



Parent Involvement in Drug Education

Guidelines for Schools

Further information about the guidelines



Parent Involvement in Drug Education

Guidelines for Schools



➔ Guideline one

Parent involvement in drug education should be a part of the school's wider parent involvement activities.

Seeking to prevent and reduce students' drug use through isolated programs that focus on drug issues only is not helpful (Meyer and Cahill, 2004). This is because problematic drug use is not an isolated issue but is related to a range of factors that can impact on a young person's learning, mental health and other life outcomes. A whole-school approach uses a coherent and consistent framework for drug education through policy, curriculum, student welfare/pastoral care, incident management and partnerships with family, community and agencies (Meyer and Cahill, 2004).

Parent engagement enhances whole-school approaches to student wellbeing. Activities that schools undertake to engage parents in drug education should be integrated into a whole-school approach. The aims of parent involvement in drug education should be consistent with the aims of the broader involvement of parents in whole-school activities that promote health and wellbeing. By linking with existing groups, drug educators avoid developing their aims in isolation and are more likely to build a cohesive and respectful set of policies across often seemingly unrelated areas.

Many risk and protective factors that are relevant to drug education are equally relevant to a range of behavioural outcomes that schools may wish to influence. Attitudes of families and the strategies they use to parent their children can be a protective factor for young people. Consequently, these can be an important focus for engaging parents in school drug education. Awareness of parenting skills in the community will be equally relevant to those groups involving parents in literacy, numeracy or camping programs, as it will be to those developing drug education programs.

Ultimately, parents and schools will benefit from a well-coordinated approach. Having broad parent engagement across the school is more likely to lead to improved communication and more effective parent involvement in drug education policies. The following initiatives may assist schools to engage parents in drug education as well as in broader school activities:

- provision of current research in the area of parent engagement
- training for school staff
- formation of linkages with the community
- development of clear lines of communication
- development of strategies to overcome barriers.

The Framework for Student Support Services in Victorian Government Schools outlines how a continuum of services can be provided to students and their families within a comprehensive and integrated framework, with an emphasis on preventative approaches and early intervention activities to build resilience.

Parent Involvement in Drug Education

Guidelines for Schools

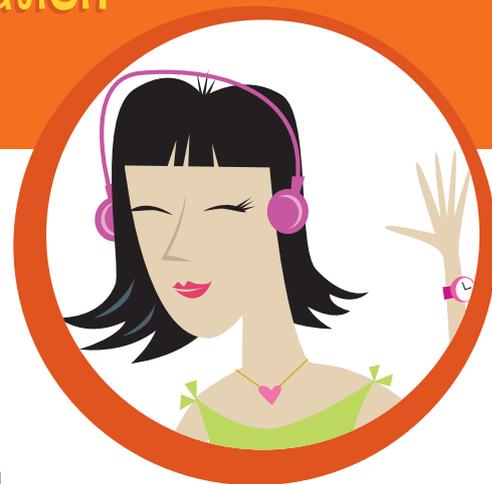
➔ Guideline TWO

Communication is the key strategy for effective parent involvement in drug education.

The involvement of families and the community in drug education programs can increase the likelihood of their effectiveness and promote long-lasting results (Evans and Bosworth, 1997). Parent involvement helps increase communication and promotes positive attitudes towards healthy behaviour (Hawkins et al., 1992). Therefore it is crucial that schools seek ways to develop positive, respectful and meaningful partnerships with students' parents or caregivers. Schools that use collaborative processes whereby students, staff, families and the broader community are consulted are more likely to provide relevant and responsive drug education (Meyer and Cahill, 2004). Utilising multiple communication strategies has a greater likelihood of reaching parents than relying on one format such as the school newsletter. Occasionally, personal contact by means of, for example, the telephone/telephone tree, and post cards or personal letters may be useful. Other means such as parent information boards, electronic communications, newsletters and diaries may be also be useful, depending on the type of information being communicated. In some instances, encouraging students themselves to write and design communications is also effective.

The ideas below are just some strategies that schools and parents can employ to improve communication between parents and school staff:

- ensure that office staff is welcoming to parents
- have students invite their parents to school events either verbally or by writing personal invitations
- mail school newsletters, invitations and important information directly to parents
- develop a list of parents' email addresses
- make parents aware of the school's web address so they can access key information
- develop a telephone tree of parents so that communication can occur easily
- ensure there is sufficient notice of parent-teacher interviews and curriculum days (ideally, a yearly calendar with dates noted for the year to come)
- allocate a school contact to each parent
- involve parents in student support meetings, mentoring and managing Individual Pathways programs
- hold progress report evenings
- conduct social gatherings
- establish a Parent Resource Centre
- establish parent networks.



Parent Involvement in Drug Education

Guidelines for Schools



→ Guideline THREE

Schools should foster the development of strong relationships with parents and the wider community to enhance a student's sense of connectedness to family and school.

Drug use is not simply an individual behaviour, but is shaped by a range of macro-environmental factors (Spooner et al., 2001). Health outcomes, including mental health and drug use patterns, can be affected by factors such as income, employment, poverty, education, access to community resources, gender, age and ethnicity (Marmot, 2000). Complex personal, psychological, social and environmental factors must be taken into account in understanding drug use and the effectiveness of drug education (Wragg, 1992). Feeling valued and socially integrated is critical in enhancing resilience and promoting long-term positive change in a young person's life. A young person's sense of belonging or attachment to his/her social environments, particularly family and school, can directly influence emotional health and wellbeing (Glover, 1998).

A positive school environment that nurtures strong engagement and relationships helps build students' sense of connectedness to learning and school, helping to protect against a range of risk-related behaviours, including problematic substance use. Enhancing a student's sense of belonging, participation and meaningful contribution within and beyond the classroom promotes learning and engagement in school life. Positive learning opportunities enhance students' resilience and are protective against a range of health-related risks, including substances use problems (Meyer and Cahill, 2004).

A sense of connectedness to school, family or community is also a key protective factor for young people (Fuller, 1998, Resnick et al., 1997). Strong relationships with families, external agencies and the broader community can enhance students' sense of connectedness, and support access to relevant services (Meyer and Cahill, 2004).

Schools can enhance drug education programs by involving local health agencies in school-based health promotion activities. Schools can promote community participation in classroom teaching programs and school functions and activities, as well as student participation in the community through sports, arts and community service programs (Meyer and Cahill, 2004).

Parent Involvement in Drug Education

Guidelines for Schools



➔ Guideline FOUR

Schools and parents should work in partnership to ensure that drug education is more responsive to student needs.

Drug education must be targeted to students' needs and therefore should be based on an understanding of the factors that predispose, enable and reinforce drug use among young people. It should also be developmentally appropriate and targeted to the most prevalent and harmful drugs. Drug education can also be more meaningful and relevant to students if it is responsive to the developmental, gender, language, socioeconomic and lifestyle concerns of the target group.

Parent involvement in school drug education programs enhances communication between parents and schools, which helps to identify and address student needs. Schools are more likely to provide relevant and responsive drug education if students, staff, families and the broader community work together. For this to be most effective, schools need to be positive toward parent involvement and be aware of the benefits for themselves and their students, as well as the parents.

Williams and Chavkin (1993) report seven elements that are essential to involving parents in partnership with schools:

- supporting policy
- administrative support
- training for staff and parents
- partnership approach to decision making
- frequent communication between school and parents
- resource sharing with other programs
- periodic evaluations to ensure the ongoing success of parent involvement initiatives.

Parent Involvement in Drug Education

Guidelines for Schools



➔ Guideline FIVE

Schools should employ a range of strategies to involve a broad cross-section of parents.

Recognising the variety of ways that parents can be involved in supporting their children's educational progress will assist the school to develop appropriate strategies for enhancing that involvement.

Six models for parent involvement were described by Epstein (1987) and subsequently reframed by (Soliman, 1995) to make them more relevant to the Australian context. These models are most effective when they are matched with the needs and aspirations of the parent community. Utilising a variety of approaches for involving parents is more likely to engage a cross-section of parents in drug education and be more effective than a single component strategy. It is therefore important to create opportunities for involving families in discussions about appropriate ways to include them. These models are:

- Parents support schools at home: by assisting with homework, providing a health promoting environment, talking about school issues with children, supporting school policies and programs.
- Schools support parents: by providing parent education, by providing supportive welfare structures, by encouraging behavioural protocols and by providing opportunities for communication between young people and parents.
- School and parents share: by having effective communication whether by parent networks, newsletters, letters, telephone, email and/or interviews.
- Parent/community support schools: by acting as helpers in classrooms, by making community resources and services available to schools and by volunteering.
- School and community form partnerships: by initiatives that provide young people with improved information and services.
- Partnership in decision-making: by having parents and the community involved in policy development, committees and consultations (e.g. in the development of the school's Individual School Drug Education Strategy).

Parent Involvement in Drug Education

Guidelines for Schools



Guideline Six

Parent involvement in drug education should recognise diversity.

Diverse components of identity, including gender, culture, language and socioeconomic status should be considered when involving parents in drug education. Understanding the diversity within a parent community will help schools to develop effective parent involvement programs. While the term 'diversity' is often linked with ethnicity and/or religion, schools should be aware of a range of unique characteristics within their parent populations, including poverty, employment, education and skills.

The same principles and practices that involve parents in general apply to working effectively with diverse parent communities. Respectful communication, collaboration, programs designed to meet local needs, teacher professional development and appropriate resourcing are all pertinent to working well with all parents. In addition, parent/family involvement programs that are flexible, sensitive, and supportive will better meet the needs of diverse family structures (Belsky, 1984).

Engaging parents from culturally and linguistically diverse backgrounds

Parent education programs need to address cultural relevance in the planning and delivery of activities for culturally and linguistically diverse (CLD) and indigenous parents. These programs should be carried out in relevant languages; sensitive to cultural values, beliefs and practices; take account of the culture's definition of health and involve the active participation of members of the ethnic minority community (Thompson, 1993). In addition, it is important to speak to someone from the same cultural background, such as a Multicultural Education Aide in the school, a Regional Koori Educator or a worker from a local agency in order to find out about the cultural norms of the group (Department of Education, Employment and Training, 1999).

In some cultures parenting styles may be in conflict with the broader community, especially around the issues of discipline and gender roles. Parenting styles in families differ and need to be acknowledged.

Perceptions and values about alcohol and other drugs can also vary. Some families from culturally and linguistically diverse backgrounds:

- have little factual knowledge about drugs
- treat drugs as a taboo subject
- have a narrow definition of drugs (there can be a reluctance to recognise the dangers of licit drugs such as tobacco, medicines and alcohol)
- have alarmist attitudes
- have abstinence as the accepted and agreed norm
- see reducing the supply of drugs as a more powerful strategy.

Furthermore, harm minimisation is a complex concept for some communities to understand.

Parent Involvement in Drug Education

Guidelines for Schools



→ Guideline SEVEN

Parent involvement in drug education should be appropriate to the age and stage of development of students.

Drug issues should be addressed within a broader health context relevant to students' concerns and stages of development. The timing and continuity of drug education is critical. Therefore, it is important to target drug prevention to the stages of child and adolescent development to ensure interventions are developmentally appropriate. Programs should commence before young people start to make decisions about drug use, be developmentally appropriate, ongoing and sequential, and provide for progression and continuity. The involvement of parents helps to ensure that they become aware of and understand developmentally appropriate drug education, and is therefore more likely to result in the provision of consistent and effective harm minimisation messages.

The following information about drug education at the critical stages of schooling will assist in understanding particular developmental tasks and potential for parent involvement.

The Early Years of schooling

Parents tend to have close relationships and communication with schools. They are more likely to support schools directly by helping in classrooms, decision making, fund-raising and other forms of participation.

In this phase, parent involvement is most effective when it is centred on informing parents about risk and protective factors and the influence of parental role modelling. It is critical that effective forms of communication between all players are developed to facilitate parent engagement with schools strategies.

Aims of parent engagement during this phase include:

- providing consistent messages about health
- developing awareness of the links between the behaviours of parents and the attitudes of their children
- helping parents create an environment that promotes resilience and life skills
- developing skills to manage children and build health-promoting habits
- encouraging parents to participate in health promotion activities.

(Bellhouse et al., 2004)

Parent Involvement in Drug Education

Guidelines for Schools



The Middle Years of schooling

When young people move from primary to secondary schooling, direct forms of parent involvement tend to decline. However, parents remain influential in their children's lives. Schools that form partnerships with parents, to supervise and encourage positive social relationships among students, and facilitate communication between young people and their parents about alcohol and other drugs, are likely to provide effective parent engagement.

Aims of parent engagement during this phase include:

- building on parent involvement from junior primary school
- encouraging parents to involve their young people in activities that have a positive health focus and enhance confidence and belonging
- informing parents about how to reduce the risk of their children misusing drugs, with a particular emphasis on tobacco, alcohol and over-the-counter drugs
- assisting parents to communicate with their children about alcohol and other drug issues
- encouraging families to support school and community health promoting activities.

(Bellhouse et al., 2004)

The Later Years of schooling

A report on *Parent Involvement in the Later Years of Schooling* indicated that school initiatives to engage the parents of older students needed to have a greater focus on the immediate needs of young people and their families, rather than on the needs of schools. Consequently, parents are most likely to be involved with schools in ways that directly affect the academic performance and/or wellbeing of their offspring. Parents spend less time at school and have less communication with teachers than in the early and middle years. However, they remain supportive of their children, with particular concern for their school performance, and their health and wellbeing (Department of Education & Training, 2006).

Schools' recognition of the less visible support provided by parents during this phase, such as at home, can lead to greater and more diverse communication between school, young people and parents, and provide an opportunity for the development of agreed behavioural protocols between families, schools and young people.

Aims of parent engagement during this phase include:

- building on parent engagement strategies from the middle years
- supporting parents to remain involved in the school life of their children
- building an awareness of the demands associated with senior schooling, and an awareness of positive ways for parents to support their children's general health and wellbeing
- encouraging parents to communicate with their children especially about stress reduction and coping skills
- developing partnerships with parents to encourage harm minimising behaviours in respect of alcohol and other drugs.

(Bellhouse et al., 2004)

Parent Involvement in Drug Education

Guidelines for Schools



References

- Ames, C 1995, 'Teachers' School-to-Home Communications and Parent Involvement: The role of parent perceptions and beliefs' (Report No. 28), College of Education, Centre on Families, Communities, Schools, and Children's Learning, Michigan State University, East Lansing, MI.
- Antunez, B 2000, *When Everyone is Involved: parents and communities in school reform*, National Clearinghouse for Bilingual Education,
- Bellhouse, R, Johnston, G, Deed, C & Taylor N 2004, *Tobacco Prevention and Management Guidelines for Victorian Schools*, Department of Education & Training, Victoria.
- Bellhouse, R, Johnston, G & Fuller, A 2006, *Parent Involvement in the Later Years of Schooling*, Department of Education & Training, Victoria. (Unpublished.)
- Belsky, J et al. 1984, in *Growing Up In Australia: The Role of Parents in Promoting Positive Adolescent Development*, Commonwealth Department of Family and Community Services, January 1999.
- Botvin, G, Botvin, E, Dusenbury L & Goldberg, C 1992, 'The False Consensus Effect, Predicting Adolescents' Tobacco Use from Normative Expectations', *Psychological Reports*, 70, 171–178.
- Conrad, K, Flay, B & Hill, D. 1992 'Why Children Start Smoking Cigarettes: predictors of onset', *British Journal of Addiction*, 87 (12).
- Cotton, K & Reed-Wikelund, K 2001, 'Parent Involvement in Education', *Close Up #6*, School Improvement research Series, Northwest Regional Education Library.
- Department of Education, Employment and Training 1999, *Parent Drug Education Program, Accredited Facilitator's Manual*, Turning the Tide in Drug Education, Parent Information, Consultation and Education (PICE) Project, Victoria.
- Epstein, J 1986, 'Parent Involvement Implications for Limited English Proficient Parents' in *Issues of Parent Involvement and Literacy*, Proceedings of the Symposium held at Trinity College 6–7 June 1986, Simich-Dudgeon, C (ed), Trinity College, 6–17, Washington DC. (via CHIME)
- Epstein, J 1987, 'Toward a Theory of Family-School Connections: Teacher practices and parent involvement' in Hurrelmann, K, Kaufmann, F & Losel, F (eds), *Social Interventions, Potential and Constraints* (121–135), Walter de Gruyter, New York.
- Evans, A & Bosworth, K 1997, 'Building Effective Drug Education Programs', *Research Bulletin*, No. 19, Phi Delta Kappan Centre for Evaluation, Development and Research.
- Foster, S 1995, 'Successful Parent Meetings', *Young Children*, 50 (1), 78–79. (via CHIME)
- Frydenberg, E 1999, *Learning to Cope: Developing as a Person in Complex Societies*, Oxford University Press, UK.

Parent Involvement in Drug Education

Guidelines for Schools

- Fuller, A 1998 *From Surviving to Thriving: Promoting mental health in young people*, ACER Press, Melbourne.
- Glover, S, Burns, J, Butler, H and Patton, G 1998, *Social Environments And The Emotional Wellbeing of Young People*, Family Matters, No 49 Autumn, pp11-16.
- Hawkins, J, Catalano, R & Miller J 1992, 'Risk and Protective Factors For Alcohol and Other Drug Problems in Adolescence And Early Adulthood: Implications for substance abuse prevention', *Psychological Bulletin*, Vol. 4, 64–105.
- Henderson, A & Berla, N 1994, *A New Generation of Evidence: The family is critical to student achievement*, Danforth Foundation, St Louis, MO and Mott (CS) Foundation, Flint, MI.
- Horacek, P 2001, *Engaging Cultures In Taking It On*, Department of Education, Employment and Training, Victoria.
- Marmot, M 2000, in *Social Epidemiology*, Berkman, L & Kawachi, I (eds), Oxford University Press, London, 349–368.
- Meyer, L & Cahill, H 2004, *Principles for School Drug Education*, Department of Education, Science and Training, Canberra.
- Resnick, M, Bearman, P, Blum, R, Bauman, K, Harris, K, Jones, J, Tabor, J, Beuring, T, Sieving, R, Shew, m, Ireland, M, Bearinger, L and Udry, J 1997, *Protecting Adolescents From Harm: Findings from the longitudinal study on adolescent health*, Journal of American Association, Vol 278, pp823-832.
- Rich, D 1993, 'Building the Bridge to Reach Minority Parents: Education infrastructure supporting success for all children', in Chavkin, N (ed), *Families and Schools in a Pluralistic Society* (235–244), State University of New York Press, Albany, New York.
- Soliman, I 1995, in *School and Community Relations: Participation, policy and practice*, Limerick, B & Neilsen, H (eds), Harcourt Brace & Company, Marrickville, NSW, 159–174.
- Sosa, A 1997, 'Involving Hispanic Parents in Educational Activities through Collaborative Relationships', *Bilingual Research Journal*, Vol. 21, Nos 2 & 3, University of Texas, Spring and Summer.
- Spooner, C, Hall, W & Lynskey, M 2001, *Structural Determinants of Youth Drug Use: the scope for youth health development*, Australian National Council on Drugs, ACT.
- Thompson, P 1993, in *Health and Cultures, Programs, services and care*, Vol. 11, Masi et al. (eds), Mosaic Press, London.
- Williams, D, Chavkin, N 1993 Essential Elements of Strong Parent Involvement Programs, *Educational Leadership*, 47, pp18-20.
- Wragg, J 1992, *An Evaluation of a Model of Drug Education*, Australian Government Publishing Service, Canberra.