

# Mobile pupils and Drug Education:

## A Briefing Paper for Drug Education Practitioners



Revised February 2006

### **Purpose of Briefing**

This briefing identifies the specific issues for school drug policy that are raised by 'mobile pupils' – children and young people who leave or arrive at schools other than at the normal times. This is a heterogeneous group, which includes school excludees, looked after children, children of armed forces families, children following divorce or family breakdown, Travellers, immigrants, refugees and asylum-seeking children.

The briefing provides general information on drug-use amongst children and young people and the principles of good drug education, before looking at mobile pupils in particular. It considers

- The main groups of mobile pupils and the challenge for schools
- The particular characteristics of the mobile pupil population
- Risk and protective factors for drug misuse and their application to these groups of children and young people
- Adapting general principles of effective drug education to the mobile pupil population
- Recommendations for further research.

### **Who is the briefing for?**

This briefing will be of particular relevance to people working directly with mobile pupils, notably:

- Induction mentors;
- Others involved with induction centres;
- Teachers, pupils and others involved in peer mentoring and buddying schemes;
- Professionals likely to be closely involved in working with specific groups of mobile pupils (for example, special educational needs co-ordinators)

It provides guidance for drug education practitioners working in a school setting, including:

- Teachers and other staff who deliver drug education
- Those with responsibility for co-ordinating drug education

- Head teachers
- LEA advisors
- Learning Support Assistants
- Youth Workers who deliver drug education
- Connexions personal advisors

The information in this briefing may also be of interest to researchers, curriculum developers and policy makers.

## **Terminology**

### Pupils

'Pupils' refer to those children and young people in schools.

### Mobile pupils

Mobile pupils are children and young people who move 'in and out of schools ... other than at the usual times of joining and leaving' (Ofsted 2002).

### Drugs

The definition of a drug given by the United Nations Office on Drugs and Crime is:

A substance people take to change the way they feel, think or behave.

The term 'drugs' unless otherwise stated, is used throughout this briefing paper to refer to all drugs including medicines, volatile substances, alcohol, tobacco and illegal drugs.

### Drug use

Drug use is the taking of drugs, whether legal or illegal – for example, consuming alcohol, taking medication or using illegal drugs. Any drug use can potentially lead to harm, whether through intoxication, breach of law or the possibility of future health and mental health problems. Such harm may not be immediately apparent.

### Drug misuse

Drug misuse is drug taking which leads a person to experience social, psychological, physical or legal problems. It may be part of a wider spectrum of problematic or harmful behaviour.

## **The Background**

Smoking, Drinking and Illegal drug use among school pupils:

### Smoking

- Prevalence of regular smoking (at least one cigarette a week) among all pupils aged 11 to 15 decreased from ten per cent in 2002 to nine percent in 2003 and 2004.
- The prevalence of smoking increased sharply with age: one per cent of 11 year olds smoked regularly compared with twenty one per cent of 15 year olds.

### Drinking

- The proportion of all pupils who drank in the last week was twenty three per cent in 2004. This figure had previously increased from twenty per cent in 1988 to twenty seven percent in 1996.
- Prevalence increased with age. In 2004, four per cent of all pupils aged 11 had had an alcoholic drink in the last week, while forty five per cent of 15 year olds had done so.

### Illegal drugs

- Eighteen per cent of all pupils had taken drugs in the last year in 2004, down from 21 per cent in 2003
- Ten per cent of all pupils had taken drugs in the last month in 2003, down from twelve per cent in each year from 2001 to 2003.
- Cannabis was by far the most likely drug to have been taken – eleven per cent of pupils aged 11 to 15 had taken cannabis in the last year, compared to four per cent who said they had used Class A drugs (the figure for both heroin and cocaine was one per cent).
- Six per cent of all pupils reported taking volatile substances in the last year in 2004, and three per cent reported sniffing poppers.
- Thirty six per cent of all pupils said that they had been offered one or more drugs in 2004, a sharp decrease from forty two per cent in 2003.
- As with use of drugs, the likelihood of having ever been offered drugs increases sharply with age, from fourteen per cent among 11 year olds to sixty two per cent of 15 year olds in 2004.

Source: National Centre for Social Research/National Foundation for Educational Research, *Smoking, drinking and drug use among young people in England in 2004 – Headline Figures*. Department of Health 2005.

### **Good practice principles in drug education**

The Department for Education and Skills (DfES) has published revised guidance on drugs for schools *Drugs: Guidance for schools (DfES 2004)*. Practitioners should refer to this document for guidance and support in planning and delivering drug education and supporting all young people, including mobile pupils.

The document provides guidance on all matters relating to drug education, the management of drugs within the school community and drug policy development.

Copies of the guidance can be downloaded from

[www.dfes.gov.uk/drugsguidance](http://www.dfes.gov.uk/drugsguidance)

Hard copies are available from DfES publications by calling 0845 602 2260 and quoting reference number DfES/092/2004.

For practitioners working in Further Education institutions, it will be useful to also refer to *Drugs: Guidance for Further Education Institutions (DrugScope and Alcohol Concern 2004)*. This document can be downloaded from DrugScope

website [www.drugscope.org.uk](http://www.drugscope.org.uk) and Alcohol Concern website

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

*Drugs: Guidance for schools (DfES 2004)* outlines the general expectations for drug education as follows:

- Drug education should enable pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.
- Drug education should take account of pupils' views, so that it is both appropriate to their age and ability, and relevant to their particular circumstances.
- Drug education in the classroom should be supported by a whole-school approach that includes the school's values and ethos, staff training and the involvement of pupils, staff, parents/carers, governors and the wider community.
- Drug education should be delivered through personal, social and health education (PSHE) and citizenship and fulfil the statutory requirements of the National Curriculum Science Order. It should start in primary schools and develop through each of the Key Stages to ensure continuity and progression.

The guidance states that the aim of drug education is to provide opportunities for all young people to develop their knowledge, skills and attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions. It states that drug education should:

- Increase knowledge and understanding and clarify misconceptions about:
  - the short and long term effects and risks of drugs

- ❑ the rules and laws relating to drugs
  - ❑ the impact of drugs on individuals, families and communities
  - ❑ the prevalence and acceptability of drug use among peers
  - ❑ the complex moral, social, emotional and political issues surrounding drugs.
- Develop personal and social skills to make informed decisions and keep themselves safe and healthy, including:
  - ❑ assessing, avoiding and managing risk
  - ❑ communicating effectively
  - ❑ resisting pressures
  - ❑ finding information, help and advice
  - ❑ devising problem-solving and coping strategies
  - ❑ developing self-awareness and self-esteem.
- Explore their own and other peoples' attitudes towards drugs, drug use and drug users, including challenging stereotypes, and exploring media and social influences.

Drug education should include teaching about all drugs, including illegal drugs, alcohol, tobacco, volatile substances, over-the-counter and prescription medicines. However, there may be occasions when you would need to focus on particular drugs. *Drugs: Guidance for schools*, DfES 2004, states that given the prevalence, availability and social use of alcohol in our society, it should be a priority to educate young people on the effects of alcohol and how to reduce alcohol related harm. This can be achieved by taking a harm reduction approach. This approach accepts that many, although not all people drink, and seeks to enhance young peoples' abilities to identify and manage risks and make responsible and healthy choices. This however does not suggest that alcohol misuse is condoned or that all young people drink.

Many young people overestimate how many of their peers use drugs (*Drugs: Guidance for schools*, DfES 2004). It is important to correct misconceptions such as these through 'normative education' by exploring attitudes and discussing what influences young people's decisions.

## Mobile Pupils

### Key points

- ❑ Mobile pupils are children and young people who move 'in and out of schools ... other than at the usual times'.
- ❑ Pupil mobility occurs as a result of international migration, internal migration, institutional movement and individual movement. The DfES identifies five mobility groups: the socially deprived, school excludees, refugees and asylum seekers, immigrants and Gypsies/Travellers.
- ❑ The mobile population is highest in schools serving communities with high levels of social deprivation, refugee communities, Traveller sites and/or armed forces bases.

But all schools should take account of the needs of mobile pupils because mobile populations can suddenly expand as a result of demographic change.

There are a variety of reasons why children and young people leave or join a school other than at the usual times. In an introduction to DfES Guidance on *Managing Pupil Mobility* (2003), Charles Clarke, the former Secretary of State for Education and Skills, explains that 'there are many different types of mobile pupil, from refugees and asylum seekers who arrive in the country with little or no understanding of English, to children of armed forces families, children whose parents may have separated, children who have been abused and those who may change schools because of issues such as bullying'. He continues 'All of these children have a right to a good education' but 'high levels of pupil mobility can be a major factor in the underachievement of pupils' (*Managing Pupil Mobility: Guidance* (DfES 2003)).

The UCL report on *Pupil mobility in schools* (2000) identifies four categories of mobile pupils.

1. *Pupils who leave or arrive at schools as a result of international migration.* This includes the children of parents/carers who come to the United Kingdom to work or study, as well as refugees and asylum seekers.
2. *Pupils who leave or arrive at school as a result of internal migration.* Families move house or parents/carers move to get work and pursue careers. For some children and young people, internal migration is a way of life, particularly for Travellers.
3. *Pupils who leave or arrive at school following institutional movement.* Pupils move from private to state schools or from special to mainstream education. Others move schools following permanent exclusion.
4. *Pupils who leave or arrive at school as a result of individual movement.* For example, children in care and children who move following family

breakdown.

The DfES programme 'On the move' identified five key 'mobility groups'.

1. *The socially deprived* – looked after children, homeless, housing relocation, fragmentation of families, unemployment.
2. *School excludees* – including children moved by parents when they begin to experience difficulties at school.
3. *Refugees and asylum seekers*.
4. *Immigrants*.
5. *Gypsies/Travellers*.

The mobile population varies significantly from area to area and school to school, both in its size and composition. Schools serving areas with large numbers of socially deprived children and/or refugee and immigrant communities will tend to have higher mobility levels, as well as schools with a large number of children whose parents are from the armed services. However, schools which have low mobility can suddenly find themselves dealing with large numbers of mobile pupils as a result of shifts in local environments and demographics. Moving school is stressful for any child and mobile pupils are disproportionately drawn from sections of the community that are more vulnerable to disadvantage and marginalisation. In addition, many experience several changes of school as a result of their circumstances

## **Supporting Transition- moving on to secondary school**

Research by Coventry City Council has looked at the concerns of young people moving from primary to secondary school in Year 6/7.

Before transition – At least 52 per cent of Year 6 pupils were worried to some degree about the following five aspects:

- Finding their way around
- Different or harder work in lessons
- Homework
- New targets and tests
- Older pupils

After transition – At least 44 per cent of Year 7 pupils were still worried to some degree about the three main aspects

- Homework
- Older Pupils
- New Targets and Tests

The aspects of secondary school that children were most worried about were:

- General feelings/emotions about the move
- Work-related aspects
- School specific issues (e.g. finding their way around, need school rules)
- Friendships
- Bullying

Mobile pupils will have similar concerns.

*Coventry City Council, NSCOPSE conference 2004*

## **Good practice in working with mobile pupils**

*Managing pupil mobility* (DfES 2003) identifies a number of general good practice guidelines for schools working with significant numbers of mobile pupils:

- A thorough audit of existing provision is a good basis for identifying improvements to processes and practices
- Subsequent developments are likely to focus on four main developments: induction which provides pupils with a good welcome and enables them to settle quickly; enabling new arrivals to have access to the curriculum; reducing the attainment gap between stable and mobile communities; exit procedures which give pupils a positive send off
- a whole school approach to deal with the impact of high levels of mobility on the school community



- a common language and agreed methods of collecting and collating data as an essential building block for good management of mobility.

Drug policy and drug education should be reviewed as an integral part of this process.

a number of schools with large mobile populations have been trialing the use of induction mentors, with initial evidence suggesting that they can greatly enhance the acceptance and integration of new pupils. It is stated that the role of induction mentors can include:

- meeting with parents/carers
- communicating the school's ethos, values and vision
- working with teachers to ensure effective integration
- liaising with heads of department and subject teachers to ensure that mobile pupils are placed in the most appropriate teaching groups, in collaboration with the Special Educational Needs Co-ordinator, EAL (English as an Additional Language) coordinators, learning mentors, learning support unit staff as appropriate
- providing a coherent approach to inclusion
- integrated working with other key staff e.g. Learning Support Unit staff, learning mentors.
- liaising with the Local Education Authority (LEA) over admission procedures
- liaising with outside agencies e.g. Social Services departments
- establishing the need for 'catch up' programmes through liaison with all interested parties
- initiating appropriate 'catch up' programmes
- contributing to staff in-service training.

*Managing pupil mobility* (DfES 2003) is more cautious about induction centres. It comments that 'the development of centres where pupils remain for a period following arrival is contentious, because pupils may remain separated from the mainstream school of which they quickly need to become a member. Welcome centres, however, may be useful as an initial base for the first day and subsequently as a call-in centre during the induction period. Such centres will provide a base for the induction mentor who can use it for counselling, meeting with network groups of recent arrivals to share experiences, seek solutions to issues and inform the induction process and for catch-up work with individuals'. Buddy and peer mentoring schemes are strongly supported.

## **Smoking, drinking and illegal drugs use among mobile pupils**

While only a minority of mobile pupils will develop drug problems, there are particular risk factors for this group.

1. *Starting at a new school will be a stressful experience for all mobile pupils, regardless of their backgrounds.* Research for Coventry City Council on the general transition from primary to secondary school found that before moving on to secondary school, 27 per cent of year 6 pupils were worried about making new friends, and that this continued to be a concern for 20 per cent of pupils after transition. Arriving at the school at a different time to other children will be especially stressful. Pupils will be more at risk of drug misuse (including smoking and alcohol consumption) during a period of stress and uncertainty, particularly if drug misuse is believed to provide a route to acceptance by peers. Recent research identifies 'acceptance seeking' as a common reason why young people begin to use drugs. One young person told researchers 'went to a new school, got some mates who were smoking it [weed], then hash, then I started getting this buzz so I just kept on' (Margaret Melrose, 'Fractured transitions: disadvantaged young people, drug taking and risk', *Probation Journal*, 2004, NAPO Vol 51(4): 327-341).
2. *School mobility is often linked to other stressful and unsettling events in a child's life, which could also increase the risk of drug misuse.* For example, refugee and asylum seeking children and young people may have had deeply traumatic experiences before arrival in the UK, looked after children may be adjusting to new care arrangements (for example, a change of foster carer), and some children may have been moved to a new school because they have been victims of bullying.
3. *Children from some of the principal 'mobility groups' are drawn from disadvantaged and marginalised sections of the community.* These circumstances increase the risk of drug misuse.

A series of research reports have shown that key sections of the mobile population are more vulnerable to drug misuse than their peers. For example:

- The Youth Lifestyles Survey 1998/99 found that around half of truants and excludees had used an illicit drug, compared to 13 per cent of attenders, and that prevalence of drug use was significantly higher for female than male truants and excludees. (Goulden C and Sondhi A 2001, *At the Margins: drug use by vulnerable young people in the 1998/99 Youth Lifestyles Survey*, Home Office Research Study 228).
- A Home Office research study on care leavers aged 13 to 24 (average age 18) found high levels of self-reported drug use compared with general population surveys. Seventy three per cent of the sample had smoked

cannabis, fifty two per cent in the last month, and thirty four per cent smoked it daily. One tenth had used cocaine in the last month and fifteen per cent had used ecstasy in the past month. The lifetime prevalence for both heroin and crack cocaine was around ten per cent. (Jenni Ward et al 2003, *One problem among many: drug use among care leavers in transition to independent living*, Home Office Research Study 260).

- A 2004 report on young refugees and asylum seekers in Greater London concluded that this group is 'highly vulnerable to future drug use' with risk factors including barriers to accessing and achieving in education; depression, loneliness and isolation; vulnerability to racially motivated crime and bullying; inadequate housing (including being placed in hostels with problematic drug or alcohol users); and social and economic exclusion. (Centre for Ethnicity and Health, University of Central Lancashire 2004, *Young refugees and asylum seekers in Greater London: vulnerability to problematic drug use*, Mayor of London/GLADA).

Schools need to be aware of these risks, but they need to keep a sense of perspective too. While there is no research on the mobile pupil population as a whole, it is a reasonable inference from the available evidence base that the majority will not be drug misusers, and that only a small minority will develop serious drug or alcohol problems.

It is also important not to single out mobile pupils where they are engaging in behaviours that are not uncommon within their wider peer group (for example, experimenting with alcohol), as this can reinforce the sense of isolation and stigmatisation among pupils who can be vulnerable to marginalisation. Risk and protective factors for problematic drug use have been summarized in the DfES *Drugs: Guidance for schools* (2004).

### Vulnerable Groups, Risks and Protective Factors

Vulnerable groups	Risk factors	Protective factors
Homeless Looked after School truants Pupils excluded from school Sexually abused Prostitutes In contact with mental health and criminal justice system Children of parents with drugs problems	Chaotic home environment Parents who misuse drugs or suffer from mental illness Behavioural disorders Lack of parental nurturing Inappropriate and/or aggressive classroom behaviour School failure Poor coping skills Low commitment to school Friendship with deviant peers Low socio-economic status Early age of first drug use Being labelled as a drug misuser	Strong family bonds Experiences of strong parental monitoring with clear family rules Family involvement in the lives of children Successful school experiences Strong bonds with local community A caring relationship with at least on adult

*Drugs: Guidance for schools p. 52 (DfES 2004)*

### Mobile Pupils: the challenges for drug education planning and delivery

The *Drugs: Guidance for schools* (DfES 2004) states that 'Schools play a key role in providing drug education and pastoral support to all pupils and identifying vulnerable pupils so that those who need extra help receive it either in school or through referral to other services'. It continues: 'schools should be aware that some pupils are more vulnerable to drug misuse and other social problems. Ensuring that these pupils are identified and receive appropriate support through the curriculum, the pastoral system or referral to other services should be a priority for all schools'.

All mobile pupils can be vulnerable because of the experience of school transition itself (instability, stress and acceptance needs). Many mobile pupils will be drawn from parts of the community that are already vulnerable to drug misuse and other social problems. These two factors will interact in some circumstances: the stresses associated with a change of school heightening the vulnerability of otherwise vulnerable children.

The mobile population raises five specific issues for school drug policies in general and drug education in particular.

1. Knowledge and awareness deficits - making up for lost time.
2. Awareness of vulnerabilities - for example, signs of parental drug misuse and awareness of relevant child protection issues and procedures.
3. Diversity and equality issues - particularly with refugees and asylum seekers, immigrants and Gypsy/Traveller children.
4. Modes of delivery - for example, working with children from different cultures as well as with special educational needs
5. Whole school approaches - tackling potential risk factors in the school environment.

#### Development of knowledge, skills and attitudes

Some mobile pupils will have come from schools that have dealt with drugs differently or have not provided drug education at all (for example, if they have transferred from certain private fee-paying schools or been educated in another country). Others will have spent time out of school and will have missed drug education as well as other aspects of the curriculum (for example, some refugees and Travellers, as well as some pupils who have been excluded). Research for the Social Services Inspectorate published in 2002 found that drug policies and provision for 'looked after' children were 'underdeveloped, poor or ad hoc', with a third of authorities paying little or no attention to the needs of children in relation to drugs'.

The *Drugs: Guidance for schools* (DfES 2004) stresses the importance of ascertaining pupils' knowledge about drugs, which can vary widely. It identifies a number of ways to determine levels of awareness and understanding, which could be adapted for mobile pupils:

- draw-and-write activities
- circle time
- graffiti sheets
- questionnaires/surveys
- discussion.

It is important that this process is transparent and that pupils understand how these activities will feed into planning and provision of drug education, and do not have unrealistic expectations.

Drug education should be a key consideration in gathering pupil records from previous schools, initial assessment of needs (including discussion with parents/carers) and initiating appropriate 'catch up' programmes. In some schools this will be the responsibility of designated induction mentors and may be carried out in an induction centre. Parents and pupils need to be aware of the school drug policy, of disciplinary procedures and sanctions, of pastoral support in place for managing drug incidents on school premises. Any use of drug testing or monitoring should be carefully explained to parents/carers and pupils.

Schools also need to ensure that they are aware of any new pupils taking prescription medicines for medical or psychological conditions. Drug education should cover the appropriate use of prescription drugs and 'developing pupils competence to manage their medication responsibly'. Parents should be made aware of the school policy on pupils managing their own medication and procedures for storing prescription medicines.

#### Awareness of vulnerabilities

School staff working with mobile pupils should have a general awareness of the risk and vulnerability factors for drug use and misuse.

*Hidden Harm*, a recent study by the Government's advisors, the Advisory Council on the Misuse of Drugs or ACMD (2003) has raised awareness of the impact of drug misuse among parents, which is likely to be more prevalent among some groups or mobile pupils than their peers - for example, young people who have been taken into local authority care.

There are between 250,000 and 350,000 children of problematic drug users. 'Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood'. This will be a consideration in assessing the needs of some groups within the mobile population. The ACMD found that less than half of parents with drug problems had their children living with them (46 per cent), and that nearly one in ten children of problem users were living in care. It explained that 'drugs education may cause discomfort or distress to the children of problem drug users by drawing attention to their own family circumstances or heightening anxieties that their parents may come to harm'. This will also apply to children whose parents drink or smoke heavily. (Advisory Council on the Misuse of Drugs 2003, *Hidden harm – responding to the needs of children of problem drug users*, Home Office, London).

*Managing Pupil Mobility: A Handbook for induction mentors* (DfES 2003) emphasises that drug and alcohol misuse by a parent/carer will not necessarily have a negative impact on the child. However, adverse consequences can include:

- diminished parental practical care skills
- reduction of money in the household for basic needs
- drawing the family into criminal activity
- mental states or behaviour that put children at risk of injury, psychological distress or neglect
- placing children at risk from drugs or needles not kept safely out of reach.

The ACMD (2003) identifies a number of practical steps that schools can take:

- inviting parents to talk to a teacher nominated for child protection/head teacher on a one-to-one basis
- ensuring constant vigilance of known vulnerable children
- providing pupils with additional education and pastoral support
- encouraging participation in extra-curricular activities
- providing pupils with information on where they can get confidential support if they want to talk to a teacher.

*Drugs: Guidance for schools* (DfES 2004) states that 'schools should be alert to behaviour, which might indicate that the child is experiencing, difficult home circumstances. A child may respond to parental or family member drug misuse in a variety of ways, including disturbed or anti-social behaviour; becoming reliant on drugs themselves; running away from home; losing concentration in class; and showing reluctance to form friendships. Schooling is also likely to be disrupted if a family member is dependant on a child acting as a carer. Because of the stigma surrounding drug misuse, many children will go to great lengths to hide their problems at home. Social and emotional effects include feelings of hurt, rejection, shame, sadness and anger'.

#### Diversity and equality issues

The mobile population is culturally and ethnically diverse, and includes refugee and asylum-seeking children, immigrants and Gypsies/Travellers.

- *Drugs: Guidance for schools* (DfES 2004) states that 'teachers need to be sensitive to the fact that pupils may have varying attitudes towards drugs which are influenced by their cultural and religious backgrounds and their life experiences, values and beliefs. The stigma attached to drug misuse within the South Asian, Chinese, Roma Gypsies and Traveller communities is particularly acute and parents/carers may have concerns about their children discussing such matters or bringing drug education materials into the home. It is, nevertheless, important for all pupils to be prepared for drug-related situations and decisions they may face'.
- Patterns of drug use and misuse can vary between cultures and communities. For example, report by Centre for Ethnicity and Health, University of Central Lancashire 2004, *Young refugees and asylum seekers in Greater London: vulnerability to problematic drug use*, Mayor of London/GLADA observes that 'young refugee and asylum seekers may use substances that are traditionally used by their ethnic/national group, such as qat (khat) or paan and restrictions on the use of these substances in their home country may no longer apply in the country of resettlement'. It continues 'once in the UK an additional risk is that they may become part of an environment which "normalises" the use of drugs... assimilation

may include the adoption of local drug misuse patterns'.

Other minority communities pose particular challenges for drug education. The Commission for Racial Equality reports an estimated population of 300,000 Gypsies and Travellers, which means this community is of similar size to Britain's Bangladeshi population (280,000).

An Ofsted report on *Provision and Support for Traveller pupils* (2003) found that:

- Attendance rate is 75 per cent for Traveller children, the lowest for any ethnic minority group.
- The number of young Travellers in school drops dramatically in the transfer from primary to secondary school.
- Gypsy and Traveller pupils in England are the group most at risk of failure in the education system.

Low attendance means that Traveller children arriving at schools as mobile pupils may have missed out on drug education altogether or have received only part of the curriculum. (Cited in DrugScope/Department of Health 2004, *Review of drug education materials for Children/Young People with Special Needs – Travellers*).

Drug education needs to address the particular needs of mobile pupils coming from ethnic minority backgrounds. *Drugs: Guidance for schools* (DfES 2004) clearly states that 'schools should plan drug education which has relevance for all pupils and which takes into account the *Race Relations (Amendment) Act 2000*'.

There are a number of keys to effective drug education work with these children and young people, including:

- ensuring provision is made for pupils for whom English is an additional language
- ensuring materials and teaching strategies are relevant to the particular experiences and cultures of particular communities (for example, taking account of khat use among some ethnic minority groups and religious communities that have strong moral prohibitions on alcohol consumption)
- raising awareness in schools of the customs, lifestyles, cultures and histories of pupils
- working with parents/carers and community representatives to alleviate any concerns they have about drug education and ensure it is relevant and sensitive to the culture, ethnicity and diversity of pupils
- ensuring that drug education is delivered in an engaging and accessible way that relates to the experiences of different cultural and ethnic groups within the school community (see below)
- tackling problems that may prevent ethnic minority children flourishing, such as racist bullying, as part of a whole school approach.



It will not generally be helpful or appropriate to single out mobile pupils from particular ethnic minority communities and treat them as a separate and special group when delivering drugs education. These diversity issues should be recognised and addressed in developing drug policy and teaching strategies for working with all pupils in the school.

#### Modes of delivery

Different groups of pupils may respond to different strategies for teaching and learning. This is as relevant to drug education as to other parts of the curriculum.

For example, the *Review of Drug Education Materials for Children/Young People with Special Needs - Travellers*, (DrugScope and DH, 2004), concludes that 'drug education materials should take into account literacy levels and be culturally appropriate. Story telling is an important part of Gypsy culture - pictures, stories, video and tapes may be more effective to deliver drug education messages than other classroom-based strategies'.

The mobile pupil population is also likely to include a disproportionate number of children and young people with special educational needs (SEN).

The DfES *Drugs: Guidance for schools* (2004) recognises the need to take special account of SEN when planning drug education. Teachers need to consider whether

- particular aspects of the programme need to be emphasised/expanded or given more/less time. Materials from an earlier key stage may be adapted,
- certain pupils should be given opportunities to revisit knowledge and skills in different contexts,
- activities should be adapted to provide support for pupils with difficulties in cognition and learning or communication and interaction. This could include placing a greater emphasis on discussion, modelling, role play and mechanisms for recording pupils' thoughts that do not rely on written materials.

Strategies may include

- use of ICT
- visits
- theatre-in-education
- specialist equipment and material, such as sensory, large print and symbol textbooks.

#### A whole school approach

The more effective the integration of mobile pupils into school, the less the risks of drug misuse. All schools should have policies on induction which recognize

the relevant drug policy issues, including designated induction mentors in schools with significant mobile populations. It is important to tackle the problems of isolation and bullying, particularly of some ethnic minority pupils.

Buddying and peer mentoring schemes can be an effective way of meeting 'acceptance needs', that might otherwise lead children to try to gain acceptance within peer groups by smoking, drinking or illicit drug use. *Managing pupil mobility: Guidance* (DfES 2003) explains that 'The initial worry of most pupils about a new school is making friends, having a person chosen for you, who will stay with you and help you find your way around as well as help you to meet and make other friends is very important. Being part of a peer group at an early stage is likely to reduce the possibility of bullying and racial abuse. Buddies may also help with access to the curriculum by explaining tasks and providing support in lessons. For pupils with English as an additional language, finding that your buddy speaks your home language is an unexpected and much appreciated bonus'. Pupils who act as buddies should receive some form of recognition and reward from the school.

### **Issues for drug policy and drug education**

- ❑ Mobile pupils have particular risk factors for substance misuse: moving school is stressful and is linked to other stressful experiences; the main mobility groups are drawn from disadvantaged sections of the community; there is a link between risks of substance misuse and social exclusion.
- ❑ Only a small minority of mobile pupils will develop drug or alcohol problems. It is important not to single out these pupils where they are engaging in behaviour that is not uncommon among their peers.
- ❑ Drug policy and drug education should be reviewed as an integral part of the audit of school provision for mobile pupils recommended in *Managing Pupil Mobility* (DfES 2003).
- ❑ Substance misuse should be a key issue for induction mentors, gathering pupil records, initial needs assessment and 'catch up' programmes.
- ❑ Parents/carers of mobile pupils should be made aware of school drug policy, disciplinary procedures and the availability of pastoral support. Any drug testing and/or monitoring at school should be explained.
- ❑ Schools need to make sure they are aware of new pupils who are taking prescription drugs. Parents/carers and pupils themselves should be made aware of school policy on pupils managing their own medication and on procedures for storing prescription medications.
- ❑ All school staff working with mobile pupils should have a general awareness of vulnerability and risk factors for drug use and misuse. Schools need to be aware of behaviour that could indicate that a parent/carer or other family member has a substance misuse problem.
- ❑ *Drugs: Guidance for schools* (DfES 2004) states that 'schools should plan drug education which has relevance for all pupils and which takes into account the *Race Relations (Amendment) Act 2000*'. The mobile population is ethnically and culturally diverse. Schools need to be aware

- that different communities have different attitudes to drugs and that patterns of substance use and misuse vary between cultures.
- Different groups of mobile pupils may respond best to different strategies for teaching and learning – see, for example, DrugScope and Department of Health 2004, *Review of drug education materials for children/young people with special needs - Travellers*.
  - It is not appropriate to deliver drug education separately to children and young people of particular ethnic and cultural backgrounds. Diversity issues should be considered in developing drug education resources for all pupils.

Peer mentoring schemes can be an effective way of integrating mobile pupils who might otherwise seek to gain acceptance within a peer group by smoking, drinking and/or illicit.

### **Recommendations for further research**

There is research on young people's experiences of the transition from primary to secondary school. There is also a growing evidence base on specific groups of mobile pupils and their risks of drug and alcohol misuse (including school excludees and 'looked after' children). But there is little research on mobile pupils as such.

Recommendations for further research include:

- more data on levels of drug, tobacco and alcohol use among the mobile population as a whole and the links between prevalence and the experience of school mobility
- qualitative studies of the experiences of mobile pupils covering drug and alcohol issues (for example, acceptance needs)
- qualitative and quantitative studies on 'what works' in drug education with mobile pupils
- detailed good practice guidance on delivering effective drug education to particular groups within the mobile population (for example, refugees and Travellers)
- development of drug education resources for particular groups of mobile pupils

### **Conclusion**

Mobile pupils are an extremely heterogeneous group, ranging from asylum seekers and refugees who may have witnessed the murder of family members to school excludees to young people with parents/carers who have moved to pursue their careers. It is therefore difficult to make generalisations about this group. Whatever the reasons for mobility, schools will need to access their existing knowledge and understanding of drug and alcohol issues, and should recognise that changing schools is a stressful experience for mobile pupils which may increase the risk that they will experiment with tobacco, alcohol and illicit drugs.

Many mobile pupils are drawn from socially excluded and disadvantaged groups, and are therefore more at risk of drug misuse than their peers. It is important to remember that most of these children will not develop drug problems. For example, the GLADA/Mayor of London report on refugee and asylum seeking children comments: 'Very few of the young refugees and asylum seekers ... were problematic drug users', while adding that 'cannabis use amongst them was not uncommon ... the presence of known risk factors ... indicates that they are highly vulnerable to future problematic drug use and a systematic approach to meeting the identified needs among the population is required'.

This group of young people can be challenging, but it is important not to lose sight of the enormous benefits that they can bring to the school community, both individually and as representatives of diverse communities. An Induction Mentor comments in the *DfES Guidance on mobile pupils* that 'the strengths of the mobile community are recognised and celebrated – not least their experience of life elsewhere in different environments and communities, which to our insular community represents a clear lifting of horizons and awareness of difference'. These experiences of different environments and communities can contribute to more engaging and effective drug education too.

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