assessing the Needs of Young People**

- ▶ **The school** will automatically facilitate an initial session with a trained worker to engage the young person where drugs are felt to be an issue. (called "Initial Contact") Where schools have a school nurse trained in Ngage assessments or a trained facilitators within the school staff to deliver the Ngage assessment, or other appropriate assessment. The school may assess the young person prior to referral.
- ▶ **Journey** (or other trained worker) will assess the needs of the young person in relation to drugs issues at this initial contact using a standardised framework. Where schools have trained facilitators to deliver the Ngage assessment, the school may assess the young person prior to referral.

### **Process of Engagement**

1. Initial contact meeting made for pupil to meet the Journey worker and gain engagement/referral
2. Referral put in motion
3. Multi Agency Team / SMT informed/involved relating to care plan

### **Parental Consent**

#### **1. Assurance - Journey**

- ▶ Journey workers will encourage pupils to tell/involve parents
- ▶ Parental support will be arranged as appropriate

#### **2. Exceptions**

The School will support pupils to see ELW in school **without parental consent** if:

- ▶ **Pupil is very likely to disengage with the service at the early stage if parental consent is sought (and is assessed and deemed competent within the Frasier Guidelines)**
- ▶ There is a real risk of harm to the young person if parents are told but the young person needs support.
- ▶ If there is a criminal investigation pending which may be adversely affected.
- ▶ If the pupil is over 14 yrs age and have been deemed competent to access services without parental consent by an appropriate agent.

**3. Pupils may also engage with an external drug agency without parental consent if:**

- ▶ Pupil self-refers and referral is made off school premises.
- ▶ Pupil arranges to see Journey worker off-site and out of school hours (after **initial contact** in school without parental consent)
- ▶ Pupil sees school nurse and the School Nurse refers the young person to Journey off premises and supports young person within their ethical code.

**Child Protection/ Safeguarding Referrals**

If the Journey worker thinks a Child Protection referral is appropriate they will:

- ▶ Discuss it with the Head Teacher/Child Protection Officer
- ▶ If proceeding with a CP referral, this will be managed by the school and all necessary information will be shared with the CP officer by the ELW.

**Confidentiality**

**When an incident occurs or a disclosure is made (school staff):**

Staff becoming aware of drug-related issues in relation to individual young people should hand the matter as soon as possible to the Drug coordinator / CP / SMT ensuring that pupils understands, that any information passed to them at this point will be conveyed to Drug coordinator / CP / SMT to ensure they are safeguarded and that confidentiality cannot be guaranteed.

**When processing the incident (drugs coordinator/SMT/CP)**

Drug coordinator / CP / SMT will process the incident or disclosure in line with the procedures set out in the school drugs policy and the DfES Drugs Guidance for Schools 2004 keeping information sharing to a minimum and sharing only that which is relevant to the safety, care or sanction of the pupil.

**The Education Link Worker**

The Education Link Worker or the school’s designated, trained drugs needs assessor will only share information that is relevant to securing an appropriate referral or care plan for a young person or that relates to child protection.

The education link worker will pass on referrals relating to sexual health or other (non-substance use) health related needs of young people to the school nurse or other nominated agencies.

These are:

**See Section 2 for School Nursing**

- 1 ..... in relation to.....
- 2 ..... in relation to.....
- 3 ..... in relation to.....

## Information Sharing

Information may be shared with:

- ▶ Senior Management Team and the named multi-agency team
- ▶ Child Protection Officer and the named multi-agency team
- ▶ Parents
  - when there is a child protection issue
  - when the Young Person wishes/allows it to be shared to assist support/education

## Working with a Multi-Agency Team (MAT)

- ▶ It may be appropriate to involve significant staff member such as mentor (if they are involved and this will be advantageous to the young person's care plan) in the MAT.
- ▶ In each case there will be clarification of who is involved in the team for that young person. Information will not then be shared outside the MAT team unless it is necessary for child protection or if a CAF is initiated
- ▶ The MAT will agree *not* to share this information outside of this MAT unless subject to the conditions outlined above.
- ▶ The school will ensure that referral processes includes the school nurse where appropriate and particularly where multiple needs are identified in relation to sexual health or broader (non-substance related) health issues

## Resources

- Designated, private room for one-to-one session
- Time for pupil to meet with Journey worker that is accessible and discreet
- Time/space to engage in support work with the young person/s

Signed.....(on behalf of Journey )

Signed..... (on behalf of School SMT)

Date:.....

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**SECTION 2**

**Linking to School Nursing / other School Based Health Services**

It has been agreed that all School Nurses will work in partnership with the Journey Education Link worker within each School to ensure the effective substance misuse support and treatment of young people within Nottingham City education providers.

Within this joint working agreement the following has have been agreed:

There will be an open and effective two-way information sharing process between the School Nurse and Journey Education Link Worker. If disclosures of substance-related needs are dealt with by the school nurse they will appropriately share information with Journey and pro-actively encourage the young person to agree to a Journey referral. This may also be done through a joint 3-way engagement meeting between the School Nurse, Young Person and Journey Education Link Worker. It has also been agreed that the Journey Education Link Worker will appropriately share information with the School Nurse to effectively support young people working with both services to ensure all of their health needs are being met.

An agreed referral pathway from School Nurses into Journey Young People’s Service has been attached as an appendix to this joint working agreement. Quarterly meetings will occur between Journey Education Link Workers and School Nurses within each school to monitor and review the effectiveness of all agreed joint working processes.

The purpose of this joint working agreement is to ensure that:

- there is an open and effective working relationship between each agency in the best interests of service users.
- each agency understands the role of the other and is clear about what services are on offer.
- good communication and information-sharing takes place between each agency.
- each agency can offer consultation to the other to ensure positive outcomes for service users
- service commissioners are clear about the joint working arrangements between each agency.

**School Nurse**

Signed.....(School Nurse)

Print name:.....

Date:.....

**Journey Education Link Worker**

Signed.....(School Nurse)

Print name:..... Date:.....

## Appendix: Incident Flowchart

# Intervention Flowchart: Drug and Alcohol Concerns

### Immediate actions

1. Ensure medical / emergency actions are taken re young person and others.
2. Contact the person responsible for taking forward drug and alcohol concerns – Achievement Manager (Behaviour)
3. If no immediate medical intervention required, isolate young person, conduct initial search to remove substance.
4. Bag, tag and secure evidence with a witness present.
5. Contact parent or appropriate adult (unless it is not safe or might compromise a police investigation).
6. Conduct further search, including personal search (Deputy Head Teacher).

### Next actions

7. Complete an Ngage / CAF assessment to identify additional needs / get a fuller picture.
8. Address safeguarding concerns.
9. **Complete a referral form and send to Journey School Drug Worker (CSDW)**
10. Consider if you will deal with the incident internally as an investigating agency, or externally (involve police)

### Deal with incident internally

- Arrange for disposal of drugs if any seized.
- Is sanction greater than/proportional to the sanction imposed by police if they were involved?
- Will they be a greater risk of substance use if sent home?
- Would early intervention, alongside or as an alternative to exclusion, improve their outcomes?
- Who, in school, could run some target sessions using identified materials?
- What will your whole-school response be?
- How widely will you share information?

### Involve Police

- Ensure all evidence is written up in line with police procedure, and passed to police.
- Are you sure the incident is suitable serious to warrant police involvement (repeat offence/dealing/supply)
- Ask police to follow ACPO guidance (don't assume they'll know – especially if not linked officer attending)
- Ask for police to attend at home, not arrest in school (gives pupils kudos)
- Will you be guaranteed that they will prosecute (failure to do so will erode your authority with young person)
- Discuss case for advice, withholding name initially, so see if involvement the best thing.

### Follow Up and

- Ensure CSDW is involved in transition for any managed moves or permanent exclusions.
- Ensure planned exit from Journey referral includes pastoral and health staff (school nurse).
- Consider review of drug policy, processes or curriculum development if incident is indicative of any gaps in provision.
- All incidents to be recorded on a central log at the school and reported (without names) monthly to Anna Power.