mentor-ADEPIS.org
Alcohol and Drug Education and Prevention Information Service

Quality standards for effective alcohol and drug education

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http://mentor-adepis.org

About ADEPIS

The Alcohol and Drug Education and Prevention Information Service (ADEPIS) has been commissioned by the Department for Education with the aims of:

- Developing a high quality information and advice service for practitioners; and
- Supporting the development of local capacity by promoting evidence-based programmes known to have an impact and building practitioner confidence.

To achieve these aims ADEPIS will:

- Make available differentiated support to practitioners building on practitioner needs, emerging trends and evidence of impact;
- Provide a two-way channel between policy makers and practitioners to ensure policies and strategies are translated effectively and that concerns from the field feed into policy;
- To use the best of national and international evidence to inform all work.

ADEPIS is a partnership between Mentor, DrugScope and Adfam.

Mentor
Protecting children from alcohol and drugs
Adfam
DrugScope

Quality Standards for effective alcohol and drug education

Alcohol and drug education is a statutory part of the science curriculum for schools in England, and this can be built on through the Personal Social and Health Education (PSHE) curriculum.

By building pupils' resilience, values and skills around alcohol and drugs, teachers help young people to develop the life skills to enter adulthood healthy and avoiding harms.

These standards are designed to help schools and those that work with schools to shape the context and delivery of alcohol and drug education. They draw on national and international evidence for what is effective and have been subject to wide consultation with practitioners.

These standards will help schools and practitioners:

- Meet their statutory obligation to promote children's wellbeing and develop a healthy environment
- Meet their statutory obligations to deliver alcohol and drug education
- Provide evidence of effectiveness for Ofsted inspections.

Our definition of drugs

The definition of 'drug' used in this document includes illegal drugs, tobacco, medicines, volatile substances (e.g. aerosols, solvents, glue or petrol) and novel psychoactive substances (legal highs).

Prevalence of alcohol and drug use

The use of alcohol and drugs in young people changes from year to year. In recent times prevalence has fallen.

In 2012/13 more than 6,500 young people under 18, of whom nearly 300 were aged 11 or under, were admitted to A&E across the UK as a consequence of their alcohol use.[1]

Alcohol and drug use is strongly associated with other risky behaviours. The *Smoking, Drinking and Drug Use among Young People in England* survey estimates that "in 2012, around 120,000 pupils aged between 11 and 15 were regular smokers, around 320,000 had drunk alcohol in the past week, 200,000 had taken drugs in the last month, and 370,000 had taken drugs in the last year."[2]

Although the proportion of pupils who drank in the last week has fallen since 2003 (from 25% in 2003 to 10% in 2012), half (50%) of pupils who drunk alcohol in the past four weeks claimed to have been drunk at least once in that period, and 61% of them admitted to deliberately trying to get drunk.

Although the proportion of school children using drugs in 2012 was at its lowest since 2001, the proportions claiming they had ever taken drugs increased with age, from 7% of 11 year olds to 31% of 15 year olds.

20,032 young people under 18 years received specialist treatment for alcohol or drug problems during 2012-13, 17% of whom were referred by schools and colleges.[3]

The latest Ofsted report on PSHE, *Not yet good enough* (2013)[4] highlighted that the subject required improvement or was inadequate in 40% of the schools inspected and that many teachers lacked expertise and/or training to cover some of the sensitive topics covered in the subject.

Our own survey of 288 schools across England, also revealed gaps in training, resources and practice.[5]

We found that although there are numerous examples of excellent alcohol and drug education, overall provision in schools remains inconsistent and many teachers said they feel constrained by a lack of resources and curriculum time to build continuous learning. The survey also highlighted that the average time spent on alcohol and drug education is only one or two hours per year.

These quality standards for alcohol and drug education have been drafted to provide authoritative and practical support and guidance to schools and external organisations involved in the delivery of alcohol and drug education and prevention.

Meeting the quality standards on alcohol and drug education will ensure that schools:

1. Meet their statutory obligation to promote children's wellbeing and developing a healthy environment.

Schools have a statutory duty to promote children's wellbeing and can achieve that both inside the classroom, through a well structured curriculum, and by establishing a positive ethos with clear expectations and rules.

Section 175 of the Education Act 2002 and the Education and Inspections Act 2006 require "*governing bodies of maintained schools and FE colleges to make arrangements to ensure that their functions are carried out with a view to safeguarding and promoting the wellbeing of children".*

The Children Act 2004 defines wellbeing as:

- physical and mental health and emotional wellbeing;
- protection from harm and neglect;
- education, training and recreation;
- the contribution children make to society; and
- social and economic wellbeing.

A planned alcohol and drug education programme can be an effective way of promoting pupils' wellbeing and safeguarding them from alcohol and drugs harms.

Promoting children and young people's health and wellbeing, within the context of alcohol and drug education, means providing planned and structured learning opportunities to develop pupils' knowledge, skills, attitudes and understanding about all drugs; as well as awareness of the benefits of a healthy lifestyle in relation to their own or other's actions.[6]

2. Meet their statutory obligations to deliver alcohol and drug education within the National Science Curriculum and to expand it through PSHE education.

The Department for Education (DfE) emphasise the need for alcohol and drug education in schools and the National Curriculum require schools to deliver it as part of the science curriculum. The DfE says that this basic knowledge can be expanded through a PSHE (Personal, Social, Health and Economic) programme.

Elizabeth Truss MP, Minister for Education and Childcare, has said:

> *"School-based drug education forms a central part of the United Kingdom's approach to universal drug prevention."* [7]

The government also sees alcohol and drug education as a critical part of its drug and alcohol strategies. In a report to the European Monitoring Centre for Drugs and Drug Abuse the Department for Health said:

> *"Effective education is essential in tackling drug and alcohol misuse."* [8]

The National Institute for Health and Care Excellence (NICE) in evidence provided to the government for a review of PSHE emphasised that effective programmes of alcohol and drug education contribute to reducing the risks associated with alcohol or drug use by delaying cannabis, alcohol or tobacco use, and also by reducing the consumption of these substances among pupils who are already using them.[9]

3. Provide evidence of effectiveness for Ofsted inspections.

Effective models of alcohol and drug education and social development programmes play a key role in increasing pupils' attachment to school, therefore improving school attendance academic attainment and social skills, whilst reducing aggressive or disruptive behaviour.[10]

The latest Ofsted report (*Not yet good enough: PSHE education in schools*) showed close correlation between good PSHE education and being a good school, with improved pupil achievement and behaviour.

What do the quality standards cover?

The quality standards cover three areas:

Delivering effective alcohol and drug education in the classroom focuses on what happens in the classroom. This set of standards has specific recommendations to ensure the provision of effective alcohol and drug education.

School context for effective alcohol and drug education covers the wider context of alcohol and drug issues in the school context.

Staff policies and safeguarding are standards aimed at external agencies or contributors delivering alcohol and drug education in schools. It outlines essential safeguarding and confidentiality policies to ensure the protection of school pupils, organisational staff members or volunteers.

Alongside with the quality standards – comprising an introduction and explanatory criteria statements for each standard—schools will be able to use the following tools:

- Further reading and resources;
- Examples of how standards might be evidenced;
- A self assessment form.

How can schools use the quality standards?

Schools can use the quality standards to review their performance, address existing issues, design and execute an action plan to meet unrealised criteria, and set a date for reviewing their progress.

Each quality standard and related sub-criteria represents a starting point for the school review. For each standard and criteria, schools will be advised to assess and evidence their current practice using the self-assessment form, following the examples provided.

Unrealised criteria and gaps in service provision or approach to alcohol and drug education should trigger the development of an action plan, whose implementation should then be assured by the school governors, SMT and PSHE leaders.

References:

1. FOI request by the Victoria Derbyshire programme on BBC Radio 5 Live

2. Health and Social Care Information Centre, Smoking, drinking and drug use among young people in England in 2012—https://catalogue.ic.nhs.uk/publications/public-health/surveys/smok-drin-drug-youn-peop-eng-2012/smok-drin-drug-youn-peop-eng-2012-repo.pdf

3. Public Health England, Substance misuse among young people in England 2012 -13 - http://www.nta.nhs.uk/uploads/ypstats2012-13commentary%5B0%5D.pdf

4. Ofsted, Not yet good enough: PSHE education in schools, http://www.ofsted.gov.uk/resources/not-yet-good-enough-personal-social-health-and-economic-education-schools

5. Mentor ADEPIS and PSHE Association, Drug and alcohol education in schools, 2013, http://mentor-adepis.org/get-the-facts/drug-alcohol-education-schools/

6. DfE Drugs: Guidance for schools 2004 http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationdetail/page1/DfES%200092%202004

7. Health education: Drugs, http://www.theyworkforyou.com/wrans/?id=2013-11-11a.174815.h

8. UK Focal Pont on Drugs 2012, http://www.nwph.net/ukfocalpoint/writedir/userfiles/file/Report%202012/REPORT2012FINAL.pdf

9. NICE, Review of Personal, Social, Health and Economics (PSHE) Education, 2013 http://www.nice.org.uk/guidance/index.jsp?action=byId&o=11673

10. *Ibid*

Quality standards:

Delivering effective alcohol and drug education in the classroom

Who these standards are for:

Primary and secondary schools,

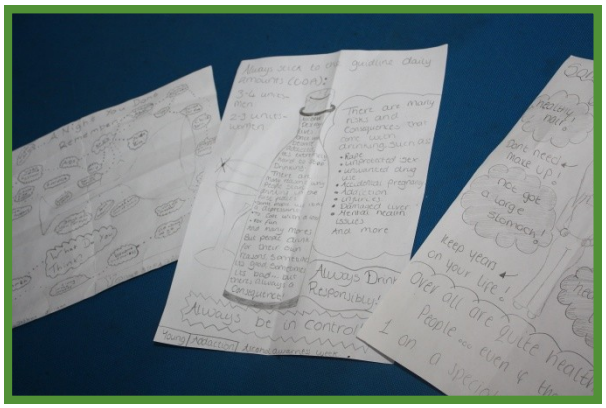
independent practitioners, anyone delivering alcohol and drug education, in formal or informal environments

Introduction

Who these standards are for

Primary and secondary schools, independent practitioners and anyone delivering alcohol and drug education, in formal or informal environments.

Characteristics of effective alcohol and drug education



Good alcohol and drug education develops pupils' knowledge, skills, attitudes and values to enable them to live safely in our society.

It is most effective when combined with programmes that address other risky behaviours that are common in adolescence and other wider measures, such as a supportive school environment and clear school rules [see the standards on School Context].

Effective alcohol and drug education:

Evidence suggests incorporating the following in an alcohol and drug education programme has the potential to have preventative effects:

- Using interactive methods;
- Delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years;
- Delivered by trained facilitator (including also trained peers);
- Provide opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, and particularly in relation to substance abuse;
- Impact perceptions of risks associated with substance abuse, emphasizing immediate consequences;
- Dispel misconceptions regarding the normative nature and the expectations linked to substance abuse.

Evidence base

These standards draw on two main sources of evidence. Firstly, there is the literature on the elements of effective PSHE education, in particular the PSHE Association's guidance and Ofsted subject-specific guidance for PSHE education.

Secondly, there is international evidence reviewing the characteristics of prevention programmes which have been shown to have an impact on young people's alcohol and drug use, reducing risky behaviours such as binge drinking. [See 'Further reading and resources' below to access these documents].

Providing a safe learning environment and avoiding harm

A skilled educator can help pupils explore sensitive issues in the classroom, and this is an important part of children and young people's learning. However, in order to do so, it is essential that appropriate safeguards are in place, such as establishing ground rules for discussion, to ensure a safe learning environment.

It is also important to ensure information is appropriately pitched, remembering that pupils of the same age range may differ widely in their life experiences.

Social norms

Many young people believe that alcohol and drug use is more prevalent than is the case. It is important that educators do not unintentionally reinforce this perception and instead challenge it.

The 'social norms' approach is a significant element of some evidence-based programmes. National or local statistics or, ideally, an in-school survey can be used to compare pupils' perceptions about their peers' behaviour against actual use.

More information on this approach is available under 'Further reading and resources' below.

Characteristics of programmes associated with no or negative prevention outcomes

The available evidence indicates that the following are associated with no or negative outcomes for young people:

- Non-interactive methods, such as lecturing, as a primary delivery strategy;
- Information-giving alone, particularly fear arousal.
- Based on unstructured dialogue sessions;
- Focus only on the building of self-esteem and emotional education;
- Address only ethical/ moral decision making or values;
- Use ex-drug users as testimonials;
- Using police officers to deliver the programme.

Source: UNODC International Standards for Drug Prevention (2013)

The Standards

Clear and relevant learning objectives and learning outcomes are set and assessed.

- Earlier learning is built on and links made between different statutory subjects, ensuring continuity.
- Learning objectives are shaped by needs assessment.
- Learning objectives encompass pupils' understanding, attitudes, communication, skills and confidence as well as their knowledge.
- Pupils' learning is assessed against the objectives and outcomes.

Learning is interactive.

- Active learning strategies are used such as group discussions, problem solving, pupil led research.
- Pupils develop and practise personal and social skills.
- Pupils have the opportunity to think about their feelings, beliefs and values.
- Pupils have the opportunity to reflect on their learning.
- Each session is delivered to a small group of pupils, and annual events or class assemblies are used only to enhance the regular timetable.

Positive social norms are reinforced.

- Misconceptions about how widespread and acceptable risky behaviours are among peers or older young people are identified and corrected.
- Pupils have the opportunity to compare their feelings, beliefs and values with those of their peers.

Resources are appropriate for their audience, providing accurate and relevant information.

- Information given is factually accurate.
- The main emphasis is on truth and not fear arousal.
- The situations, language and images are appropriate for pupils' maturity, understanding and knowledge.
- The situations, language and images are up-to-date and relevant to pupils, including consideration of cultural and religious diversity.
- Special educational needs are taken into account.

Clear strategies are in place to ensure a safe classroom environment.

- Ground rules are set out covering issues such as teachers' and pupils' right to privacy and respect, and the boundaries of discussion.
- Pupils are made aware of the school's confidentiality policy, and ways they can seek support.
- Distancing techniques are employed when engaging pupils on sensitive issues.

- Staff are confident in discussing sensitive issues and dealing with difficult questions appropriately.
- Clear policies are available to safely introduce relevant external specialists or experienced contributors to the classroom.

Approaches are evaluated for effectiveness.

- Data from initial needs assessment and assessment of learning are analysed to help understand which approaches are effective.
- Delivery is monitored to assure teaching quality.
- Delivery is ideally based on a programme which has been formally evaluated, either for impact on behaviour or for intermediate outcomes such as skills or resilience. (NB fidelity to the original programme is important).

Further reading and resources

- Centre for Analysis of Youth Transition (CAYT) http://www.ifs.org.uk/centres/cayt
- DrugScope and Alcohol Concern, Assessment in Drug Education, a briefing paper for Teachers and other Drug Education Practitioners, Drug and Alcohol Education and Prevention Team, June 2006 http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Education%20and%20Prevention/assessmentbriefing.pdf
- FRANK http://www.talktofrank.com/
- Mentor ADEPIS, Identifying and supporting children affected by parental substance use http://mentor-adepis.org/identifying-supporting-children-affected-parental-substance-use-resource-schools/
- Mentor UK, Drug prevention programmes in schools: What is the evidence? http://www.mentoruk.org.uk/2011/11/drug-prevention-programmes-in-schools-what-is-the-evidence/
- Mentor UK, Response to PSHE Review http://www.mentoruk.org.uk/response-to-pshe-review/
- National Healthy Schools Standard http://www.education.gov.uk/vocabularies/educationtermsandtags/3566
- Ofsted subject-specific guidance for PSHE education http://www.ofsted.gov.uk/resources/generic-grade-descriptors-and-supplementary-subject-specific-guidance-for-inspectors-making-judgemen
- PSHE Association criteria for resources http://www.pshe-association.org.uk/content.aspx?CategoryID=1048
- Social Norms Guidebook http://www.normativebeliefs.org.uk/Guidebook.pdf
- UNODC prevention standards http://www.unodc.org/unodc/en/prevention/prevention-standards.html

Quality Standards:

School context for effective alcohol and drug education

Who these standards are for:

School leaders and governing bodies, and other members of staff in primary and secondary schools -

including free schools, academies, private schools, and faith schools – responsible for, or involved in the delivery of alcohol and drug education or policy

Introduction

Who these standards are for

This set of standards is aimed at school leaders and governing bodies, and other members of staff in primary and secondary schools - including free schools, academies, private schools, and faith schools – responsible for, or involved in the delivery of alcohol and drug education or policy.

A proactive approach to alcohol and drug education and prevention

These standards set out the context that schools should be looking to develop to deliver effective alcohol and drug education (for which we have separate standards; 'Delivering effective alcohol and drug education').

They also cover pastoral support and school policies so that pupils are quickly identified when vulnerable and are confident in asking for help and receiving support, and know that school rules about alcohol and drugs will be consistently applied.

A school's approach to alcohol and drugs is most effective when:

- It is addressed by the whole school community – staff, parents/carers, pupils, governors and the wider community;
- It is consistent with the school's values and ethos, developed by all members of the school community;
- Alcohol and drug education is part of a well-planned programme delivered in a supportive environment, where pupils feel able to engage in open discussion and feel confident about asking for help if necessary;
- Policy and practice for managing incidents are consistent with what is taught;
- Pupils' needs and views are taken into account when developing programmes and policies;
- Staff have access to training and support;
- It is supported by consistent messages from the family and community.

Schools can be most effective in supporting pupils' wellbeing (also in relation to decisions they make about use of alcohol and drugs) by taking a proactive approach. This relies on a protective and supportive school environment, high quality education, backed up by clear school rules and support for pupils with additional needs.

The Standards

There is clear leadership support for alcohol and drug education and prevention.

- A designated, senior member of staff has responsibility for the alcohol and drug policy and all alcohol and drug issues within the school.
- A designated school governor takes an active lead on alcohol and drug issues. All governors are aware of the school's approach to alcohol and drug incidents, education and priorities for improvement.
- Alcohol and drug education, and PSHE more widely, are prioritised. This is reflected, for example, in the allocation of resources, professional development and curriculum time.

A written alcohol and drug policy sets out the school's approach to incident management, alcohol and drug education and support.

- The policy is developed in consultation with the whole school community including pupils, parents/carers, staff and governors.
- Police and other relevant local agencies are also consulted in developing the policy.
- The response to alcohol and drug-related incidents should balance the individual's needs with the school's approach to alcohol and drug education. Pupils should be given the opportunity to learn from their mistakes through proportionate and constructive responses.
- Pupils, as well as parents, staff and governors are aware of school rules about alcohol and drugs, and generally supportive of these.

Alcohol and drug education is carefully planned and ongoing assessment, monitoring and evaluation ensure that it meets pupils' needs.

- The school's relationship with the police, local authority and/or other key community contacts enables alcohol and drug education to take account of the local context.
- A spiral curriculum ensures that lessons build on previous learning, as well as making links to other statutory subjects.
- Needs assessment, assessment of learning, monitoring and evaluation feed into regular reviews of alcohol and drug education, and PSHE more generally.
- Pupil voice is significant in evaluating provision.
- Education meets the needs of the full range of pupils, including those with SEN, and where appropriate, targeted provision for pupils who are vulnerable to alcohol and drug misuse.
- Teachers are the main providers of alcohol and drug education. External contributors are selected for the specific additional learning opportunities they can provide.

Teachers involved in delivering alcohol and drug education are skilled and confident with access to high quality training and support.

- PSHE is taught either by specialist teachers or non-specialists who have access to comprehensive support from a co-ordinator with expertise in the subject and responsibility for monitoring and evaluation.
- Teachers of alcohol and drug education have access to high-quality continuing professional development opportunities

All staff are confident about dealing with alcohol and drug issues.

- The school's safeguarding practice is good or outstanding according to Ofsted guidance. Responsibilities for all the different aspects of safeguarding are defined and transparent, and all staff are fully trained.
- All staff are aware of the school's policy on managing alcohol and drug related incidents, have a general awareness of alcohol and drug issues and know how to refer pupils to appropriate support.
- All staff are aware of the issues that may face pupils affected by alcohol or drug misuse in their families.

There are clear and effective processes for supporting pupils with additional needs relating to alcohol and drugs and referring them to external services where appropriate.

- Pupils know who they can talk to about their worries and concerns and there are ranges of ways they can get help.
- Incident management includes providing support to pupils involved.
- Pupils at risk of alcohol or drug misuse can be identified for early access to support through the school and other local services, whether or not an 'incident' has occurred.
- There is a clear procedure for assessing and meeting the needs of pupils with alcohol or drug misuse issues in their families.
- Clear referral protocols are agreed with local children and young people's services, health services and voluntary sector organisations to enable pupils to receive additional support where necessary (whether related to their own or others' use).

Parents and carers are aware of the school's approach to alcohol and drugs and have opportunities to be actively involved.

- Parents are made aware of the school's approach and the school rules relating to alcohol and drugs and alcohol and drug education
- Parents are involved in the planning and review of the alcohol and drug education programme and policy.
- Parents are encouraged to support their child's learning at home, for example through shared-learning activities.
- Parents are able to access information about alcohol and drugs and local and national sources of help.

Further reading and resources

- Centre for Analysis of Youth Transition (CAYT) http://www.ifs.org.uk/centres/cayt
- DfE and ACPO drug advice for schools https://www.gov.uk/government/publications/dfe-and-acpo-drug-advice-for-schools
- DrugScope and Alcohol Concern, Assessment in Drug Education, a briefing paper for Teachers and other Drug Education Practitioners, Drug and Alcohol Education and Prevention Team, June 2006 http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Education%20and%20Prevention/assessmentbriefing.pdf
- FRANK http://www.talktofrank.com/
- Mentor ADEPIS, Identifying and supporting children affected by parental substance use http://mentor-adepis.org/identifying-supporting-children-affected-parental-substance-use-resource-schools/
- Mentor UK, Beyond the lesson plan http://www.mentoruk.org.uk/wp-content/uploads/2013/01/3-DEF-Beyond-the-lesson-plan.pdf
- Mentor UK, Reviewing your drug and alcohol policy: a toolkit for schools http://mentor-adepis.org/reviewing-your-drug-and-alcohol-policy-a-toolkit-for-schools/
- National Healthy Schools Standard http://www.education.gov.uk/vocabularies/educationtermsandtags/3566
- The European Network of Health Promoting Schools http://pgsaudemental.files.wordpress.com/2009/04/reeps.pdf

Quality standards:
Staff policies and safeguarding

Who these standards are for:

External agencies delivering alcohol and drug education within schools and employing staff and/or volunteers

Introduction

Who these standards are for

This set of standards is for external agencies delivering alcohol and drug education within schools and employing staff and/or volunteers.

When external contributors deliver alcohol and drug education in schools this should be done in full awareness of the wider context and standards for a good PSHE education programme. Contributors represent a key resource of advice and support for schools in the delivery of alcohol and drug education. In order safely to assist schools, external agencies should adhere to clear and consistent staff policies and safeguarding measures.

Safeguarding

The welfare of children and young people is paramount. The organisation must have policies and procedures in place for safeguarding and child protection that:

- Protect children and young people from harm and abuse
- Enable staff and volunteers to know what to do if they are worried
- Demonstrate clearly that child wellbeing is prioritised.

All schools are expected to protect children and promote their welfare by:

- Providing a safe environment for children to learn in;
- Creating a culture which recognises and understands the importance of safeguarding - including listening to and discussing with children;
- Identifying children who are suffering or likely to suffer significant harm, both at school and at home, and referring immediately any concerns to the local authority children's social care services;
- Preventing unsuitable people from working with children;
- Having systems and processes that ensure children are kept safe and allow for poor and unsafe practice to be challenged;
- Identifying instances where there are grounds for concern about a child's welfare, and initiating or taking appropriate action to keep them safe; and
- Contributing to effective partnership working between all those involved in providing safeguarding services for children.

The above list is drawn from www.education.gov.uk: although it relates to schools, these principles should also underpin any organisation's safeguarding policies and practice, with the recognition that when working within schools, educators will need to have regard to the school's own policies and the teacher's legal status as being *in loco parentis*.

One situation that any educator delivering alcohol and drug education should be prepared to deal with is pupils disclosing concerns or problems. This information may, either on its own or in combination with other information already held by the school, trigger wellbeing

or safeguarding concerns. It is important that it is shared with the school as soon as possible.

Any adult in this situation should:

- Listen positively and reassure the child or young person;
- Be clear that they cannot guarantee complete confidentiality;
- Not jump to conclusions;
- Not ask leading questions, or put words in a child's mouth;
- Record the discussion as soon as possible;
- Share the information as appropriate (e.g. with class teacher or as set out in the school's safeguarding policy).

Other staff policies

While larger companies and voluntary organisations tend to have (at least on paper) clear policies about staff recruitment, development and supervision, these are often neglected by smaller organisations.

The benefits of having formal, written procedures include: ensuring compliance with legal obligations; making it easier to deal with issues which may affect service delivery (e.g. questions about competence of staff or volunteers); proactively improving service delivery by addressing development needs; protecting staff health and wellbeing; improving staff retention; and ensuring children and young people are kept safe.

It is also paramount, for both small and large organisations, to make sure that staff and safeguarding policies are understood and implemented effectively by all members of the staff and volunteers. Monitoring and evaluation activities of internal policies and relationship with schools should be constantly conducted.

The Standards

HR policies are clearly set out and in line with relevant legislation.

- Policies have been reviewed to ensure compliance with legislation and good practice, for example using the resources included in the 'Further Information' section below.

Volunteers adhere to a clear volunteer agreement or role description.

- The Agreement covers responsibilities and roles; supervision, support and training; health and safety issues; insurance issues; expenses issues.

Rules regarding the involvement of staff or volunteers with previous or current problems, including alcohol or drug misuse, are clearly set out.

- The main criterion for appointments should be competence to carry out the role, whether paid or voluntary.
- Any additional support needs should be assessed and addressed in addition to the standard training provided to all staff/volunteers.
- Consideration should be given to any elements of the work that could jeopardise their recovery.

There are clear, safe recruitment processes for staff and volunteers.

- Staff competencies for successful programme delivery are clearly set out and are the basis of recruitment and staff development. (The resources listed below can be used to draw up a list of competencies.)
- There is a suitable, written recruitment and induction policy.
- All applicants complete an application form covering essential information.
- All interviews are conducted face-to-face, involve more than one interviewer and use a transparent scoring system.
- All applicants are required to provide two references, two pieces of identification and original copies of any essential qualifications before appointment.
- DBS checks and any additional necessary vetting procedures are carried out for each member of staff or volunteer engaged in regulated activity with children and young people.

New staff and volunteers are well supported and monitored.

- All staff and volunteers receive a comprehensive induction.
- Staff training needs on joining are assessed, and a plan put in place to address these needs.
- Training and/or awareness raising on safeguarding children issues is provided for all staff and volunteers during their induction period.
- Appointments are conditional on a satisfactory period of work (a probationary period for staff and a trial period for volunteers), with a review before they are confirmed in post. During this period, there is ongoing supervision and development.

There is effective support and supervision for all staff and volunteers.

- Training and development needs for all staff and volunteers are identified
- Support and supervision is regular and ongoing, and equally accessible for all staff members including volunteers and part-time staff.

The organisation has a clear policy on safeguarding

- The policy includes guidance on working within school's policies on confidentiality and disclosure.
- Any concerns raised about a child or young person's wellbeing are shared with their school immediately.
- It is clear that school policies take precedence when external contributors work with a class.

As part of the agreement to work with any school there is a clear understanding of and strict abidance to the school's policies on safeguarding, confidentiality and disclosure and other relevant information.

- The school's policies on safeguarding, confidentiality and disclosure are obtained.
- There is a clear understanding with the school about what they can and cannot keep confidential before beginning the session, including whether the young people need to be briefed on this and by whom.
- There is clear understanding that potential disclosure should be shared with the 'appropriate' member of staff, according to agreement made prior to the visit.
- Before working with a class, the school is asked to provide general (non-pupil-specific) relevant information about the circumstances of pupils and families, and this is taken into account in delivering the session. It is clear that a teacher or a school member of staff should be in the room at all times and in charge of classroom management and appropriate behaviour.

It is clear to schools how they can feed back comments or concerns.

- A written complaints policy sets out how complaints will be dealt with.
- Schools are actively encouraged to feed back comments or concerns.
- Where possible this will be through a different person in the organisation.

Further reading and resources

- Department for Education, Safeguarding children and safer recruitment http://www.education.gov.uk/aboutdfe/statutory/g00213145/safeguarding-children-safer-recruitment

Safeguarding

- Analysing the learning needs of staff (child protection, but also useful for general purposes) http://www.safenetwork.org.uk/resources/safe_network_standards/pages/child_protection.aspx
- Audit form for child protection arrangements: http://www.safenetwork.org.uk/SiteCollectionDocuments/B12_Example_of_audit_form_for_child_protection_arrangements.pdf
- Documents for safe recruitment, induction and supervision, including identifying child protection training: http://www.safenetwork.org.uk/resources/safe_network_standards/Pages/safer_staff_and_volunteers.aspx
- Role description for named person for child protection http://www.safenetwork.org.uk/SiteCollectionDocuments/B6_Role_description_for_named_person_for_child_protection.pdf
- Safe network standards http://www.safenetwork.org.uk/SiteCollectionDocuments/The_Safe_Network_Standards.pdf
- Safeguarding Children and Safer Recruitment in Education (guidance for schools) http://media.education.gov.uk/assets/files/pdf/s/safeguarding%20children%20and%20safer%20recruitment%20in%20education.pdf

Staff management

- ACAS resources http://www.acas.org.uk/index.aspx?articleid=1390 including a self-assessment tool to evaluate whether your current practice is effective (and legal) https://obs.acas.org.uk/modelworkplace/Landing.aspx
- NCVO HR resources: http://www.ncvo-vol.org.uk/advice-support/workforce-development
- TUC charter and FAQs on volunteers: http://www.tuc.org.uk/workplace/index.cfm?mins=349&minors=4&majorsubjectID=2

Competency frameworks

There is no single accepted competency framework for drug and alcohol education and prevention, but the following list of resources can be drawn on to assess staff development needs.

- Drugs and Alcohol National Occupational Standards http://www.skillsforhealth.org.uk/service-area/alcohol-%26-drugs/
- National occupational standards for supporting teaching and learning http://education.gov.uk/schools/careers/traininganddevelopment/staff/standards/b00203854/nos-for-stl

- Qualifications for school support staff http://education.gov.uk/schools/careers/traininganddevelopment/staff/b00202859/qualifications
- Professional and National Occupational Standards for Youth Work http://nya.org.uk/dynamic_files/research/whole%20suite%20of%20Professional%20and%20National%20Occupational%20Standards%20for%20Youth%20Work.pdf

Training

- PSHE Association guidelines for teachers on selecting professional development opportunities http://www.pshe-association.org.uk/content.aspx?CategoryID=1044
- PSHE Association courses http://www.pshe-association.org.uk/events.aspx

About Mentor ADEPIS

The Alcohol and Drug Education and Prevention Information Service is run by Mentor in conjunction with DrugScope and Adfam and is funded by the Department for Education. More resources are available from

http://mentor-adepis.org

Contact Mentor ADEPIS

Mentor
1st floor, 67-67 Cowcross Street
London, EC1M 6PU
+44 20 7553 9920

adepis@mentoruk.org
http://mentor-adepis.org
MentorADEPIS
MentorADEPIS

mentor-ADEPIS.org
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