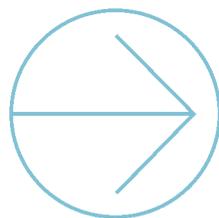


Preventing drug-related harm



*A guide for the
student welfare coordinator*

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student welfare coordinator*

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Introduction

This resource, developed for the secondary student welfare coordinator, provides a set of evidence-based guidelines and tools to assist schools and their communities to address truancy and the associated risk of problematic substance use.

The role of the student welfare coordinator may include:

- > providing teachers with the relevant information necessary to ensure the welfare and education of all students, particularly those experiencing difficulty
- > providing support and basic counselling to students who are distressed
- > coordinating referrals to the student support services officers who work in the school
- > organising primary prevention programs within the school, for example bullying and resilience training
- > providing support to parents, including advising parents of support agencies in the local community
- > providing a liaison and communication link between the school and its community
- > assisting in the development of school policies, for example welfare and discipline
- > maintaining a school welfare resource library
- > attending professional networks.

Section A provides a summary of the research evidence that can be used to inform the school's prevention, early identification, intervention and referral strategies. It gives an overview of the prevalence, as well as the risk and protective factors, associated with truancy and problematic substance use.

Section B provides a set of tools to assist the student welfare coordinator in the early identification and management of students at risk of truancy and drug-related harm.

Privacy

The Department of Education and Training is committed to protecting the privacy of personal and health information in accordance with the standards of the *Information Privacy Act 2000*, and the *Health Records Act 2001*. All government-funded organisations (this includes government schools) are also required to operate within these standards. When practising privacy there are four things to remember:

Collect only the information you need

Inform the person why you need the information and how you will use it

Disclose only as necessary for the purpose of the service

Secure information against unauthorised access.

A copy of the Department of Education and Training's Information Privacy Policy can be accessed from <http://www.det.vic.gov.au/det/resources/privacy.htm>.

A complex issue

Truancy and drug use should be looked at within broader socio-economic factors such as poverty, low attachment to school and community, family breakdown and social isolation. Truancy, particularly in the earlier years of secondary school, is associated with a number of other risky behaviours including the use of alcohol, cigarettes and other drugs, poor performance or failure in school, dropping out of school, multiple sexual partners, and involvement with delinquent peers.

It is important, however, to understand that truancy does not necessarily lead to drug use, nor drug use to truancy. Similarly, the presence of multiple risk factors in a young person's life does not necessarily mean that the young person will go on to develop behaviour problems in any area of their life. Research has demonstrated that most young people, including those who are frequently absent from school, go on to develop into well-adjusted healthy adults.

A welfare response

Student welfare coordinators encounter complex stories of the adversity faced by young people who are struggling to maintain an interest in learning, who have developed irregular attendance patterns, or who are engaging in risky use of substances. They are faced with the challenge of how best to intervene to support the student.

This guide is designed to assist student welfare coordinators to develop or refine school-based prevention and intervention procedures. It sits within a broader suite of materials provided by the Department of Education and Training which can assist schools to provide for the welfare of students and to take a harm minimisation approach to drug education. The *Framework for Student Support Services* in Government Schools promotes four levels of activity in schools: primary prevention, early intervention, intervention and post-vention (restoring wellbeing). The framework is underpinned by a key focus on student resilience, which is achieved to a large degree through an understanding and application of strategies to reduce risk and enhance protection.

The School Drug Education program supports and encourages a harm minimisation approach to drug education and welfare in schools. As part of this program schools were given support to develop and implement an Individual Schools Drug Education Strategy (ISDES)¹ addressing policy, drug education curriculum, and the provision of a supportive environment.

The *School Retention ... What Does it Take?* guidelines offer advice to schools and the broader community about keeping young people under 15 years of age connected to school. The underpinning principle is that the school of origin remains a central source of support and facilitates educational opportunities for young people, their families and other agencies and education providers.

The Retention and Reintegration initiative, which is investigating how schools respond to students experiencing serious drug use, recommends a multi-faceted approach to intervention that encompasses social, structural and developmental perspectives. The findings from this research indicate that schools with a well-developed drug and welfare policy are better positioned to respond to young people at risk.

Provision of services through initiatives such as the School Nurses program, the School Focused Youth Services and Managed Individual Pathways (MIPs) adds to the support available through schools. The Early Years, Middle Years and Later Years initiatives, along with initiatives in Innovations and Excellence, provide a strong prevention context within which to locate these guidelines.



Section A

Understanding the issues

Absenteeism, truancy, school refusal and early school leaving

The following terms are commonly used when discussing non-attendance at school. Sometimes these terms are used interchangeably and this can lead to confusion. It is important to understand the distinctions when planning for effective prevention and intervention.

Absenteeism

Absenteeism is defined as a period of not attending school. A number of factors may be responsible including lack of family support, organisation, or encouragement to attend school; negative school experiences; poverty leading to problems buying food, money, uniforms or transport; work or family commitments, and illness². Some absences may be a result of students staying at home to complete homework or catch up on set tasks.

Truancy

Truancy is described in the research literature as absence from school without parental knowledge and consent. Whereas absenteeism may often occur with parent knowledge or consent, students who truant tend to hide this from their parents or do so against their parents' wishes and are more likely to spend their time away from home. Students who are simply absent are quite likely to spend their time at home.

School refusal

School refusal is defined in the medical literature as a serious emotional problem involving fear of attending school. Students with school refusal are scared to go to school. In this they differ quite markedly from those who truant. They may display symptoms such as crying, panic symptoms, tantrums, or threats of self-harm. Research³ estimates that between 1 to 5 per cent of school-aged children suffer from school refusal, with the greatest prevalence at ages 5–6 years and 10–11 years. Students who suffer from school refusal may be dealing with depression or anxiety disorders.

The three categories of truancy, absenteeism and school refusal are not mutually exclusive. A child who truant may also at times be ill or absent with the knowledge of their parent or carer. It is also possible that a student in any of these three categories may engage in risky substance use. It is important to determine the underlying factors that affect a student's attendance and/or drug use, as this will influence the selection of support strategies.

Early school leaving

A student who truant is more likely to leave school early. A low level of literacy and numeracy achievement is a major influence on school non-completion. Low achievers are more likely to leave and to leave earlier compared with higher achievers. Other influences include poverty, abuse, family breakdown, cultural conflicts, mental health problems, negative school experiences, pregnancy and poor self-image. Students with parents in unskilled manual jobs are more likely to leave school early than those whose parents are in professional or managerial jobs. Boys are more likely to leave school early than girls. Indigenous students have the highest rate of early school leaving.

Young people who leave school early face particular challenges in gaining entry to the labour market. Students who have no secondary qualification are twice as likely to be unemployed as those who have completed Year 12⁴. Those early leavers who are from low socio-economic backgrounds, come from non-English speaking backgrounds or have low literacy and numeracy skills are the least likely to attain full-time employment.⁵

Truancy and drug use

Those students who truant, perform poorly at school and take sexual risks are also more likely to use drugs.⁶ Early initiation into the use of alcohol, cigarettes and cannabis is associated with patterns of higher use. There is also a strong association between heavy and regular alcohol use and illicit drug use. The more young people drink, the more likely they are to take drugs, and to take drugs more often. Those young people taking a high level of risk with alcohol are also more likely to be taking greater risks with the use of illicit drugs.

Young people who engage in problematic drug use and display truant behaviour may also be suffering because they lack the social and economic resources that are needed to navigate their environments. It is important to take these broader social factors into account. Living in a socially disadvantaged, single parent family, experiencing a low level of parental supervision, suffering from mental health problems, doing poorly at school, having few, if any, constructive hobbies or interests, and being involved in anti-social behaviours with high-risk peers, are all associated with a heightened risk of truancy and drug use.⁷

Poverty and early school failure are key risk factors for truancy.⁸ Those students who are chronic truants tend to perform poorly at school. They are also more likely to associate with delinquent peers without adult supervision, and become involved in substance use and risky sexual behaviour. They have a higher use of cigarettes, alcohol, cannabis, inhalants and other illicit drugs. Students who truant and use drugs are more likely than their school-attending peers to get involved in criminal behaviour such as property damage or stealing. The younger students are when they truant, the higher the association with drug use.

Knowledge of prevalence and normative drug use patterns can assist the student welfare coordinator to identify students who are engaging in behaviours that are placing them at risk. This understanding can inform the deployment of early identification strategies and assist in the selection of case-management strategies.

Youth drug use: Prevalence and patterns

The following data on the prevalence of drug use was obtained from the Victorian Youth Alcohol and Drug survey conducted in 2003 by the Premier's Drug Prevention Council.⁹ The survey relates to young people aged between 16 and 24.

Note that while it is important to use the most recent data, the statistics available may already be three or four years old before being published. This is particularly the case for national statistics. The Victorian Youth Alcohol and Drug survey is released annually and is the most recent Victorian data available. The survey can be accessed through <www.health.vic.gov.au/pdpc/reports.htm SURVEY>.

Prevalence of use – 16–17-year-olds

Alcohol is the most commonly used drug in this age group. Most students do not smoke cigarettes. Though cannabis is the most commonly used illicit drug, most students of school age do not use cannabis and very few school-aged students ever use any illicit drugs other than cannabis.

Distinction between ever used and used in the last 12 months

It is important to note the distinction between the 'ever used the drug' figure and the figures representing use in the last 12 months or last month. The 'ever used' statistic is higher and this suggests that many young people only engage in experimental or social use. Those who use a drug more frequently are at greater risk of experiencing harm. (It should be noted, however, that significant harm can occur in one instance of experimental use.)

Frequency of drug use

Drug	Ever used (%)	Used in last 12 months (%)	Used in last month (%)
Alcohol	93		
Cigarettes			33
Cannabis	33	23	10.6
Ecstasy/designer drugs	5.1	3.5	1.3
Amphetamines	5.1	3.5	1.5
LSD	1.7	0.9	0.1
Cocaine	1.5	1.1	0.3
Natural hallucinogens	1.5	0.8	0.1
Heroin	0.7	0.3	0.1
Inhalants	2.9	0.6	0.5
Analgesics (non-medical use)	3.2	2.1	
Tranquillisers (non-medical use)	1.5	1.3	

Cigarettes

The majority of young people do not smoke. Seventy-six per cent of males aged 14–19 and 75 per cent of girls have never smoked. Teenage girls (16 per cent of 14–19-year-olds) are more likely to be regular smokers than teenage boys (14 per cent). The mean age of initiation into smoking is 14 years. One study established that adolescents with more emotional problems are more likely to use substances. Fifty-four per cent of those with a high level of problems were shown to smoke compared with 11 per cent of those with a low level of problems.¹⁰ There were similar patterns for alcohol and cannabis use. Students who truant are up to six times more likely than their school-attending peers to become smokers and to use illegal drugs.¹¹

Given that cigarette smoking may be an indicator of the presence of additional risk factors, awareness of smoking status can prompt an assessment of a young person's risk profile and the need for additional support. This entails a welfare-oriented response to students who smoke, rather than a punitive one.

Alcohol

Alcohol is the recreational drug most commonly used by young people. It is also the drug that causes the greatest harm to young people, chiefly due to the outcomes of binge drinking. Alcohol causes the death and hospitalisation of more children and young people than all illicit drugs combined. Deaths are mostly due to injuries and accidents.

The median age of first having one's own drink at a party or gathering is 15 years. Those who start drinking earlier, however, are more likely to progress to heavier patterns of alcohol use.

How often do young people intend to get drunk?

Thirty per cent of young people aged 16–24 say they never drink to get drunk. Others intend to get drunk. Fifty per cent of young people aged 16–24 say they have intended to get drunk only a few times. Fifteen per cent of young people say they drink to get drunk most times, and six per cent say they do so every time. Once a month, on average, approximately six per cent of young people drink to the point where they cannot remember what happened.

Those young people who set out to get drunk each time they drink present a particular concern as they are likely to encounter multiple short-term harms as a result of the amount that they drink and the frequency with which they do it. It is important that those who work with these young people understand that this pattern of heavy drinking is not the norm for adolescents and that a pattern of heavy drinking may be an indicator of the presence of other social, emotional or learning problems.

Cannabis

Cannabis is the most frequently and widely used of the illicit drugs, although only a third of 16–17-year-olds have ever tried it. Cannabis had been used in the last 12 months by 53 per cent of 16–24-year-olds and 23 per cent of 16–17-year-olds. It is most likely to be used at a friend's home or in the young person's own home. More teenage boys than girls report having used cannabis in the last 12 months.

Of those who have used cannabis in the last 12 months, approximately a third have used it only once or twice, close to a quarter use it every few months and over a quarter once a week or more. Those young people who have moved to regular or heavy use patterns are at a high risk of negative health and learning outcomes.

Cannabis use is a concern as it can exacerbate mental health problems and precipitate psychotic episodes. It can also affect concentration and thus impede learning.

Ecstasy

Ecstasy had been used by 19 per cent of young people (16–24), mostly over the age of 18. Approximately 5 per cent of 16–17-year-olds have ever used ecstasy. It is most likely to be used at licensed premises, raves or dance parties.

Of those who have used ecstasy in the last 12 months, approximately one-third have used it once or twice, another third use it every few months, while others use it from monthly to weekly. Over 70 per cent of ecstasy users also use it in combination with alcohol and/or tobacco.

Inhalants

Inhalants include a range of products bought over the counter such as paints, glues, petrol and solvents. Both short- and long-term use of these substances can cause serious harm. Inhalant use is rare, with approximately 3 per cent of 16–17-year-olds having used inhalants. These substances are most likely to be used at home, in a friend's home or in a public park. Unlike other drugs, inhalant use tends to decrease with age.

Of those who have used inhalants in the last 12 months, 18 per cent used an inhalant once, 25 per cent used it once or twice and 25 per cent used it every few months. Almost half of those who use inhalants use tobacco at the same time.

Patterns relating to illicit drug use

Demographic patterns relating to use of illicit drugs

In the 16–24 age group, males (57 per cent) are more likely to use illicit drugs than females (52 per cent). Australian-born young people (57 per cent) are more likely to use illicit drugs than those born overseas (40 per cent). Illicit drug use is higher in young people with higher incomes and among employed young people as opposed to tertiary or secondary students. Young people with higher disposable incomes were more likely to have used an illicit drug.

Overall, rates of illicit drug use, other than cannabis use, are very low among school-age young people. Those young people who are using illicit substances are more likely to be facing multiple risks in their lives and to be in need of additional welfare support.

Age of initiation and future risk

The earlier young people start using a drug, the more likely it is that they will move into a pattern of regular or heavy use. The median age for using cannabis for the first time is 16 years. Over half the people who start using cannabis before the age of 14 are likely to use the drug once a week or every day, compared to 20 per cent of those who start at the age of 16 or 17. Less than 10 per cent of those who do not start using cannabis until the age of 18 or 19 will go on to form a weekly or daily use pattern. Young people who use cannabis are also more likely than those who have not used cannabis to use another illicit drug.

Student welfare coordinators should be aware that a student who has started using cannabis before the age of 14 could be at a particularly high level of risk. This young person may also be at risk of detaching from the school system.

Understanding the context of truancy and drug use

Risk and protective factors

Drug use is not simply an individual behaviour, but shaped by a range of macro-environmental factors including the economic, social and physical environment.

Research has identified that factors at community, school, family and individual levels increase the probability of drug use. A summary of the risk and protective factors associated with truancy and drug use is presented below. Risk factors are defined as those factors that tend to be predictors of subsequent drug use. Protective factors are identified according to evidence that they moderate or ameliorate the effect of risk factors.¹²

Risk and protection in the community context

Research informing the following discussion of risk and protective factors draws primarily from two substantial monographs commissioned as part of the National Mental Health strategy and the National Drug strategy:

*The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence.*¹³

*Promotion, Prevention and Early Intervention for Mental Health: A Monograph.*¹⁴

Risk factors

Poverty and social disadvantage are associated with an increased risk of harmful drug use and increased rates of truancy. The general pattern is that the more disadvantaged the population, the more likely this population is to experience heightened levels of drug use and drug-related harm. (In contrast to this broader pattern, recent prevalence data suggests that youth use of illicit drugs is associated with availability of disposable income.¹⁵)

Community risk factors that impact on mental health and levels of drug use include economic disadvantage, social or cultural discrimination, isolation, neighbourhood violence, population density, poor housing conditions and lack of facilities and services.

Children living in poverty are more likely to be exposed to illness, family stress, inadequate social support and parental depression. They are less likely to participate in organised activities in their community. Low involvement with adults during adolescence is a risk factor for substance use.

The ongoing cycle of disadvantage that occurs in population groups experiencing poverty is heightened in those groups experiencing stigma and social marginalisation. This has particular impact on Aboriginal and Torres Strait Islander peoples. (See page 14 for more details.)

Protective factors

Protective factors involved at a community and cultural level include a sense of connectedness to the community, networks within the community, participation in church or community groups, strong cultural identity and ethnic pride and community norms against violence.

Risk and protection in the school context

Risk factors

Risk factors in the school environment have been identified as experiences of bullying, peer rejection, poor attachment to school, inadequate behaviour management, membership of a deviant peer group and school failure. Early failure at school is a risk factor for alcohol abuse, illicit drug use, smoking and truancy.

Young people who are bullied are more likely to be absent from school, and to experience a range of mental health problems including depression, anxiety and substance use problems.¹⁶ Students who bully others are more likely to truant and to use drugs. They are also more likely to vandalise, fight, carry a weapon, and get into trouble with police. Those who have been victimised are three to four times more likely to experience anxiety and depression than those who are neither victims nor bullies. Those who both bully others and experience victimisation face a significantly heightened risk of mental health problems. They are six times more likely to experience anxiety disorders and up to eight times more likely to experience depression than those who are neither victimised nor bullies.¹⁷

Truancy rates tend to be higher in schools that have an inconsistent enforcement of truancy policy, poor interactions between teachers and parents, unchallenging class work and low sensitivity to diversity issues. Truancy and drop-out rates are also associated with the quality of teachers and counsellors, teacher absenteeism, low teacher expectations, poor levels of school discipline and the level of disadvantage of the school community.¹⁸

Protective factors

Protective factors associated with a positive school environment include a sense of belonging or connectedness to school, the presence of a pro-social peer group, required responsibility or helpfulness and opportunities for success and recognition.

School connectedness is distinguished as a key protective factor for young people. Adolescents who feel cared for by people at their school and feel like part of their school are less likely to use substances, engage in violence, initiate sexual activity at an early age, or engage in suicidal thinking or behaviour.¹⁹

Risk and protection in the family context

Risk factors

Family risk factors include parental mental illness and substance use disorders, unemployment, inadequate supervision, poverty, family break-up, family violence and disharmony. Being born or raised in a single-parent family is a risk factor for more frequent drug use in adolescence. Low parental expectations for learning or achievement is also a risk factor.

Protective factors

Caring relationships, family traditions and rituals, required helpfulness in the home and high levels of participation with adults are protective factors which moderate against a range of negative social and mental health outcomes. Low levels of parental conflict and high levels of attachment to family are protective factors against adolescent drug use, as is effective parental communication and parental supervision of children.

Risk and protection in the individual context

Risk factors

Individual risk factors include temperament, physical and intellectual disability, poor social skills, and alienation. Those with a sensation-seeking or adventurous personality are more likely to use drugs. Those with a shy or cautious personality are less likely to use drugs.

Protective factors

Social competence, a capacity for problem solving, autonomy and a sense of optimism and purpose are identified as the four key attributes associated with resilience in young people. Religious involvement, participation in extra-curricular activities and a positive relationship with a key adult are also protective factors.

Adverse life events

Young people who encounter adverse life events or circumstances are also at greater risk of experiencing mental health problems that may in turn impact on their learning. Life situations identified as risk factors include physical, sexual and emotional abuse, school transitions, divorce and family break-up, death of a family member, physical illness or impairment, war or natural disasters, unemployment, homelessness, poverty and incarceration.

Indigenous young people, truancy and drug use

Indigenous students have higher rates of early school leaving, absenteeism, truancy and drug use than non-Indigenous students. They also have a higher rate of involvement in the juvenile justice system. Indigenous students have higher rates of drinking alcohol at dangerous levels, and smoking cigarettes, and are more likely to have tried cannabis and some other illicit drugs.²⁰

Cultural experiences of marginalisation and economic exclusion have been identified as strong causal factors for drug use and truancy within Indigenous communities. These experiences not only affect parental perception of the value and meaning of education but also have an additional impact on Indigenous young people's interaction with the education system.

Indigenous people suffer disproportionately high levels of unemployment, high rates of physical and mental health problems and low levels of education. Poverty, racial discrimination, family breakdown and ill health all impact on the likelihood of Indigenous students leaving school early or engaging in periods of non-attendance.

Additionally, many Indigenous parents view schools as sites of racism and social exclusion and do not value them as places for potential inclusion, social development and academic learning.

In working with Indigenous young people it is important to refer to the Victorian Government's policy outlined in *Yalca: A Partnership in Education and Training for the New Millennium*. Yalca's state and local protocols provide a solid set of guiding principles for Koorie communities to work with the Victorian government, relevant departments and education and training providers in achieving core business without 'mainstreaming' or 'assimilating' Koorie cultures, identity and self-empowerment.

For further information please use the following website <S:\R&I\Koorie Strategy Branch\Koorie Education Strategy Unit\2005 Koorie Inclusive Education Resource Guide\Koorie Resource Guide-gde-v0.03-20060127.doc>.

Culturally and Linguistically Diverse (CALD) Australians and drug use

Drug education needs to be relevant to all students. In providing programs, schools should be sensitive to the cultural background and experience of students and diverse components of identity such as language and culture should be considered when providing drug education that is targeted to meet students' needs.

Young people born overseas are less likely to use illicit drugs, though there are pockets of higher levels in some communities. Perceptions of and values associated with alcohol and other drugs can vary markedly in different communities, and many culturally diverse communities have not had access to literature on drugs and parenting in their first language.²¹ For these reasons, there is a need for the provision of clear information about the physical and legal consequences of substance misuse and strategies for talking to young people in the family about this information.²² It is generally agreed that culturally sensitive drug education programs should be developed and implemented. These programs are carried out in relevant languages, sensitive to cultural values, beliefs and practices, take account of the culture's definition of health and involve the active participation of members of the ethnic minority community.²³

Drug education programs need to focus on the drugs most likely to be used within the target group and those that are most likely to cause harm to individuals and others within the community. It is critical that assumptions or stereotyping about drug use among particular cultural groups do not form the basis of drug education decision-making. Schools need to work with local communities and access local prevalence data to determine drug education needs and strategies.²⁴

Sexual risk-taking, and association with truancy and drug use

Alcohol and drug use are major predictors of unsafe sexual practices. A high-risk pattern can be seen in the group of sexually active young people who binge drink weekly.

Thirteen per cent of those Year 10, 11 and 12 students who are sexually active binge drink weekly, have intercourse with casual partners and use condoms inconsistently or not at all. These young people face the risk of immediate physical harms associated with accidents and assaults as well as sexually transmitted infections and unplanned pregnancy.

There is a significant link between sexual assault and alcohol use. Assault and consumption tend to co-occur for both victim and perpetrator.²⁵

Same-sex-attracted young people, school connection and drug-related risk

Approximately 7–11 per cent of secondary school students in Australia are same-sex-attracted. Same-sex-attracted young people encounter homophobic attitudes at school and are therefore at greater risk of disconnection from school. Forty-four per cent of same-sex-attracted young people have experienced verbal abuse and 15 per cent report physical abuse directly related to their sexuality. Seventy-four per cent of the abuse occurs in schools.

Research demonstrates a direct relationship between levels of homophobic abuse and levels of drug use. Similar direct relationships can be seen between homophobia and feelings of safety at school, and between homophobia and levels of self-harm. Levels of drug use are substantially higher for same-sex-attracted youth than for heterosexual youth, for example over double the number of same-sex-attracted youth have injected drugs. Same-sex attracted young people are also over-represented in the suicide and self-harm statistics and experience a greater rate of mental health problems which are in themselves risk factors for alcohol and drug use and truancy or early school leaving.

Comprehensive programs that focus on challenging homophobia in schools are demonstrating positive results. These programs include explicit discussion of homophobia, inclusive curriculum, professional development for all staff, zero-tolerance on the use of homophobic language and clear referral pathways from school wellbeing services to appropriate social support programs in the community.²⁶

Youth mental health and substance use

In the general population, rates of substance use are higher in those diagnosed with a mental illness. There tends to be a two-way causal effect with substances being used for self-medication purposes and the effects of the substance use exacerbating mental health problems.

Extensive use of stimulants such as amphetamines or cocaine can precipitate psychotic episodes. Heavy use of cannabis can precipitate psychotic symptoms especially in those with a family history of schizophrenia. Heavy use of alcohol can exacerbate anxiety disorders. There is a strong association between heavy alcohol use and subsequent depression.

Over 22 per cent of 12–16-year-olds have a mental health problem (23 per cent of males, 18 per cent of females). The most common problems are depression, anxiety disorders and conduct disorders. The incidence of mental health problems increases with age. Twenty-four per cent of young people will experience depression by the age of 18, and 27 per cent of 18–24-year-olds have a mental health problem.

Adolescents with more emotional problems are also more likely to use substances. The risk of a drug use disorder is doubled if there is a prior depressive/anxiety disorder. At risk in one area, they are also more likely to be at risk in other areas of their life too. Lowering the incidence of substance abuse in youth is linked to prevention of depression and promotion of social connectedness and life skills.²⁷

Truancy prevention programs: A review of the evidence

Research indicates that specific truancy reduction interventions are most successful when located within broader school and community prevention activity. A range of school studies has demonstrated that effective prevention strategies involve a whole-school approach.²⁸ This entails schools working in a holistic way across school policies, practices, programs and partnerships. Curriculum, pedagogy, organisational structures and relationships all influence students' aspirations, their persistence in the face of challenge and their understanding of the potential benefit from persisting with their education.²⁹

School-based prevention programs

Engagement and attainment

Successful school-based prevention programs incorporate an engaging and relevant curriculum and teaching methods that suit a range of learning styles. Positive relationships with peers and teachers are also central to school-based prevention strategies. A sense of care and high expectation enhances belonging to the school.³⁰ Engagement in learning enhances student connectedness.

The provision of alternative options or tailored programs for young people with low literacy or numeracy skills is associated with improved attendance rates. Schools that can provide young people with a range of flexible learning opportunities are more likely to capture and maintain their interest.

Student participation and social competencies

Participating in collaborative activities such as drama, music, dance, sport or community service projects can heighten a sense of purpose and personal value and assist in the development of social competencies and self-esteem as well as building a sense of connectedness to school.³¹ Many drug education and wellbeing curricula attempt to address social competency building. Strategies to develop social competencies include role modelling, mentoring, role-playing, reinforcing pro-social behaviour and cognitive restructuring.

Drug education

Extensive research has been conducted into the efficacy of drug education programs.^{32,33,34,35} Some programs have made a discernable difference in reducing the incidence of risky use of alcohol, cigarettes and cannabis. Some programs have shown no impact on behaviour and some have been associated with an increased use of drugs or increased delinquency among the target participants.³⁶ The evidence suggests that drug education programs that include knowledge, social and life skills and refusal skills can produce significant reductions in drug use. Knowledge-based programs have not on their own demonstrated reductions in use or delay in uptake of drugs.

Classroom drug education programs have been identified as the most appropriate context in which to educate those at risk in relation to drug use. Some programs that group high-risk youth together for special interventions have shown association with increases in risk behaviour. This may be because participating in a high-risk peer group heightens the possibility of negative peer influence. Higher risk use may be normalised in this context or pro-use attitudes may be fostered.

Peer tutoring and mentoring

Some peer-tutoring programs have demonstrated good results in reducing truancy.³⁷ In these programs older achieving students work with younger students with attendance problems and assist them with their learning program.

Evaluations of mentoring programs as a means of reducing truancy show mixed results. Some have demonstrated a reduction in truancy while others have not. Programs seem to work best when there is a quality relationship between mentor and students and when the relationship lasts longer than twelve months.³⁸

Use of alternative settings

Alternative educational settings can provide the tailored support required by students who are not succeeding in the mainstream program. Students benefit from opportunities to build competencies, including social competencies. Alternative sites such as TAFE institutes (youth-focused courses), ACE organisations and other alternative programs can provide a second chance for these young people to re-engage with education. A systemic response in Victoria had been the introduction of community-based or satellite Victorian Certificate of Applied Education (VCAL) options.

These alternative programs can offer students learning opportunities that are flexible and relevant to their life experience. When young people succeed in completing courses or modules, they are able to generate optimism about the value of persisting in education and the confidence needed to move to the next stage.

Recommendations to inform the school response

The review of research relating to effective truancy prevention programs indicates that the best results are demonstrated when the school's approach is holistic and systematic and involves a range of prevention, early identification, intervention, referral and reintegration strategies.

A number of strategies have demonstrated good results in research studies. Section B of this resource provides a range of tools to assist in the development of such strategies.



Section B

Tools

1	Taking a whole school approach
1.1	Evidence-based school-based strategies
1.2	A whole-school approach to truancy reduction
1.3	Notice/Investigate/Plan/Do (NIPD) model
1.4	Classroom teacher use of NIPD model
1.5	Student support/student management use of NIPD model
2	Developing relationships
2.1	Investigating strengths and protective factors
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2.3	Reflective listening
2.4	Referring students
3	Developing partnerships
3.1	Response strategies for student support/welfare staff
3.1	Sample agenda for a student support meeting
3.3	Sample action plan: Supporting a student's return to school
3.4	Using the Local Learning Employment Network
3.5	Additional educational pathways
3.6	Referral: Frequently asked questions
3.7	How to access community-based services
3.8	Making referrals to community agencies
3.9	Working with community agencies

1 Taking a whole-school approach

Informed by the available evidence, schools are encouraged to take a whole-school approach to addressing truancy and associated negative health and learning outcomes. Within the broader context of a supportive learning environment, such an approach helps those in current difficulties and contributes to the prevention of future problems.

1.1 Evidence-based school-based strategies

The strategies below are those that have demonstrated positive outcomes in relation to truancy prevention. The strategies can be used as a basis for reviewing the school's current activity or to guide the planning of new strategies.

Policy and planning – taking a strategic approach

- > Reviews policy in relation to attendance, drugs and school code of conduct.
- > Puts a plan in place to reduce truancy.
- > Provides ongoing support for intervention programs and tailored or alternative education programs.
- > Designs a system to monitor absenteeism and follow up unauthorised absences.
- > Applies firm sanctions for truancy which minimise disruption to the learning program. (Avoid suspension as a sanction.)

School climate – maintaining positive relationships and a strong sense of the purpose and value of schooling

- > Improves the quality of school life, relationships and learning conditions for individuals or groups at greatest risk of disengagement from school.
- > Uses pedagogical styles that emphasise cooperation and active learning.
- > Communicates clearly the school's values and expectations.
- > Ensures, if the school is large, that smaller sub-structures exist which promote belonging.
- > Uses pro-social preventive measures in preference to punitive measures.
- > Ensures that there is a friendly school and class culture.
- > Takes a strong stand to prevent bullying and marginalisation of minority groups.
- > Encourages students to participate in class and in extra-curricular activities.
- > Enhances student leadership and participation in arts, sports, hobbies, school governance, community service, peer support and mentoring programs.

Strong teaching program – enhancing connectedness to school and a commitment to learning

- > Caters for different learning styles and levels of ability within the core curriculum.
- > Provides learning activities that are challenging and engaging.

- > Develops social competencies through the classroom program.
- > Provides a strong health and drug education program.
- > Offers a range of practical and applied subjects relevant to the learning needs and interests of the students.

Cultural sensitivity – considering the diverse needs and interest of the school's community

- > Ensures that teachers consider students' cultural and linguistic differences in their teaching and assessment processes.
- > Designs curriculum relevant to ethnic and cultural groups.
- > Assists students to mix across ethnic divides.

Pastoral care – providing additional support for those in need

- > Refers chronic truants to counsellors.
- > Uses screening surveys or interviews to determine underlying causes.
- > Ensures a good fit between findings from assessment of risk and protective factors and design of intervention or management plan, for example tailored tutoring when school avoidance is due to problems with literacy or numeracy.
- > Rewards students for improved attendance.
- > Uses school-based social workers to work with students at risk.
- > Provides counselling and support for truanting students and their families.
- > Advises teachers about dealing with difficult children in the classroom.

Effective partnership – working with the family and health and specialist services

- > Ensures that a strong system of communication, pastoral care and counselling reaches parents as well as students.
- > Provides readily available social workers to work directly with families.
- > Ensures that parents are aware of the importance of attending school.
- > Organises for a truancy officer to work with the young person and the family.
- > Develops an alliance between the parents and the teachers.
- > Ensures that students and parents understand there are real consequences for truancy.
- > Organises effective referrals and partnerships with services and welfare agencies.
- > Uses shared student support processes to organise and monitor interventions that take account of the student's needs in a holistic way.

Professional development – developing teachers as the key resource in the classroom

- > Provides opportunities for teachers to learn about the culture and history of the ethnic groups represented in the school.
- > Strengthens teacher skills through professional education, which assists them to cater better for a wide range of students' abilities and interests.
- > Provides professional development that develops teachers' ability to manage challenging behaviours and maintain a friendly and purposeful classroom climate.

Provision of special programs – ensuring that multiple pathways are available to suit the diverse learning needs of students

- > Provides options for suspended students to allow learning to continue.
- > Provides alternative curriculum or work programs, or redirection to alternative settings or modified courses as needed.
- > Designs learning programs which account for students' needs and provides additional support for those with particular learning needs.

1.2 A whole-school approach to truancy reduction

The following grid illustrates a strategic approach, informed by the evidence base cited above and organised according to the *Framework for Student Support Services* and the *Health Promoting Schools Framework*. Use a similar grid to guide strategic planning in your school.

Framework for Student Support Services	Health Promoting Schools Framework		
	Ethos, organisation and environment	Curriculum, teaching and learning	Partnerships and community links
Primary prevention Building belonging and promoting wellbeing	Safe and supportive learning environment Well-developed welfare policies Effective monitoring and response to student absences Strong pastoral care structure	Curriculum that provides for all students Integrated curriculum in junior school Strong middle years focus on engagement in learning Effective record-keeping relating to attendance	Strong transition programs Good links with local community health and family services Supported transitions to post-school options Parental involvement in school life
Early intervention Reinforcing strengths and reducing risk, providing school-based counselling and support	Learning support and alternative options and pathways to meet diversity of student needs	Prompt follow-up of absences Provision of literacy and numeracy support programs Clearly understood in school referral processes	Close liaison with parents in relation to attendance Provision of community support via mentoring, civics, work, leisure or arts programs
Intervention Accessing support, activating effective referrals and partnerships	Student assigned management and support staff Referral protocols between school and agencies	Guidance and support for those with attendance problems Referral to appropriate support programs in the community	Coordinated responses involving family, school and community or health services
Restoring wellbeing Rebuilding resilience	Policies and procedures to support students exiting or arriving as a result of attendance or drug issues	Flexible learning programs Continuing access to learning support Teachers as mentors	Use of tailored learning pathways Ongoing welfare support

1.3 Notice/Investigate/Plan/Do (NIPD) model

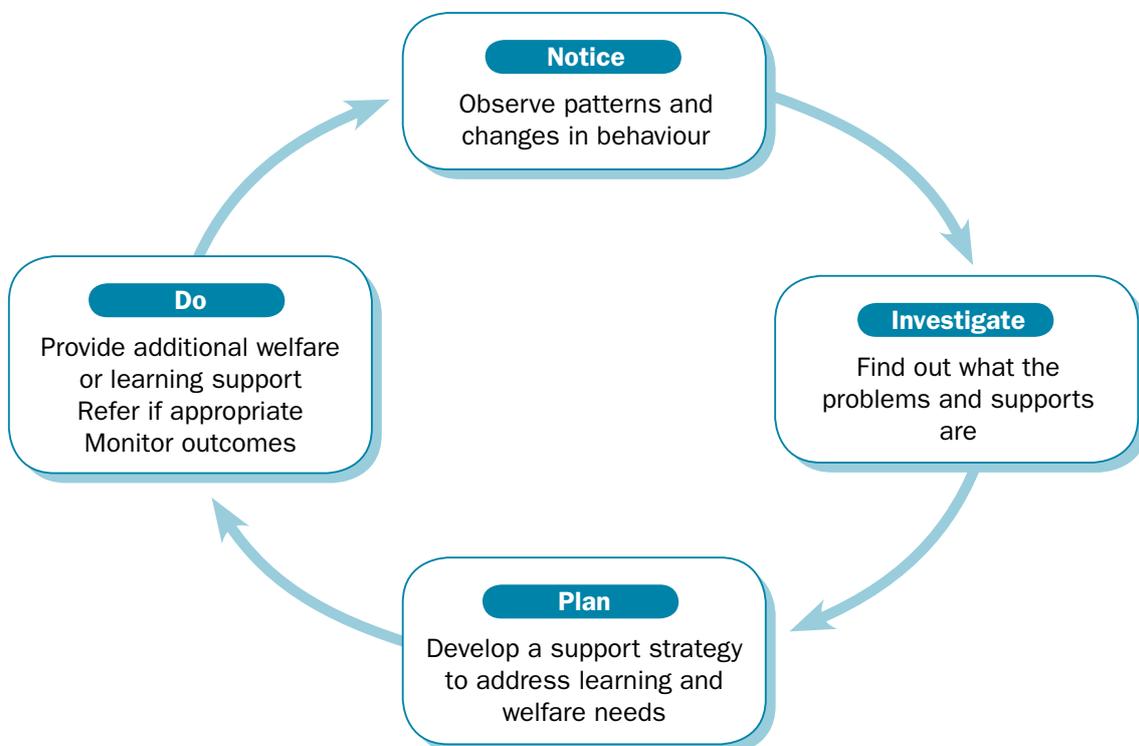
The NIPD model can be used to guide school-based approaches to the reduction of truancy and associated risks.

Supporting infrastructure

The supporting infrastructure of the school and the allocation of positions of responsibility will ensure that role responsibilities and consistent and transparent processes are managed within a comprehensive and integrated system which is understood by all. Most schools will use the classroom teachers as the first point of information about the students. Class teachers record attendance and monitor participation in the learning program. They are the first to note worrying patterns in attendance or behaviour. They refer their observations and concerns to those with designated student management or student support roles. Student management and student support coordinators investigate the situation and plan and manage appropriate responses, including referral to external services.

Responding to students with particular needs

The school's broader prevention strategy will be supported by efforts to identify and intervene with those students in need of additional support. A simple four-phase cycle of Notice, Investigate, Plan, Do (NIPD) is recommended to guide the school's response. The NIPD model is pictured in the diagram below. It can be used to guide the actions of classroom teachers as well as student support and student management staff.





1.4 Classroom teacher use of NIPD model

Notice

What is it that you have seen, heard or observed that concerns you?

- > A student in your class has been absent a number of times over the last month.

Investigate

What do you need to know to understand the issues and plan effective action?

- > Take the student aside to express concern.
- > Ask about the reasons for the absence.
- > Ask how they are finding the work and if additional support or challenge is needed.
- > Explore possible strategies with the student.

Plan

What would be an appropriate action to move forward?

- > Support the student to catch up on missed work.
- > Regularly acknowledge the student's presence.
- > Support participation in the learning program.
- > Speak about concerns with student support or student management staff.

Do

Carry out the plan.

- > Prepare a modified unit of work.
- > Exchange friendly greetings daily.
- > Check how the student is going in other classes.

Notice

Review how the plan is working.

- > Has attendance improved?
- > Is the student engaged in the learning tasks?
- > Is there a continuing problem with attendance?
- > Is there a need to involve student support or student management staff?

1.5 Student support/student management use of NIPD model

Notice

What is it that you have seen or been told that concerns you?

- > A student is referred to you because he or she is often truant. He or she appears to be angry and alienated from the school.

Investigate

What do you need to know to understand the issues and plan effective action?

- > Invite the student to talk with you about how things are going at school and at home.
- > Ask about the problems he or she encounters, and the supports or strategies he or she uses to deal with these situations.
- > Together explore what else could be done to help with the current situation.
- > Ask other teachers who have this student for a report on his or her academic progress and his or her general level of involvement in class.

Plan

What would be an appropriate action to move forward?

Plan with the student to:

- > Find a community health worker outside the school for him or her to talk to about his or her personal situation.
- > Work with him or her to develop an attendance contract and a modified learning program.

Do

Carry out the plan.

- > MIPs coordinator specifies an additional work experience placement and a modified timetable to allow for participation in an alternative literacy and life-skills program.
- > Brief teachers about the student's learning program.
- > Set up an appointment through the student welfare coordinator with a local youth worker.

Notice

Review how the plan is working.

- > Book a follow-up session with the student to ask how the plan is working.
- > Check for improvement in attendance and punctuality.
- > Check for improvement in application to tasks.

2 Developing relationships

Engagement and relationship building are key prevention strategies. Classroom teachers who conduct simple conversations in which they enquire about absence from school, experience at school or the student's needs or interests can provide an important pastoral influence. Knowing that someone notices and cares is enough to re-motivate some non-attenders.

Referral to the year level coordinator or student welfare coordinator marks the beginning of further investigation. An open-ended exploration with the young person will help to bring about a deeper understanding of what is going on in their life and a better chance of resolving issues. The tools in this section are designed to help clarify the issues so that a systematic and helpful response can be planned.

2.1 *Investigating strengths and protective factors**

Students respond best to communication that is respectful, supportive, positive and non-judgmental:

- > Avoid focusing only on deficits and problems
- > talk to the young person as someone who is managing their life rather than someone who is not coping
- > respect the need for privacy
- > focus on listening rather than questioning
- > be yourself in a friendly yet professional way – don't try to be a friend
- > don't push – have a conversation not an interrogation
- > if it becomes clear that there is a need for a more targeted conversation about a particular issue, perhaps set this up for another time and with another member of staff
- > move from the general to the personal only when you both feel comfortable
- > avoid moralising, lecturing, judging, labelling, interrogating or being sarcastic – such responses may make the student feel defensive, dismissed or judged.

The following tool is designed to help staff develop positive interactions with students. It also acts as a reminder of the strengths and protective factors students have in their lives. Staff working with students in everyday situations can continue to build on these strengths even as the student is making their way through the referral process. Staff can also help students recognise what is good in their lives rather than focusing only on what is going wrong. This is particularly important for students who set unrealistically high expectations for themselves or who have low self-esteem. These questions can be woven into the fabric of everyday conversations in classrooms, playgrounds, or during extra-curricular activities.

School

Ask about:

- > how school is going generally
- > the highlights and low points
- > favourite subjects or extra-curricular activities
- > improvements in grades, attendance, attitude, extra-curricular achievements.

Leisure

Ask about:

- > what they enjoy doing when not at school
- > favourite TV programs
- > sporting teams they follow or play in
- > personal goals or achievements.

Peers/friends

Ask about:

- > who they like to spend time with
- > what they like doing with friends
- > who they can depend on when things are tough
- > who they spend time with at school/out of school.

Home

Ask about:

- > how things are going at home
- > good things that have happened at home
- > who they like to spend time with in their family or at home
- > who they go to if they want support.

Work

Ask about:

- > any casual employment and how that is going
- > help they give family or neighbours
- > any volunteer roles, for example sports coach.

Future

Ask about:

- > what thoughts or hopes they have about next year and beyond.



2.2 *PRIDE model for problem-solving conversations*

This model provides school staff with an approach to talking and working with students after some issues have already been identified. The model can be used at various stages within the referral process.

- P** Praise strengths and abilities of the student. Reinforce their connection to school.
- R** Reflect on the perceived problem, for example absenteeism, decreased performance, particular behaviours.
- I** Identify why this is a concern.
- D** Describe the help available within the school (and possibly in the community) in terms of who and how.
- E** Empower the student by remaining enthusiastic about their efforts to seek support and maintain a connection with education and their peers.



2.3 *Reflective listening*

Problem-solving conversations are best supported by reflective listening techniques. It can be difficult to build rapport and trust with a student who has adopted a pattern of truancy, particularly if their prior experience is limited to disciplinary conversations. The following tool provides a number of useful prompts to assist in the use of reflective listening techniques.

Useful phrases when you trust that your perceptions are accurate and the student is receptive to your communication include:

- > 'It sounds like you feel/think ...'
- > 'From your point of view ...'
- > 'It seems to you ...'
- > 'From where you stand ...'
- > 'My impression is that you ...'

Useful phrases when you are having difficulty understanding or it seems that the student might not be receptive to your communication include:

- > 'Could it be that ...'
- > 'I'm not sure I understand yet, so let me check ...'
- > Correct me if I'm wrong but ...'
- > Is it possible that ...'
- > 'Do you feel a little like ...'

Remember to thank or acknowledge the student for their contribution to the conversation.

2.4 Referring students

There are a number of circumstances when it is appropriate to refer the student for additional support from health or community services. While the school can provide additional assistance for students dealing with challenges within the school environment, it does not have the capacity to intervene on other issues. It is also appropriate to refer a student when the student welfare coordinator does not feel that he or she has sufficient experience or expertise to deal with a particular situation.

It is appropriate to refer a student for additional assessment or support from the appropriate health or community service when:

- > the student requests it
- > the student welfare coordinator feels that they do not have the knowledge or expertise to deal effectively with the presenting problems
- > medical intervention seems needed
- > problematic drug use seems to be an issue
- > it appears more likely that the student would attend appointments more regularly with people outside the school
- > the trend of school disciplinary procedures means that it is unlikely that the student will remain in the school, that is the student is close to exit
- > secondary consultations suggest referral is an appropriate option
- > the student welfare coordinator is unsure about the next step to take
- > an impending holiday period is considered too long a time for the student/situation to be left unmonitored
- > the student's safety is a concern
- > the home or family situation poses a threat to the student
- > the student is suicidal or self-harming.

3 Developing partnerships

The tools in this section are designed to assist schools plan ways of supporting students when problems emerge.

3.1 Response strategies for student support/welfare staff

Following a screening conversation, the student welfare coordinator will need to ascertain the nature and extent of the response or support required. The following tool identifies common responses that can be useful. As each situation is unique, this list is not prescriptive and should be treated as a guide only.

When a student's difficulties are just emerging or at lower levels of risk, work on strengthening connections in the school environment. Try:

- > active listening
- > helping the student to generate strategies to deal with the problem
- > assigning a mentor
- > advocating on behalf of the student with classroom teachers and/or year level coordinators
- > meeting/mediating with small groups of students
- > meeting with parents
- > establishing regular meetings with the student to monitor the situation
- > developing management plans
- > referring to the school's educational psychologist
- > providing financial assistance for books/uniforms
- > linking the student with school or community activities
- > referring to school programs, for example peer support, homework club, MIPs coordinator
- > offering career advice, setting goals, realigning expectations.

When a student's difficulties are becoming more entrenched, work on expanding connections beyond the school environment. In addition to the strategies above, consider:

- > secondary consultations with health services
- > involving parents/caregivers/health workers
- > developing safety plans
- > discussing possible referrals
- > referring to alternative settings, for example teaching units, Local Learning Employment Networks (LLEN), Adult Community Education providers
- > organising learning assessments
- > providing referral and resource information to both the student and parents
- > involving the student in school-based support programs, for example anger management, literacy.

When a student's difficulties have caused significant disconnection, find ways to reconnect with school or services. In addition to the strategies above, consider:

- > referring the student to doctors, mental health services, drug and alcohol service
- > making a mandatory report to Protective Services
- > establishing a school management or reintegration plan
- > liaising with police
- > placing the student in alternative settings.

3.2 Sample agenda for a student support meeting

When calling a student support meeting, careful consideration must be given to whether the student is to participate. In some instances it may not be appropriate to have the student there, or the student may not want to attend or be unable to attend. In many instances, however, the student will choose to attend. In this case, the student's participation should be encouraged and supported and it will be important to talk *with* rather than *about* the student.

Student support meetings may range from very small gatherings involving the student, student welfare coordinator and a parent/guardian, to much larger and more elaborate meetings involving a range of school and agency staff. Effective preparation of an agenda and chairing of the meeting is essential for a positive outcome. The following sample agenda provides one possible model for structuring a student support meeting that is to be attended by multiple players. The model is not intended to be prescriptive. Each situation will generate its own requirements.

- 1 Identify the reason for calling the meeting.
- 2 Discuss issues relating to privacy and how these might be addressed.
- 3 Pool information. Ask:
 - > how the problem is understood by each of the parties
 - > what has been tried already and how that has worked.
- 4 Establish short-term and long-term goals.
- 5 Develop a plan of action.
- 6 Identify who will be responsible for monitoring the actions, how they will be monitored and over what time period.
- 7 Consider what teachers need to know. What behaviours should trigger concern in teachers, parents or the student welfare coordinator? What will be the process for dealing with these behaviours?
- 8 Identify the strengths and limitations of what each service might offer.
- 9 Assess any practical difficulties that might stand in the way of achieving the desired outcomes, and plan how to address these.
- 10 Establish a time for the next meeting.
- 11 Discuss the circumstances that would indicate the need for an earlier meeting.



3.3 *Sample action plan: Supporting a student's return to school*

One outcome from a problem-solving conversation or a student support meeting can be the development of an action plan. As well as establishing long-term goals, this plan should focus on short-term goals and immediate actions. Following is a sample action plan.

Short-term goals

The school and student agree that:

- > the student will attend school every day during the following week
- > the student will address problems relating to substance use with support from the local youth worker
- > the school will develop a modified learning program that will take account of the student's needs and interests and support a return to learning.

Actions

The student agrees to:

- > attend a meeting with a career counsellor to organise a work experience placement
- > meet with the MIPs coordinator to review the relevance of current studies, educational goals and design a tailored program
- > meet with the youth worker to discuss personal issues and substance use behaviours
- > meet twice daily with the assigned teacher-mentor (upon arrival and departure each day)
- > rejoin agreed classes after staff have been notified about the student's return
- > attend the homework club twice weekly for extra assistance in catching up with work
- > have an attendance sheet completed by each teacher, hand it to the mentor at the end of the day and take it home to be signed by their parent/guardian.

The parent agrees to:

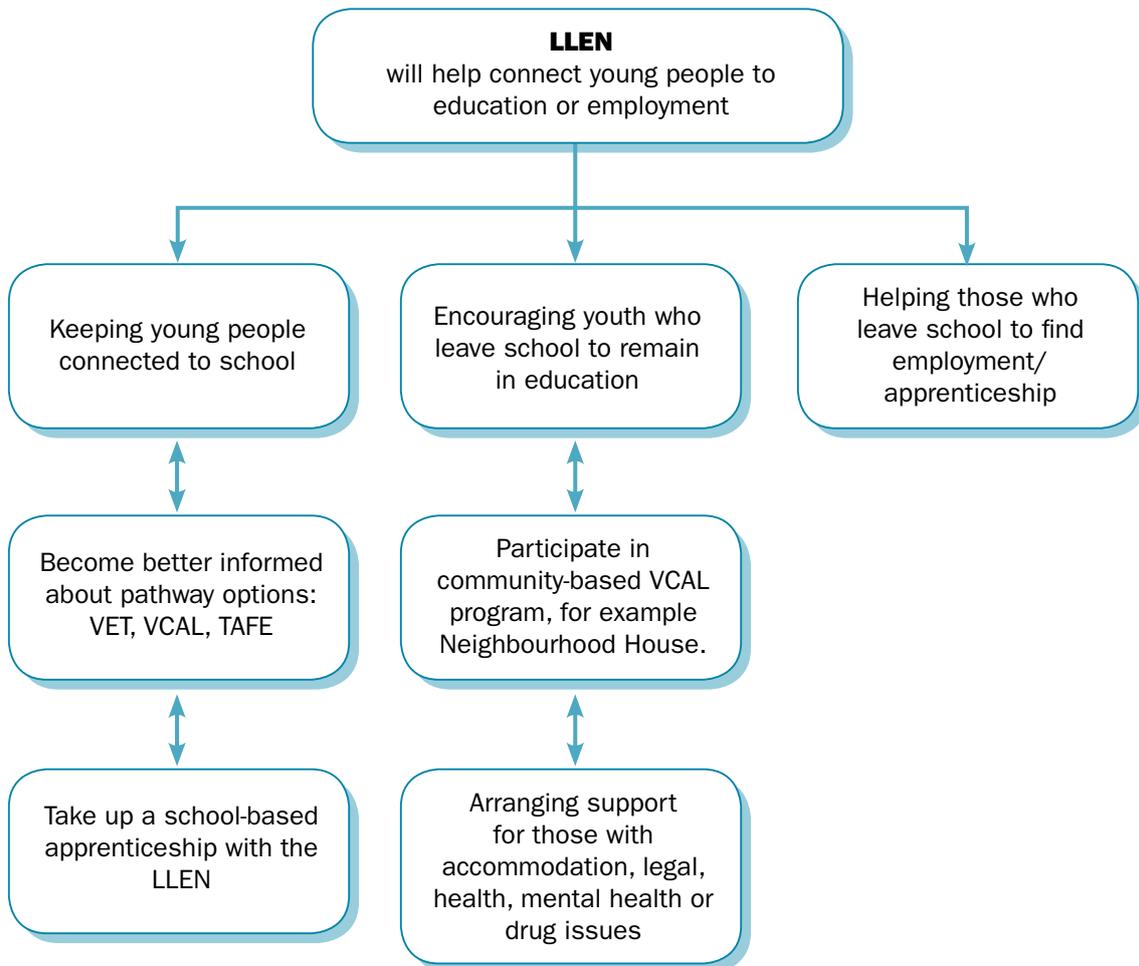
- > ring the mentor or student welfare coordinator at the beginning of the day if the student is ill
- > contact the student welfare coordinator or mentor if other concerns emerge.

The mentor agrees to:

- > ring home at the end of the first teaching session if the student is absent
- > have a follow-up talk with the student about the absence
- > discuss with class teachers the possibility of modified goals for the remainder of the term and advise about what might be written on the end of term/semester report
- > meet with the student twice daily.

3.4 Using the Local Learning Employment Network

The Local Learning Employment Network (LLEN) can provide individual support to young people who are at risk of disengaging from education. They will assist young people to find alternate pathways and with seeking out-of-school education or employment opportunities (such as those outlined in the chart below).



3.5 Additional educational pathways

It is important that students, parents and teachers are aware of the range of education options available. Sometimes just having options can prevent some young people from disengaging. A number of key options are listed below.

Students, from as early as Year 7, should be made aware of what is available as they progress through the school. Hold VCAL/VET (vocational education and training) forums for Year 7 students to communicate this information. Use your LLEN to support this process. Invite young people who have followed a range of pathways to speak at assemblies.

Course	Brief summary	Contact for more information
VET	Doing VET subjects in the VCE program allows students to combine VCE, VET and the workplace. Schools can offer programs selected from a range of industry areas.	< http://www.vcaa.vic.edu.au/vet/index.html > Find out about the school's local VET cluster contact.
VCAL Foundation, Intermediate and Senior levels	A hands-on learning option for Year 11 and 12 students. Gives practical work-related experience as well as literacy and numeracy skills and the opportunity to build personal skills important for life and work. Provides a pathway to TAFE, apprenticeships and employment.	< http://www.vqa.vic.gov.au/vqa/vcal/students >
Themed VCAL	A hands-on learning option for Year 11 and 12 students seeking experience within a particular industry sector. It provides a learning program focus that is linked to priority areas in the labour market. The program should assist students to choose future pathways such as apprenticeships, VET or employment.	< http://www.vqa.vic.gov.au/vqa/vcal/students >
Community-based VCAL	A hands-on learning option for Year 11 and 12 students. The student enrolls in school but attends the program in the community. Offers a VCAL certificate in and out of the school setting.	Not available in all LLEN locations but worth contacting the LLEN representative to find out.
School-based new apprenticeships	Combines VCE/VCAL studies (three days) with part-time paid work (one or two days) and training on the job (one day). Students participate in both school and work. The program is designed to provide young people with entry-level training. Students participate in a nationally recognised program delivered in partnership with a TAFE or registered training organisation.	< http://www.newapprenticeships.gov.au >

3.6 Referral: Frequently asked questions

What happens when a student is referred to the LLEN?

Students like to know what will happen when they are referred. The following summary describes a common process. Consider describing this process to students.

- > The student has an interview with a project worker (approximately one hour) to determine their needs and interests.
- > The project worker helps the student to explore options that suit their needs, for example staying at school, planning an alternative education program involving VET or VCAL subjects, moving to an apprenticeship or TAFE.

- > Once the student has an understanding of the options available, their parents are invited to attend an interview (approximately one hour) with both the project worker and their child.
- > The LLEN is able to refer a student for support with a mental health issue, drug and alcohol counselling or housing needs.
- > The LLEN may connect a student with a mentor program.
- > The LLEN will continue to support the student through the process of moving to an alternative education or employment option.

Referral protocols

Vital to the effective support of young people in schools are internal and external referral protocols. These are the agreed processes for working together, describing who does what, how and when. They need to be formally recorded and readily accessed.

Internally this is represented by the pastoral care systems or student welfare coordinator set up by a school. It should be explicit about:

- > roles and responsibilities, for example classroom teacher, pastoral care teacher, student welfare coordinator, year level coordinator, educational psychologist
- > referral procedures (supported by standardised forms)
- > the process for contacting and involving parents/guardian
- > record-keeping systems
- > what information it is appropriate to pass on and how this information is recorded
- > what information can be expected to be fed back to interested parties and in what time frame
- > what systems are used to review the support and management of referred students
- > what supervision is provided to those with specific roles.

The development of a protocol to address these and other areas not only results in greater clarity regarding service delivery issues, but can also be a positive process in engagement and discussion between the parties involved.

Protocols between the school and other agencies can be useful in:

- > helping organisations develop a common language and understanding of how the different cultures of schools and the community sector operate
- > making explicit the expectations of both agencies and schools regarding their respective roles and responsibilities in the provision and receipt of services
- > providing a safety check for organisations
- > providing a systematic approach from initial referral of a young person to case closure – this can minimise confusion regarding who should be working with the young person, and ensure that they do not get lost in the system
- > ensuring that the young person receives consistent messages from both the school and the agencies
- > providing a clear grievance process when a relationship between a school and service encounters difficulties.

A protocol cannot provide for every possible contingency, nor can it account for inadequacies, for example a lack of services. A protocol is a tool or a guide, not the solution itself.

For a model of how to develop a protocol with an external agency, refer to the Department of Education, Employment and Training (2002) *Making It Easy: Enhancing Partnerships Through Protocols: A Guide for Developing Protocols Between Schools and Services Based in the Community*. School Focused Youth Service, Melbourne.

Sharing information

Organisations have different policies and legal requirements that determine the way in which they can share or pass on information either internally or externally. Schools are bound by legislation relating to privacy and duty of care. They therefore face different expectations relating to confidentiality than do health and medical services. (A summary of legislation affecting schools is available in the *Schools Reference Guide*.)

Planning for external referral

It is not uncommon for a student to fail to attend the agency to which they have been referred. Many students find it difficult to find their way to a strange place or are intimidated by meeting strangers. They may have a range of concerns that can act as barriers, including those listed in the tool following. Talking through these issues increases the chances of successful referral. In addition, not all services are youth friendly. Honest and realistic advice may soften the impact of an unpleasant or unexpected experience and assist the student to persist in the face of discomfort.

It may seem easier in the face of the student's discomfort or apparent inertia to organise the referral for them. Instead, use the opportunity to develop the skills needed to seek independent help. In addition to exploring the questions following, it may be helpful to:

- > work on a 'script' so that the student knows what to say when ringing up or approaching reception
- > allow the student to make the appointment from your office
- > investigate together how to get there
- > organise to follow up with the student after they have had their interview.

Talk through the answers to these questions with the student you are referring to an external service or agency:

- > Why do people go to this service?
- > What kind of help will I get?
- > Will what I say be confidential?
- > What is the place like?
- > Are people friendly?
- > What will I have to do when I arrive?
- > Will I have to read or write anything?
- > What do I have to take with me?
- > How will they treat me?
- > What questions will I be asked?
- > Will they blame me for what has happened/my problem?
- > Will they think I'm stupid or hopeless?
- > What if I don't like the person I see?
- > Do I have to do whatever I am told?

- > What if I don't understand what they say?
- > Am I allowed to ask questions?
- > What if I am late?
- > How much does it cost?
- > Do I need identification/Medicare card/a referral letter?
- > Can a friend/family member come with me?
- > Will other people have to know I have been there?

3.7 *How to access community-based services*

Most schools will have a number of community agencies that they regularly access for support for students and their families. Local community health centres, the School Focused Youth Service, LLENs and Primary Care Partnerships are organisations that can be rich sources of up-to-date information about available services. Student Wellbeing staff in each regional office of the Department of Education can provide schools with information and personnel to help find appropriate support for students and families. Networking with other schools in the region is a useful way to hear of new services and organisations that have proved helpful to others.

Schools in rural areas tend to have more limited access to specialist community services. In addition, it can be more difficult to preserve a sense of privacy or anonymity when seeking support in a smaller community. As a result rural student welfare coordinators often carry an expanded role in the provision of counselling and family support.

Finding the appropriate community service can be frustrating, confusing and time consuming. The following ideas may save some time and effort.

- > Use the Regional Youth Affairs Network (RYAN) on <<http://www.youth.vic.gov.au>>. Refer to the latest directory of local services or the Community Services Directory (Lifeline Melbourne). <<http://www.lifeline.org.au>>.
- > Ring up youth workers at the local council or community health centre. Request that you be on the mailing list for any updates to the directory. Make your own directory if none exists.
- > Place your school on the mailing list of agencies, for example local council, community health centres, parenting, recreation and drug and alcohol organisations.
- > Consult Parentzone's resource directory on <<http://www.anglicare.vic.org.au/parentzone/>>. It has a great deal of useful information.
- > Find out about local youth networks. If you can't attend the meetings, make sure you get the minutes to find out what is going on. Ask a key member to set aside some time to explain how the local services work and who the key players are.
- > Make good use of the Internet. The Infoxchange website on <<http://www.infoxchange.net.au>> is a useful news resource and provides a comprehensive database about the community sector, for example housing and youth services.
- > Ask around and make phone calls. Try and find out the names of workers, what their positions are and what they offer. Ask them how local services operate and what the current policy context is like, for example what new funding is available, what new services are being created, what services are losing funding.

3.8 Making referrals to community agencies

This tool is designed to assist schools to make referrals to agencies. This advice is based on guidelines provided in *Making It Easy: Enhancing Partnerships through Protocols: A guide for developing Protocols Between Schools and Services Based in the Community*. School Focused Youth Service, Melbourne, 2002.

- > Find out which will be the most appropriate service.
- > Find out about waiting lists and eligibility criteria.
- > Gain permission from the young person/family to make the referral.
- > If possible make the appointment with the young person present or have them or their parent make the appointment.
- > Ask if the service will deal directly with the home or if it will deal with the school as well.
- > Request information that the young person has attended.
- > Find out how much involvement the agency wants from or with the school.
- > Let the service know who will be the key contact at the school and how to make this contact.
- > Find out if the school will be involved in any case conferences the service might run.
- > Ask to be informed when the case or service has been closed.

3.9 Working with community agencies

When working with community agencies, it is helpful to bear in mind the following guidelines. Developed in consultation with a range of agencies, they are designed to prompt awareness of the needs and capacities of community agencies and how these agencies can work best with schools.

Key messages from agencies	Possible actions
Community agencies are keen to promote partnerships with schools and they can help to support students and schools. Schools need to know who the outside agencies are and what they do and communicate this to all staff.	Find out what community agencies exist and what they do. Make contact with a key person from existing services, for example the LLEN, School Focused Youth Service, local council, youth agencies. Gather information about the agency to disseminate or make available to students. Provide more visible information.
Agencies are interested in supporting schools in prevention and early intervention work as well as intervention and post-vention strategies.	If appropriate, invite agency workers to attend staff/welfare/curriculum meetings to raise awareness of potential partnerships.
Start early, agencies can be used early in the response process. There is no need to wait until a situation gets to crisis point before seeking support.	Involve agencies in the early interactions with students or families. When a troubled student is identified make contact with the identified supporting agency. Foster partnerships with agencies that focus on preventing a student from becoming disengaged in the first place.

Key messages from agencies	Possible actions
<p>Having clear protocols with referral procedures to outside agencies and having one key contact is desirable. There is a need for a nominated representative to know about these services and establish a relationship with the agency and for this representative to be the main contact between the agency and the school.</p>	<p>In consultation with key staff, establish a suitable and consistent approach to liaising with agencies.</p> <p>Ensure staff are aware of the correct procedures.</p> <p>Invite an agency worker to a staff meeting to facilitate discussion.</p>
<p>When making referrals the welfare person needs to be aware of the eligibility criteria of the agency.</p>	<p>Become familiar with agency requirements and the scope of agencies to work with the school. For example, Youth Substance Abuse Service is community based, as opposed to regional which means there are eligibility criteria (age 12–21 and from a particular location).</p>
<p>The process of schools finding out about agencies and agencies finding out about how schools work is incremental.</p>	<p>Allow time for the partnership between the school and an agency to develop and recognise that good working partnerships are often dependent on personal relationships. Be proactive about keeping the partnership ongoing.</p> <p>Address the fostering of relationships between both the agency or organisation and the workers themselves.</p>
<p>It is very important to have an appropriate space for a community agency worker to meet with a student, family or school personnel.</p>	<p>Where possible provide a physical space which is neutral and non-threatening (not someone else's space), is comfortable and private.</p> <p>Enhance the capacity of an agency worker to enter the school easily and reduce barriers to an effective working relationship.</p>
<p>Help-seeking needs to be promoted.</p>	<p>Information in relation to where or when to seek help needs to be visible to all students and teachers.</p> <p>Information needs to be around the walls in every classroom and not just confined to the student welfare coordinator's office.</p>
<p>Sometimes a young person chooses not to reveal information to the adults who set limits in their lives (parents or teachers), but will talk to a youth worker because of the different role this person plays.</p>	<p>There needs to be a shared understanding of how agency workers and teachers want similar outcomes in terms of the health and wellbeing of young people but have differing roles.</p> <p>Have proactive conversation about this.</p> <p>Invite agency to a staff meeting.</p>
<p>When a young person is referred to an agency there needs to be a process regarding feedback. Feedback is often managed through personal relationships rather than a systematised process.</p>	<p>Establish a shared understanding between the school and agency as to how feedback will be given and when request for feedback is appropriate. Include this in the protocols.</p> <p>Have strategies in place that address how information is passed on and how information about a student is communicated.</p>

Websites

Useful links to resources and service can be found through use of the following websites.

Statistics

Australian Bureau of Statistics

< <http://www.abs.gov.au>>

Australian Institute of Health and Welfare

< <http://www.aihw.gov.au>>

Victorian Youth Alcohol and Drugs Survey

< <http://www.druginfo.adf.org.au>>

Research studies

Australian Clearing House for Youth Studies

< <http://www.acys.utas.edu.au>>

Australian Institute of Family Studies

<<http://www.aifs.org/au/home.html>>

Australian Youth Research Centre

<<http://yarn.edfac.unimelb.edu.au>>

Centre for Adolescent Health

<<http://www.rch.unimelb.edu.au/cah>>

Health Issues Centre Latrobe University

< <http://http://home.vicnet.net.au>>

Services

Centre for Adolescent Health

< <http://www.rch.unimelb.edu.au/cah>>

Kids Helpline

< <http://www.kidshelpline.com.au>>

Regional Youth Affairs Network (RYAN)

< <http://www.youth.vic.gov.au>>

Resources

Anti-Cancer Council

< <http://www.accv.org.au>>

Australian Department of Health and Ageing

< <http://www.health.gov.au>>

Australian Drug Foundation

< <http://www.adf.org.au/library>>

Beyond Blue: The National Depression Initiative

< <http://www.beyondblue.org.au>>

Bullying

< <http://www.bullyingnoway.com>>

Curriculum Corporation

< <http://www.curriculum.edu.au/mindmatters>>

Department of Education and Training

< <http://www.sofweb.vic.gov.au/druged>>

< <http://www.curriculum.edu.au/mindmatters>>

Department of Health and Ageing

< <http://www.dhac.gov.au>>

Department of Human Services

< <http://www.dhs.gov.au>>

Department of Science and Training (Commonwealth)

< <http://www.dest.gov.au>>

< <http://www.dest.gov.au/Schools/Publications/2004/NSSF/>>

Dusseldorp Skills Forum

< <http://www.dsf.org.au>>

Family Planning Victoria

< <http://www.sexlife.net.au>>

Making it Easy

< <http://www.sfys.infoxchange.net.au/resources>>

National Safe Schools Framework

< <http://www.dest.gov.au/schools/Publications>>

Racism

< <http://www.racismnoway.com>>

Resilience Education Drug Information

< <http://www.redi.gov.au>>

Student Action Teams

<<http://www.sofweb.vic.edu.au/mys/engagement/studentactionteams.htm>>

Victorian Assessment Curriculum Authority

< <http://www.vqa.vic.gov.au/vqa/vcal/students>>

Victorian Health Promotion Foundation

< <http://www.vichealth.vic.gov.au>>

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For additional resources relating to promoting mental health in schools using the health promoting school framework see:

The MindMatters resource at <<http://www.curriculum.edu.au/mindmatters>>.

The National Safe Schools initiative at <<http://www.dest.gov.au/Schools/Publications/2004/NSSF/>>.

A range of anti-bullying initiatives at <<http://www.bullyingnoway.com.au>>.

For resources to support the use of mentoring programs in the school see the Department of Education and Training, the Advocacy Program at <<http://www.advocacy.gsat.edu.au>>.

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