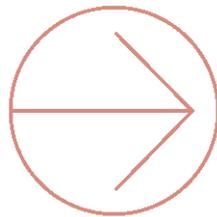
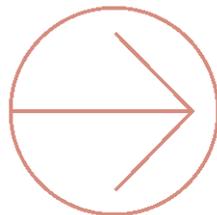


Retention and Reintegration



*Recommendations
and Model of Practice
for Schools*



Family Support Resource

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Disclaimer

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Preface

Recommendations and Model of Practice for Schools is one of a series of publications resulting from the Retention and Reintegration Project conducted by UnitingCare Moreland Hall in conjunction with the Department of Education & Training (DE&T).

Other publications delivered by the project are:

> *Retention and Reintegration Project: Literature Review*

After a brief overview of drug use by young people and the efficacy of different approaches, this resource describes programs available to schools to support young people with a range of problems and/or risk factors, with a particular focus on drug-related issues.

> *Retention and Reintegration Project: Family Support Resource*

The resource provides a series of fact sheets for schools to hand out to families of students implicated in a drug-related incident and to the students themselves.

> *Retention and Reintegration Project: Professional Development Resource*

The one-day Professional Development module equips school personnel to implement strategies to retain and reintegrate young people. The resource includes a facilitators' manual for workshop facilitators (who will also need to have read the other Retention and Reintegration publications). The resource also provides a workbook for participants, workshop activities and further readings and resources.

> *Retention and Reintegration Project: Research Report*

This report details the research carried out in nine Victorian schools. It includes the research methodology and findings presented as a profile of activities within each school (programs in place, good practice, barriers to good practice, key issues and structures developed and changes made during the project). The report provides the detailed underpinning and validation of the project outcomes.

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Introduction

The wellbeing and welfare of young people is the concern of the whole of society and an investment in the future. The Retention and Reintegration Project has focused on one factor impacting on the wellbeing of young people – drug use within schools. It has identified ways in which schools can work with students, parents and carers and the wider community in order to promote the wellbeing of the young people involved and of the community as a whole.

Since its commencement in March 2001, the Retention and Reintegration Project has centred on the development of strategies and practices by which schools, in collaboration with external agencies and families, can support, retain and reintegrate young people following episodes of drug use.

The process is grounded in the Risk and Resilience Framework, first articulated by Catalano and Hawkins (1996), which provides an understanding of why some young people seem to be more vulnerable when they encounter difficulties, while others are able to adapt, rise above their difficulties and flourish. **Risk factors** increase the likelihood that a young person will develop problems and work against successful development. **Protective factors** give people resilience, helping them to cope well with life's challenges in ways that are positive and constructive. **Resilience**, the ability to 'bounce back' after difficulties, supports mental health and wellbeing and protects against the effects of risk factors. Connectedness has been identified as an important protective factor. It refers to feelings of belonging, be this to family, school, or the broader community.

Much research has been done over recent years, both in Australia and overseas, to identify risk and protective factors for young people, and more specifically, why some young people develop problematic drug use while others do not. Overall, the research shows consistent patterns. In particular, families and schools are the most influential factors in a young person's life and remain so throughout the adolescent years. If young people feel they are secure and connected to their family and their school, they are more likely to have the confidence to make responsible and sensible decisions during adolescence. Furthermore, they are more likely to have the resources and strengths to rise above difficulties when they occur.

In particular, researchers such as Catalano and Hawkins (1996) and Resnick, Harris and Blum (1993) have identified connectedness and resilience as the two most important elements counteracting the threat of problematic drug use in adolescents.

Schooling has been described as a 'lifeline to the future' in that young people who complete secondary education significantly increase their long-term career and health prospects (Munro 1998). Conversely, those who exit the system prematurely are significantly disadvantaged. Young people who remain in school have access to opportunities and support they would otherwise not have access to. They are able to develop relationships with many different individuals and develop a repertoire of social and problem-solving skills and confidence in their sense of self-worth (Rutter 1985).

Following a literature review, the research phase of the project involved looking at the ways in which nine Victorian schools, across three regions, attempted to support, retain and reintegrate young people involved in activities with the potential to jeopardise their school career. The focus of the research was on drug-related incidents.

This research provided the basis for ten recommendations to support good practice in working with students involved in drug-related incidents. These recommendations have been brought together in a conceptual model – the Cycle of Interventions – which describes the continuum of practice within schools that seek to retain or reintegrate young people with drug-related issues.

This document presents the outcomes of the Retention and Reintegration Project:

- > The Cycle of Interventions is a conceptual model that brings together various aspects of practice
- > The Recommendations underpin the model. Each one is supported by a rationale and broad approach, together with specific strategies to implement it. This includes descriptions of a number of existing programs. More information on each of these programs can be found in the *Retention and Reintegration Project: Literature Review*.

The research was carried out by UnitingCare Moreland Hall in conjunction with UnitingCare Connections and UnitingCare Ballarat Outreach, with funding from the Department of Education, Employment and Training (DEET, now DE&T).

Summary of Recommendations

RECOMMENDATION 1: Identifying young people at risk

That schools develop and enhance existing mechanisms for the identification and monitoring of factors that may identify young people at risk.

RECOMMENDATION 2: Engaging families

That schools actively and innovatively seek to:

- > engage families and carers in student and school activities during both the pre- and post-compulsory years
- > develop early responses and interventions in partnership with the families and carers of students identified as at risk.

RECOMMENDATION 3: Professional development

That professional development be delivered to teaching and non-teaching staff that will enhance their capacity to support young people involved in drug-related incidents.

RECOMMENDATION 4: Considering alternatives to school exit

Note: In this resource the term 'exit' means the action taken by a school to suspend or expel a student.

That schools, in responding to drug-related incidents, adopt alternatives to suspension and expulsion wherever possible (balancing the needs of the whole school community with those of the young person) by following existing guidelines and policies as documented by DE&T and the Catholic Education Office (CEO).

RECOMMENDATION 5: A team and a case plan

That schools establish a team to work with students involved in drug-related incidents and their families. This work would include developing case plans for young people requiring intensive assistance, which would be negotiated, fixed in duration and subject to review.

RECOMMENDATION 6: Key Worker

That a Key Worker be assigned to the young person (as part of the team) to provide one-to-one support and supervision while implementing and monitoring their case plan. The Key Worker will also act as the student's advocate, liaising with other school personnel, the family and external agency staff (if required).

RECOMMENDATION 7: Building support services and networks

That schools enhance service delivery to students by:

- > establishing and maintaining effective relationships with external agencies and other educational and vocational settings
- > promoting the establishment of support services and alternative curriculum options (located on- and off-site), with the assistance of external agencies and relevant government departments
- > implementing practices that respect, include and show understanding of families and young people, involve them in activities and school-based decision-making processes, and keep them informed of the relevant policies and guidelines and of supports available.

RECOMMENDATION 8: Maintaining contact

That case management support be:

- > continued when young people are not attending school (that is, after being exited for their involvement in drug-related incidents) so that the school maintains a connection with the students and prepares and plans for their reintegration into the school or another educational or vocational setting
- > extended to young people who have no existing connection to the school and who also require reintegration support.

RECOMMENDATION 9: Formalised exit procedures

That schools establish formalised exit procedures with a clear, coordinated pathway (as part of the case-management support provided to young people following episodes of drug use) that ensures that students are not exited from a school without all options for their future being considered.

RECOMMENDATION 10: Supporting negotiated transfer

That schools develop collaborative networks where they share resources, expertise and responsibility for the wellbeing of students not being retained within a school, while assisting these young people to make the transition to another educational or vocational setting which is, where possible, within the same network.

Cycle of Interventions

The Cycle of Interventions is a conceptual model that brings together various aspects of practice within schools that seeks to retain or reintegrate young people with drug-related issues. The model describes a continuum of practice across four phases.

- 1 Support
- 2 Retention
- 3 Reintegration
- 4 Negotiated transfer

The model is set out in Figure 1. The sections that follow discuss each of the four phases and the recommendations relevant to each phase.

While the model focuses particularly on young people with drug issues, the underlying principles, and much of the practice outlined, are applicable to all young people at risk.

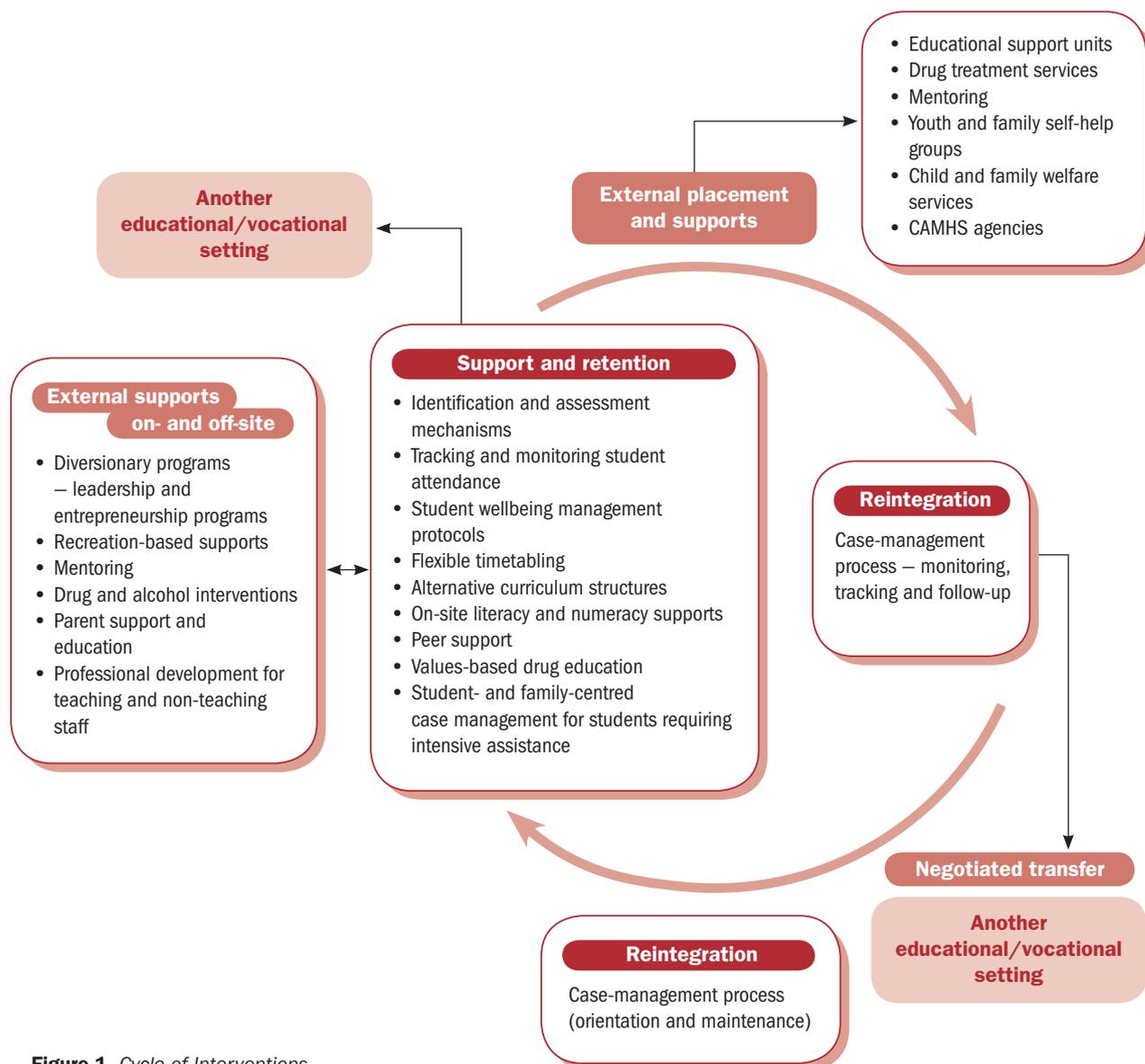


Figure 1 Cycle of Interventions

Phase 1: Support

Support focuses on:

- > the capacity of schools to identify young people at risk through mechanisms that identify and monitor risk factors (within home, school and community)
- > the capacity of schools to engage families and carers in student and school activities that promote supportive relationships within the school community
- > the professional development requirements of school personnel.

A school's capacity to retain and reintegrate young people involved in drug-related incidents is largely dependent on the work done to support all students at risk. Support therefore emphasises the emotional and social health of all students with particular reference to the relationship between young people and adults. It does not focus solely on the issue of drugs, but recognises that drug use may be symptomatic of other underlying issues.

RECOMMENDATION 1: Identifying young people at risk

Support can be located in the Primary Prevention and Early Intervention levels of activity, on the model put forward by DE&T in the Victorian Student Support Services Framework.

To identify young people at risk as early as possible, schools need mechanisms in place to identify risk factors that include absenteeism, poor academic performance, disconnection from peers and school personnel, family issues, mental health issues and drug-taking behaviours.

Among other mechanisms, student satisfaction surveys enable young people to identify themselves if and when they are experiencing problems that place them at risk of an early exit.

RECOMMENDATION 2: Engaging families

Tracking and monitoring student attendance with prompt investigation and follow-up, where appropriate, enables schools to identify difficulties experienced by young people and build greater ties with families before patterns of absenteeism become established.

Strategies that promote connectedness between young people and families are a priority.

RECOMMENDATION 3: Professional development

Professional development of teaching and non-teaching staff is a priority to help ensure that school personnel can provide appropriate support for young people at risk of premature exit from school. The Retention and Reintegration research found that many school personnel required specialist training to better understand the experiences of young people with drug-related issues, and how to support these young people.

Phase 2: Retention

Retention focuses on:

- > policies and procedures that enable schools to respond effectively to drug-related incidents
- > establishing a team that brings together key stakeholders (including school personnel and external agency staff) who, in collaboration with the young person and their family, structure a response to the incident
- > appointment of a Key Worker responsible for providing one-to-one support and supervision for the young person involved in the drug-related incident, while liaising with other interested parties
- > development of a case plan, to develop a structure and coordinate the school's response to the incident.

Figure 2 shows the various steps in retention.

RECOMMENDATION 4: Considering alternatives to school exit

Retention strategies target young people at risk of ongoing physical, social and/or emotional harm, including the harm that would result from exiting school prematurely. The strategies attempt to reduce drug-taking and the harm experienced by the individual and by others in the school community.

Retention, like support, can be located in the Primary Prevention and Early Intervention levels of activity on the model put forward by DE&T in the Victorian Student Support Services Framework.

In order to respond effectively to drug-related incidents, schools need to have established welfare policies and procedures (including critical incident policies) that provide alternatives to suspension and expulsion. These policies enable the school to support young people following episodes of licit or illicit drug use while maintaining their duty of care to the wider school community.

RECOMMENDATION 5: A team and a case plan

When a drug-related incident occurs, an investigation is conducted and the retention process is initiated. A team is established, which includes the Principal or Assistant Principal, the Year Level Coordinator, the Student Welfare Coordinator, the School Nurse and an external agency worker (if required).

The team, together with the young person and their family, appoint a Key Worker and develop a case plan that includes information about:

- > the incident
- > the support needs of the young person and their family
- > how the supports will be delivered and by whom
- > the guidelines (including consequences for the young person) which have been agreed to by all parties.

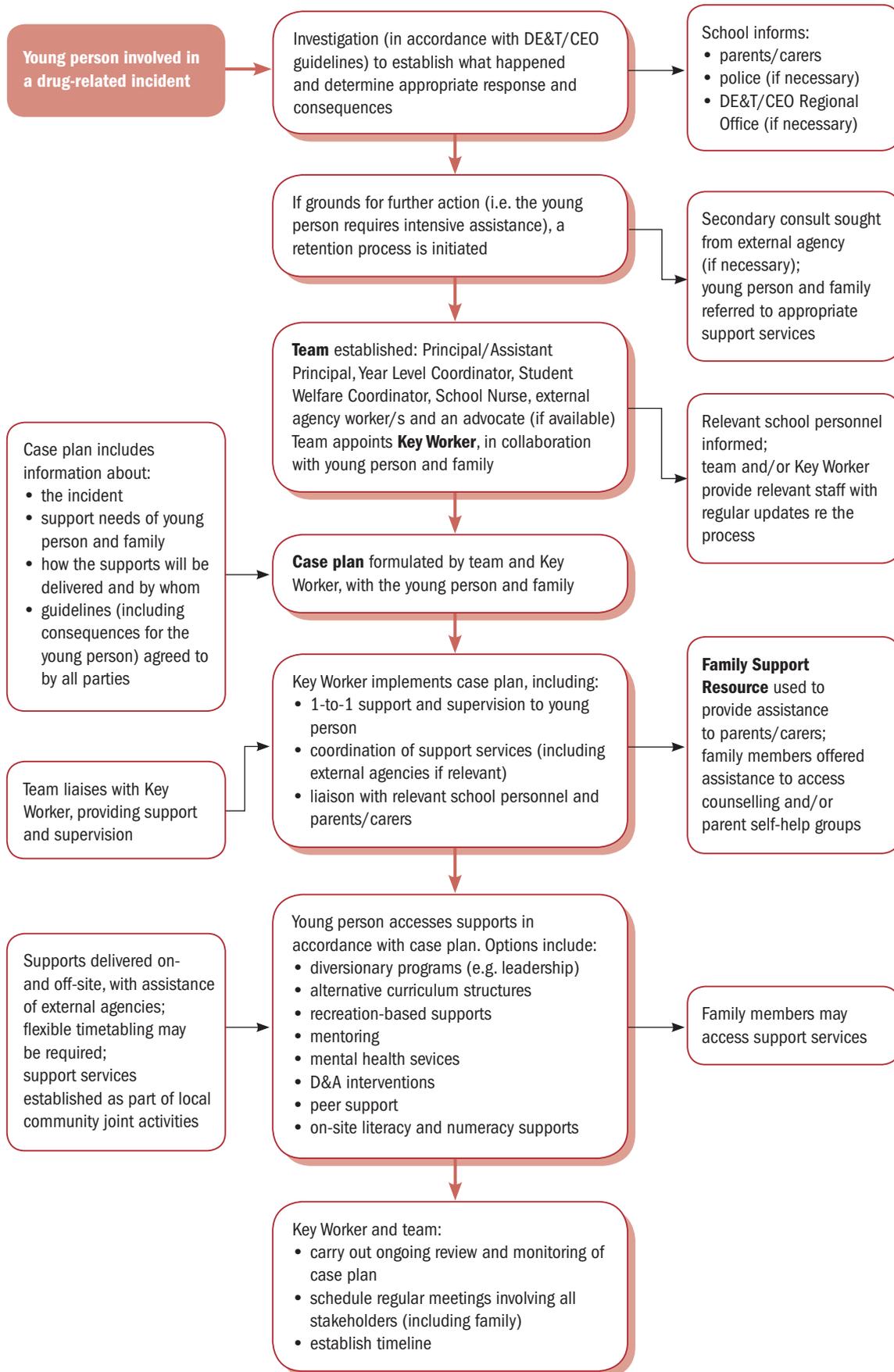


Figure 2 Retention Flow Chart

RECOMMENDATION 6: Key Worker

The Key Worker's primary role is to provide one-to-one support and supervision to the young person while implementing the case plan. The Key Worker also:

- > liaises with and seeks assistance from the team (for monitoring and evaluation)
- > liaises with appropriate school personnel (to provide ongoing support and information about the young person)
- > liaises with the parents and carers (while offering assistance in terms of accessing counselling and/or parent self-help groups)
- > liaises with support service staff (on- and off-site).

It is anticipated that the Family Support Resource will be used at this time by the team and/or the Key Worker to provide assistance to the young person's family. It may also be used during other phases of the Cycle of Interventions.

RECOMMENDATION 7: Building support services and networks

Once the plan has been developed, the young person accesses the appropriate support services, which may be delivered on- or off-site with assistance from external agencies. The support options could include:

- > diversionary programs, for example leadership and entrepreneurship programs
- > alternative curriculum structures
- > recreation-based supports
- > mentoring
- > mental health services
- > specialist drug and alcohol support (for example, counselling)
- > peer support
- > on-site literacy and numeracy supports.

Regular meetings need to be scheduled, that include all the key stakeholders (if possible), to monitor and review the young person's progress.

The school may need to provide flexible arrangements and support to enable the young person to access drug treatment services. This may include, for example, accompanying the young person to the service, and/or flexible timetabling or allocating free time during the school day.

Young people on a methadone program must generally attend the dispensary (for example, a local pharmacy) daily. Depending on the young person's circumstances, this may need to occur during school hours.

At a number of the Retention and Reintegration research sites, school personnel were prepared to actively support students accessing specialist drug treatment services. They provided flexible timetabling arrangements and, on one occasion, a designated member of staff accompanied the young person to the treatment service. By actively providing support, schools communicate to their students that they are valued members of the school community, thereby promoting a sense of belonging (connectedness).

Phase 3: Reintegration

RECOMMENDATION 8: Maintaining contact

Reintegration occurs after a young person has spent time away from school as a result of a drug-related incident and focuses on:

- > provision of case-management support for young people while they are not attending school so that the school maintains contact
- > the role of schools and external agencies in assisting young people who have become disconnected from school to access appropriate support, while they are absent from the educational or vocational setting
- > an orientation and maintenance process that targets young people with or without any prior connection to the school.

Reintegration can be located in the Intervention and Restoring Wellbeing levels of activity on the model put forward by DE&T in the Victorian Student Support Services Framework.

If a young person is exited from the school because of their involvement in a drug-related incident, case-management support is continued.

RECOMMENDATION 9: Formalised exit procedures

Before exit

Before the exit, the team schedules an exit interview where the various parties work together to explore:

- > the student's options for support and drug treatment (if required)
- > the support requirements of the other key stakeholders, in particular the young person's family.

If there is an existing case plan, it is updated. Otherwise, a new case plan is formulated listing:

- > the support needs of the young person and the family
- > whether or not the young person will be attending an external placement (for example, an educational support unit)
- > how the supports will be delivered and by whom
- > the guidelines that have been negotiated and agreed to by all parties.

RECOMMENDATION 7: Building support services and networks

The aim is to link the young person and family into appropriate external agency supports (for example, drug treatment services, self-help groups for the young person and/or the family, mentoring programs, drug and alcohol counselling) while attempting to maintain the student's connection to the school.

During 'time out'

During the time the young person is not attending school – referred to as 'time out' – their situation is regularly monitored and evaluated by the Key Worker who reports back to the team and the family.

If the young person is absent for a considerable period of time, regular case conferences are held. Scheduling and frequency of these meetings is determined by the team (according to need and availability of the various participants). Parents and carers and the young person are encouraged to attend.

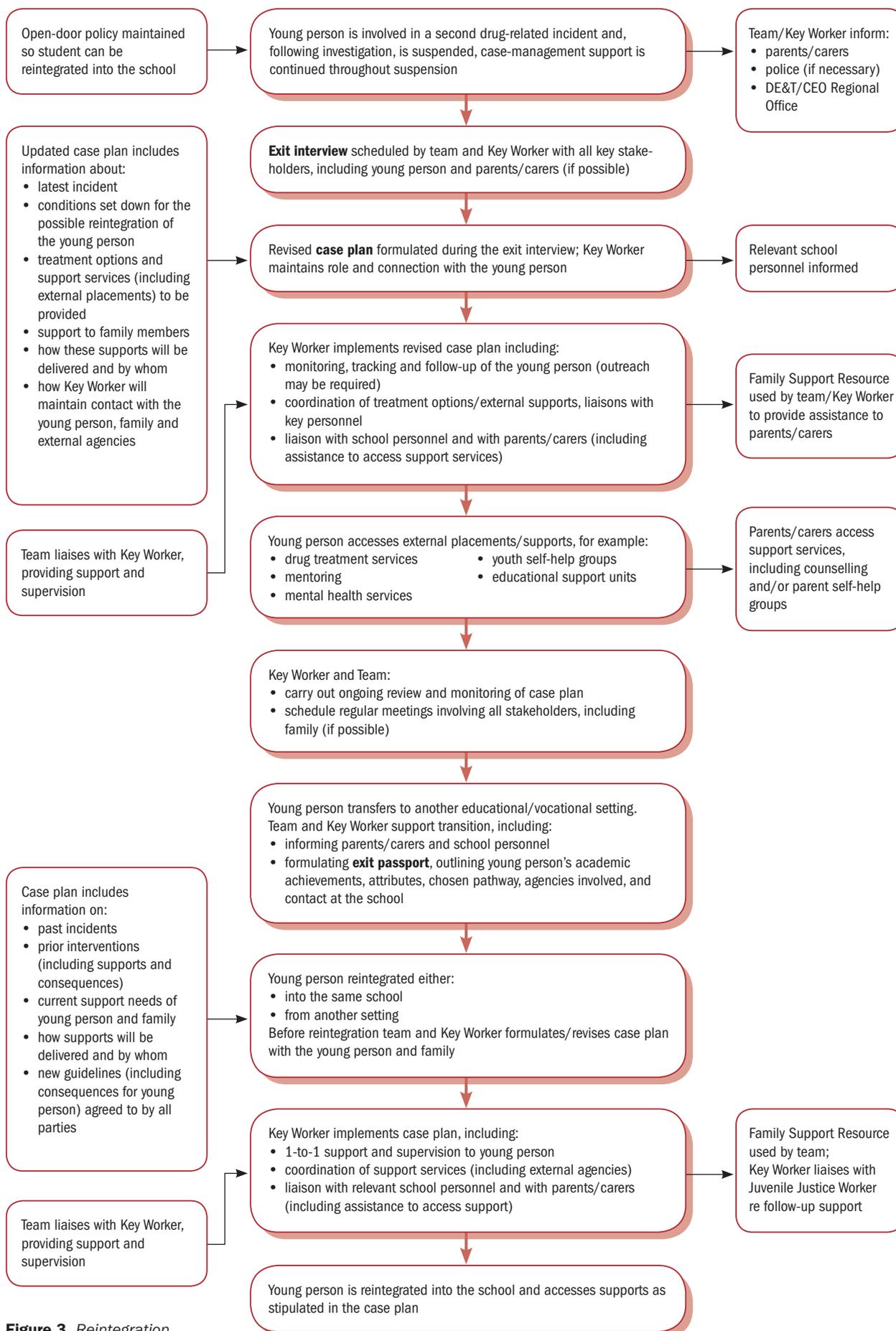


Figure 3 Reintegration

Returning to the school environment

When the student is ready to be reintegrated, the case plan will need to be modified, or if there is no case plan, one will need to be formulated. At this stage, the plan will need to:

- > formalise an agreement between school staff, outside agencies and the young person and their family (if available), and set out the various support strategies for reintegration
- > outline the commitment made by the young person to adhere to the guidelines established before reintegration.

Over time, as the student adapts to the environment, the support structure will need to change. The Key Worker will provide updates to the team while liaising with all the key stakeholders.

Where a young person is being reintegrated from a youth detention centre, the Key Worker will need to liaise with the young person's assigned Juvenile Justice Worker to assist with providing follow-up support. This would include organising a meeting schedule over a period of time. The schedule will need to be included in the case plan and factored into the timetabling arrangement for the young person.

For students accessing methadone programs, schools may be able to offer assistance such as accompanying them to the methadone dispensary. If this is not practical, time for accessing methadone may need to be allowed for. Figure 3 (see page 11) sets out the various steps in reintegration.

Phase 4: Negotiated transfer

RECOMMENDATION 10: Supporting negotiated transfer

Negotiated transfer focuses on:

- > the types of support schools can provide to students who are transferring to another educational or vocational setting
- > the broader structural changes that would facilitate successful transfers of students from one school setting to another.

When a student exits a school, the school maintains a connection with the young person until they are formally transferred to another educational or vocational setting. The team (including the Key Worker) assists the young person to make the transition.

As well as liaising with other educational or vocational settings, the team works with the young person to develop an 'exit passport' – that is, a profile of the young person that outlines:

- > their academic achievements, interests, talents and skills
- > the pathway they have chosen to follow and the agencies and/or individuals involved
- > supports required to achieve success (as identified by the young person)
- > a contact person at the school and the new setting
- > if possible, a written agreement with the school that there is an open door policy in which the young person can come back to the school at a later point under specified conditions (for example, if they attend a withdrawal/rehabilitation program).

It is suggested that the case plan include preparation of an exit passport before the young person actually exits the school (as a contingency). Should the young person not return to the school, the passport can then be activated.

It provides the young person with a summary of their achievements and attributes, and it sets up an agreement that there is some form of ongoing connection with the school and the possibility of re-entering at a later point. If the young person does not return to school, but accesses another form of education or vocational training, the exit passport can be used as a formal summary of their achievements to date.

In addition to exit passports, it is suggested that schools work within networks, which would enable students exiting from one school to make the transition to another setting within a designated catchment area.

Recommendations and Model of Practice

The ten recommendations of the Retention and Reintegration Project provide a series of intervention options that seek to support, retain and reintegrate young people in need of support following episodes of drug use. They underpin the Cycle of Interventions. Each recommendation is accompanied by a rationale and broad approach, and specific strategies and examples of effective practice.

The recommendations are centred on school-based processes and practices, but they also acknowledge the role of external agencies and families. Without assistance, schools will not be able to successfully retain and reintegrate young people following episodes of drug use.

The recommendations are intended to cover all school sectors (government and non-government).

Many of the recommendations are based on existing practices and programs, both within and outside schools. Others have been drawn from observations and discussions with school staff, external agency representatives, young people and parents and carers.

The recommendations are not intended to be prescriptive, but to provide schools and staff with a series of options that enable them to identify gaps in their existing student support services structure and build on what is already in place. As each school has its own unique set of circumstances and culture, so a different mix of recommendations will be pertinent for each.

**RECOMMENDATION 1** *Identifying young people at risk*

That schools develop and enhance existing mechanisms for the identification and monitoring of factors that may identify young people at risk.

Rationale and approach

Young people at risk need to be identified as early as possible before problem behaviours deteriorate or become entrenched. Schools therefore need mechanisms in place that identify and assess risk factors and that enable school personnel to identify potential early leavers, assess their needs and provide the appropriate supports (if and when required).

A recent report, *Making Connections: The Evaluation of the Victorian Full Service Schools Program* (James, St Leger & Ward 2001), identifies a range of at-risk indicators that highlight the complexity and diversity of issues experienced by potential early school leavers:

- > absenteeism
- > low motivation
- > low career aspirations
- > history of academic failure
- > behaviour problems
- > literacy or numeracy problems
- > boredom or lack of engagement with school
- > family breakdown
- > personal or financial problems
- > low self-esteem
- > lack of confidence
- > poor social skills
- > drug abuse
- > depression
- > self-harm
- > promiscuity/sexual abuse.

Absenteeism in particular requires prompt follow-up by a designated member of staff (for example, classroom or homeroom teacher) including investigation of recent attendance records and attempts to contact the young person and family. According to the DEET report *Keeping Kids at School: Issues in Student Attendance* (1999b, p.11):

The long-term effect of not thoroughly endeavouring to address truancy compounds the problem for individual students. It can also contribute to a perception among students that absence is acceptable to some degree.

Specific strategies

Questionnaires such as student satisfaction surveys can be useful in identifying the needs of students. Below is an example that was implemented in one of the Retention and Reintegration research sites.

Connections Project

A questionnaire was sent to staff, students, and parents and carers within the school across all year levels. Participants were asked to respond to statements regarding the school life of young people and their experiences within the home. The objective was to determine how much students felt they belonged to and were valued by their families, school personnel and peers, and to obtain the views of staff and families on the same issue.

The data received from the project was used to identify patterns of need, based on the level of connectedness experienced by students, and is providing a basis for planning new services and program development.



RECOMMENDATION 2 *Engaging families*

That schools actively and innovatively seek to:

- > engage families and carers in student and school activities during both the pre- and post-compulsory years
- > develop early responses and interventions in partnership with the families and carers of students identified as at risk.

Rationale and approach

Programs that actively engage families and carers in student and school activities enhance social capital. They foster positive interactions, promote more open communication within the school community and significantly increase the opportunities for young people to develop feelings of connectedness. Without such programs and opportunities, students are at a greater risk of experiencing academic and/or behavioural problems, which increase the risk of academic underperformance and premature school exit.

Specific strategies

Set out below are three ways that schools have sought to engage families in school activities.

Act Out Speak Up

Act Out Speak Up is a drama-based program enables students to focus on social issues that affect them. It draws heavily on the Theatre of the Oppressed model. Scenes are created through improvisation, generally depicting a story of oppression (for example, the experiences of drug-affected youth). Audience members are then encouraged to intervene and change the story, which provides them with an opportunity to reflect and consider alternative viewpoints (Springvale Community Aid and Advice Bureau 2001).

Programs such as Act Out Speak Up and Theatre of the Oppressed provide marginalised youth with the opportunity to be heard. They allow young people to convey a message of their choosing in a manner that is largely non-confrontational. At the same time, audience members (including school personnel, parents and carers) are provided with opportunities to explore issues from a young person's perspective. Such programs not only increase young people's self-esteem, but also break down some of the communication barriers that often typify relationships between young people and adults.

Creating Conversations

Designed to encourage conversation between young people and their parents and carers, Creating Conversations provides an opportunity for students to learn communication and problem-solving skills. The program uses a peer education model to train Year 9 and 10 students to facilitate an interactive parent evening focusing on drug education. Teachers assist students to plan activities that facilitate sharing attitudes and values relating to drug issues with parents and carers, teachers and other adolescents (DE&T 2001).

Families and Schools Together

Families and Schools Together (FAST) works with young people aged 10–14 years, including those with behaviour problems, to build protective factors against school failure, violence, delinquency and substance abuse, and start two-way communication processes for parents and carers and young people. A peer group, focused on fun, learning and peer bonding, meets weekly for 14 weeks during the school day. In the evening, the young people's families come together in the multi-family group for ten weekly, school-based sessions of carefully orchestrated, fun, research-based activities. After the ten weeks, the families participate in monthly, family-based, self-help meetings over a two-year period.

FAST has six key objectives:

- > building an active and positive school-based peer group for young people
- > promoting positive relationships between young people and adults within the school and in the broader community
- > increasing bonding and communication between young people, and parents and carers
- > increasing parental competence and confidence in monitoring the young person's behaviour
- > increasing family cohesion
- > developing support networks, both formal and informal, for parents and carers.

(McDonald & Sayger 1998)

Developed in the United States, FAST was introduced in Australian primary schools in 1997. It has now been adapted for use with secondary schools.

Another strategy is being trialed in one of the Retention and Reintegration research sites. The roles of teaching and non-teaching staff (notably Year Level Coordinators) have been redefined. The homeroom teachers are becoming the main contact between the school and family, dealing with a greater number of day-to-day discipline and student welfare issues, and liaising directly with families. They are, to a minor extent, adopting the role otherwise taken by Year Level Coordinators and the Student Welfare Coordinator. The initiative was developed, in large part, to encourage greater parental involvement.

RECOMMENDATION 3

Professional development

That professional development be delivered to teaching and non-teaching staff that will enhance their capacity to support young people involved in drug-related incidents.

Rationale and approach

During the Retention and Reintegration research, a number of issues were raised within and outside schools in relation to professional development. For school staff to respond better to students experiencing academic and/or behavioural problems, it was argued that more professional development was needed that focused on how to support students at risk. Areas that were identified include:

- > **adolescent behaviour**, which includes adolescent development, help-seeking behaviours and coping strategies
- > **supporting challenging students**, which includes strategies for more effective communication
- > **minimising risk factors and promoting protective factors**, which includes ways to address risk and protective factors within the school, home and community
- > **confidentiality**, which includes how to make appropriate referrals
- > **communication techniques**, which includes how to engage and work positively with young people and families
- > **dealing with drug-related issues from a health perspective** and in accordance with existing DE&T and CEO guidelines and policies, which includes harm minimisation and how it pertains to the whole-of-school approach.

RECOMMENDATION 4 *Considering alternatives to school exit*

That schools, in responding to drug-related incidents, adopt alternatives to suspension and expulsion wherever possible (balancing the needs of the whole school community with those of the young person) by following existing guidelines and policies as documented by DE&T and the CEO.

Rationale and approach

Schools that adopt drug-related welfare policies (including critical incident policies) are in a much better position to support, retain and reintegrate young people. To assist schools in the development of these policies, DE&T and the CEO have established clear guidelines:

- > *Pastoral Care of Students in Catholic Schools* (CEO 1994)
- > *Framework for Student Support Services in Victorian Government Schools* (DEET 1999a)
- > *Get Wise: Working on Illicits in School Education* (DEET 2000a).

Schools should also have developed, as part of the Turning the Tide Initiatives (1997–2000), an Individual School Drug Education Strategy (ISDES) setting out their drug-related school-based policies.

Specific strategies

The following resource provides guidelines in responding effectively to drug incidents.

Responding to Cannabis

Responding to Cannabis is a video designed to help schools review and, if necessary, change their existing policies and procedures. The video presents a case scenario in which two students have been found to be using cannabis during school hours on the school premises. It provides information on:

- > the incident
- > initial response considerations (for example, ensuring the safety of the students involved)
- > the assessment process
- > the role of police
- > the duty of care and confidentiality
- > parent involvement
- > the role of student advocates
- > searches
- > case management
- > other useful resources.

While focusing solely on cannabis, *Responding to Cannabis* is nonetheless applicable to the broader gamut of drug incidents. The video is intended to be delivered as part of a facilitated workshop that enables interactive discussions between school personnel on drug incidents and how best to respond to them.

**RECOMMENDATION 5*****A team and a case plan***

That schools establish a team to work with students involved in drug-related incidents and their families. This work would include developing case plans for young people requiring intensive assistance, which would be negotiated, fixed in duration and subject to review.

Rationale and approach

When an incident involving drug use occurs within a school, the Principal must consider the school's duty of care, not only to the individuals involved, but to the broader school community (DEET 2000a). Input from different stakeholders will help to ensure that this occurs. Ideally, the team will include the Principal or Assistant Principal, the appropriate Year Level Coordinator, the Student Welfare Coordinator, the School Nurse, external agencies (if required) and perhaps a teacher with an existing relationship or rapport with the student. Such a team would be able to work with the young person and the family while ensuring that the welfare of staff and other students is protected. The approach is centred on a case-management process, as described under Recommendation 6. Many schools will have an existing structure or support team in place that can take on or provide the basis for the team's role.

At the same time, an effective response calls for 'single point accountability', in which the young person liaises directly with one individual, usually a Key Worker, who is responsible for coordination and day-to-day support. It is recommended that the Key Worker seeks support and feedback from the team on case planning, monitoring and review.

To inform case planning, the team needs to conduct a comprehensive assessment, which is likely to focus on the young person in terms of:

- > level of connectedness with peers and staff at the school
- > level of connectedness with their family
- > access to support within the home, the school and the community
- > level of emotional, social and cognitive development
- > capacity to identify and acknowledge issues and work towards solutions
- > capacity to satisfy school requirements (academic and behavioural).

In developing a case plan, schools need to be mindful of the *Health Records Act 2001*, which provides guidelines regarding the collection and management of personal information. Further information regarding privacy legislation is available from DE&T on (03) 9637 2516 or at <www.privacy.gov.au>.

Specific strategies

Set out below is an example of a team-based structured assessment process that is currently being used in schools and which could be used to form the case plan.

Action Research Systems Improvement Team

Action Research Systems Improvement Team (ARISIT) is a process that enables schools to systematically assess and provide support for students with complex social, emotional and academic needs.

A team of school-based and external agency staff works in collaboration with the young person and family to develop an action plan. The plan outlines the young person's risk and protective factors, long-term goals and the short-term outcomes (at home, school, and in the community) required to achieve them.

Action research relies on a cyclical process of action and reflection. Once an action is implemented, it is evaluated, and the feedback informs subsequent actions.

Participation in the ARISIT process is voluntary.

As ARISIT is a voluntary process, every effort is made to engage the young person. From the outset, the student is made aware that the process is not a punitive measure, but rather a means by which the young person can be supported to meet their needs.

The development of a case plan also simplifies the process of monitoring and review. It provides a point of reference for what has been done to support the young person and family and the extent to which the measures have been successful.

Student Services Team

One of the Retention and Reintegration research sites developed a school-based case management framework, to improve coordination and integration of its welfare structure. At the heart of this framework is the school's Student Services Team comprising:

- > Student Services Manager (Student Welfare Coordinator)
- > MIPS team (including the coordinator and project workers)
- > School Nurse
- > DE&T social worker
- > DE&T guidance officer
- > sub-school leaders
- > sub-school coordinators
- > middle years coordinator.

Each young person identified as being at risk is case managed by at least one member of the team.

With a multi-disciplinary team approach, the school is able to ensure that:

- > the resources and knowledge of the team can be brought to bear on each student's case
- > the number of workers involved is limited, minimising duplication and providing students with more stable and consistent client-worker relationships
- > the case load is distributed among the group so that each person's workload is manageable.

**RECOMMENDATION 6** *Key Worker*

That a Key Worker be assigned to the young person (as part of the team) to provide one-to-one support and supervision while implementing and monitoring their case plan. The Key Worker will also act as the student's advocate, liaising with other school personnel, the family and external agency staff (if required).

Rationale and approach

Young people with complex needs, including those with drug issues, require structured, planned responses that identify the short-, medium- and long-term issues and the strategies that will be used to address them. To achieve this, the student needs to be supported by an on-site case manager (in this case a Key Worker) who is accessible to the young person and other interested parties, and able to address issues promptly, as they arise.

The role of the Key Worker will conform to the principles of case management, as put forward by Kingsley (1993) and cited in James, St Leger and Ward (2001, p. 41):

- Case management is a long-term, one-to-one intervention that aims to assist young people to clarify and prioritise their goals, build their 'capacities to exercise self-determination and autonomy' and develop personal action plans.
- The case manager also provides access to resources, monitors service completion and works with the young person to gradually reduce dependency on having a case manager.
- A systems approach to case management is one that works between and across agencies, is community-wide and provides 'multi-institutional sites for learning' as an effective strategy for coordinating services.

The intensive nature of case management means that it is applicable only in certain situations. It is not appropriate for young people with relatively minor problems, or those involved in one-off incidents that do not result in significant harm. Rather, it is a form of intervention that targets individuals with complex issues (for example, a student involved in a serious drug-related incident). Hence, the severity and number of problems experienced by the young person will determine whether they require case-management support.

The Key Worker does not need to be the same for each student involved in a drug-related incident. They may, for example, be the Student Welfare Coordinator or a teacher who has established a good relationship and rapport with the particular young person. The Key Worker will act as the student's advocate. The young person thus needs to feel confidence in the person appointed, and should be given the option of nominating a member of staff.

Before support is provided, a case plan needs to be formulated. This should be negotiated during case conferences involving the team, the young person and the family. The case plan allows for a structured and coordinated response by outlining:

- > the reasons for the young person's drug-taking
- > the support needs of the young person and their family
- > how the supports will be delivered and by whom
- > the guidelines (including consequences for the young person) that have been agreed to by all parties.



RECOMMENDATION 7 *Building support services and networks*

That schools enhance service delivery to students by:

- > establishing and maintaining effective relationships with external agencies and other educational and vocational settings
- > promoting the establishment of support services and alternative curriculum options (located on- and off-site), with the assistance of external agencies and relevant government departments
- > implementing practices that respect, include and show understanding of families and young people, involve them in activities and school-based decision-making processes, and keep them informed of the relevant policies and guidelines and of supports available.

Rationale and approach

Responsibility for supporting young people does not rest solely with schools, but with the whole community, including parents and carers, teachers and community-based service providers. The *Protocol Guideline Booklet (2001)*, developed by the School Focused Youth Service Northern Region (SFYS) to assist schools in working with community organisations, states:

Where school communities and service providers are able to establish effective partnerships there is a much greater chance of developing comprehensive, integrated responses to the needs of young people, and facilitating and expanding the learning process (SFYS 2001, p. 44).

Now, more than ever, there are opportunities and incentives for schools and community-based agencies to work in collaboration. The advent of Local Learning and Employment Networks (LLENs) and the SFYS Initiative are but two examples. Increasingly, external agencies are recognising the potential and benefits associated with joint initiatives. At the same time, schools are under increasing pressure to deal with the complex welfare needs of their students. Against this backdrop schools have opened their doors to community organisations to offer services within schools (SFYS 2001).

Service provision (located on- and off-site) has resulted in schools becoming key access points. This has allowed for more targeted programs that address the specific needs of young people and other stakeholders within each school community. These closer relationships also create new pathways for young people to access services, when and where they are required.

The development of protocols facilitates this process by providing a framework for efficient and mutually beneficial service delivery arrangements between schools and community-based agencies (SFYS 2001).

With a range of services in place, schools are able to:

- > modify the curriculum of students who experience learning difficulties to ensure that the curriculum content corresponds to the young person's learning style and ability (components of alternative curriculum structures, such as vocational and education programs, may be delivered off-site, in which case flexible timetabling would be needed)

- > link students who display behavioural problems into support programs, such as mentoring, with a view to enhancing self-esteem while addressing the student's behavioural issues
- > refer students and families to specialist drug and alcohol support.

In relation to Recommendation 7, the impact on the families of young people involved in serious drug-related incidents can be devastating. It is important that the family is also supported while the young person receives case management support. The Family Support Resource:

- > increases parents' and carers' knowledge of drugs, the effects of drug use and the reasons why young people engage in drug-taking
- > provides information about intervention and drug treatment options
- > builds on the family's capacity to solve problems by increasing their knowledge of coping strategies
- > provides information about effective ways of communicating with the young person about their drug use
- > highlights the importance of parental involvement in the school life of the young person.

Once the Key Worker is appointed, he or she may be in the best position to decide on which elements of the Family Support Resource are most appropriate to the circumstances of the young person and their family.

Specific strategies

The *Integrated Service Manual* described below, and the *Protocol Guideline Booklet* mentioned above are both useful tools that assist schools to develop and work with external agencies.

Integrated Service Manual

The *Integrated Service Manual* was released in 1997 as part of the Port Phillip Integrated Service Project. It outlines a process for school personnel to initiate contact with external agencies and develop working relationships. It provides information on:

- > integrated service provision, as it pertains to schools
- > the implementation process (for example, getting started and school-based self-assessment)
- > monitoring and evaluation mechanisms
- > identifying service providers (on- and off-site)
- > mapping the school
- > case coordination and planning
- > school/community partnerships
- > intra- and inter-school liaison and collaboration.

(DE&T & DHS 1997)

The Work Program, and the Emerald District Mentor Pilot Program and Operation New Start, described below, all target young people at risk, and pertain to Recommendation 7.

The Work Program

The Work Program was developed and operates at one Retention and Reintegration research site under the umbrella of School's Integration/Special Education stream. It is a school-wide program that assists students from Years 7 to 12 with learning difficulties. The Work Program targets young people with learning and behavioural problems and enables provision by the school of a tailored curriculum to students in need. Two groups of 15 students, one per semester, undergo a combination of vocational training (delivered off-site through work placements and through TAFE colleges) and orthodox education (delivered on-site). The aim is to re-engage young people who appear aimless and are therefore at risk of leaving school prematurely.

The Work Program enables the school to modify the curriculum of students with learning difficulties, so that it is more closely aligned to the young person's learning style and ability. Unfortunately, the program can cater only for a small proportion of students at risk at the school.

Emerald District Mentor Pilot Program

Established in 2001, the basis of the Emerald District Mentor Pilot Program is a collaboration between different agencies such as a school, the local police service, youth services, medical services and various other local community groups.

Twelve mentors drawn from the member agencies and services work with 12 young people (referred to as protégés). Each mentor provides a positive role model and works to build the young person's self-esteem and resilience. Mentors and protégés meet fortnightly out of school hours over six months and work together on an agreed set of tasks. The program includes:

- > development and implementation of a project that mentor and protégé work on over the duration of the program
- > attendance at an overnight mentoring camp or event
- > monthly supervision sessions between a mentor and their supervisor
- > launch and graduation events to mark a beginning and end to the process.

(McGregor 2001)

The benefits of this program are:

- > the provision by adult community members of assistance to marginalised young people in making connections with that community
- > the promotion of better links between the school and the local community
- > the opportunity for interested adults to work with young people
- > the involvement of young people in supportive relationships that are neither judgemental nor authoritarian.

Operation New Start

Students in the Northern region (aged 14–18 years) who are experiencing difficulties at school are given the opportunity to take part in Operation New Start, an outdoor pursuit program. The program seeks to:

- > allow young people to make positive choices in their life and set realistic goals
- > provide meaningful learning opportunities in a challenging environment
- > promote individual achievement and the development of self-confidence

- > practise and develop social and physical skills in a safe and supportive environment
- > provide opportunities to return to mainstream schooling, TAFE, apprenticeships or general employment.

Students are involved in the program for eight weeks over a term and they maintain contact with the host school one day per week. One teacher and one police officer work with eight students each in a selection of activities such as surfing, canoeing, mountain biking and bushwalking.

Operation New Start builds self-esteem and helps students develop new educational and/or vocational pathways that significantly enhance their future employment prospects.

In semi-rural and rural areas in particular, the relative lack of services and infrastructure places extra pressure on school personnel, and increased resources for diversionary programs and recreation-based supports are essential. Schools may often be meeting places for local residents as well as initiators of community-based initiatives. In this context, the need for local community joint initiatives bears particular relevance.

Behaviour Exchange Systems Training

Behaviour Exchange Systems Training (BEST) specifically targets parents and carers dealing with adolescent substance use. Its objectives in relation to parents and carers are to:

- > reduce stress, anxiety and guilt
- > increase confidence in dealing with adolescents by enhancing communication and negotiation skills
- > increase knowledge of substances and their effects, including licit and illicit substances
- > increase awareness of the developmental issues of adolescence and the implications for relationship development
- > increase capacity to set appropriate boundaries
- > advise, where appropriate, on strategies that encourage adolescents to maintain or reduce substance use to levels where harmful consequences are reduced.

BEST comprises eight sessions and a follow-up session eight weeks later. Topics include:

- > substance use and the family
- > adolescent development
- > choices, responsibility and consequences
- > encouraging responsible adolescents
- > implementing family change strategies.

BEST is intended for parents and carers who are highly involved and concerned. The program is not suitable for those who engage in problematic substance use, nor (according to the program designers) for parents and carers who are indifferent, abusive or detached from the young person (Blyth, Bamberg & Toumbourou 2000).



RECOMMENDATION 8 *Maintaining contact*

That case-management support be:

- > continued when young people are not attending school (that is, after being exited for their involvement in drug-related incidents) so that the school maintains a connection with the students and prepares and plans for their reintegration into the school or another educational or vocational setting
- > extended to young people who have no existing connection to the school and who also require reintegration support.

Rationale and approach

It is crucial that the Key Worker maintains contact with the young person for a negotiated period, usually the period of their absence from school, to maximise the likelihood that the student will return to school.

Thus, in implementing the case plan the Key Worker needs to:

- > monitor, track and provide follow-up support to the young person, including home and agency visits as appropriate
- > liaise with key personnel from treatment services or external support services
- > liaise with and provide updates to appropriate school personnel
- > liaise with the family and assist them, where possible, to access support services.

Regular contact – face to face where possible, but otherwise by phone or via an intermediary – will enable the Key Worker to maintain a relationship with the young person and lay the groundwork for future attempts at reintegration. It also enhances the likelihood that the treatment services adopted and/or the other supports put in place will be effective.

Other benefits include:

- > stronger ties with parents and carers
- > more up-to-date information provided to school personnel
- > better coordination of external supports.

While it is recommended that the Key Worker provide outreach support, it is acknowledged that this can be difficult to achieve, given the heavy workloads and other expectations placed on school personnel. It is therefore a matter of providing follow-up support within the confines of the time and resources available.

Young people who are reintegrated into school experience numerous transitional issues. Whether the young person has a prior connection to the school or is attending for the first time, the barriers are significant. There may be, for example:

- > a sense of isolation as a result of not knowing anyone at the school and therefore a lack of social support networks
- > bullying as a result of the stigma associated with having been involved in a drug-related incident
- > difficulties associated with establishing or re-establishing working relationships with school personnel who may not be supportive

- > a loss of self-esteem resulting from the assistance with school studies required because of absence from school for extended periods
- > problems maintaining confidentiality about involvement in a drug-related incident.

Developing a case plan can be time-consuming and is likely to be undertaken only for students who have been absent from school for an extended period and need intensive assistance. Young people returning to school after a period in a youth detention centre and students who have been expelled following episodes of drug use are two notable examples.

A case plan enables the team to structure the intervention so that these difficulties can be overcome, or at least managed. The plan, among other things, formalises an agreement between school staff, outside agencies, the young person and their family (if available), and sets out various support strategies. Other information to be included in the case plan is as follows:

- > the young person's history (with particular reference to past incidents)
- > previous interventions (including supports provided and consequences implemented)
- > how the supports will be delivered and by whom
- > the new guidelines (including consequences for the young person) that have been agreed to by all parties.

Different strategies may be employed depending on the transitional issues the young person is experiencing. Of particular importance is reducing the young person's workload, if necessary, from a full-time to a part-time basis. During free periods the young person could access peer support groups, tutoring sessions (if required) and diversionary programs (for example, leadership and/or entrepreneurship programs). This strategy enables the young person to ease into a new routine and become familiarised with the new environment. As the student adapts, the support structure will need to change.

Where a young person is being reintegrated into a school (with or without an existing connection to the school) from a youth detention centre, success or failure is largely dependent on the extent of follow-up support provided by the young person's Juvenile Justice Worker. Regular and ongoing contact can alleviate the sense of alienation and enable the young person to discuss issues that are important with someone that they trust.

It is therefore recommended that the Key Worker liaise with the Juvenile Justice Worker to organise a meeting schedule that would be included in the case plan and timetable for the young person. The role of the Key Worker would be to represent the student and ensure that follow-up assistance is provided.

This recommendation stems, in part, from the experiences of school personnel at one of the Retention and Reintegration research sites. On several occasions the school had attempted to reintegrate young people from a youth detention centre and had been unsuccessful in each case. Staff believe this was due largely to the lack of follow-up by the young person's assigned Juvenile Justice Worker.

Specific strategies

Transition Broker Manual – Whittlesea Youth Commitment Project

The *Transition Broker Manual*, developed in 2001 as part of the Whittlesea Youth Commitment Project (Demetriou & Fox 2001), contains information about how young people who have exited a school can be supported and tracked. It provides a resource guide for staff and information that could be used by reintegration workers. The manual includes background information about Whittlesea Youth Commitment Project and information on:

- > the role of transition brokers
- > referral processes
- > transition and retention
- > vocational counselling and case management
- > brokerage
- > tracking
- > maintenance of client information
- > good practice guidelines with respect to confidentiality, mandatory reporting, secondary consultation and debriefing.

Although the *Transition Broker Manual* pertains specifically to the Whittlesea Youth Commitment Project, it was developed with the intention that it could be adapted and used in other settings.

Regional Review and Advisory Panel

The Regional Review and Advisory Panel (RRAP) was formed in response to a recommendation put forward by the Working Together Strategy Working Group (located in the Northern Region) and is designed to enhance and promote the coordination of four major service providers involved in the delivery of services to young people with complex needs. These service providers are Child Protection, Juvenile Justice, Child and Adolescent Mental Health Services and Drug Treatment Services.

The Panel draws on senior staff from these regional services, and may occasionally invite representatives from other regional services (for example, DE&T) to participate. It is *not* a decision-making body. Its primary role is to:

- > assist with multi-disciplinary/multi-sectoral assessment
- > provide secondary consultation and coordinated cross-program/sector case planning and advice about assessment, treatment, resource allocation and case management for high-risk young people with complex needs
- > provide guidance on principles and guidelines of good practice.

(Regional Review and Advisory Panel 2001)

Early School Leaver's Program

The Early School Leaver's Program (ESLP) is a pilot program funded by the Young Offenders Pilot Program and delivered by the Salvation Army Crossroads Youth and Family Services. It has been working since 1998 with young people aged from 12 to 15 years who are clients of the Northern Metropolitan Juvenile Justice Unit and who are not regularly attending school. Its purpose is to reconnect these young people with school or an alternative education or training option and to reduce further offending.

ESLP works with these young offenders on several levels. It offers help in finding and accessing a suitable school or learning program. It can also provide wake-up calls, transport to school, personal support and informal counselling.

ESLP could be of assistance to schools seeking to reintegrate young people with a history of involvement in the juvenile justice sector. The ESLP program worker can liaise with a student's Key Worker and participate in team meetings as a team member.

ESLP operates in Melbourne's Northern Metropolitan Region, and is available only to schools in this catchment area.

**RECOMMENDATION 9*****Formalised exit procedures***

That schools establish formalised exit procedures with a clear, coordinated pathway (as part of the case-management support provided to young people following episodes of drug use) that ensures that students are not exited from a school without all options for their future being considered.

Rationale and approach

Spillane (2000, p. 3) writes:

Formalised, team-based exit procedures will ensure that students do not exit the school without all options being considered and decisions being made in the interests of young people.

Formalised exit procedures need to include:

- > a final interview before the student exits the school to ensure that all options of support after exit have been explored
- > a case plan that outlines support for negotiated transfer and any conditions for possible future reintegration into the current school.

The goal of the school is to maintain a negotiated open door policy (laying down carefully negotiated requirements and guidelines) that enables young people who have been exited to be reintegrated into the same school at some time in the future, thereby increasing the likelihood that they will stay within the education system.

Development of a case plan will enable the team, in collaboration with the young person and family, to address:

- > the young person's needs for the period of their absence from school
- > the support requirements of the parents and carers.

The case plan would outline:

- > the conditions set down for the young person's possible reintegration (for example, after a set period of time)
- > treatment options and support services (including external placements) to be provided to the young person
- > supports provided to family members
- > how these supports will be delivered and by whom
- > how the Key Worker will maintain contact with the young person, family and external agencies.

The services accessed by the young person may include:

- > drug treatment services (withdrawal programs, rehabilitation, counselling)
- > mentoring programs
- > mental health services
- > youth self-help groups
- > educational support units.

The exit passport is a useful tool for supporting a negotiated transfer to another educational or vocational setting. It outlines:

- > the young person's attributes and academic achievements
- > the pathway they have chosen to follow and the agencies and/or individuals involved
- > a contact person at the school
- > if possible, a written agreement with the Retention and Reintegration team that there is an open door policy that allows the young person to come back at a later date under certain conditions.

It is suggested that the exit passport be integrated into the case plan during its development, before the young person actually exits the school. In the event that the young person does not return, the passport provides a summary of the young person's achievements and attributes that could be presented to other schools or vocational settings.

Stokes (2000, p. 37) also refers to exit passports when she recommends that:

... enhanced exit procedures (such as a student exit profile or passport) be developed by schools and training providers to enable effective transfer of responsibility for continued education to young people, parents, case workers and community sector organisations.

An exit passport helps to counter the stigma associated with being exited because of drug-related incidents by providing a positive and balanced profile of the young person.

Specific strategies

The SFYS (Boroondara) Exit Protocol, described below, was used as the basis for this recommendation. *Community Conferencing* is a pilot project currently underway, which may be applicable as a formalised exit procedure.

School Focused Youth Service (Boroondara) – Exit Protocol

In 2001, SFYS (Boroondara) released an Exit Protocol that outlines a process, which involves schools, families and young people, that is to be applied when a student is to be exited. The aims of the protocol are to:

- > ensure that each student has fully explored options before exit
- > facilitate re-entry to education or training now or at a later date
- > ensure continuity of care for the student by facilitating links with other community resources.

The protocol includes guidelines for the initial assessment process and subsequent meetings during which the school, family and student explore the young person's options. Included in the protocol is a series of forms (including the exit form and exit interview proformas), to be used before the young person leaves the school. These cover information on the student's reason for leaving, destination, what could have been better for the student and their expectations of the new setting.

(SFYS: Northern Region 2001)

This exit protocol is not intended to apply solely to students involved in drug-related incidents. Nonetheless, its relevance to this situation is clear.

Community Conferencing

The Community Conferencing Pilot Program is being trialed in 20 government and Catholic schools across Victoria. It seeks to repair and rebuild relationships between young people, and others affected within the school community, by focusing on the offence rather than the offender. At the same time, it provides the student with the opportunity to consider the impact of their actions on others.

It is used where a student is involved in a serious breach of the school code of conduct. The student and others affected by the incident are brought together and encouraged to reflect on what happened. It provides the young person with an opportunity to come to terms with the consequences of their actions, in an environment that is about repairing and rebuilding relationships. Each participant is given the opportunity to tell their story and put forward an understanding about why the incident occurred.

The conference is facilitated by a trained member of staff who is not directly involved in the incident. Once an understanding of the incident has been established, the participants determine an appropriate response.

Community Conferencing is still in its developmental stages and has yet to be evaluated, but shows considerable promise.

RECOMMENDATION 10***Supporting negotiated transfer***

That schools develop collaborative networks where they share resources, expertise and responsibility for the wellbeing of students not being retained within a school, while assisting these young people to make the transition to another educational or vocational setting which is, where possible, within the same network.

Rationale and approach

The possibility of being labelled ‘a school with a drug problem’ or a ‘progressive school’ (dumping ground) deters many principals from accepting young people with drug issues. School clustering arrangements (networks) redistribute the responsibility for reintegration across the school cluster, and mitigate school concerns about the associated negative consequences.

Networks also broaden the range of support services available to young people and enable schools to more effectively meet the support needs of their communities, including young people and families experiencing drug-related problems. In the DEET review *Public Education: The Next Generation* (2000b, p. 5) it is recommended that:

schools take on an explicit responsibility, acting collaboratively through ... networks and in collaboration with other agencies, for monitoring the circumstances of all young people of school age in their community, to ensure that young people remain engaged in education, training or employment (or a combination of these).

This suggests that young people involved in drug-related incidents and making the transition from one school to another would be better served if schools worked within clusters.

Summary of issues from the research

The following issues were identified through the school-based research phase of the Retention and Reintegration Project and are included here because they provide a context for the Retention and Reintegration Project recommendations. The issues were drawn from discussions with teaching and non-teaching staff, external agency personnel, young people and parents and carers during the Retention and Reintegration research. They are not put forward as universal statements. Rather, the intention is to outline the issues common to the nine schools that participated in the project research phase.

School concerns

- > Throughout the research process, schools remained anxious about the possibility of being labelled either a 'school with a drug problem' or a 'dumping ground', and were particularly conscious of the potential for a decline in future enrolments due to the corresponding negative publicity. This concern suggests a need for the development of strategies to broaden the responsibility across all schools for the care of young people with drug issues.

Importance of following policies and procedures

- > Schools that adopt drug-related welfare policies (including critical incident policies) are in a much better position to retain and/or reintegrate young people. Whether they are specific to drug-related incidents or to broader student welfare issues, policies and guidelines enable schools to implement alternatives to suspension and expulsion, which places the school in a better position to support young people at risk, their families and the wider school community. Those schools involved in the project that had successfully retained and/or reintegrated young people had adopted these policies (as part of a welfare/pastoral framework). Those which had not, found it considerably more difficult to do so.

Balancing welfare and discipline

- > Schools are multi-disciplinary environments that bring together teaching and non-teaching staff. Other key stakeholders include parents and carers, students and community agencies (located on- and off-site). It is within this milieu that each school's leadership team attempted to balance and mediate between competing interests.
- > Of particular note was each school's need to maintain its duty of care to students with problematic drug use issues, while at the same time safeguarding the wellbeing of staff and other students. Each of the schools involved in the project had attempted to retain and/or reintegrate young people by providing support tailored to their particular needs. At the same time, each had to use sanctions to protect the wider student and staff population.

- > Balancing welfare and discipline was also reflected in the relationship between teachers and students generally. Teachers are required to uphold dual roles inasmuch as they provide support to students while at the same time maintaining discipline. It is therefore imperative that teaching staff also receive support if they are to be effective in what is at times a very difficult and challenging role.

The need for systematic and centralised approaches

- > School personnel and external agency staff have put forward the need for further integration and coordination within the education and welfare sectors. They alluded to the problems of inconsistent practices between agencies, communication barriers, overlapping areas of responsibility and gaps in service provision. Though notable advances have been made, including the advent of statewide initiatives such as LLENs and the SFYS Program, it appeared that more was required to enhance and promote collaboration between the numerous agencies involved.

Extended service provision within schools

- > Strong leadership from each school's leadership team (notably the Principal and Assistant Principal), with the support of key staff (for example, the Student Welfare Coordinator), was the primary driving force in the development of comprehensive welfare structures in most of the Retention and Reintegration research sites.
- > The comprehensive nature of the welfare system in these schools was also due to the availability of resources (for example, DE&T funding for school-based student supports). The involvement of external agencies (that is, via referral and/or outreach into the schools) had also made a significant contribution. Nonetheless, resource availability remains limited. For instance, in one of the schools, alternative curriculum structures (Vocational Education and Training programs) had been established and were offered to young people experiencing learning difficulties – but places were limited and not available to all who need them. Limited resources result in premature exit of students, a problem affecting each of the schools researched to some degree. At the same time, some students, despite their involvement in these types of programs, chose not to engage. Strategies aimed at engaging marginalised students are therefore a priority.
- > While there have been increases in support service provision, there also remained in a number of the Retention and Reintegration research sites difficulties identifying students at risk. For a variety of reasons, some young people were not receiving support when it was first needed. It is therefore the opinion of the project team (based on the research conducted) that more needs to be done in the areas of training and staff support so that staff are better prepared to recognise when a student is at risk (with particular reference to the impact of drug-taking), and respond effectively to the presenting issues.

Adolescent development

- > In most of the Retention and Reintegration research sites, schools were prepared to work intensively with individual students (some with both academic and behavioural issues). This approach acknowledges that some young people have multiple and complex needs (including their social, emotional, psychological, physical, cognitive and spiritual needs) and that each student develops differently. This was reflected in the holistic approach adopted at most of the research sites and evidenced by the diverse range of support services and alternative curriculum options in place.

The relationship between teachers and students

- > Positive interactions between teachers and students, however minor, affirm the value of young people who may otherwise develop feelings of alienation from the school experience. For instance, simply saying ‘hello’ is one of many ways that teachers build rapport with young people. It is a way for them to acknowledge the presence of the young person and communicate that they are a valued member of the school community. The more a teacher interacts positively with a student, the greater the impact on the young person’s sense of connectedness. This was highlighted as a critical factor in each of the Retention and Reintegration research sites.
- > The capacity of teachers to engage young people (according to both school personnel and external agency staff) appeared to be determined by a number of factors, including teachers’:
 - > ability to deliver subject material in ways which students find interesting and relevant (for example, through interactive teaching methods)
 - > willingness to relate to young people in ways that affirm them (for example, by conveying a readiness to listen and establish personal connections)
 - > ability and willingness to deal with challenging or disruptive behaviours in ways that are non-confrontational.

An important consideration was the teacher’s level of confidence in establishing rapport with young people (particularly those exhibiting challenging behaviours), an issue that was put forward primarily by external agency staff.

- > A related matter was the apparent sense of isolation experienced by some teaching and non-teaching staff, particularly those who regularly dealt with students exhibiting challenging behaviours. Some staff spoke of the relative lack of support provided to school personnel. While seeking to support young people at risk, it appeared that the needs of staff may at times be overlooked. Contributing to the sense of isolation was a culture (in some of the schools) that discouraged teachers, in particular, from seeking assistance.

Young people with drug-related issues and low self-esteem

- > Young people who have established drug-taking behaviours may experience problems with low self-esteem. The stigma associated with illicit drug use, in particular, places them on the margins, often contributing to a sense of worthlessness. Accounts obtained from young people and workers in drug-treatment services highlighted the prevalence of labelling and its consequences – an increased sense of isolation leading to disconnection from school and a possible escalation in drug-taking.
- > It is therefore important to confirm and reinforce the efforts of schools in developing ways of recognising and acknowledging the worth of these young people. The recognition and celebration of non-academic achievement in particular was put forward as a positive strategy, a means of engaging students with drug issues (for example, via recreation-based supports and leadership and/or entrepreneurship programs) and a means of providing students with opportunities to build self-esteem while promoting a sense of connectedness to other members of the school community.

Parental involvement

- > Each of the schools participating in the project identified the importance of parental involvement in the school life of young people as a significant protective factor. The greater the level of involvement, the less likely the young person would develop feelings of isolation.
- > While some parents and carers felt alienated because of cultural barriers, others seemed to regard schools as a form of negative authority. The difficulties experienced by schools in eliciting support from parents and carers should therefore not be understated. It should be noted, however, that this is a view drawn primarily from school personnel, rather than from the parents and carers themselves.
- > Parents and carers from culturally and linguistically diverse (CLD) backgrounds identified considerable difficulty at times with relating to both young people and school personnel. School practices did not always coincide with parents' and carers' beliefs and values. Discipline was highlighted as a particular concern with school personnel often considered to be too soft. This was linked to a perceived lack of respect shown by young people towards adults (including parents and carers, and teachers). It was argued that because young people are not afraid of the consequences, they are more likely to misbehave and/or ignore the wishes of adults. The harm minimisation approach adopted by schools was also put forward as incompatible with the traditional beliefs of many CLD families. The resultant cultural divide discouraged parents and carers from becoming involved in the school life of their children. Much needs to be done to bridge the gap.
- > A related matter is parents' and carers' need for information and support in dealing appropriately with drug-related incidents involving their children.

Confidentiality

- > Breaching confidentiality was put forward as an area for concern in each of the Retention and Reintegration research sites. Young people identified it as a significant factor dissuading them from divulging personal information to teachers and thus seeking teachers' help. It is likely that many young people formed this judgement without an understanding of the reporting guidelines teachers must follow. Information sessions provided to students regarding confidentiality could address this problem.

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Appendix

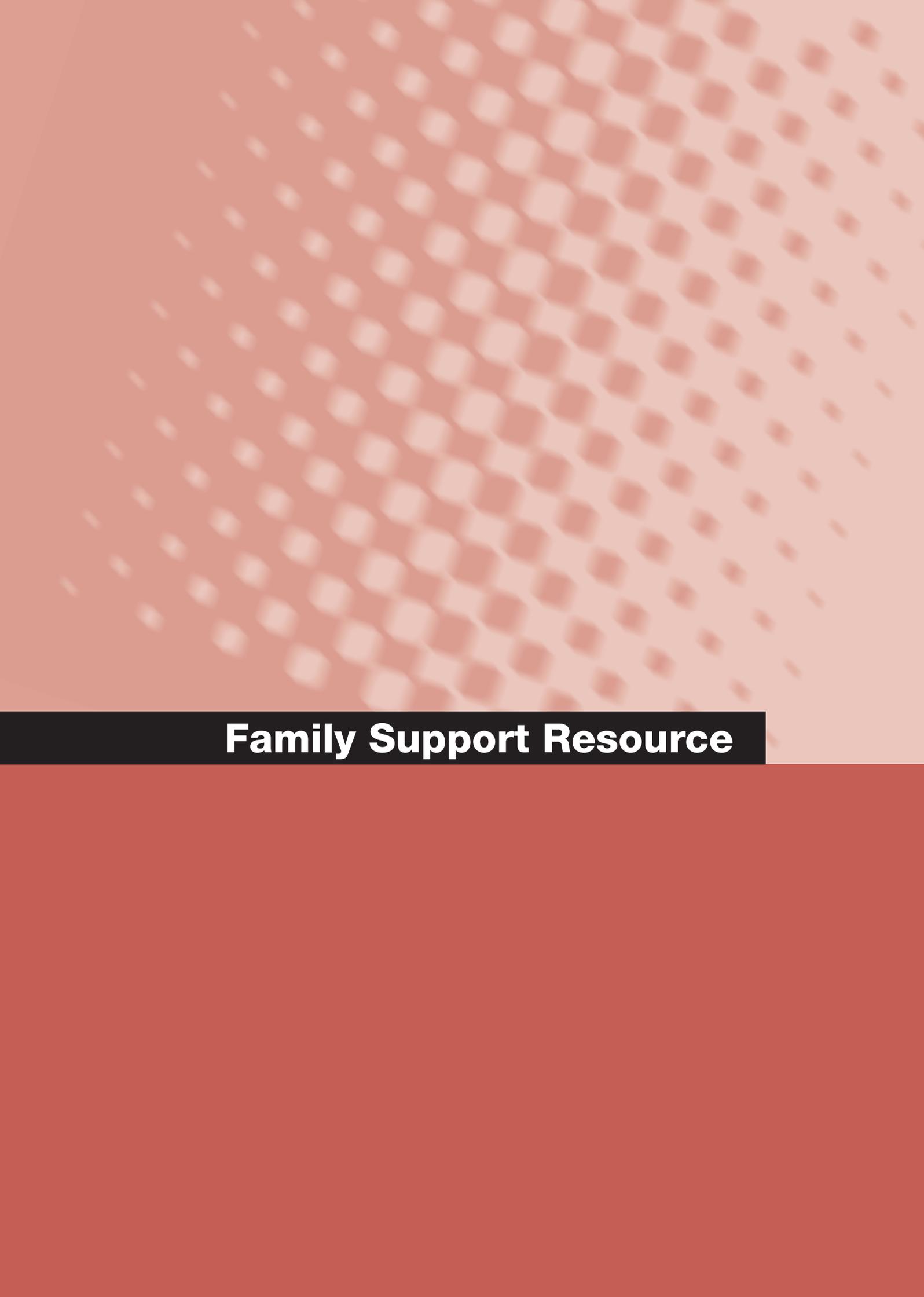
Glossary and abbreviations

CAMHS	Child and Adolescent Mental Health Service
Case management	Long-term, one-to-one, structured response that assists young people to clarify their goals, set priorities, build their capacity to exercise self-determination and autonomy and develop personal action plans. It is centred on development, implementation and review of a case plan and takes into account the short-, medium- and long-term issues for the young person, family and school community. Case management is intensive and applicable only in certain situations. It is not appropriate for young people with relatively minor problems, or those involved in one-off incidents that do not result in significant harm. Rather, it targets individuals with complex issues (for example, a student engaging in problematic drug use).
CEO	Catholic Education Office
Connectedness	Feelings of belonging that enable an individual to bounce back from disappointment and trauma (referred to as resilience).
Cycle of change	<p>First proposed by Prochaska and Di Clemente (1986), who developed the model while working with people dependent on nicotine. It involves five stages of change:</p> <ol style="list-style-type: none"> 1 Pre-contemplation – ‘Happy users’ 2 Contemplation – ‘Yes ... but’ 3 Determination to Change – ‘Ready for action’ 4 Action 5 Maintenance.
DE&T	Department of Education & Training; known previously as DEET, Department of Education, Employment and Training.
DHS	Department of Human Services
Drug-related incident	<p>Broad range of circumstances, which include at each end of the spectrum:</p> <ul style="list-style-type: none"> • incidents that do not result in significant harm to the young person or others. Such incidents are likely to be one-off occurrences (for example, first-time use of cannabis) • incidents that place the young person and/or others at risk of harm, and impede that person’s functioning and development. Such incidents are likely to indicate an entrenched pattern of behaviour and may stem from various complex underlying problems (for example, disconnection from peers and/or family, poor academic performance, absenteeism or mental health issues).

Drug triangle	Three domains that need to be taken into consideration when assessing drug use and its effects: the drug, the individual and the environment.
practice	
Exit	The action taken by a school to suspend or expel a student.
Family-sensitive	Acknowledging the key role parents and carers play in influencing the behaviour of young people. It recognises that family connectedness is a significant protective factor, and that promoting healthier relationships between young people and their parents and carers is a key component of any strategy in responding to drug-related incidents.
Harm minimisation	<p>Approach that works over a broad front to address drug-related harm. It includes abstinence as one of its goals, but recognises that for some people, being drug-free is not achievable, either in the short or the long term, and seeks to bring about what is achievable. Harm minimisation looks at the bigger picture by focusing on both the individual and society. The three arms of harm minimisation are:</p> <ul style="list-style-type: none"> • supply control, which aims to reduce the supply of drugs by prohibiting production • demand reduction, which focuses on reducing the demand in the community through health promotion, drug education and pricing controls • harm reduction, which aims to reduce the level of risk by assisting people who use to do so as safely as possible.
ISDES	Individual School Drug Education Strategy
Key Worker	Member of a team established to work with students involved in drug-related incidents and their families. The Key Worker provides one-to-one support and supervision to the young person involved in a drug-related incident, and develops and implements the case plan. A member of school staff usually fills this role, ensuring that the Key Worker is accessible to both the young person and other interested parties, while being able to address issues promptly.
LLENs	Local Learning and Employment Networks
Problematic drug use	Drug-taking behaviour that results in ongoing harm for the young person and/or others. Problematic drug use is likely to indicate an entrenched pattern of behaviour.
Reintegration	<p>Phase 3 of the Retention and Reintegration Project. Reintegration targets young people disconnected from school because of their involvement in drug-related incidents (including short- and longer-term absences). It applies to:</p> <ul style="list-style-type: none"> • students returning to a school from which they have been suspended • young people without an existing connection to a school, who are being transferred from another setting, possibly due to an expulsion or voluntary withdrawal

- young people who have not attended school for considerable periods of time, and are possibly making the transition from a setting such as a drug-treatment service or a youth detention centre.

Retention	Phase 2 of the Retention and Reintegration Project. Retention targets students involved in drug-related incidents. It is centred on provision of specialist support delivered on- and off-site with the assistance of external agencies and parents and carers to students in need. It also focuses on the current guidelines and policies that provide schools with alternatives to expulsion and suspension (where possible) in response to drug-related incidents.
SFYS	School Focused Youth Service
Student-sensitive practice	Practice that highlights the involvement of the student in decision-making processes, thereby increasing schools' responsiveness in meeting students' needs.
Support	Phase 1 of the Retention and Reintegration Project. Support targets all at-risk young people and is preventative in emphasis. It involves provision of education and other services on- and off-site to the entire student population.
Team	Group of school personnel supporting a young person and family involved in a drug-related incident. The team normally includes the Principal or Assistant Principal, Year Level Coordinator, Student Welfare Coordinator, School Nurse, external agency workers (if required), parents and carers and perhaps an advocate. Its role includes appointing a Key Worker, conducting an assessment and overseeing development and implementation of the case plan. A support team of this nature is likely to be already in place in many schools.
Time out	Period of time a young person is not attending school due either to suspension or voluntary withdrawal.



Family Support Resource

Introduction

The Family Support Resource provides information for parents and carers whose child may be involved in drug use. It is intended as a resource for schools to offer parents and carers and their child if the child is implicated in a drug-related incident.

The resource comprises the five separate but complementary information sheets listed below. Schools may choose to give out the resources either singly or as a package.

Young people and drugs

The resource covers:

- > adolescent development
- > why young people may use drugs
- > signs that might suggest a drug problem
- > the spectrum of drug use, from experimental to dependency

Providing a positive environment: risk, resilience and growing up

The resource covers:

- > risk and protective factors for young people
- > approaches to providing a secure and supportive family environment
- > strategies to help parents and carers communicate with their child.

Supporting your child

The resource covers:

- > what harm minimisation means in practice, within schools
- > various courses of action that schools might take, including suspension and expulsion
- > advice for parents and carers on working with the school to achieve the best possible outcome for their child
- > guidance for parents and carers in discussing the drug issue positively and productively with their child.

Students' rights and responsibilities

The resource covers:

- > rights and responsibilities of both school and student when a student is implicated in a drug-related incident
- > advice to students on working with the system in order to achieve the best possible outcome under the circumstances
- > information on young people, drugs and the law.

Note: This paper specifically addresses students. If schools choose not to provide it to a student, it may be useful for the school advocate or student Key Worker.

Putting life back on track: finding services and supports

The resource covers:

- > information on alcohol and other drug counselling, withdrawal and rehabilitation services
- > what withdrawal and rehabilitation involve, including discussion of lapse and relapse
- > setting realistic goals and celebrating small gains
- > advice for parents and carers about looking after themselves and meeting their own needs
- > a list of agency supports for young people and families.

This resource has been developed by the Education and Training Services Unit, UnitingCare Moreland Hall, as part of the Retention and Reintegration Project for the Department of Education & Training (DE&T), Government of Victoria with funding provided by the National Illicit Drug Strategy.

Young people and drugs

Adolescence is a time when young people change and develop rapidly as they move towards adulthood and independence. Every adolescent responds to the challenges of adolescence in their own way but, inevitably, this includes wanting to experience life in new and exciting ways. It is a normal and healthy part of becoming an adult, and it often involves an element of risk-taking and chance.

For young people, working out how they feel about drug-taking is a part of navigating the way towards adulthood. Like any other new idea, at any age, this sometimes involves a process of trial and error.

What are drugs?

Drugs are substances that act on the body to bring about physical and/or psychological changes. The drugs we are concerned about here are those that act on the brain and can change the way a person thinks, feels or behaves. These are known as 'psychoactive' drugs. (Many of these drugs also affect other parts of the body.)

Some of these drugs are legal, such as tobacco, alcohol, prescription medicines and over-the-counter medicines. Other substances such as cannabis, heroin and ecstasy are illegal.

Drugs, adolescence and development

To understand drug use among young people, it is helpful to be aware of the way adolescents think, and the important stages of development they move through.

Adolescence is a time of sudden changes, fun, exploration, risk, learning and conflict. Young people want to be independent and different (often from their parents and carers). At the same time, they want to be accepted by their peers – the other young people around them. They want to be one of the group.

Cognitive development

Cognitive development – the development of thinking and intellectual skills – starts in infancy and continues through to adulthood. In adolescence, young people start to examine and challenge the values and attitudes of parents and carers, the community, and society as a whole, including attitudes towards drugs.

At the same time, adolescents often have difficulty understanding the consequences of their actions.

The adolescent is at the centre of his or her universe – thinking during adolescence tends to be egocentric. Young people feel unique and invincible and this often leads them to believe that 'it can't happen to me' – a belief that puts them at risk in relation to drug use. They are very concerned about what others – particularly their peer group – think of them. They need to fit in with other young people, to do what's expected and to receive peer recognition.

A sense of adult identity is an important goal, and young people increasingly notice and imitate what they see as the markers of adult behaviour – including smoking, drinking and using other drugs.

Why do young people use drugs?

Like adults, young people use drugs – legal and/or illegal – for many reasons. They may want to feel good, escape problems or pain, or simply be one of the group. Reasons can include:

- > socialising
- > curiosity
- > enjoyment
- > relaxation
- > building confidence
- > celebration
- > risk-taking
- > imitating adult behaviour
- > doing 'what's expected' by the group
- > defying authority
- > relieving physical pain or psychological distress
- > dependence on the drug
- > boredom
- > lack of alternative activities
- > ignorance
- > imitating someone they admire, following role models
- > accessibility – the drugs are there
- > media influences.

Alcohol and other drugs present as daring, exciting and different. Drug use can provide a sense of belonging and the immediate gratification that young people often seek. Alternatively, or as well, it can ease confusion, provide 'time out' and relief from criticism, and boost confidence.

Some young people may use drugs to cope with the difficulties of adolescence and, for some, it may be a response to emotional and mental health factors such as difficult family relationships, bullying, depression, anxiety or poor academic performance. But, generally, drug use is motivated by one or more of the reasons listed above.

How do I know if my child is using drugs?

It's not always easy to tell. Many of the signs that might suggest drug use may also reflect other typically adolescent issues – problems with relationships, depression or other illness, or simply the stresses of growing up.

The following signs are all things to be concerned about whatever their cause:

- > mood swings
- > changes in appetite or eating patterns
- > changes in wellbeing, for example disrupted sleeping patterns, nausea or illness, vomiting, lethargy
- > changes in physical appearance – slurred speech, talkativeness, a drawn or haggard look
- > absences from school or a decline in school performance
- > poor concentration or memory
- > social withdrawal, not interacting with family or friends
- > an unexplained need for money.

Parents' and carers' intuition is important. You are the person who will 'feel' that something isn't right or identify significant changes in your child's behaviour. But always remember that, while these changes might indicate involvement with drugs, they could be triggered by other things in your child's life.

Drug use – minor problem or serious concern?

Drugs become a serious and debilitating problem for only a small proportion of those who use them. If your child is found to have a drug issue it is certainly a reason for concern, but remember that most adolescents who experiment with drugs grow out of it with little or no long-term damage. In most cases, the drug use resolves itself.

Some young people use drugs only once or twice. This experimental use may be triggered by curiosity, boredom, peer pressure, wanting to be part of a group, seeing drugs as risky and attractive, or simply rebellion.

Some use drugs recreationally or in social settings, for enjoyment and relaxation, to feel good, or to do what everyone else is doing.

Other adolescents use drugs in particular situations to help them cope with extra demands, for example using stimulants to stay awake during an exam period, or tranquillisers to sleep. Drugs (legal or illicit) are sometimes used as self-medication to control a disturbing symptom or condition that really needs medical attention, for example taking Valium to counteract anxiety, heroin to mask emotional pain, or large doses of analgesics to control physical pain.

Intensive drug use, or 'bingeing', occurs when a person takes heavy quantities of drugs over a short time – a number of days or weeks – but it is episodic. Binge use of drugs (including alcohol) can have very serious consequences as those who work in accident and emergency departments of any hospital will testify.

Dependent use, or addiction, involves regular ongoing drug use. The person needs drugs to get through their normal, everyday activities and avoid the symptoms of withdrawal. Dependence can be psychological, or physical, or both.

Drug use is common among young people in our society and it can interfere with the development of critical life skills and lead to serious problems. But for many young people, drug use is not, and will not become, problematic. Only a very small proportion of young people who experiment with drugs become dependent.

It is important to address the issue and minimise any problems that might arise. It is, however, equally important to remain optimistic and to continue to love, accept and support your child.

For more information

Other papers in the Family Support Resource

Providing a positive environment: risk, resilience and growing up

Supporting your child

Students' rights and responsibilities

Putting life back on track: finding services and supports



Extra resources

ADIN <www.adin.com.au>

The Australian Drug Information Network (ADIN) provides a central point of access to quality Internet-based alcohol and other drug information provided by reputable Australian and international organisations.

DE&T <www.det.vic.gov.au>

DE&T website.

DRIS <www.dris.gov.au>

Drug Referral Information for Schools (DRIS) supports the referral of students with drug and alcohol issues to community-based services.

Catholic Education Office <www.ceo.melb.catholic.edu.au>

Phone: 9267 0228

Parents' link accesses the section on 'Your child's wellbeing'.

SOFWeb <www.sofweb.vic.edu.au>

A central point of access on the Internet where students, teachers, parents and carers, and school leaders can easily locate the information and activities they need to support their educational mission.

Australian Drug Foundation: Drug Information Service <www.adf.org.au>

Phone: 13 15 70

Email: druginfo@adf.org.au

DIRECT Line

Freecall 1800 888 236 throughout Victoria

Confidential and anonymous telephone counselling, information and referral to anyone in Victoria with a question or problem related to the use of drugs or alcohol. Seven days a week, 24 hours a day.

Providing a positive environment: risk, resilience and growing up

Some young people seem to be particularly vulnerable when they encounter difficulties, while others have the capacity to adapt, rise above even major difficulties, and flourish. Risk factors increase the likelihood that a person will develop problems of some sort. Protective factors give people resilience and help them to cope well with life's challenges. Resilience is the ability to 'bounce back' after difficulties, and can enhance their wellbeing, and protect against the effects of risk factors.

Understanding these concepts can help parents and carers, and schools and communities, to reduce risk for young people and help build their resilience. Risk and protective factors do not guarantee a good or a bad outcome but they do help to point a child in one direction or another.

Families and schools are the most influential factors in a young person's life and remain so throughout the adolescent years. If young people feel they are secure and connected to their family and their school, they are more likely to have the confidence to make responsible and sensible decisions during adolescence. And when difficulties do occur, they are more likely to have the resources and strengths to rise above them.

Although young people will sometimes experiment with drugs no matter how much you try to discourage them, there are things you can do to provide a safe and secure environment. You can provide them with a strong 'anchor' in the family through all the changes and upheavals of adolescence, and encourage them to talk to you about any issues and difficulties they may have.

Risk factors

There are a number of factors that place young people at risk.

In the community, young people are at risk where there is violence, poverty, easy availability of drugs and few support services.

At school, young people are at risk if they consistently fail in the classroom or in the playground, have little sense of attachment to the school, or if parents and carers have little interest in education.

Within the family, young people are at risk if there is family or marital conflict, alcohol or drug use that interferes with family functioning, violence or neglect, lack of warmth and affection, and harsh or inconsistent discipline.

At the individual level, young people are at risk if they have poor self-esteem, are alienated by their peer group or rebellious. Risk is increased by seeing peers taking drugs and having friends who are involved in problem behaviours of some sort.

One study in Victoria¹, which looked at risk factors for ‘antisocial’ behaviours including drug use, unprotected sex, vandalism and fights, found that three of the most common risk factors were:

- > poor family discipline, for example failure to follow up lack of school attendance
- > family conflict, for example family members often insulting or yelling at each other
- > availability of drugs, for example easy access to cigarettes, alcohol or marijuana.

Protective factors

The most important protection for young people is a sense of connection to family and school, coupled with personal skills that enable them to develop self-esteem and confidence.

Within the family, the most important protective factor is a sense of belonging or connectedness, and feeling loved and respected. Other things that help are a stable family structure, open lines of communication, a proactive approach to solving problems and having a good relationship with an adult outside the family.

Within the school, protective factors include a sense of belonging and fitting in, success in the classroom and/or outside it, and having people who believe in them.

The adolescent’s temperament and skills are also important – an easy-going temperament, problem-solving skills, optimism, and good social and ‘coping’ skills. High intelligence, a special talent that has been developed, and a general curiosity and zest for life all contribute.

A strong community also helps, where cooperation is valued, there is a sense of stability and connection, and young people have opportunities to be involved in and contribute to their community.

Keeping the communication lines open

One of the ways you can create a positive environment is by keeping the lines of communication open. Be ready to talk with your child and, more importantly, to listen. Make your child feel that his or her opinions are valued. This may sound challenging – parents and carers often find that it’s difficult to talk to adolescents about anything. But you may be surprised at how well the following suggestions work.

- > Communication is a two-way process. It involves listening, not giving lectures or judging. Young people need to know that they will be listened to and that you are open to hearing what they have to say. Let your child know you will be available to give them your attention.
- > Use ‘I’ statements instead of ‘you’ statements. For example:
 - ‘I’m really worried about ...’ instead of ‘You should ...’ or ‘You must ...’
 - ‘I feel ... when you ...’ instead of ‘Your problem is ...’
 - ‘I am concerned that ...’ instead of ‘You’d better ... or else ...’

¹ Bond, L., Thomas, L., Toumbourou, J., Patton, G. & Catalano, R. (2000), *Improving the Lives of Young Victorians in Our Community: A Survey of Risk and Protective Factors*, Centre for Adolescent Health, Melbourne.

- > Ask open questions that allow your child to explore his or her thoughts and feelings without sounding like an interrogation – and listen to the answers. For example: ‘What do you think about ...?’; ‘Tell me about ...’.
- > Listen attentively without interrupting and encourage your child to finish what he or she has to say without interruption. Let your child know that you are interested in their life and value what they have to say – their opinions, concerns and questions.
- > Respect your child’s views even if you don’t agree with them. You can disagree without criticising or putting down.
- > Choose an appropriate time to talk about something sensitive. If they are not able to give their full attention, they may be more inclined to react defensively. Try to remove any distractions, such as the telephone.
- > Be clear and honest about feelings. If you are concerned it is important that your child hears your concerns. But always let your child know that it is not the person that you disapprove of, but certain behaviour(s).

For more information

Other papers in the Family Support Resource

Young people and drugs

Supporting your child

Students’ rights and responsibilities

Putting life back on track: finding services and supports



Extra resources

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DE&T <www.det.vic.gov.au>

DE&T website.

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Catholic Education Office <www.ceo.melb.catholic.edu.au>

Phone: 9267 0228

Parents’ link accesses the section on ‘Your child’s wellbeing’.

SOFWeb <www.sofweb.vic.edu.au>

A central point of access on the Internet where students, teachers, parents and carers, and school leaders can easily locate the information and activities they need to support their educational mission.

Australian Drug Foundation: Drug Information Service <www.adf.org.au>

Phone: 13 15 70

Email: druginfo@adf.org.au

DIRECT Line

Freecall 1800 888 236 throughout Victoria

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Supporting your child

If your child is involved in a drug-related incident at school, don't panic. It does not necessarily mean that he or she has a 'drug problem'. There could be a number of reasons behind the incident, including being in the wrong place at the wrong time. Schools are obliged to respond to these incidents as a matter of safety and will usually contact parents and carers when an incident occurs.

Even if the incident is a 'first time' and even if your child was not necessarily using drugs, certain consequences will probably follow.

Most schools have a policy that outlines how the school responds to drug-related incidents and there are guidelines that schools are encouraged to follow when developing their policies. It is, nevertheless, up to each school community to respond as they feel appropriate. Policies (including policy on suspension and expulsion) therefore vary from school to school.

This information sheet provides a general indication of what you might expect and suggests ways you may be able to work with the school to achieve a positive outcome for your child.

A harm minimisation approach

The government's drug policy is based on a harm minimisation approach and the framework suggested for schools also encourages this philosophy.

Harm minimisation works on three fronts to minimise the harms of drug use to the individual and the wider community. These are:

- > supply control, that is working to reduce the supply and availability of drugs in the community
- > demand reduction, that is working through health promotion, information and education to reduce the demand for particular drugs
- > harm reduction, that is assisting people who use drugs to do so as safely as possible, thus reducing their level of risk and the risk to others.

A harm minimisation approach means that if a student has a drug-related problem, the school is encouraged to assist the student to deal with the issue by providing counselling and support and linking the student with community agencies.

Harm minimisation does not mean that the school accepts or condones drug use. It does mean that schools are encouraged to work towards managing the drug use rather than resorting to suspension and expulsion.

Suspension

The following information is contained in *the Victorian Government School Reference Guide*.

If a student is found to be involved in a drug-related incident (usually if they possess, use or assist others to use illicit drugs), the school is entitled to suspend the student for a maximum of ten days and/or to give a warning.

School policies vary on the number of days a student will be suspended.

Parents and carers must be informed of the suspension within 24 hours of the suspension. (This applies to expulsion as well.)

Schools are strongly discouraged from expelling students on the basis of a first-time incident unless the student is dealing or supplying drugs, as this practice jeopardises the safety of other students.

Expulsion

If a student is involved in drug-related incidents repeatedly and is suspended for a total of more than 20 days, the school has the right to expel the student.

However, the school also has an obligation to give your child and you, as parent or carer, the opportunity to be heard. This usually takes the form of an exit interview before the official expulsion is decided upon. An exit interview is a meeting between you, your child, the school principal and other key staff to discuss the situation and the future of your child's involvement with the school. If it is agreed that the student should leave the school, and the student is aged 15 years or younger, it is the school's legal responsibility to assist the student to gain entry to another school or vocational setting.

DE&T recommends that the school then maintain contact with the student to monitor his or her progress in the new setting as a way of supporting the student's reintegration.

The only person in the school who has the authority to expel students is the principal.

Expulsion reviews

If your child is expelled and you disagree with the school's decision, you can request an expulsion review provided that you do so within five days of the expulsion. You can make this request to the principal. Usually you need to put the request in writing and state the reasons you disagree with the school's decision. You also need to say whether you and your child request to be present at the expulsion review hearing.

The principal will take your request for review to the school council president, who will form an expulsion review panel. The panel is made up of people involved in the school system but who do not have any involvement in your situation. The review must place within five days of your request.

If the panel agrees with your case, and the principal consents, then your child may return to the school. If the panel agrees with your case and the principal does not accept their recommendation, then the matter will be referred to the Director of School Education at DE&T.

If you are going to request an expulsion review, or if you are meeting with school staff to discuss the possibility of suspension or expulsion, the following advice for parents and carers sets out some things that you can do that may strengthen your case and help you to negotiate a positive outcome.

Advice for parents and carers

- > Talk to the school staff about your child's options.
- > Be aware of your child's rights to access education.
- > If your child wants to stay at the school, try to negotiate an 'open door' agreement. For example, if your child takes six months off school and addresses his or her drug-related concerns, then he or she could come back to the school after that time.
- > If the school is not open to negotiation ask the principal what he or she plans to do regarding referring your child to another educational setting (this is obligatory if the child is 15 years or younger).
- > Try to work with the school to develop a plan for your child. Involve your child as much as possible and make the school aware that you would like to work with them.
- > If you are still unsure about your rights, you can call DE&T or the CEO for clarification.
- > By showing the school a willingness to negotiate and work together, you are giving the school options and increasing your child's chance of remaining within his or her current educational and social setting, if that is what he or she wants.

How do I know when drug use is problematic?

While most young people who experiment with drugs grow out of it with little or no long-term damage, all drug use has the potential to cause harm and could therefore be seen as problematic.

When an adolescent's behaviour starts to change it may be an indication that drug use is a problem, but it is important not to jump to conclusions. Many of the behaviours that might suggest drug use are also often linked to other common adolescent concerns and issues, for example problems with relationships, depression or other illness, or simply the stresses of growing up.

If you are concerned, consider asking your child about any behaviour that is worrying you, rather than accusing or asking about possible drug use.

If a school identifies a student as having a drug-use problem, it is usually because the student has been involved in a drug-related incident at school. Staff may also have noticed other changes in behaviour. For example:

- > drop in attendance rates
- > lack of attention in class or poor concentration
- > drop in grades
- > change in behaviour, for example becoming more aggressive or more withdrawn than usual
- > change in friendships and social groups
- > lack of motivation
- > lack of interest in activities that the student used to be interested in.

For other signs that may relate to drug use but may also be associated with other circumstances, see the information sheet, *Young people and drugs*, which is also part of this Family Support Resource.

If you know drugs are involved, asking your child is one of the best ways to find out his or her reasons for experimenting with drugs. If the school has drawn the drug use to your attention, then this is a good conversation starter – although it can be difficult.

Young people are more likely to discuss their experiences and opinions about drugs when they feel they are being listened to but not judged. Following is some advice to help you.

- > Approach the issue of drug use from a safety and health perspective, not a judgemental one. Try to stay calm and rational even though you will probably be feeling worried, anxious or angry. Before you approach your child, think about how your actions could affect the issue. Will your approach and manner add to the problem or will it help to strengthen your relationship with your child?
- > Young people are often reluctant to talk to their parents or carers about drugs, whether or not they are using them. They may not be ready or willing to talk when you want to. Try to be open to discussion at any time, and pick up on conversation cues when your child gives them.
- > If your child does start talking about drugs, listen and give your full attention. Encourage your child to express his or her views about drug use, respect those views even if you don't agree with them, and to try to find out what your child is experiencing.
- > If you find your discussions are turning into arguments, you may wish to walk away from confrontation. This does not mean you are walking away from the issue. For example, you could say: 'I really want us to talk about this, but I think we both need to be in the right frame of mind.' You can always come back to the conversation.
- > Make it quite clear to your child that, while you may not accept the drug-use behaviour, you love and accept him or her as a person.

If you think your child's friends are a factor in the drug use, your natural response might be to try to stop your child seeing these friends. This often does not help. There is the risk that your child will see it as controlling and become more resistant. Consider, instead, trying to get to know your child's friends. You might discuss safety with them (don't try to lecture them on drugs). Encourage them to look after each other when they go out. You might also emphasise that they should always call an ambulance if they think one is needed and that they can always call you if they are in trouble.

For more information

Other papers in the Family Support Resource

Young people and drugs

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Students' rights and responsibilities

All students have certain rights that should be respected. This is so even if you have been involved in a drug-related incident at school and breached the school rules. Although schools do their best to manage incidents in a professional and fair manner, it is important that you understand the proper processes.

If you are found in possession of drugs the school is required to inform the police. This does not necessarily mean that you are going to receive a fine, charge or warning. It is a process that is followed in order to protect both you and the school. The school is also encouraged to contact parents and carers and hold a meeting between you, your parents or carers and relevant school staff.

If you are found to be supplying drugs in the school the consequences, while they may vary from school to school, may be more extreme. This is because supplying drugs is seen to be putting the safety of other students in jeopardy.

The school's rights and responsibilities

It may be helpful to know both the school's and your rights and responsibilities if you are found to be involved in drug use or in possession of a drug when in the school's care.

The school is entitled to:

- > ask questions about the incident
- > search lockers and desks as they are school property
- > confiscate drugs and equipment, if a student gives them to staff
- > call the police, if drugs were in a student's possession
- > call parents or carers.

The school is not entitled to:

- > search a student's bag without the student's consent (although they can call the police who can search bags)
- > confiscate a student's bag
- > deny parental involvement
- > expel a student over a first-time incident of possession or use
- > do a body search.

The student's rights and responsibilities

The student is entitled to:

- > request an advocate or an adult to be present when they are being questioned about the incident
- > decline to open his or her bag for inspection.

All schools should have a policy that outlines their approach to drug-related incidents and the process they go through to manage them.

Schools should also offer you the opportunity to speak to a counsellor (in the school or at an external agency) about your drug use. Alternatively, the school should offer to refer you to a local community agency for counselling and support.

Some advice for students

If you are facing consequences such as suspension or expulsion due to a drug-related incident, you can act to help yourself and perhaps keep the situation from getting any worse.

You will be given the opportunity to meet with the school staff and your parents and carers to discuss your options. If you want to stay at your current school here are some suggestions on how to make a good impression:

- > Try to stay calm. Even if you feel the situation is unfair, getting angry could make things worse for you. Try to say how you feel and present your opinions in a calm and rational manner.
- > If you agree that you made a mistake you could say that you take responsibility for your actions and suggest that you would like to work with others within the school to come up with a solution.
- > If you want to stay at the school and would like some help with your drug use you could make that clear to school staff. You may be able to come to an agreement that you will not attend the school for a period of time while you are sorting your out your problems but that you would like to return at a set time, for example next term or next year. You could also request that a particular staff member from the school keeps in touch with you, if the person agrees to this.
- > Although you may be feeling really anxious, angry, overwhelmed or stressed, it is important to think about how your behaviour may influence your chances of getting into other schools (if you don't want to stay at your current school).
- > You have the right to have a person other than your parents or carer who will attend an interview with you and act as your advocate, for example a youth worker or an older relative.

Young people, drugs and the law

The school is obliged to inform the police if there is reason to believe that you have broken the law – including the use, possession or supply of illicit drugs. If you are substance-affected and the school believes this is from using illicit drugs they may notify the police.

If the police believe there is a reason for them to become involved then you may receive a juvenile caution. A juvenile caution can be issued if you are under 17 and the offence is a first or second offence. If this occurs:

- > it will happen at a police station
- > a parent, guardian or independent adult must be present
- > the consequences of further criminal offences will be explained.

The police do not have to offer a caution, and if one is offered, you do not have to accept it. The advantage of accepting a caution, however, is that the offence does not go on a criminal record and there are no further legal implications related to it.

Young people over 10 years of age who are caught with a small amount of illicit drugs in their possession, and admit the offence, may be required to undertake the drug diversion program. This requires the young person to seek counselling or treatment for their drug use.

For more information on legal issues, you can call:

Victorian Legal Aid

Phone: 03 9269 0234

The Federation of Community Legal Centres

Phone: 03 9602 4949

For more information

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Putting life back on track: finding services and supports

If your child would like to get outside help to manage their drug use, there are a variety of options available. Many community agencies have experienced drug counsellors who can offer support to young people and members of their families. There are also services that specialise in assisting young people with drug problems.

This information sheet describes the different types of services available, what they offer and how to access them. It also discusses briefly what to expect as your child moves, often haltingly, towards a life beyond drugs.

Counselling

Counselling is available to young people through most community health centres and youth-specific services. There are also youth-specific drug treatment services such as rehabilitation centres and youth withdrawal and rehabilitation units (see services available and contact information on pages 69–72).

There is generally no cost to young people for these services.

Drug counselling is usually based on a harm minimisation approach, that is the focus is on preventing or minimising the harm that might come from drug use. It means the counsellor and young person work together, setting realistic goals and finding ways to move towards those goals.

The young person may aim to reduce and/or stop the drug use. Alternatively, or at the same time, the aim might be to find ways the young person can manage and reduce the drug use and function in more positive ways at school and at home – socially, emotionally and intellectually.

It can be a difficult and slow road for many young people, and it's important to appreciate the short-term successes as well as focusing on the long-term goals. Remember that any reduction in drug use is a step in the right direction.

It is possible for young people to attend counselling (usually on a weekly basis) and still attend school and participate in their usual activities.

Managing withdrawal

Some people who use drugs may, over time, become dependent on the drugs, that is they need to take the drug regularly to feel 'normal'.

If a drug-dependent person stops taking that drug the body reacts with a range of symptoms that are often extremely unpleasant and sometimes dangerous. This response is called withdrawal and involves the person's body getting used to the absence of the drug.

For example, many people who give up smoking experience nicotine withdrawal. They may report feeling agitated, aggressive, moody and unfocused. They may also experience headaches, shaking and coughing.

Withdrawal from other drugs can cause more severe symptoms. These may include:

- > insomnia
- > weight loss or loss of appetite
- > irritability
- > feelings of paranoia
- > nausea
- > anxiety
- > sweating
- > raising of body temperature
- > lowering of body temperature
- > flu-like symptoms
- > aching limbs.

The symptoms and their severity will vary from person to person and from drug to drug.

Withdrawal is a relatively brief process but it can be traumatic and frightening. The peak is usually over after four days but symptoms can continue for up to ten days and sometimes longer.

Professional support can help young people and their families to manage the symptoms over this time. Remember, however, that support will also be necessary after the person has overcome the physical dependency because withdrawal is only the first step in learning to live without drugs.

Professional support during withdrawal may be provided:

- > in a residential setting, that is residential withdrawal
- > in the person's home, that is home-based withdrawal.

A worker from the drug treatment agency may discuss these two options with the young person and the family so that they can decide which is the most appropriate.

A residential withdrawal unit provides a safe and supportive environment for young people withdrawing from a wide range of drugs (including marijuana and alcohol). The young person lives at the unit – a house or a purpose-built clinic – for about ten days. A team of professional staff monitor the withdrawal, attend to the young person's physical wellbeing, and provide practical and emotional support.

There are a number of such units in Victoria run by drug treatment agencies or the government that work specifically with young people.

When in residential withdrawal young people are free to leave at any point in the process, but as long as they agree to stay they must remain inside the unit unless they are going on an organised outing or to an appointment. Visitors and phone calls are generally allowed but these may be monitored so that clients are able to focus on their time in the unit and not be distracted by other issues.

Most youth withdrawal units provide good quality meals and the opportunity to take part in a variety of recreational activities. They encourage young people to explore the issues they have about drug use and give them the opportunity to work with a counsellor whom they can go on seeing after they leave the unit.

Some drug treatment services offer the option of home-based withdrawal. Going through withdrawal at home is possible if there is a member of the family or another responsible adult who is willing to stay at home with the young person throughout the whole withdrawal period. A qualified nurse visits the home regularly to offer support and, if necessary, give medication.

The other withdrawal service that has received a great deal of publicity is Rapid Opiate Detoxification (ROD). This involves giving naltrexone and a number of other medications under heavy sedation or anaesthetic, sometimes in a hospital and sometimes in a day-care facility. The attraction of this treatment is that it is seen as a quick and relatively painless way to withdraw from opiates. However, it is expensive, there are some risks involved and it does not necessarily solve the problem of addiction. For most people, getting off heroin takes many attempts and those on the ROD Program experience this as well.

Rehabilitation: learning to live without drugs

Withdrawal is only the first step in learning to live without drugs. Young people who come to withdrawal usually have a lifestyle that revolves around their drug use. Breaking free of this and building a new life can be extremely challenging and very hard work.

Rehabilitation services accept clients only after they have withdrawn from the drug they were taking (usually through one of the withdrawal services discussed above). Young people entering a rehabilitation program need to be free of drugs and have finished their physical withdrawal.

A rehabilitation unit ('rehab') provides a supportive environment in which to work towards this over three to six months and sometimes longer. Rehabilitation programs are sometimes referred to as 'therapeutic communities'. Clients live together in an environment in which they are encouraged to address both their drug-use issues and the factors in their lives that may have led them to use drugs in the first place.

Young people are encouraged to take responsibility for their life choices. They are given the opportunity to develop the practical and social skills they need to live in our society. They may also engage in a number of educational, community and recreational programs.

Rehabilitation centres are staffed by health professionals, generally including counsellors, nurses and psychologists. Each young person is usually assigned a case manager who is the main support throughout the young person's stay. As in a withdrawal unit, young people are able to have a certain number of visitors and phone calls while they are resident.

There is usually, unfortunately, a waiting list to enter a rehabilitation unit. Accessing counselling or a support group can be of assistance during this period.

Medications and pharmacotherapies

There are a number of medications and pharmacological preparations that may assist some people with problem drug use. These include methadone, naltrexone, buprenorphine and nicotine patches.

Some pharmacotherapies can be used during withdrawal and some as a maintenance treatment – to stave off cravings and to substitute a legally prescribed substance for heroin. A GP will discuss the various options with a patient. Direct Line can supply information to help you find a doctor who will prescribe pharmacological interventions and the procedure to follow.

A long road

Wanting to change is the first and important step when dealing with drug use, but it can take time and a number of tries before real changes start to occur. Even if a person needs to go through withdrawal three or four times, each time they will learn something extra and will move a little further towards their goal.

Understanding relapse

For the majority of young people, relapse is part of this long road.

If a person has withdrawn from a drug and has been ‘clean’ for a time, then uses a drug again it is called a relapse.

Don’t treat relapse as failure. Remember that change is a long and difficult process of trying, learning, slipping back a little, and gradually moving forward again. A relapse is a glitch in the process, but it does not mean that the person has failed and has to go back to the start all over again.

Sometimes a person who has been ‘clean’ for a time might use a drug once or twice, then not use it again. This is generally called a lapse rather than a relapse. A lapse is like a minor version of a relapse and it may not affect the person significantly in the longer term. Nevertheless, people who lapse need support to move on and not see the lapse as a total failure.

It might be helpful to look at this in the context of, for example, dieting. Imagine someone is on a diet and has lost 10 kilograms over the past three months. Then one day they eat a chocolate bar, a Big Mac, and an ice-cream. This would be considered a lapse if, the next day, they went back to their diet and continued to eat in the healthy way they had established over the past three months.

If, however, the person goes on eating chocolate, junk food and ice-cream day after day and puts weight back on, then it would be considered a relapse. It is, nevertheless, a setback rather than failure. The person will have learned a lot about themselves through the process and may have regained only 5 kilograms of the 10 kilograms they lost. They are not back at the start but at another stage in their cycle of dieting.

Celebrate small successes

If you are supporting a young person with drug-use issues, celebrate the small successes whatever they are – higher grades at school, a rise in school attendance, a happier disposition, a reduction in the amount of drugs used, or involvement in positive sporting or recreational activities.

Any successes, however small, are steps on the road to a better future.

Support for parents and carers

Drug use within a family can be very stressful for everyone involved. It's important to help and support the young person with drug issues – but it's also important to remember that you can only do so much. Look after yourself as well, and find time to be with and look after other members of your family.

Here is some advice that may be useful:

- > Don't let the issue take over your life. Even minor, experimental drug use can be very worrying for parents and carers and can dominate your thoughts. Make time to keep up with family and friends and do things you enjoy. Try to remember that as much as you worry and want to help your young person, this won't change their behaviour.
- > Join a parents' and carers' support group. Not everyone will want to do this but some parents and carers find it helpful and useful to talk to others who are experiencing the same thing as themselves. Stories can be exchanged and ways of dealing with difficulties and moving forward shared.
- > Exercise and alternative therapies – walking, jogging, massage, yoga, swimming, meditation – are good ways to relieve emotional stress and physical tension. Try setting time aside every day to relax and look after yourself.
- > Take care of your own health. It is important that you stay healthy even though it may be difficult for you to focus on yourself. Try to eat nutritious meals and get enough sleep.
- > Many books have been written for parents on ways to manage drug-use issues. You may find it useful or helpful to read about other people's experiences and learn about specific drugs. It may help you to feel more confident about talking to your child.

Agency supports

There are drug treatment agencies throughout Victoria that offer support and treatment to young people and their families. Listed below are various agencies that provide services for young people as well as agencies and groups that provide support for parents and carers. The information was correct at the time of preparation of this resource but may need checking.

Youth-specific drug treatment and other related services

- > **Access Youth Support:** supported accommodation, outreach, information and referral for homeless youth – particularly those from culturally and linguistically diverse backgrounds
Richmond Branch
200 Church St, Richmond 3121
Phone 9427 0374
Thornbury Branch
Rear 733 High St, Thornbury 3071
Phone: 9484 2627

- > **Albert Road Clinic:** private dual diagnosis for those with co-existing mental health and alcohol and other drug issues
31 Albert Rd, Melbourne 3004
Phone: 9256 8311
- > **Alfred Child & Adolescent Mental Health Service:** dual diagnosis for those with co-existing mental health and alcohol and other drug issues
594 St Kilda Rd, Melbourne 3004
Phone: 9526 4400
- > **Brosnan Centre Youth Service:** post-release
10 Dawson St, Brunswick 3056
Phone: 9381 1233
- > **Gateway and Connexions:** dual diagnosis for those with co-existing mental health and alcohol and other drug issues
1 Langridge St, Collingwood 3066
Phone: 9415 8700
- > **Frontyard:** youth services for 16–25-year-olds
19 King St, Melbourne 3001
Phone: 9611 2411
 - Melbourne Youth Support:** accommodation, housing, health, counselling and legal services
 - Melbourne Youth Access Centre:** income support, unemployment registration
 - Young People’s Health Service:** health care (including drug and alcohol) and counselling
- > **Kids Helpline:** anonymous and confidential counselling for 5–18-year-olds (7 days, 24 hours)
Freecall: 1800 551 800
- > **Lighthouse Foundation:** accommodation for homeless young people (15–22 years) in a long-term family environment
Phone: 9824 6622
- > **Melbourne Youth Support Service (MYSS):** assistance with accommodation and housing, health, counselling and legal services
Phone: 9614 3688
- > **Noble Park Youth Resource Centre:** referral, support, counselling and recreation
9 Buckley St, Noble Park 3174
Phone: 9547 0511
- > **OASIS Program for Youth (Odyssey House):** post-withdrawal counselling and support
81–85 Barry St, Carlton 3053
Phone: 9347 3365

- > **Open Family Australia ‘Street Worker’ Outreach:** support and referral
Phone: 9699 5588
- > **St Kilda Crisis Centre:** information, referral and support
Phone: 9525 4100 Freecall: 1800 627 727
- > **South East Asian Young Women’s Enquiries:** youth housing including
Cambodian, Lao and Vietnamese Young Women’s Accommodation Program
Phone: 9484 2627
- > **The Shack:** drop-in service providing recreation facilities, meals, showers,
laundry, counselling and referral (under 25 years)
55 Buckingham Ave, Springvale 3171
Phone: 9548 3255
- > **Visy Cares Centre:** one-stop shop for young people offering drop-in services
(drug and alcohol, home detox, supported accommodation etc.)
39A Clow St, Dandenong (next to Dandenong Market)
Phone: 9793 2155
- > **Youth Links:** assistance with housing, referral, support and counselling
31–33 Buckley St, Noble Park 3174
Phone: 9547 0511
- > **Youth Outreach Team:** support, referral, counselling and detox
49 Nicholson St, Footscray
Phone: 9689 5533
- > **Youth People’s Health Service (YPHS)**
Phone: 9611 2409
- > **Youth Projects Inc (12–17 years):** alcohol and other drugs outreach service
6 Hartington St, Glenroy 3046
Phone: 9304 9100
- > **Youth Substance and Abuse Service Line:** substance use, treatment,
withdrawal and post-withdrawal
Phone: 9244 2450 Freecall: 1800 014 446
- > **Young Women’s Christian Association:** programs and services for disadvantaged
young women
489 Elizabeth St, Melbourne 3000
Phone: 9326 9622

Services for family and friends

Most community health centres and alcohol and other drug agencies offer family counselling and support as part of their programs. The following family-specific services are also available.

- > **Anglicare Werribee Family Services:** western metropolitan region; alcohol and
drug clinician working with families with young drug users aged 12–17
Phone: 9742 5300
- > **Buoyancy Foundation:** statewide individual support
Phone: 9429 3322
- > **Families Anonymous:** branches in Glen Waverley, Middle Brighton, Frankston,
Footscray, Werribee, Preston, Bendigo, Ballarat and Geelong

- > **Family & Friends Support Group East Care:** eastern metropolitan region
Phone: 9818 4380 or 9889 8112
- > **Family Drug Helpline:** statewide support, information and referral service featuring professional alcohol and drug counsellors and trained volunteers with direct experience of family drug use
Phone: 1300 660 068
- > **Family Drug Help Resource Centre:** provides referral to drug support and information groups across Victoria and assistance to communities wishing to set up local support groups
1242 Glenhuntly Rd, Glenhuntly 3163
Phone: 9572 2855
- > **Family Drug Support (National):** telephone support for families and friends of drug users
Phone: 02 9818 6166 or 1300 368 186
- > **Parentline:** support, counselling and referral
Phone: 13 22 89

Self-help services

- > **AA (Alcoholics Anonymous):** for men and women for whom alcohol use has become a problem
Phone: 9429 1833
- > **FA (Families Anonymous):** for relatives or friends of persons involved in substance abuse
Phone: 9889 8112
- > **Marijuana Anonymous:** for men and women for whom marijuana use has become a problem
Phone: 1300 762 348
- > **NA (Narcotics Anonymous):** for men and women for whom drugs have become a problem
Phone: 9525 2833
- > **SHARC (Self-Help Addiction Resource Centre):** service users are key participants in the production of help and services
Phone: 9572 1151

For more information

Other papers in the Family Support Resource

Young people and drugs

Providing a positive environment: risk, resilience and growing up

Supporting your child

Students' rights and responsibilities



Extra resources

ADIN <www.adin.com.au>

The Australian Drug Information Network (ADIN) provides a central point of access to quality Internet-based alcohol and other drug information provided by reputable Australian and international organisations.

DE&T <www.det.vic.gov.au>

DE&T website.

DRIS <www.dris.gov.au>

Drug Referral Information for schools (DRIS) supports the referral of students with drug and alcohol issues to community-based services.

Catholic Education Office <www.ceo.melb.catholic.edu.au>

Phone: 9267 0228

Parents' link accesses the section on 'Your child's wellbeing'.

SOFWeb <www.sofweb.vic.edu.au>

A central point of access on the Internet where students, teachers, parents and carers, and school leaders can easily locate the information and activities they need to support their educational mission.

Australian Drug Foundation: Drug Information Service <www.adf.org.au>

Phone: 13 15 70

Email: druginfo@adf.org.au

DIRECT Line

Freecall 1800 888 236 throughout Victoria

Confidential and anonymous telephone counselling, information and referral to anyone in Victoria with a question or problem related to the use of drugs or alcohol. Seven days a week, 24 hours a day.

