



**Australian Government**

**Department of Education, Science and Training**

# Context to drug education for the early years of schooling



**Module 1**

*All REDI for the Early Years of Schooling*



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# Objectives and background information



On completing this module participants will :

- be aware of the rationale for drug education in the early years, the purpose of this project and the policy framework;
- identify principles for drug education in the early years;
- understand the role of resilience, social and emotional competence and protective behaviours in student health and well-being;
- integrate the research findings with school practice; and
- understand the importance of whole school approaches to building resilience, and developing social and emotional competencies.

Background to *All REDI for the early years of schooling*

In May 2006, the Australian Government Department of Education, Science and Training (DEST) initiated the *All REDI for the Early Years of Schooling* project.

The *All REDI* project is a *preventative approach* to Drug Education that focuses on the early years of schooling. It has been designed to support early years' teachers and school leaders to develop a holistic approach to building *student resilience and social and emotional competencies*.

What will happen?

The purposes of the *All REDI for the Early Years of Schooling* project are to:

- support school leaders and teachers from approximately 1500 primary schools across Australia;
- provide opportunities for professional learning that supports school communities in guiding the social development of children;
- focus on the most appropriate pedagogy to be used for drug education in the early years; and
- supplement the existing REDI (resilience education and drug information) resources distributed to schools for teachers of Years 3 to 12.

### How this project fits with other support

Subsequent to the development of the *Resilience Education and Drug Information* (REDI) resources for lower and upper secondary students and middle and upper primary students, a natural extension is to provide a programme for students in their first three years of schooling (early years).

This programme, known as *All REDI for the Early Years of Schooling*, is to support teachers and school leaders in promoting health and well-being by explicitly teaching social and emotional competency skills. The project also aims to provide support for the teaching of drug information across all classrooms in the first three years of school.

### Project resources

The proposed resources for the Project will have four parts:

1. the PLP Modules containing key information;
2. the National Workshop Manuals for participants;
3. resources to support schools to implement the suggested approaches; and
4. the *All REDI* portal on the Department of Education, Science and Training's website.

These components will form a comprehensive national approach for drug education for the early years of schooling.

The PLP Modules and the *All REDI for the Early Years of Schooling* School Resource CD will be available to the National Workshop participants in 2007. The *All REDI* website will be operational from March 2007. The National Workshop Manuals will also be available for National Workshop participants in all states and territories during 2007.

## Objectives and background information

### An overview:

All REDI Professional Learning Package (PLP):	Information modules designed to support schools to devise and implement strategies appropriate for drug education for the early years of schooling.
National Workshops	National Workshops conducted in 2007 in all states and territories to support the PLP. Three formats will be available - face-to-face workshops, self-paced modules and online workshops.
National Promotion and Communication strategy	National promotion and communication strategies to inform all Australian schools throughout 2007.
All REDI Website	A Project website to support the PLP, national workshops and national communication strategy will be operational from February 2007.
All REDI School Resource CD	A School Resource CD will be provided to support schools to implement whole school approaches for drug education and student well-being in the early years.

### Key concepts and principles about the early years

Over the past two decades there has been increasing social concern for the safety, personal welfare and well-being of children and young people.

This has resulted in significant curriculum and policy development at both state and national level to enhance the social and emotional outcomes for children and young people. This has been addressed by reducing risk factors and enhancing protective factors.

The achievement of positive educational outcomes is closely linked to good health in students. Therefore, schools address

health and well-being as a foundation for achieving educational goals.<sup>1</sup>

Schooling '*provides a foundation for young Australians' intellectual, physical, social, moral, spiritual and aesthetic development. By providing a supportive and nurturing environment, schooling contributes to the development of students' sense of self-worth, enthusiasm for learning and optimism for the future.*'<sup>2</sup>

In this context, student health and social/emotional competence is an essential educational outcome.

### Drug education approaches

Drug education has traditionally been one component of the health, personal development and physical education curriculum, and has focused on teaching students about drugs, including:

- associated harms and benefits;
- legal status;
- skills to resist harmful use;
- skills for keeping themselves and others safe when in the vicinity of harmful drug use; and
- harm minimisation strategies.

Drug education has now evolved to become part of a holistic approach to student health and well-being.

The *National Drug Education Strategy REDI* resources focus on building resilience and self-esteem by developing social and emotional competencies. This has followed from the understanding that resilience and self-esteem are important protective factors against drug abuse.

Generally drug education begins in the early years with learning about the safe and appropriate use of medications as part of healthy lifestyles and healthy choices.

<sup>1</sup> The Evidence of Health Promotion Effectiveness: *A Report for the European Commission by the International Union for Health Promotion and Education - Shaping Public Health in a New Europe*. Part Two: Evidence Book.

<sup>2</sup> *The Adelaide Declaration on National Goals for Schooling in the Twenty-first Century - Preamble and Goals*, Australian Government, 2003.

### Resilience

A key component of drug education in the early years of schooling is helping students develop the skills, attitudes and knowledge they need to build their resilience as well as to develop their social and emotional competencies.

Resilience is a key outcome of successful early years' approaches. Resilience is the ability to cope with, and recover from, life's challenging and difficult experiences. There is a clear connection between learning, resilience and student outcomes. Australian and international research shows that children who have strong relationships (with friends, family, school and community) are more resilient than those who do not.<sup>3</sup>

Resilience and self-esteem are protective factors that reduce the likelihood that young people will use drugs.

Resilience is closely connected to well-being, and social and emotional competencies. Considerable research demonstrates the importance of resilience to an individual's ability to manage themselves and their environment.<sup>4</sup>

Our early years' students have an innate capacity to be resilient. This resilience capability enables the development of social competence, emotional well-being, perseverance, problem solving, critical consciousness and a sense of purpose. This project focuses on the fostering of resilience in early years' students through explicit skill building.

There are a number of factors that contribute to building resiliency in young people. These include:

- minimizing risk factors;
- enhancing protective factors;

<sup>3</sup> Erebus International (2005) *Review of the National Drug Education Strategy Resources*, Department of Education, Science and Training, Canberra.

<sup>4</sup> *Well-being is Central to Learning*. (2005) Department of Education and Children's Services, South Australia. p.5.

### Social and emotional competencies

- specific support for 'at risk' children;
- targeting in times of transition and stress; and
- providing supportive and caring environments.<sup>5</sup>

Social and emotional competencies are vital components of good health and well-being and contribute to student resilience and self-esteem. Student well-being has both intrapersonal (self) and interpersonal (others) dimensions. Well-being and social and emotional competence is evident in a child's sense of self and their capacity to function in the school community.

Social and emotional competence refers to *'the ability to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships and handle challenging situations effectively.'*<sup>6</sup>

Evidently it is important to focus on students' health and well-being, social and emotional competence and resilience when designing and developing educational programmes, especially drug education, for the early years' students.

Drug education forms part of the overall approach to developing resilience and social and emotional competence.



<sup>5</sup> Mental Health Foundation of Australia, Resiliency Resource Centre.  
<http://www.embracethefuture.org.au/resiliency/> Accessed 25.07.06

<sup>6</sup> Safe and Sound: *An educational leader's guide to evidence-based social and emotional learning (SEL) programmes.* Developed by the Collaborative for Academic, Social, and Emotional Learning. (CASEL)





# 2

# Implications



**Social and contextual factors**

Schools are encouraged to start the approach to building resilience and social and emotional competencies as early as possible - in the first three years of schooling.

Children's social and emotional skills develop as a consequence of a wide variety of experiences that occur in and out of school. There are a variety of protective factors that enhance the potential of young people to resist at risk behaviour including:

- strong home environments, particularly where parents model healthy behaviours;
- effective parenting, especially of children with difficult temperaments and conduct disorders;
- mutual attachment and nurturing by significant adults;
- positive school communities;
- capacity to get along with others in the school; and
- success in school performance.

Resilient attributes (which include optimism, perseverance and self-esteem) and social and emotional competence, are learned largely through interactions with significant others who model these traits and foster them through ongoing interactions.

Three environments are critical for children and each has a role to play in building resilience and social and emotional competence.<sup>7</sup> These are:

- school;
- family; and
- the wider community.

This project focuses on the *school environment* including school culture, classroom practices and student skill building.

### Drug education for the early years

The development of school/parent/community partnerships in the school context will also be considered as part of the project.

This project also emphasises the importance of explicitly teaching skills that will lead to the development of more resilient children who possess enhanced social and emotional competencies. This will occur firstly as part of the drug education or health promoting programmes and then as part of everything that happens in the classroom and school on a day-to-day basis.

It can be argued that schools have always supported students to develop social and emotional skills. The difference in emphasis suggested here is for schools to identify the components of a successful programme and then explicitly teach the skills to early years' students.

### Preliminary research

Through the consultations conducted as part of the preliminary research project for *All REDI for the Early Years of Schooling* it has been widely acknowledged that the promotion of healthy choices, student well-being and personal safety should be the themes for drug education and resilience in the early years.<sup>8</sup>

*'The emphasis on developing positive attitudes and values in these early stages of education is seen to be more appropriate than a knowledge driven curriculum.*

*The pedagogy described here is more amenable to attitude and values development that is so important at this stage of the students' schooling'.<sup>9</sup>*







# 3

# Policy context



### National School Drug Education Strategy

The goal of the *National School Drug Education Strategy* (NSDES)<sup>10</sup> is '*no illicit drugs in schools*'. The NSDES strengthens the provision of educational programmes and supportive environments which contribute to this goal.

The goal is based on the belief that illicit and other unsanctioned drug use in schools is unacceptable. The focus of the strategy is on educational outcomes. It also addresses the need to assist students with drug-related problems and deter the use of unsanctioned drugs.

A principle element of the NSDES strategy is the understanding that the key to drug education in the early years is prevention. The most effective means of prevention is providing a school environment that is supportive and protective of all students and identifying and supporting those children who are at risk.

Through a whole school approach, schools can provide a coherent and consistent framework for their policies, programmes and practices.

An aspect of the NSDES is the partnership approach between the Commonwealth and the States and Territories, as well as between the Government, Catholic and Independent school sectors.

This *All REDI for the Early Years of Schooling* project is a further component of that partnership approach.

### Principles for school drug education

*All REDI for the Early Years of Schooling* is based on the *Principles for School Drug Education*.<sup>11</sup> The twelve Principles provide a broad framework of core concepts and values to inform the development, implementation and evaluation of effective drug education policies.

They are based on current research into effective school practice and are intended to be adapted to the local context rather than

being prescriptive. The Principles are shown in the table below.

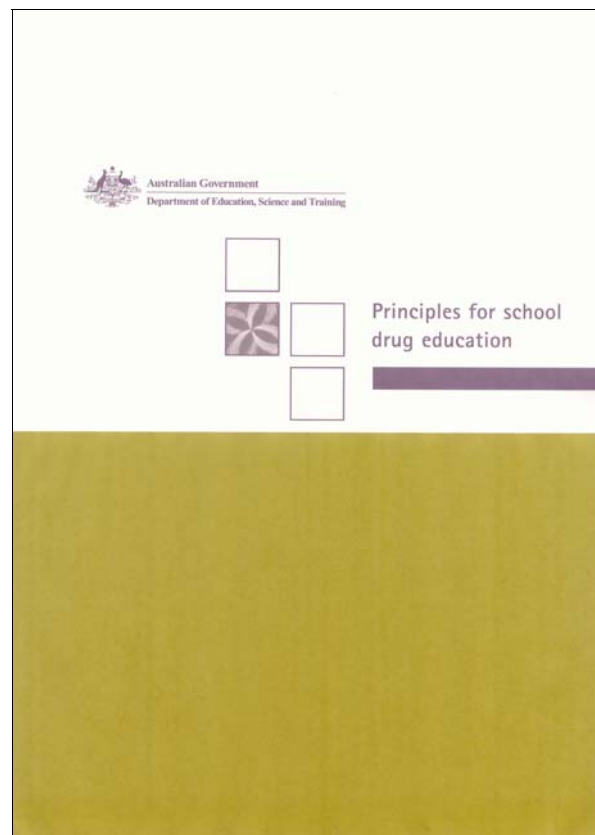
Interconnecting theme	Principles for school drug education
Comprehensive & evidence-based practice	<ol style="list-style-type: none"> <li>1. Base drug education on sound theory and current research and use evaluation to inform decisions.</li> <li>2. Embed drug education within a comprehensive whole school approach to promoting health and well-being.</li> <li>3. Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimising drug-related harm.</li> </ol>
Positive school climate & relationships	<ol style="list-style-type: none"> <li>4. Promote a safe, supportive and inclusive school environment as part of seeking to prevent or reduce drug-related harm.</li> <li>5. Promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education.</li> </ol>
Targeted to needs & context	<ol style="list-style-type: none"> <li>6. Provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and priorities.</li> <li>7. Acknowledge that a range of risk and protective factors impact on health and education outcomes, and influence choices about drug use.</li> <li>8. Use consistent policy and practice to inform and manage responses to drug-related incidents and risks.</li> </ol>
Effective pedagogy	<ol style="list-style-type: none"> <li>9. Locate programmes within a curriculum framework, thus providing timely, developmentally appropriate and ongoing drug education.</li> <li>10. Ensure that teachers are resourced and supported in their central role in delivering drug education programmes.</li> <li>11. Use student-centred, interactive strategies to develop students' knowledge, skills, attitudes and values.</li> <li>12. Provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real life contexts and challenges.</li> </ol>

The *Principles for School Drug Education* recognises that one-off approaches will be inadequate for addressing the complex factors that affect a young person's health outcomes. A whole school response which encompasses programmes, the school environment and relationships with the broader community is ideal.

It is recognised that developing a positive climate and relationships across the school community are as fundamental to addressing drug-related issues for young people as is determining appropriate classroom programmes.

Look for this document

For further information about the *Principles for School Drug Education* visit the REDI website or look for this document in your school library or teacher resource centre.





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# Models for health-promoting schools



### A whole school approach

*'We as a community may want an ideal outcome of drug education to be no drug use at all, but we will be better served by pragmatic education approaches that keep young people safe in a world where drug use is a reality.'*<sup>12</sup>

The importance of the whole school perspective is recognised in the *Principles for School Drug Education*.

Principle 2: *Embed drug education within a comprehensive whole school approach to promoting health and well-being.*

An effective whole school approach:

- provides a strong network of support for teachers using the programme;
- is well-resourced with prescribed materials;
- values parent participation; and
- is implemented conscientiously and enthusiastically by all teachers.

The *National Framework for Health Promoting Schools*<sup>13</sup> has been implemented nationally as a whole school approach for school drug education. The framework provides a process to address key health issues at individual, school and community levels.

It is presented here for schools to consider in the implementation of drug education for the early years of schooling.

The health-promoting school develops healthy attitudes in students by enabling them to care for themselves and others, and to make decisions about and have control over their health and life circumstances.

This ensures that the society they live in facilitates the health and well-being of all its members.

Health-promoting school communities make a positive contribution to health and learning outcomes through the interrelationship of three important areas:

- curriculum and teaching/learning practices;
- school organisation, ethos and environment; and
- partnerships and services.

This is shown in the model below.



*Developed by:*

- *The Australian Department of Health and Family Services; and*
- *The Australian Health Promoting Schools Association.*

The framework is linked to a school planning cycle that is shown below. The cycle could guide the leaders of the *All REDI* project as they manage implementation.



Successful programmes

Successful school health and well-being programmes are:

- supported by policies that influence all aspects of the school environment and curriculum;
- focused on health issues, social and emotional competence, health literacy and health promotion;
- based on partnerships between all members of the school community that extend outside the school to include the wider community, health workers and other relevant organisations and agencies;
- resourced adequately with human and material resources, including time for developing relationships and time specifically devoted to particular health promotion focus; and
- delivered in accordance with teaching and learning strategies that enhance active student participation, and the development of life skills as well as knowledge.

5

Existing and planned resources for schools



## Resource development

Through NSDES, the Australian Government developed a range of resources and initiatives to assist schools in delivering effective drug education programmes.

These include a range of multimedia resources entitled *Resilience Education and Drug Information (REDI)*.

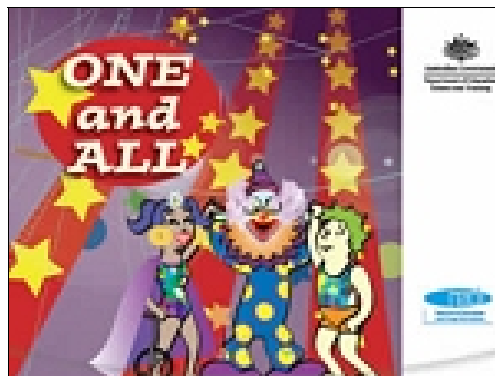
The REDI support materials assist schools to:

- building more resilient young people; and
- focus on a whole school approach to drug education.

They provide opportunities for students to interact and develop social and emotional competency skills. These are:

## REDI resources

- *One and All* for middle primary school students:



- *The Big Move* for upper primary school students:



Other resources to support class teachers include *My TV* for lower secondary school students and *On the Edge* for upper

secondary students.

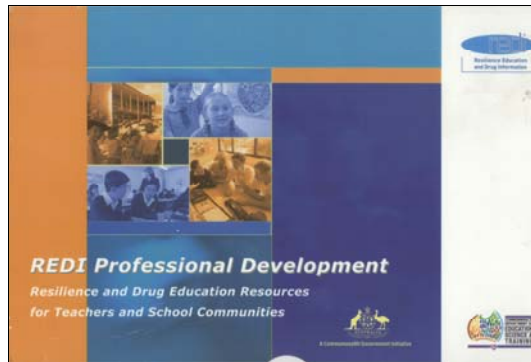
Details of the support packages are shown in the table below.

Resource & Title	Setting & Information	Author & Details	Availability, Year Published
<b>REDI for School Communities (REDI)</b>  <b>Resilience Education and Drug Information</b>	<b>School Communities</b> Designed for school staff and their communities. It enables them to examine the implications of fostering resilience as part of the school's approach to drug education, health and well-being.	Commonwealth Department of Education, Science and Technology (DEST)	Delivered to all Australian schools in 2003  Published 2003 Copyright 2003
<b>The Big Move (REDI)</b>  <b>Resilience Education and Drug Information</b>	<b>Upper Primary</b> Focuses on change and peer pressure, and includes negotiating relationships with friends, family and new people in unfamiliar situations. In this context the issues of alcohol and tobacco are raised.	Commonwealth Department of Education, Science and Technology (DEST)	Delivered to all Australian schools in 2003  Published 2003 Copyright 2003
<b>My TV (REDI)</b>  <b>Resilience Education and Drug Information</b>	<b>Lower Secondary</b> Explores issues of drug use, in particular alcohol, tobacco and cannabis. It addresses skills such as decision-making, self-talk and being assertive. Students will engage in problem predicting, problem solving and in help-seeking behaviour.	Commonwealth Department of Education, Science and Technology (DEST)	Delivered to all Australian schools in 2003  Published 2003 Copyright 2003
<b>On the Edge (REDI)</b>  <b>Resilience Education and Drug Information</b>	<b>Upper Secondary (College)</b> Focuses on the perceptions and opinions of young people towards drugs, relationships, stress, goals and self-esteem. It discusses the transition from school to beyond and includes comments and opinions from a wide variety of experts.	Commonwealth Department of Education, Science and Technology (DEST)	Delivered to all Australian schools in 2003  Published 2003 Copyright 2003

### Professional development resources

NSDES has also provided REDI products and services for teachers and school communities. A kit of REDI materials assists teachers and school communities to develop their knowledge and understandings of resilience and social and emotional competencies. The kit comes with videos and workbooks.

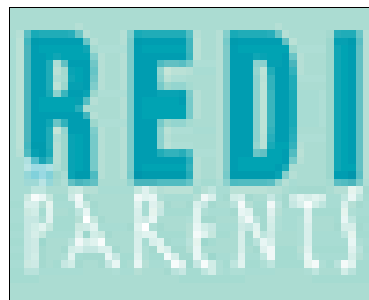
This is shown below and is available in all schools in Australia.



Resources for teachers and schools

Other available resources have been developed and distributed and some of these are:

- *REDI for School Communities* and *REDI for Parents*:



- *Case Stories*:



Complete information can be found on these resources, policies and materials on the REDI website as shown below.<sup>14</sup>

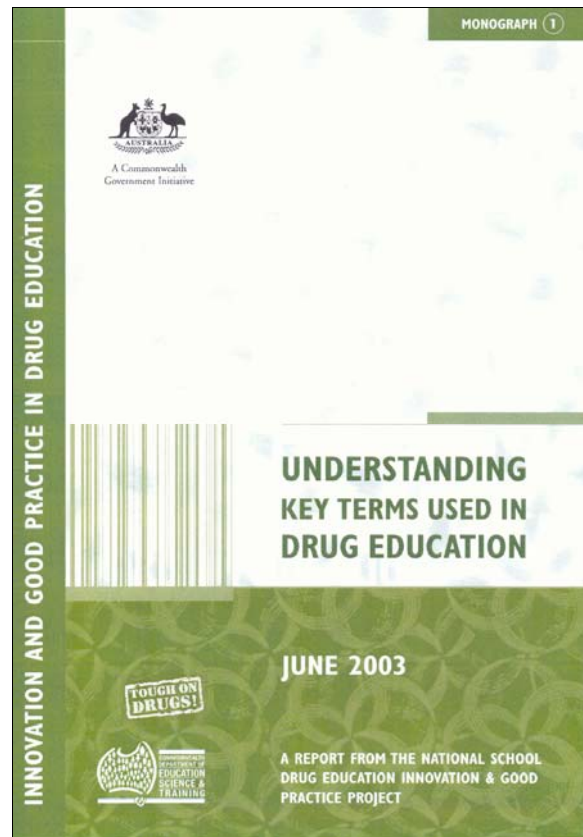
The screenshot shows the REDI website homepage. The left sidebar contains navigation links: 'new listings', 'search REDI' (with a search box and 'GO' button), 'drug name translator' (with a search box and 'GO' button), 'reading room' (with links for 'Key publications', 'Research', 'Useful statistics', 'Practical ideas', 'Links'), and 'Using this site' (with links for 'FAQs', 'Contact us', 'Site map'). Below these is a 'Site updated November 21, 2006' notice and an 'AIMIA WINNER' badge for 'Best Government Category' from 2003. The main content area features a large 'welcome' message, a search bar, and logos for 'REDI for PARENTS' and 'GetRedi'. A navigation bar includes links for 'Using this site', 'Search REDI', 'Resource index', 'Search tips', 'Drug name translator', 'Drug name index', 'Key publications', 'Research', 'Useful statistics', 'Practical ideas', 'Home', 'New listings', 'FAQs', 'Contact us', 'Links', 'Site map', 'Privacy statement', 'Disclaimer', and 'Copyright'. The footer identifies the site as an Australian Government resource from the Department of Education, Science and Training. The right sidebar, titled 'REDI resources', lists materials under 'Classroom Resources' (including 'One and All', 'The Big Move', 'My TV', 'On the Edge') and 'PD Resources' (including 'REDI for School communities', 'REDI for the classroom', 'REDI for practice'). A 'Community and Tertiary' section at the bottom lists 'REDI for PARENTS'.

### Monographs

A series of monographs is available from the DEST website that addresses key areas of drug education in schools. The titles are:

- Understanding key terms;
- Creating an engaging curriculum;
- Schools can't do it alone;
- Safety with a lifeline;
- Drugs and a sense of personal responsibility;
- Effective communication;
- Creating connectedness; and
- Knowing the scene.

An example of the booklets is shown below. They should be in all schools.



### KidsMatter

*KidsMatter* is a national initiative beginning in 2007 that schools may wish to consider. It is designed to improve the health and well-being of primary school students.

*KidsMatter* is a primary school mental health promotion, prevention and early intervention initiative developed in collaboration with: the Australian Government Department of Health and Ageing; *beyondblue: the national depression initiative*; the Australian Psychological Society; and the Australian Principals' Associations Professional Development Council (APAPDC). The *KidsMatter* initiative aims to:

- improve the mental health and well-being of primary school students;
- reduce mental health problems among students (e.g. anxiety, depression and behavioral problems); and
- achieve greater support and assistance for students at risk or experiencing mental health problems.

To improve the mental health and well-being of their students, *KidsMatter* schools will focus on the following four areas over two years.

### **1. Mental Health Promotion for Students**

This component focuses on teaching social and emotional curriculum to students; and improving their competencies in such areas as self awareness, social awareness, self management, relationship skills and responsible decision making.

### **2. Parenting Education and Support**

This component focuses on providing parent/s and families with opportunities to access information and participate in programmes on child development and parenting, as well as opportunities to engage with other parents and families.

### **3. Early Intervention for Students at Risk and their Families**

This component focuses on providing information and strategies to assist those students at risk or experiencing mental health problems. This would likely include information for parents and staff on risk and protective factors associated with mental health problems, detecting signs of mental health difficulties in children, information on local service providers, identifying opportunities and supporting students and their families to access evidence based programmes and interventions.

### **4. Creating a Positive School Community**

This component focuses on how schools can further enhance their school climate to support student mental health and well-being, with particular emphasis given to ensuring that staff, students and parents all feel a 'sense of belonging' to the school.

National piloting of this programme will begin in 2007 and the programme will be available to all schools in 2008.



