

Government Response to the report by the Advisory Group on Drug and Alcohol Education



Ministerial Foreword



I would like to thank the Advisory Group on Drug and Alcohol Education for all its hard work. I appreciate the approach they used, drawing their recommendations from analysis of the evidence and from consultation with key stakeholders, including young people and parents.

Drug and alcohol misuse causes real problems for children and families. When parents misuse substances, their children may have to take on caring roles, witness domestic violence and can be at a greater risk of being taken into care. Those young people who experiment with drugs and alcohol run the risk of damaging their health, having problems at school or getting involved in crime or anti-social behaviour.

The latest figures show that there are some very positive trends – with more young people choosing not to drink at all, reduced numbers drinking frequently and continued reductions in the numbers using drugs. There is still more that we can do to reduce harm and protect young people. The Government takes this seriously, as shown in the priority given to young people’s substance misuse in the recent drug and alcohol strategies, and the Youth Alcohol Action Plan.

Drug and alcohol education is important in helping young people to make healthy choices and informed decisions. To make the right choices, they have to be aware of the risks associated with substance misuse. However, we are clear that education is only one part of the wider approach outlined in the Drug Strategy. In addition, we need targeted support for the vulnerable young people who are most at risk and specialist treatment for those who develop serious drug and alcohol problems.

Underpinning the recommendations of the Advisory Group on many of the issues relating to schools was consideration of the extent to which making progress on them was dependent on first making Personal, Social and Health Education (PSHE) a statutory subject. There was a clear view from the group that making PSHE statutory was essential. In our response, we accept the strong arguments for making PSHE statutory and set out the arrangements we intend to put in place to consider the range of legislative options available to us, and the principles that will govern the way in which that work will be taken forward.

As well as making it easier for those who currently educate young people about drugs to do this better, we must also bring parents into this process much more – responding to what they have been telling us about their lack of confidence in educating their children about drugs. We can build on parent’s willingness to educate their children by providing them with accurate drugs information and involving them in developing guidance on young people and drinking.

The role of schools, Further Education Colleges and other youth and children’s services goes further than just drug education, and they must ensure that any young person who is developing drug and alcohol problems, or is affected by parental substance misuse, is identified early and given appropriate support before problems get out of hand.

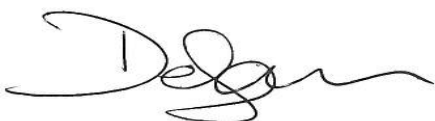
We welcome the recommendations in the Advisory Group’s report and set out here the key actions that Government will take to improve drug and alcohol education. In summary, we:

- will ensure that all parents have access to accurate information and guidance about the risks to young people of drugs and alcohol through, amongst other things, our FRANK campaign and the new campaign on youth drinking;

- will improve the quality of drug and alcohol education by issuing new guidance, which will also cover the early identification of those beginning to experience problems; and
- have asked Sir Alasdair MacDonald, Head Teacher of Morpeth Secondary School in Tower Hamlets, to conduct an independent review of how the decision to give PSHE statutory status can be translated into a practicable way forward, to help improve young people's knowledge and skills, enabling them to enjoy safe, healthy, productive and responsible lives.

Alongside this review, there has also been a review of Sex and Relationships Education in schools taking place. This separate review concerns itself with some common issues and has made some similar recommendations, particularly in relation to the status of PSHE in the curriculum and the need to improve the skills and confidence of those who deliver it. Whilst there is a separate report on Sex and Relationships Education, the Government response to both reviews takes a consistent approach where the same points have been made.

I believe that through the implementation of the actions we have outlined here, we can improve the quality and effectiveness of drug and alcohol education and help to further prevent young people from being harmed by substance misuse.



Baroness Delyth Morgan

**Parliamentary Undersecretary of State for
Children, Young People and Families**

Government Response to the Recommendations

- 1 The Government is grateful to the Drug and Alcohol Education Advisory Group for its work in analysing the evidence of effective drug and alcohol education and developing their report, *Drug Education: an entitlement for all*. We welcome the report and set out here the action that Government intends to take in response to the recommendations of the Advisory Group.

Recommendation 1: The Aims of Drug and Alcohol Education

The Advisory Group made a series of recommendations on clarifying the aims of drug and alcohol education¹ and the approach to it through universal information and education; targeted interventions; and harm minimisation education for vulnerable young people.

- 2 The Government fully supports the Advisory Group's view that drug and alcohol education cannot, and should not, be left entirely for schools to deliver on their own. To continue to reduce the harm associated with young people's substance misuse, parents, schools, Further Education Colleges (FE), youth services, the police, the media, retailers and members of the wider community all have a part to play. It is also important to acknowledge the Advisory Group's point that drug education is one component within a wider strategic approach that includes universal education for all young people, targeted prevention for vulnerable young people who are most at risk, and specialist treatment for those who have developed substance misuse problems, as set out in the recent drug strategy, *Drugs: protecting families and communities* and the Youth Alcohol

Action Plan. Government invests £55m a year into local areas in England to support delivery to reduce young people's substance misuse. This is driven forward through work on achieving the Public Service Agreement to "increase the numbers of children and young people on the path to success". Progress against this aim will be measured through a national indicator measuring the frequent use of drugs, alcohol and volatile substances by young people.

- 3 **ACTION:** To support the increased wider understanding of the aims of drug education, and the contribution of key stakeholders, Government will provide funding support to the Drug Education Forum and the Drug Education Practitioners Forum to continue their vital work in disseminating good practice, and raising the profile of drug education. This will be reviewed in 2011.
- 4 **ACTION:** To support those directly engaged in informing and educating children and young people on drug and alcohol issues, the Government will revise the guidance for schools, FE Colleges, the non-formal sector and wider children's services on drug and alcohol education and information in line with the Advisory Group's recommendations (see also points 5 and 29).

1 For the purposes of this review, the Advisory Group agreed that the term 'drugs' refers to all drugs, including alcohol, legal and illegal drugs, volatile substances, tobacco and medicines.

Recommendation 2: Equipping Parents and Carers to Protect their Children

The Advisory Group recommended that Government should increase parents' and carers' knowledge and skills about drug and alcohol education, to enable them to better inform and protect their children, through improved parenting support and a widespread communications campaign.

- 5 **ACTION:** Revised guidance to schools and FE Colleges will set out a clear expectation that parents are informed about the timing and content of drug and alcohol education focusing on what is expected to be covered and when, and giving parents clear information about how they can best support messages about drugs and alcohol.
- 6 **ACTION:** Transition Information Sessions, part of the parenting support offer in extended schools, are sessions for all parents with a child joining a new phase of education. We will review the information on drug and alcohol awareness within the Transition Information toolkit. This will ensure that relevant practice materials related to the extended schools core offer (of which Transition Information Sessions are an element) are updated and reflect latest evidence.
- 7 **ACTION:** As part of the drug strategy, we established a Parents' Partnership of organisations to focus specifically on how to improve the use of existing and new campaigns and other information channels to parents to best communicate the right messages and signpost sources of further information and support. These organisations will act as representatives of parents and carers to advise Government on communications regarding substance misuse. The recommendations of the Advisory Group will be considered during the development of the work plan for this group.
- 8 **ACTION:** Parents will be a key target audience for the FRANK campaign going forward. Through PR activity and stakeholder work, this campaign will aim to give parents and carers the knowledge, reassurance and confidence to talk to their child about drugs. This will be informed by the research into the information needs of parents recently commissioned by the Department for Children, Schools and Families (DCSF). Findings from this research will be published shortly and will help to inform local level campaigns and services. We will also fully consult parents in the development of new guidance regarding young people and alcohol.
- 9 There are over 700 Parenting Support Advisers in place across 20 pilot local authorities, supporting more than 1,000 schools. Over £100m is being made available through the extended schools sustainability grant for the next three years for all local authorities to provide Parenting Support Adviser type services. Their aim is to support families at the first sign of a child's emotional or behavioural problems. They are well placed to identify young people who may be at increased risk of engaging in drug or alcohol misuse. They will then signpost parents to further specialist help if required. Additionally we are providing up to £65 million over the next three years for Parenting Early Intervention Programmes, to increase assistance for the parents of 8–13 year olds at risk of negative outcomes, and to ensure that they receive a co-ordinated package of parenting support at an early age, including advice on drug and alcohol misuse. We are also providing £45.5 million of funding for all

local authorities to employ at least 2 expert parenting practitioners to deliver parenting programmes to families at risk, including where there are drug and alcohol problems in the family.

Recommendation 3: The Quality of Drug and Alcohol Education in Schools

The Advisory Group made a series of recommendations on how to improve the quality of drug and alcohol education in schools including: making Personal, Social and Health Education (PSHE) a statutory subject in schools; improving teachers' skills and confidence in delivering effective drug and alcohol education through Initial Teacher Training and Continued Professional Development for PSHE teachers; and amending the Ofsted inspection framework to consider the contribution of drug and alcohol education to overall well-being. The Advisory Group also recommended that national level quality standards for those contributing to drug education in schools are developed and included in the guidance for schools.

- 10 The Advisory Group considered what effect making PSHE statutory would have on the implementation of their recommendations. The Advisory Group was clear that PSHE was not given sufficient priority in many schools and that its lack of statutory status was a key reason why it was not higher up the agenda. In the Advisory Group's view, this had significant implications for the amount of curriculum time devoted to PSHE, the level of investment in workforce development and the amount spent on resources to support the delivery of drug and alcohol education. While the group recognised that making PSHE statutory would not, in itself, lead to better quality drug and alcohol education, it
- was judged to be a vital element of the wider strategy that was needed to improve delivery.
- 11 The Government agrees with the Advisory Groups for the Sex and Relationships Education (SRE) and Drug and Alcohol Education reviews that there are strong arguments for making the whole of PSHE a statutory subject. Such a move would underline the key role PSHE has to play in young people's personal development. It would be consistent with the emphasis in the Children's Plan on schools' role in developing young people in the round, as well as ensuring that they receive an excellent education; and with the priority we expect schools to give to the issues which it covers. We are therefore attracted in principle to giving PSHE statutory status, and in consequence of this, introducing statutory programmes of study for PSHE. At the same time we recognise that making PSHE statutory raises a number of issues:
- It would increase the pressure on an already full curriculum;
 - statutory programmes of study for PSHE could cut across the existing rights of school governing bodies to determine their own approach in sensitive areas such as drug education or SRE; and
 - whether to retain the existing right of withdrawal from SRE (other than the biological elements in National Curriculum science from which there is no right of withdrawal).
- 12 **ACTION:** These are complex and sensitive issues which need to be worked through with care and in consultation with a wide range of interested parties. We have therefore asked Sir Alasdair MacDonald, Head Teacher of Morpeth Secondary School in Tower Hamlets,

to conduct an independent review of how the decision to give PSHE statutory status can be translated into a practicable way forward, which secures improved outcomes for children and young people in terms of their knowledge and skills to enjoy safe, healthy, productive and responsible lives.

13 The review will assume that statutory programmes of study, setting out the broad content of a common core of PSHE knowledge and skills that all children and young people should be taught, would be drawn up starting from the existing non-statutory programmes of study for personal and economic well-being in key stages 3 and 4. For key stages 1 and 2, the review would take account of work that is already in hand to define the common core content for PSHE as part of Sir Jim Rose’s review of the primary curriculum.

14 Within these assumptions about the likely content of statutory PSHE programmes of study, the PSHE review will consider the following specific issues:

- how to ensure that statutory programmes of study for PSHE retain, in future, sufficient flexibility for individual schools to tailor their PSHE curriculum and teaching to take account of their pupils’ and parents’ views and to reflect the ethos of the school;
- how to ensure that parents and pupils are fully involved in the drawing up of an individual school’s policy on delivery of sensitive topics within PSHE such as SRE and drug and alcohol education;
- how to ensure that school governing bodies have the support and guidance they need on drawing up policies for the teaching of sensitive topics within PSHE;

- whether and how to protect the current rights of the small minority of parents who choose to withdraw their children from the current non-statutory aspects of SRE; and
- how schools can accommodate PSHE as a statutory subject within the curriculum, without squeezing other important subjects, drawing on examples of existing good practice in schools in delivering PSHE.

15 We have asked Sir Alasdair MacDonald to consult widely with all interested stakeholders and to report back to Government by the end of April 2009.

16 **ACTION:** We will work with the Training and Development Agency for Schools (TDA) to identify options for moving forward on creating a route through Initial Teacher Training for teachers to specialise in PSHE and agree a timetable for implementation that takes account of the intended changes to the statutory status of PSHE.

17 **ACTION:** We will work with TDA to look at all opportunities to maximise the level of participation in the existing national PSHE Continued Professional Development programme. Around £3m funding has been secured for this year and for each of the next two financial years. Guarantees about funding beyond the current comprehensive spending review period are not possible at this stage.

18 The new duty on schools to promote pupils’ well-being will provide the context for raising the knowledge and awareness of teachers and governors about a range of important issues, including drug and alcohol education. We recently consulted on guidance for schools, providing advice on the practical steps that they need to take to meet their well-being duty and we aim to finalise that

guidance in 2009. We will also consider what further support schools might need to help them deliver this duty.

- 19 **ACTION:** Ofsted is proposing to strengthen the well-being elements of the evaluation schedule for the new school inspection arrangements from September 2009. As part of this work, DCSF are liaising with Ofsted to develop an approach to school-level well-being indicators. Under the proposed arrangements, inspectors will take account of pupils' and parents' views of well-being alongside measures of outcomes, when making judgements about the effectiveness of a school in promoting well-being.
- 20 Currently, when judging well-being outcomes and personal development, Ofsted inspectors' evidence includes consideration of the contribution of PSHE programmes, including drug and alcohol education. If programmes are not in place, are inadequate, or evidence suggests that drug and alcohol misuse present a significant issue, this is likely to generate an important line of enquiry for the inspection.
- 21 In the future, this will still be the case. Although Ofsted will not be able to add a discrete judgement to the evaluation schedule about the contribution of drug and alcohol education to overall well-being, explicit guidance will prompt inspectors to consider the impact of the school's drug and alcohol related work. Schools will also be guided to evaluate the contribution of their drug and alcohol education programme to their pupils' well-being and personal development, within the context of the age of the pupils on roll.
- 22 **ACTION:** We will work with key stakeholders to develop quality standards for local areas to adopt regarding the use of external contributors to drug education in schools and for the materials available. This will constitute part of the revised guidance.
- 23 Current DCSF guidance states that schools should have a focus on pupil needs assessment to ensure that drug and alcohol education is appropriate to age, developmental stage and prior knowledge of pupils. Drug and alcohol education should also focus on the drugs that young people are most likely to come into contact with: alcohol, volatile substances, tobacco, cannabis, and in some communities other drugs such as khat. We will highlight these issues within the revised guidance.
- 24 The National Healthy Schools Programme is committed to promoting good practice in PSHE in schools. Part of this commitment includes providing guidance for PSHE delivery with case studies demonstrating how schools can further improve their practice. We are also reviewing how we can improve the re-validation process for schools that have had Healthy Schools status for 3 years. The expectation is that these schools would demonstrate improvement across the minimum evidence produced against the core themes (including PSHE). These schools will start the new re-validation process from September 2009.

Recommendation 4: The Quality of Information and Education in FE Colleges and Non-Formal Settings

In addition to the guidance recommended for schools, the Advisory Group made a series of recommendations designed to improve the quality of information and education in Further Education (FE) colleges and non-formal settings, such as youth services, including ensuring that drug and alcohol education is reflected in the new Department of Health, Healthy FE programme; and strengthening the drug and alcohol elements of professional development for the wider children's workforce, ensuring that drug and alcohol information complies with the new Information, Advice and Guidance (IAG) Standards.

- 25 **ACTION:** The Association of Colleges has agreed to work with DCSF to jointly develop guidance for FE Colleges on drug and alcohol education, and to consider the means by which this could in future be delivered in FE Colleges. We will also include, in the revised guidance, advice for those providing services for children and young people in non-formal settings on delivering high quality drug and alcohol education.
- 26 **ACTION:** The Department of Health and the Department for Innovation, Universities and Skills are currently considering how to build upon the success of the National Healthy Schools Programme by creating a programme and infrastructure that supports the health needs of young people and adult learners in FE Colleges. The aim is to provide a framework within which several existing health initiatives and commitments currently supported by FE colleges might be more effectively taken forward, including: drug and alcohol education; mental health guidance; contraceptive services located on FE College sites; health literacy for adults; and staff health support.
- 27 DCSF is currently developing a long term strategy for developing the children's workforce. We will, as part of this wider process, further consider the relevant recommendations from the Drug and Alcohol Education Advisory Group in relation to development of the Youth Workforce.
- 28 The Information, Advice and Guidance (IAG) Quality Standards clearly define our expectations of the services that Local Authorities commission and manage. The Education and Skills Bill requires Local Authorities to have regard to the guidance, which includes the IAG Quality Standards. The Standards state that young people accessing initial advice and guidance on personal, social, health and financial issues are referred to impartial specialist services as appropriate. Therefore where young people require in-depth advice about drug and alcohol issues they should be referred to specialist advice services. Young people contacting Connexions Direct in need of such advice are referred to the FRANK website and helpline. Government will work with partners including 14-19 advisors, the Learning and Skills Council and Government Offices to monitor the performance of Local Authorities in relation to IAG, and challenge where needed.

Recommendation 5: Better Identification and Support for Vulnerable Young People

The Advisory group made a series of recommendations to improve identification and support for vulnerable young people including: issuing specific guidance on best practice in the screening and identification of vulnerable young people; supporting schools to develop evidence based targeted programmes; increasing awareness of local treatment services; and establishing clear procedures for young people's access to treatment.

- 29 **ACTION:** We will include advice on the screening and identification of vulnerable young people in the revised guidance (mentioned in action 4), enabling swift access to support and treatment services for all young people who need it. The Children's Workforce Development Council (CWDC) is currently reviewing integrated working and substance misuse has been given a focus as a part of this review. This includes examining the use of the Common Assessment Framework in identifying those affected by their own or a parent's drug or alcohol use and identifying areas for improvement. Ten new child poverty Family Intervention Projects, set up in October 2008, will deliver intensive, whole-family support packages and test ways of enabling quicker and easier access to local drug and alcohol treatment for both young people and parents in workless households.
- 30 **ACTION:** Through DCSF's workforce development programme, our actions with CWDC to implement relevant elements of the new drug strategy through their communications and workforce programmes, and our work with the National Treatment Agency for Substance Misuse to improve

accessibility to treatment services for under 18s, we will ensure improved awareness of local young people's specialist substance misuse treatment services. We are also piloting a project with the FRANK helpline to enable better access to local services for young people in need of treatment support. Findings from this pilot will be used to improve the service across England.

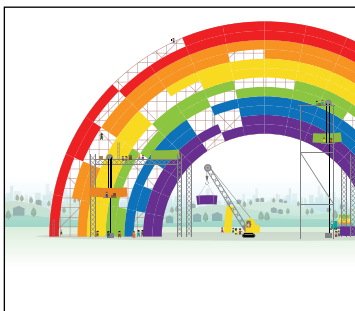
Recommendation 6: Research and Evaluation

The Advisory Group has recommended that Government continues to commission research and disseminate evidence of effective practice in drug and alcohol education, including building on the findings of the Blueprint study when they are available.

- 31 We fully support the Advisory Group's desire to build on the existing research base to better inform future policy development. The Government intends to continue to commission research on a range of drug and alcohol issues, which will be taken forward in part by the research group committed to in the drug strategy. Government is already committed to disseminating the findings of the Blueprint programme and ensuring findings are considered in the development of policy and practice. Reports into the delivery of the Blueprint programme were released in November 2007 and the final impact report, looking at learning, communications and behavioural outcomes from the programme, will be released in autumn 2008.
- 32 **ACTION:** In particular, we are concerned to strengthen the evidence base on the impact of youth work and community based approaches to drug education and prevention, and have commissioned

Liverpool John Moore's University to produce an evaluation toolkit for local drug prevention projects to use to enable a more systematic evaluation of their impact. This will be made available for all areas to use.

- 33 **ACTION:** We will also explore the feasibility of using the Tellus pupil survey to test young people's views on the impact of drug and alcohol education and we will commission Ofsted to conduct a special report on drug education in order to review progress made on improving quality.



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