Thriveology Wellness CIC

Drug and Substance Misuse.

September 2026

THRIVEOLOGY

Drug and Substance Misuse Policy Pack

Alternative provision for children and young people aged 5–16

Policy owner	Thriveology Directors
Approved by	Board of Directors
Approval date	1st September 2026
Effective from	1st September 2026
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Version	1.0

Controlled document. Incident records must be stored securely under Thriveology safeguarding and data-protection procedures.

Policy Pack Contents

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1. Formal Drug and Substance Misuse Policy

1.1 Purpose

Thriveology is committed to providing a safe, nurturing and inclusive environment in which every child can learn, develop and thrive. Drug and substance-related incidents can present risks to physical health, emotional wellbeing, safeguarding, education and family life.

This policy recognises that incidents may be deliberate, accidental, exploratory, coerced or linked to a child's home or community circumstances. Possession of a suspected substance will not automatically be treated as evidence of deliberate drug misuse or criminal behaviour.

1.2 Scope

This policy applies to all children and young people aged 5–16 attending Thriveology, and to employees, agency and supply staff, volunteers, contractors and visitors. It applies on Thriveology premises, during transport, educational visits, vocational placements, work experience, residentials and where an off-site incident has safeguarding implications.

1.3 Core principles

Principle	Thriveology approach
Safeguarding first	First establish whether the child is safe and whether the incident indicates risk of harm.
Health before punishment	Possible poisoning, intoxication or exposure is treated first as a health and safety matter.
Accidental does not mean insignificant	Accidental possession/exposure may reveal unsafe storage, neglect, household substance misuse, criminal activity or exploitation.
Child-centred and proportionate	Consider age, developmental stage, SEND, vulnerability, circumstances, substance, intent and risk.
No assumptions	Do not assume ownership, deliberate possession, knowledge of the substance or use without appropriate evidence.
Support alongside consequences	Where deliberate misuse is established, behavioural consequences may be used alongside safeguarding, education and support.

1.4 What counts as a drug or substance

- Illegal and controlled drugs; alcohol and nicotine products; medicines; new psychoactive substances; solvents, gases and aerosols; household/industrial chemicals; and other substances capable of intoxication, poisoning or harm.
- Drug-related paraphernalia may include needles, syringes, pipes, foil, grinders, wraps, inhalation equipment and improvised drug-use equipment.

1.5 Prevention

- Provide age- and developmentally appropriate education about medicines, drugs, alcohol, vaping, solvents, unknown substances and seeking help.
- For younger children reinforce: do not touch, do not taste, move away and tell a trusted adult.
- For older pupils address health, dependence, peer pressure, exploitation, carrying/supplying drugs, decision-making and accessing support.

- Secure medicines, chemicals and hazardous substances and maintain appropriate COSHH/risk-assessment arrangements.
- Work with parents/carers, placing schools, local authority services and specialist support.

1.6 Finding an unknown substance

- Do not touch, taste, smell, open or otherwise investigate it.
- Move children away if necessary and prevent access by others.
- Inform the DSL or senior leader immediately.
- Consider immediate health, contamination, fire or other safety risks.
- Preserve the item and packaging where safe and follow police/local disposal procedures.
- Record the incident factually.

1.7 Child found with a suspected substance

- Remain calm and avoid confrontation.
- Ask only the minimum open questions needed to establish immediate safety: 'Are you hurt?', 'Have you touched or taken anything?', 'Do you know what this is?', 'Where did you find it?', 'Is there anything else we need to know to keep you safe?'
- Notify the DSL and do not conduct an independent investigation.

1.8 Accidental possession and exposure

- Examples include finding drugs at home and putting them in a bag, unknowingly carrying medication/drugs belonging to another person, finding a syringe, being given an item to carry, or believing a substance to be food/sweets/medicine.
- Accidental possession does not automatically result in a sanction. The DSL must consider source, access, unsafe storage, household substance misuse, coercion, neglect, exploitation and risk to other children.

1.9 Suspected ingestion, inhalation, injection or other exposure

- Treat suspected poisoning or harmful exposure as a potential medical emergency.
- Stay with the child, alert the DSL/senior leader and seek medical advice.
- Call 999 for emergency symptoms or critical illness; seek NHS 111 advice where urgent assessment is required but there is no immediate life-threatening emergency.
- Do not induce vomiting or give food/drink unless medically advised. Preserve packaging/substance where safe.

1.10 Child believed to be under the influence

- Possible signs include drowsiness, confusion, impaired coordination, slurred speech, agitation, vomiting, abnormal pupils, altered breathing, collapse or seizure. These are not proof of drug use.
- Keep the child supervised, seek medical advice, notify the DSL, contact parents/carers and the placing school where appropriate, and record the incident.

1.11 Deliberate possession or use

- Combine safeguarding/support with a proportionate behavioural response.
- Consider age, developmental stage, substance, quantity, circumstances, peer influence, exploitation, mental health, family context, previous incidents and risk to others.

1.12 Supply, dealing and exploitation

- Evidence of supplying, transporting, storing, carrying or being coerced to carry drugs is a serious safeguarding concern.
- The DSL will consider children's social care, police and other multi-agency involvement. A child involved in drug-related activity may also be a victim of criminal exploitation.

1.13 Younger children and EYFS/primary-age pupils

- Younger children may explore objects through touch or taste and may be unable to identify or describe drugs or paraphernalia.
- A young child's possession of a suspected substance should normally be approached first as a health and safeguarding matter rather than a disciplinary matter.
- Where unsafe access to drugs in the home is indicated, consider neglect, parental/carer substance misuse, unsafe visitors, criminal activity and risks to siblings/other children.

1.14 Searching and confiscation

- Any search must comply with the legal powers applicable to Thriveology's status, current DfE guidance and Thriveology's Searching, Screening and Confiscation procedures.
- Do not improvise invasive searches. Unknown or suspected illegal substances must not be tested, tasted or smelled.

1.15 Parents/carers and placing schools

- Parents/carers and the placing school will normally be informed of significant incidents.
- The DSL may delay or modify contact where doing so could place the child at risk, compromise safeguarding or police enquiries, or otherwise be contrary to the child's welfare.

1.16 Information sharing and recording

- Share information on a need-to-know basis and in accordance with safeguarding and data-protection requirements.
- Records must distinguish facts, observations, disclosures, actions and professional judgement. The DSL should record decisions and rationale.

1.17 Staff, visitors and contractors

- Adults must not attend work under the influence, possess illegal drugs on site, supply drugs to children or expose children to drug-related activity.
- Safeguarding concerns involving staff are managed under Thriveology's allegations/safeguarding procedures.

1.18 Behavioural consequences

- Possible consequences include restorative work, individual behaviour planning, increased supervision, parental involvement, specialist referral, restrictions or other lawful sanctions.
- A behavioural sanction must never replace a safeguarding assessment.

1.19 Support and intervention

- Where appropriate work with parents/carers, placing schools, health services, children's social care, substance misuse services, mental health services, youth services, police, youth justice and exploitation services.

1.20 Equality and SEND

- Responses must take account of age, disability, SEND, communication needs, developmental level, neurodivergence, trauma and language needs.
- A child who cannot easily explain an incident must not be presumed dishonest.

1.21 Training and review

- Relevant staff will receive training on this policy, safeguarding, poisoning/exposure, safe handling, disclosures, exploitation, searching and recording.
- The DSL will monitor incidents for patterns and review this policy at least annually or sooner following a serious incident, legal/guidance change or identified need.

1.22 Emergency contacts

DSL	Shellie Rashbrook – shellie@thriveology.co.uk
Deputy DSL	Aimee Northcote – aimee@thriveology.co.uk
Children's Social Care	Hampshire Children's Services – 0300 555 1384 childrens.services@hants.gov.uk
Emergency services	999
NHS	111
Local safeguarding / police / substance misuse contacts	101

2. One-Page Staff Emergency / Incident Flowchart

USE THIS PAGE FIRST: If there is a medical emergency, health takes priority over investigation or discipline.

STEP	ACTION
1. FOUND / SUSPECTED	Suspected drug, unknown substance, paraphernalia or child impairment identified.
2. SAFETY	Move children away if necessary. Do not touch, taste, smell, open or test an unknown substance. Supervise the child.
3. MEDICAL?	Possible ingestion, inhalation, injection, poisoning or serious impairment? YES → seek medical help immediately. 999 for emergency symptoms; NHS 111 for urgent advice where appropriate.
4. DSL	Inform the DSL / senior leader without delay.
5. ASK ONLY WHAT IS NEEDED	Use calm, open questions to establish immediate safety. Do not interrogate or conduct your own investigation.
6. SAFEGUARDING	Consider accidental possession, deliberate possession/use, supply, coercion, exploitation, unsafe home access, neglect and risk to others.
7. COMMUNICATE	DSL decides on parent/carer, placing school, children's social care, police and specialist support involvement.
8. RECORD	Record facts, child's words, actions, advice received, decisions, rationale and outcome.
9. FOLLOW UP	Risk assessment/safety plan, support, behaviour response and multi-agency follow-up as required.

DO NOT: induce vomiting • give food/drink unless medically advised • leave an impaired child alone • taste/smell/test unknown substances • assume deliberate misuse • let discipline delay medical or safeguarding action.

3. Drug and Substance Incident Recording Form

Complete as soon as practicable. Attach additional factual notes if required. Store securely in line with safeguarding and data-protection procedures.

A. Child / Incident

Child name: _____

Date of birth: _____ Age: _____

Date: _____ Time: _____

Location: _____

Staff member completing form: _____

Other staff / witnesses: _____

B. What happened?

☐ Substance found ☐ Suspected possession ☐ Suspected use ☐ Suspected exposure/ingestion

☐ Paraphernalia found ☐ Child appeared impaired ☐ Disclosure ☐ Other: _____

Where was the item/substance found? _____

What was observed? _____

What exactly did the child say? _____

C. Substance / Item

Description (do not taste/smell/test): _____

Packaging present? ☐ Yes ☐ No Quantity/size if safely observable: _____

Paraphernalia present? ☐ Yes ☐ No Details: _____

Possible source stated by child: _____

D. Immediate health and safety

Possible ingestion/exposure? ☐ Yes ☐ No ☐ Unknown

Symptoms / presentation: _____

999 called? ☐ Yes ☐ No NHS 111 / medical advice? ☐ Yes ☐ No

Advice / treatment: _____

Child supervised by: _____ until: _____

E. Safeguarding assessment

☐ Accidental possession/exposure ☐ Deliberate possession/use ☐ Supply concern

☐ Coercion/exploitation ☐ Unsafe home access ☐ Parental/carer substance misuse

☐ Neglect concern ☐ Risk to other children ☐ Other safeguarding concern

DSL decision / rationale: _____

F. Notifications and referrals

DSL informed: ☐ Yes ☐ No Time: _____

Parent/carer: ☐ Contacted ☐ Not contacted ☐ Delayed by DSL Reason: _____

Placing school: ☐ Contacted ☐ Not contacted Details: _____

Children's Social Care: ☐ Yes ☐ No Police: ☐ Yes ☐ No Other: _____

G. Outcome / follow-up

Behaviour response (if any): _____

Support / referral: _____

Risk assessment / safety plan required? ☐ Yes ☐ No

Follow-up date: _____ Responsible person: _____

DSL signature: _____ Date: _____

4. Staff Quick-Reference Card

DRUG / SUBSTANCE INCIDENT? THINK: SAFE → HEALTH → DSL → SAFEGUARD → RECORD

REMEMBER	WHAT TO DO
SAFE	Keep children away from unknown substances. Do not touch, taste, smell, open or test them.
HEALTH	If ingestion, inhalation, injection, poisoning or serious impairment is possible, seek medical advice immediately. 999 for emergency symptoms; NHS 111 where urgent advice is needed.
SUPERVISE	Stay with an affected child. Do not allow an impaired child to leave alone.
DSL	Tell the DSL/senior leader immediately.
ASK ONLY WHAT IS NEEDED	Use calm, open questions to establish immediate safety. Do not interrogate.
ACCIDENTAL ≠ INSIGNIFICANT	Consider unsafe home storage, neglect, family substance misuse, exploitation or coercion.
DELIBERATE	Use safeguarding plus proportionate behaviour support/consequences.
SUPPLY / EXPLOITATION	Treat as a serious safeguarding concern and consider multi-agency referral.
RECORD	Facts, observations, child's words, actions, advice, decisions, rationale and outcome.

Never: induce vomiting • give food/drink unless medically advised • leave a child alone • taste/smell/test an unknown substance • assume possession was deliberate • let discipline delay medical or safeguarding action.

Local contacts

DSL: Shellie Rashrbook – shellie@thriveology.co.uk

Deputy DSL: Aimee Northcote – aimee@thriveology.co.uk

Children's Social Care: _____

Police safeguarding: _____

Local substance misuse service: _____

5. Child- and Parent-Friendly Guide

Drugs, medicines and other substances: how Thriveology keeps children safe

Thriveology wants every child to be safe. Sometimes children may come across medicines, drugs, vapes, chemicals, needles or other substances. Sometimes this is accidental. Sometimes a young person may make a choice to use something. We will always look at what has happened and make sure the child is safe.

For children and young people

- If you find something you think might be a drug, medicine, chemical or dangerous substance: do not touch it, taste it or smell it.
- Move away and tell a trusted adult straight away.
- If you think you have swallowed, breathed in or touched something dangerous, tell an adult immediately — even if you feel OK.
- If something was put in your bag or you were asked to carry something, tell an adult. You will be listened to and supported.
- If you are worried about drugs or substances at home, with friends or in the community, you can talk to a trusted Thriveology adult.
- If you have used a substance, telling an adult helps us keep you safe. We will focus on helping you, not simply blaming you.

For parents and carers

Please tell Thriveology if your child may have been exposed to drugs, medicines, unsafe chemicals or drug-related paraphernalia, or if you are concerned about substance use affecting their safety or wellbeing.

If we find a substance in a child's belongings, we will not automatically assume that the child deliberately possessed or used it. We will consider their age, understanding and circumstances, and whether the incident indicates a wider safeguarding concern.

If there is a possibility that your child has swallowed, inhaled, injected or otherwise been exposed to a harmful substance, medical safety comes first. We may need to seek urgent medical advice and will follow appropriate safeguarding procedures.

What we may do

- Make sure the child is safe and obtain medical help if needed.
- Talk to the child calmly and listen to what they say.
- Contact parents/carers and the placing school where appropriate.
- Make a safeguarding assessment.
- Work with children's services, health services, police or specialist support where necessary.
- Use a proportionate behaviour response where deliberate misuse is established.

Our promise

We will protect children from harm, not simply punish them for substance-related behaviour.

We will take accidental incidents seriously, especially for younger children, because they can sometimes tell us that a child has been exposed to unsafe substances or circumstances outside Thriveology.

6. Policy Governance and Review Checklist

☐ Policy owner confirmed

☐ DSL / deputy DSL names and contact details inserted

☐ Local children's social care threshold/contact inserted

☐ Local safeguarding partnership details inserted

☐ Police safeguarding contact inserted

☐ Local substance misuse support contact inserted

☐ Thriveology legal status and searching powers confirmed

☐ Searching, Screening and Confiscation procedure cross-referenced

☐ Behaviour Policy cross-referenced

☐ Medical / first aid / emergency procedure cross-referenced

☐ COSHH / hazardous-substances arrangements cross-referenced

☐ Allegations Against Staff procedure cross-referenced

☐ Staff training completed

☐ Child-friendly version made available in accessible formats

☐ Parent/carer version communicated

☐ Annual review date diarised

Reference framework for policy review

- Keeping Children Safe in Education (current edition)
- Working Together to Safeguard Children (current edition)
- Early Years Foundation Stage Statutory Framework (where applicable)
- DfE Drugs: advice for schools
- DfE Searching, Screening and Confiscation
- DfE Alternative Provision guidance
- NHS guidance on poisoning and suspected exposure
- Local safeguarding partnership procedures and local authority thresholds