Drugs and Alcohol Policy

Agreed by Curriculum Committee: Spring 2017

Ratified by Full Governing Body: Spring 2017

Next Review: Spring 2020
WHO HAS BEEN INVOLVED IN THE POLICY’S DEVELOPMENT?
This policy has been developed in consultation with representatives of:

- senior Leadership Team (SLT)
- the governing body
- staff with specific responsibility for drug/medicine issues
- other teaching staff
- pupils
- parents/carers
- outside agencies e.g. LA, Surrey Healthy Schools/Babcock 4S

The policy reflects the guidance of national bodies i.e. DfE, Healthy Schools, ACPO (now NPCC), Drugwise.

This policy has been shared with school personnel, parents and pupils. A copy is available on the school website and one is also displayed at school.

DEFINITION OF TERMS:

DRUG:
this document uses the term drug to refer to any substance people take to change the way they feel, think or behave: all legal drugs including alcohol, tobacco, volatile substances (those giving off a gas or vapour which can be inhaled), all illegal drugs (those controlled by the Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016), and over-the-counter and prescription medicines.

DRUG USE:
the consumption of any drug. All drug use, including medicinal use, carries the potential for harm.

DRUG MISUSE:
the use of a substance for a purpose not consistent with legal or medical guidelines. Drug taking through which harm may occur, whether through intoxication, breach of school rules or the law, or presents an immediate or future risk of harm.

DRUG ABUSE:
persistent or sporadic excessive drug use inconsistent with or unrelated to acceptable medical practice.

HARMFUL USE:
a pattern of psychoactive substance use that is causing damage to health.

HAZARDOUS USE:
a pattern of substance use that increases the risk of harmful consequences for the user.

RATIONALE FOR DRUG EDUCATION:
The school has a duty to:

- provide a balanced and broadly based curriculum
- promote pupils’ spiritual, moral, social and cultural development
- prepare children and young people for the challenges, opportunities and responsibilities of adult life
- promote school/British values – helping to ensure children can contribute to wider society

Drug use and misuse have become increasingly common in our society. Children and young people of school age are part of society and as such the school recognises the need to:

5 WHO, no date http://www.who.int/substance_abuse/terminology/who_lexicon/en/
• prepare and equip pupils for life in a drug using society
• deal with the broad range of drug related situations and incidents which may occur in the lives of our pupils and others involved in the life of a school
• set out a proactive rational response towards safeguarding, Drug Education and drug related incidents as we believe that this is more likely to have a positive outcome than a reactive response determined when confronted with a drug use or possession incident
• publicise the Drug Policy to ensure that the pupils and community are aware and understand the school’s position in relation to Drug Education, drugs and drug related incidents
• ensure that the messages pupils receive in the classroom and from the school’s response to a drug incident are consistent with the school values, culture and safeguarding practices.
SECTION 1
CURRICULUM PROVISION

AIMS AND OBJECTIVES FOR DRUG EDUCATION IN THE CURRICULUM

Aim:
The overall aim of Drug Education in the school is to provide opportunities for pupils to develop their knowledge skills, attitudes, values and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others’ actions in order to prevent or reduce the harmful consequences of drug misuse.

OBJECTIVES / PUPIL LEARNING OUTCOMES:
- to provide accurate information about drugs and the law relating to them
- to increase understanding about the implications and possible consequences of use and misuse of drugs
- to provide opportunities to examine attitudes and values towards drug use
- to promote the development of personal and social skills relating to positive health behaviours and the opportunity to practise them
- to enable young people to identify sources of appropriate personal support.

HOW IS DRUG EDUCATION TO BE ORGANISED IN THE CURRICULUM?

Context
- Drug Education is provided within a broader framework / programme of PSHE where wider issues of promoting health, positive behaviours for physical and mental health and social responsibility can be addressed and where drug misuse prevention is just one component. (Specific drug related information is also provided within the statutory science curriculum)
- The school acknowledges that a positive health promoting ethos helps pupils feel valued and part of the school community and, in doing so, helps build self-esteem and resilience that may enable pupils to cope more effectively in drug related situations
- PSHE is taught in weekly PSHE lessons and is underpinned by the GoGivers materials as well as forming part of additional inputs through assemblies and school themed activities – it is also integrated within cross-curricular topics and the science curriculum
- Scheme of work (Appendix 1)

PARENTAL INVOLVEMENT:
The school believes that it is important to have the support of parents/carers and the wider community for the Drug Education programme. Parents are/will be given the opportunity to find out about and discuss the school’s programme (e.g. through the school website, school newsletter or other opportunities).

VISITING SPEAKERS/EXTERNAL CONTRIBUTORS
Visiting speakers from the community (e.g. health promotion specialists, the school nurse) can make a valuable contribution to the PSHE programme. Their input is carefully planned so as to fit into and complement the curriculum.

TEACHING AND LEARNING METHODS FOR DRUG EDUCATION

METHODS OF APPROACH:
In keeping with the school’s approach to PSHE a variety of teaching and learning methods are used as appropriate to the topic and needs of the pupils (e.g. brainstorming, role play, group discussion).

These strategies enable pupils to:
- place new learning in the context of previous experience
- explore currently held personal and cultural beliefs and values in the context of new learning
- apply new learning to other situations
- relate new knowledge to current behaviour, so as to be able to make and act on informed choices
• actively consider the implications of the learning for themselves, society and the environment.

**MONITORING, EVALUATION AND ASSESSMENT:**
The PSHE Leader and Senior Leadership team will monitor delivery of the programme through observation, learning walks and discussions with teaching and pastoral staff to ensure consistent and coherent curriculum provision.

Evaluation of the programme’s effectiveness will be conducted on the basis of:
- regular pupil and teacher evaluation of the content and learning processes
- staff meetings to review and share experience.

All staff who deliver PSHE will assess progress in learning using the school’s assessment procedures. Assessment is carried out informally to establish the needs of pupils in order for planning to be effective and appropriate.
SECTION 2
LEGALLY AVAILABLE SUBSTANCES ON SITE

The school's position is as follows:

TOBACCO
The school operates a no smoking policy at all times throughout the building and grounds in order to protect all members of the school community from the harms of second-hand smoke and to prevent the uptake of, and reduce the prevalence of, smoking across the school community.

Smoking is not permitted in any part of the school's premises and grounds including the entrance area to the school, on land adjacent to the school building (e.g. car parks, garden areas, walkways, playgrounds, playing fields etc.) or on the school road crossing patrol areas.

The use of e-cigarettes is not permitted in any part of the school premises and grounds. Those wishing to quit smoking should be advised to use licensed nicotine medications and seek support from Quit 51, the stop smoking provider in Surrey. There are no designated smoking areas provided within the school buildings or grounds.

The Smokefree Policy applies to all events and activities held in the School including before and after school sessions, any meetings organised which are attended by school employees as part of their work and/or visitors to such meetings and events.

Smoking is not permitted in any school owned/hired/leased vehicles, as well as private vehicles when used for carrying students or staff on school business. This is a statutory requirement. Schools also have a duty to reinforce the smoking legislation on buses used for pupil transport.

This Policy applies when students are taken off school on school excursions/visits/trips. Staff and accompanying helpers will be reminded that smoking is not permitted when on duty and looking after students.

The school is committed to being a No Smoking site. This policy applies to pupils, employees, parents/carers, visitors, any member of the public, contractors or others working and using the School premises or vehicles, and all vehicles used to transport students.

ALCOHOL
Members of staff should not work under the influence of alcohol and doing so, is likely to constitute a disciplinary offence; this refers both to alcohol consumed beforehand, or during the working day. Although, alcohol should not usually be consumed on site during the working day, it may be allowed in certain circumstances at the headteacher’s discretion (e.g. a Christmas party, a leaving celebration etc).

SOLVENTS
The school recognises that many ordinary substances lend themselves to misuse and therefore need to be carefully stored and managed. Permanent markers should be kept secure at all times. Refer to COSHH regulations relating to the secure storage and safe keeping of solvent substances in classrooms and labs.

- correcting fluid is not permitted in school
- aerosol sprays are not permitted for use in school
- lighter fuel is not permitted in school.

MEDICATION: OVER-THE-COUNTER AND PRESCRIBED DRUGS

- Medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so.
- Parents should provide the school with sufficient and up-to-date information about their child’s medical needs. Parents are key partners and should be involved in the development and review of their child’s individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. This is particularly
important to consider when outside of school premises, e.g. on school trips. Clearly labelled inhalers are kept in the medical room/office. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only staff should have access.

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. If and when a member of staff administers medicine, this should be in accordance with the prescriber’s instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.

- Special arrangements may be made for children suffering from serious medical conditions who may require urgent or specialised care. Such conditions could be Asthma, Anaphylaxis, Diabetes and Epilepsy. In such cases parents need to agree an individual treatment plan in accordance with ‘Supporting Pupils with Medical Conditions’ and the school doctor.

For greater detail regarding medicines, see:

‘Supporting Pupils at School with Medical Conditions’ DfE, December 2015

Surrey CC guidance and information – ‘Supporting Pupils with Medical Conditions’

**SCHOOL EXCURSIONS (DAY AND RESIDENTIAL)**

e.g.

The school’s policy on drugs applies to all school excursions, trips, visits and excursions.
SECTION 3
RESPONDING TO DRUG RELATED INCIDENTS
This policy is for guidance and may be adapted to take into consideration individual circumstances. The school strongly believes that drug misuse, possession and/or distribution has no place in schools, that it must be detected as early as possible and that the pupils, staff and community should be aware of the consequences of any such actions. The school also notes that drug misuse commonly occurs in association with other risk factors or behaviours and that a strong connectedness with the school can be a key component in a safeguarding and pastoral response. It should be noted that drug-related incidents in our school are very rare, but it is important that we are prepared and ready to make an appropriate response, should one occur.

WHAT IS THE SCHOOL’S RESPONSIBILITY IN RELATION TO DRUG INCIDENTS?
The school acknowledges pastoral responsibility in this area and seeks to work closely with families and support agencies. The school will consider each drug incident individually and recognises that a variety of responses will be necessary to deal with incidents. It will consider very carefully the implications of any action it may take. The school seeks to balance the interests of the pupils involved, the other school members and the local community.

THE RANGE OF RESPONSES INCLUDES:
• the use of in-school counselling services (these are confidential sessions provided by professionals from young people’s counselling services)
• referral to a specialist substance misuse service for advice and treatment, and/or counselling services if appropriate
• case conferences to discuss the options carefully before devising action plans to enable pupils to remain in school and receive appropriate help
• behaviour contracts (setting out clearly the terms on which a pupil can remain at the school - emphasising positive rather negative behaviour)
• intensive in-school programmes (DfES guidance ‘Social Inclusion and the use of Pastoral Support Programmes’)
• referral to an appropriate specialist young persons’ substance misuse service such as Catch 22, or QUIT 51 with the agreed consent of the young person.

Possible sanctions include internal fixed term exclusion, fixed term cessation of privileges. Permanent exclusion remains an option but is viewed as a final course of action as it may only transfer the problem.

• The management of drug related incidents is co-ordinated through the identified member of the SLT.
• Incidents involving drugs may take the form of emergencies, intoxication, discovery/observation, disclosure, suspicion/hearsay.

EMERGENCY SITUATIONS
If a pupil is deemed to be at serious risk of harm as a result of drug misuse (e.g. collapsed, unconscious) the following course of action should be taken:
• notify reception by the fastest possible means to call an ambulance and briefly outline the cause of the emergency
• summon help immediately from another member of staff and send for a first aider
• provide emergency aid to pupil as appropriate
• notify the Headteacher or another senior manager
• notify the pupil’s parents/carers
• remove, in the presence of an adult witness, any suspicious substances/equipment and retain in case they are required by ambulance staff
• record the incident in the school’s medical book/complete an incident form
• a written report will be given to the Headteacher, pastoral deputy head and head of year
• the Designated Lead for Safeguarding will be informed who will follow the school’s Safeguarding Policy to make sure the incident is recorded appropriately and follow up actions in line with SSCB’s procedures.
• with the consent of the young person, they will be referred to Catch 22, or the most
INTOXICATION
- The pupil will be removed to a quiet room and be accompanied by a member of staff at all times.
- The school nurse / first aider will be called and further medical help summoned if necessary.
- Parents/carers will be informed and called to the school to collect the pupil and advised to visit their GP.
- The incident will be recorded in the school medical book / incident form completed.
- A written report will be provided for key staff as above.
- The Designated Lead for Safeguarding will be informed who will follow the school’s Safeguarding Policy to make sure the incident is recorded appropriately and follow up actions in line with SSCB’s procedures.
- With the consent of the young person, they will be referred with to Catch 22, or the most appropriate service.

DISCOVERY / OBSERVATION
- If a pupil is discovered possessing, using or dealing any substance not permitted in school (s)he will be escorted to/approached by a senior member of staff.
- The senior member of staff will seek to remove any suspicious substances from the pupil (in the presence of an adult witness) or to secure the voluntary production of any substances believed to be concealed on the pupil’s person. (Intimate physical searches should not be made by any teacher). Any substance taken possession of will be sealed in a labelled plastic bag, signed by the witness present with the date and time added.
- The situation will be investigated promptly and thoroughly and a written record made.
- The pupil will be kept out of class/away from peers but supervised by an adult at all times. The pupil will be informed that the situation is a serious one (particularly if the substance in question is believed to be an illegal one) and that parents (and police) will be informed and asked to attend the school.
- The Headteacher will be notified who, in turn, will sanction appropriate interim pastoral and disciplinary measures and notify the pupil’s parents.
- If the substance is/or is suspected of being illegal, the Headteacher will call the local police to help with identification of the substance and give appropriate police involvement.
- The governing body of the school will subsequently be informed.

DISCLOSURE
- A pupil may disclose to a member of staff that (s)he has been using drugs or is concerned about someone else’s drug use. **Concern for the pupil’s welfare will be paramount** but in line with the school Safeguarding Policy staff will not be able to promise complete confidentiality and should make this known to any pupil seeking such an assurance. Information about a pupil in relation to drugs will follow the same procedure as for other sensitive information. The DSL, head of year, pastoral deputy and Headteacher will be informed and further help sought if appropriate. The pupil may be referred to a drugs or counselling agency/intervention programme (that is part of a community, multi-agency support network to the school) and/or referred to the Catch 22 service.

SUSPICION / HEARSAY
Any hearsay / rumour about pupil drug use will be carefully evaluated in the light of the school’s own knowledge about the pupil and sensitively investigated before any possible action is taken.

If staff believe the rumour to be unfounded steps will be taken to challenge the rumour and its effects, e.g.

- challenging the behaviour that might have led to the rumour
- challenging those responsible for circulating ill-formed information
- challenging the environment in which rumours breed.

If the rumour is found to be true, the same procedures will be taken as outlined in the previous section for disclosure of drug use.
If there is suspicion of a pupil misusing drugs the pupil will be observed and monitored over a period of time before deciding on appropriate action to be taken.

Recordings of pupil observations will be carried out by the staff member(s) making the observations and will adhere to the following principles:

a) they will be specific
b) they will be non-judgmental (i.e. descriptive rather than interpretative)
c) they will be objective
d) they will be factual
e) they will be dated, time specific and signed
f) they will be designed to show pattern, nature, locations and frequency of the perceived behaviour.

A POSSIBLE MODEL FOR THE RECORDING OF OBSERVATIONS. (Appendix 2)

SUBSTANCE MISUSING PARENTS
The school recognises that some of its pupils may have a parent/carer whose drug use (legal and/or illegal) is problematic. The child’s welfare in this case is paramount and the school will act, within the legal limits that it can, to support the child in a variety of ways, both practically and emotionally. Key staff involved in such support have received guidance and training in this area.

If a member of staff suspects that a parent collecting their child from school and intending to drive is intoxicated the police advice is that efforts should be calmly made to help the parent think of alternative, safer ways of getting home. This might include walking home, getting somebody else to collect them or calling a taxi. If the parent becomes aggressive and insists on driving on no account should staff put their own safety or security at risk. If possible staff should note down details of the car and phone the police with this information as soon as possible.

TRAINING AND SUPPORT FOR STAFF
All new staff to the school benefit from continued professional development training in order to enhance their PSHE delivery skills. Support for teaching and understanding drug-related issues is also incorporated in our staff INSET programme and details are contained within the staff handbook.

The Deputy Headteacher with oversight of the PSHE Leader, has responsibility for ensuring that drugs issues are handled in the spirit embodied in this document.

Links to other Policies and Advice
This Drug Policy is supported by, but not limited to:
PSHE Policy
Behaviour Policy
Health and Safety Policy
Safeguarding Policy
School Visits
Confidentiality Policy
Exclusions Policy

Searching screening and confiscation advice – DfE
Use of Reasonable Force – DfE
Drug Advice for Schools – DfE and ACPO

REVIEW OF THIS POLICY
This policy is reviewed at least every 3 years and also in the light of any incident that may occur relating to drugs or any new findings arising from educational research, local or national guidance.
## Appendix 1
### Thames Ditton Junior School Scheme of Work

<table>
<thead>
<tr>
<th>Year Group</th>
<th>Lesson 1: Why People Smoke</th>
<th>Scheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 3 Smoking</td>
<td>Christopher Winters</td>
<td></td>
</tr>
<tr>
<td>Year 4 Alcohol</td>
<td>Lesson 1: Effects of Alcohol</td>
<td>Christopher Winters</td>
</tr>
<tr>
<td>Year 4 Alcohol</td>
<td>Lesson 2: Alcohol and Risk</td>
<td></td>
</tr>
<tr>
<td>Year 4 Alcohol</td>
<td>Lesson 3: Limits of Drinking Alcohol</td>
<td></td>
</tr>
<tr>
<td>Year 4 Alcohol</td>
<td>Supplementary Lessons</td>
<td></td>
</tr>
<tr>
<td>Year 4 Alcohol</td>
<td>Lesson 4: Alcohol (L7)</td>
<td></td>
</tr>
<tr>
<td>Year 4 Alcohol</td>
<td>Lesson 5: Pressures, Influences, Situations (L4)</td>
<td></td>
</tr>
<tr>
<td>Year 4 Alcohol</td>
<td>Lesson 6: Health For All (L11)</td>
<td></td>
</tr>
<tr>
<td>Year 4 Alcohol</td>
<td>The World Of Drugs</td>
<td></td>
</tr>
<tr>
<td>Year 4 Alcohol</td>
<td>Lesson 1: Lifestyle Choices-why people smoke and alternatives (L11)</td>
<td></td>
</tr>
<tr>
<td>Year 4 Alcohol</td>
<td>Lesson 2: The impact of tobacco on our bodies (L12)</td>
<td></td>
</tr>
<tr>
<td>Year 4 Alcohol</td>
<td>Lesson 5: Choices and decisions (L17)</td>
<td></td>
</tr>
<tr>
<td>Year 5</td>
<td>Legal and Illegal Drugs</td>
<td>Lesson 1: Legal and Illegal Drugs</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lesson 2: Attitudes to Drugs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lesson 3: Peer Pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Supplementary Lessons</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lesson 4: Drugs Are All Around Us (L5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lesson 5: Staying out of Harm’s Way (L13)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lesson 6:</td>
</tr>
<tr>
<td>Year 6</td>
<td>Preventing Early Use</td>
<td>Lesson 1: Cannabis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lesson 2: Volatile Substance Abuse (VSA) and Getting Help</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lesson 3: Help, Advice and Support</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Supplementary Lessons</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lesson 4: Decisions and Choices (L12)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lesson 5: Keeping Safe (L2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lesson 6: First Aid (L14)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The World Of Drugs</td>
</tr>
</tbody>
</table>
SUPPORT FOR CHILDREN WITH SUBSTANCE MISUSING PARENTS / CARERS

GOVERNMENTAL GUIDANCE

Hidden Harm: Responding to the needs of children of problem drug users
An inquiry into the needs of children with substance misusing parents was conducted in 2004 by the Advisory Council on the Misuse of Drugs (ACMD). Further supportive research has been developed since this time.

Research shows that:

- there are between 250,000 and 350,000 children of problem drug users in the UK\(^6\)
- between 780,000 and 1.3 million children in England are affected by parental alcohol problems\(^7\)
- there are 2.6 million children living with a hazardous drinker\(^8\)
- in Britain, 335,000 children live with a drug-dependant parent\(^9\)
- parental problem drug use can, and does, cause serious harm to children at every age from conception to adulthood;
- reducing the harm to children from parental problem drug use should become a main objective of policy and practice;
- by working together, services can take many practical steps to protect and improve the health and well-being of affected children.

Children of substance misusing parents may experience developmental difficulties in their physical health; education and cognitive ability; the forming of relationships and personal identity; and their emotional and behavioural development. Some children may experience bullying from their peers, neglect in their basic care, incomplete immunisation / medical and dental records, poor school attendance / academic performance, poor attachment to parents and exposure to inappropriate role models / behaviour.

As highlighted by the Children’s Society\(^{10}\) “children and young people who care for a parent affected by substance misuse may undertake physical tasks, such as domestic chores, dealing with bills, or nursing a parent suffering from drug or alcohol withdrawal, but it is often emotional support that is prevalent in their caring role. When in school they may be worried about the safety of their parent and fear what or who they will find on returning home. They may miss school and social activities to keep an eye on their parent and have few friends as a result. They can be angry, confused, ashamed or even feel guilty.”

However, many children with parents who misuse substances are well cared for. School can be a safe haven for the children of problem drug users and may represent the only place where there is a pattern and a structure in their lives. Schools and their staff can do much to help these children but need to be supported by, and liaise with, other agencies and initiatives that have complementary resources and expertise.

ACMD RECOMMENDATIONS

- All early years education services and schools should have critical incident plans and clear arrangements for liaison with their local social services team and area child protection committee when concerns arise about the impact on a child of parental problem drug or alcohol use
- All schools should identify at least one trained designated person able to deal with the problems that might arise with the children of problem drug users
- Gaining a broad understanding of the impact of parental problem drug or alcohol use on

\(^7\) Alcohol Harm Reduction Strategy for England. (March 2004). Prime Minister’s Strategy Unit.
\(^8\) New estimates of the number of children living with substance misusing parents: Results from UK national household surveys. (2009).
\(^9\) BMC Public Health 2009,
\(^{10}\) Supporting Young Carers: A resource for schools, The Children’s Society (2010)
children should be an objective of general teacher training and continuous professional development

- Schools should encourage and support participation in supervised extra-curricular activities
- All schools know how to access sources of support for the child and family and when to involve other agencies.

GUIDANCE FOR SCHOOLS

- School teachers should be aware of, and sensitive to, the practical and emotional needs of the young person but not to place the young person in the spotlight as a “victim” or be overly intrusive
- Emotional support should be provided as necessary
- A member of staff should be identified who can provide additional support and can take time to find out how the young person is
- Information on community support should be made available to the young person and/or their parents/carers/family
- The young person should be made to feel well cared for and secure within the school environment
- There should be clear communication between the school and any external agencies (e.g. Social Care, Surrey Young Carers) which are involved in the care of the young person.

PRACTICAL SUPPORT

- Flexibility with time (negotiated): late arrival/early leaving
- Washing facilities – personal/clothes
- Breakfast facilities
- Homework facilities/extra reading-time with volunteer listener provided in school
- Use of a phone to phone home
- Contact with siblings’ school
- Study support (missed lessons) where possible
- Curriculum focus on the needs of young carers (including challenging negative behaviour to young carers)
- Links with young carers’ networks (i.e. Surrey Young Carers)