

The **Health Promoting School**

Tackling Drugs in Scotland:

an inspection progress report on the response of Schools and Education Authorities to the targets set out in the Scottish Executives strategy on drug misuse

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HM Inspectorate of Education

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1. The context

Tackling Drugs in Scotland: Action in Partnership (1999) set out a national strategy for all government agencies in response to public concern at the increasing incidence and negative consequences of drug misuse. Targets and monitoring arrangements were publicised to encourage co-ordinated action against drug misuse. By the end of session 2002-2003, all schools were to:

- provide appropriate education on drugs to every pupil; and
- put in place written procedures for managing incidents of drug misuse.

Ministers set up task groups which recommended that SEED should provide practical advice on:

- drug education for healthy living, informed decision-taking and responsible behaviour;
- managing incidents of drug misuse; and
- self-evaluation to enable schools to strengthen the quality of provision.

To enable schools and communities to access guidance and tackle drug misuse, the Scottish Executive working in partnership with a range of national agencies has provided support.

- *Scotland against drugs*, in partnership with councils and business sponsors, has provided training for nominated primary and secondary teachers.
- *Know The Score* provides young people and adults with on-line up-to-date information and advice.
- *Drug Action Teams* with police, health agencies and education authorities have worked in local areas towards co-ordinated action.
- The Drug Safety Team set up by the Scottish Executive issued *Guidelines for the Management of Incidents of Drug Misuse in Schools* [2000].
- Research briefings on *Young people and health in Scotland*, commissioned by HEBS, provided an overview of the current position, including policy issues and what young people say they want.
- HM Inspectors of Education [HMIE] provided schools with a guide to self-evaluation: *Two Health Issues. Education about Drugs. Education about Responsible Relationships and Sexuality* [HMIE 2003].

2. The inspection

The HMIE report *Drug and Nutrition Education A Study of Provision in Schools and Community Education* [1999] provided a base-line for subsequent surveys by the Scottish Executive on school provision of drug education and management of drug misuse. It was used in this inspection as a baseline for measuring improvements.

This short inspection report outlines schools' progress in meeting their nationally set targets to provide all pupils with appropriate drug education and have in place written procedures for managing incidents of drug misuse. In the course of this focused inspection, HMIE evaluated to what extent schools had provided drug education and written procedures. HMI also took account of the quality of provision, in terms of meeting pupils' needs.

The inspection evidence

- School provision on drug education and management of incidents of drug misuse in 1999, as reported by HMIE, was compared to the position in 2003 reported by the Scottish Executive.
- Education authorities were surveyed and key personnel were interviewed on action in response to the above.
- All schools in the general inspection programme in 2002 and 2003 were involved in reviewing aspects of their provision, including drug education.
- Questionnaires for parents and pupils involved in the general inspection programme asked respondents to identify how satisfied they were with the school's arrangements for keeping pupils safe and healthy.
- A sample of schools, identified by education authorities as having good practice in the conduct of drug education, were inspected.
- An inspection of eight integrated community school clusters contributed to this report.

3. The findings

3.1 Strengths

All education authorities had a senior manager responsible for co-ordinating authority policy on drug education and management of misuse.

Education authorities provided schools with a range of practical support in the form of:

- guidance to schools on the conduct of drug education, including partnership with parents and protocols for working with other agencies;
- exemplar materials for use in learning and teaching; and
- policies and procedures on managing incidents of drug misuse which took account of national advice.

Provision of drug education had significantly increased, particularly in primary schools.

At the start of 1999, HMIE had found that the majority of primary and almost all secondary schools provided drug education in line with national advice. By 2003, almost all primary and secondary schools informed SEED that their drug education was in line with national advice. On the evidence of inspections, there were often still gaps in coverage and weaknesses in quality which restricted the impact of drug education.

The proportion of schools with written policies in place on managing incidents of drug misuse had significantly increased.

At the start of 1999, HMIE found that a third of primary and most secondary schools had such written policies. By 2003, the majority of primary and secondary schools informed SEED that they had such written policies. Inspection evidence reveals that almost all schools had clear written procedures and those without specific procedures for drug misuse used the school's procedures for child protection.

Almost all parents and pupils at primary and secondary schools responding to inspection questionnaires expressed overall satisfaction with school provision on health, care and welfare.

Almost all parents felt that staff showed care and concern for their children.

Almost all pupils agreed that the school helped to keep them safe and healthy

Responses were slightly more positive about primary than secondary schools. When interviewed, parents and pupils up to S2 tended to be positive about drug education. From S3 pupils tended to be aware of the risks of drug misuse but to have some reservations about the impact of their personal, social and health education, including drug education. These findings on young people's attitudes and behaviour are in line with research by agencies such as the Research Unit in Health, Behaviour and Change. Such research found that the majority of secondary age pupils had drunk alcohol and a significant minority had experienced cannabis.

Drug education in schools was almost always provided within the context of personal, social, moral and health education. Specific inserts were commonly offered in response to pupils' emerging needs. For example, personal safety programmes for P1 to P3 usually included safe uses of medicine and how to seek help. Pupils at P6/P7 learned about the health risks of smoking and misuse of alcohol and controlled drugs. Pupils in secondary school worked on knowledge of the impact of drug misuse, the law, and their rights and responsibilities. They were expected to learn how to keep themselves and others healthy and safe by acquiring strategies for making informed decisions, accessing sources of information and help and responding responsibly to risks.

3.2 Aspects of variable quality

Partnerships with other agencies

By 2004, a large majority of schools reported that they had clear protocols for working with other agencies. In the most effective integrated community schools, in particular, there was inspection evidence of increased inter-agency support particularly for vulnerable young people. In these schools participation in health promoting activities had increased. Some authorities had systematic joint working arrangements with health professionals and police. Such authorities provided parents and school staff with regular briefings and workshops to enable them to respond to young people's needs. In other authorities, such events took place occasionally and at the discretion of individual schools.

Staff development

All education authorities had provided staff development on drug education in recent years. A representative primary teacher and secondary teacher from each school had been trained and then expected to train other members of staff. The most effective authorities provided training and regular up-dates for teachers, parents and others such as school nurses. Most authorities continued to provide training but on an optional and self-selecting basis. Take-up tended to be variable. Class teachers as well as trained senior promoted staff and teachers of personal and social education delivered drug education. Further training would improve class teachers' confidence and ability to contribute effectively to sensitive issues in relation to drug education and drug misuse.

Self-evaluation

The most effective education authorities had provided schools with systematic arrangements for monitoring the content and delivery, including resources in use, of drug education and for sharing good practice in meeting pupils' needs. For example, headteachers were encouraged to use a framework for evaluation and discuss findings with link education officers specifically remitted to monitor health promotion. However, HMIE found little evidence of any specific evaluation of drug education having taken place during such discussions of quality assurance.

In schools, it was common practice to use evaluations to improve learning. For example primary teachers received feedback on next steps in teaching plans and resources. Teachers regularly discussed and revised programmes and resources for personal and social education. In the most effective schools, pupils' views were sought after each health topic. Their views were then used to improve provision in order to meet their needs more effectively. On the evidence of inspections, few schools had robust enough arrangements for monitoring the quality of learning and teaching in drug education and using this to share good practice.

Provision for meeting pupils' needs

The most effective schools involved pupils in identifying their own and their local community's health needs and in negotiating practical action to meet these needs. Across Scotland, schools covered appropriate topics but there were often weaknesses in identifying and building on pupils' prior learning. Schools rarely tracked pupils' progress in this area and were not in position to measure the impact of drug education. On occasion, schools were over-reliant on worksheets and videos which sometimes lacked credibility with young people. Inspectors found that there were often weaknesses in matching approaches effectively to the different needs of pupils, including those whose home life exposed them to drug misuse.

4. Conclusions

At a national and local level, there has been extensive action to tackle drug misuse and provide support for schools. There has been a significant increase in the provision of drug education and written procedures for managing incidents of drug misuse, particularly in primary schools. However, there are some continuing weaknesses which have reduced the impact of action so far.

Next Steps

- Education authorities should work with schools to strengthen arrangements for:
 - self- evaluation; and
 - staff development.
- Education authorities should work with appropriate support agencies to put in place more rigorous procedures for evaluating and maximising the impact of drug education.
- HM Inspectors will continue to keep drug education under review.

Other developments

The related HMIE report, *Personal Support for Pupils in Scottish Schools* (June 2004) is a useful source of advice and draws attention to the same broad areas for improvement.

The Scottish Executive Education Department has commissioned research on school drug education and a report of the findings is due in 2006/07.

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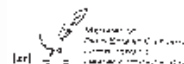
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