Challenges & Choices

Resilience, Drug and Road Safety Education

YEAR 1

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CONTENTS

USING CHALLENGES AND CHOICES RESOURCES TO TEACH RESILIENCE, DRUG AND ROAD SAFETY EDUCATION

The *Challenges and Choices* suite of resources for Foundation to Year 10 provide learning activities that can help teachers deliver contemporary and age-appropriate resilience and wellbeing, drug education and road safety.

Explicitly teach resilience and wellbeing skills that are outlined in the principles and outcomes of the Early Years Learning Framework

Challenges and Choices focuses on the protective personal skills and environmental strengths that help children overcome risk. Rather than just describing 'what' these protective factors are, *Challenges and Choices* provides explicit and intentional learning activities that show teachers 'how' to develop the resilience skills and beliefs that enable children to cope more effectively. Practical examples of how teachers and families can promote the learning of these personal coping skills (such as helpful and positive thinking and attitudes; emotional intelligence; social skills; help seeking; and self-knowledge and personal competence) in children are also provided.

A strengths-based approach

Rather than focusing on what students do not know or cannot do, a strengths-based approach recognises the abilities, knowledge and capacities of students. This approach assumes that students are able to learn, develop and succeed, and also recognises the resilience of individuals. It affirms that students have particular strengths and resources that can be nurtured to improve their own and others' health, safety and wellbeing.

Challenges and Choices focuses on this approach and provides content and learning activities that build on students' knowledge, skills and capacities. However some content, concepts or skills introduced in one year level may be revisited, consolidated and further enhanced in later year levels. For example, making decisions is a skill that can be introduced in a simple way to early childhood students and developed throughout a student's schooling years.

This means teachers need to provide ample opportunity for revision, ongoing practice, and consolidation of previously introduced knowledge and skills.

Best practice principles for school drug and road safety education

When working to assist young people to become safer around drugs and roads, there is a need to consult best practice evidence. Being the State Government strategy for school drug and road safety education, SDERA's *Challenges and Choices* program is underpinned by the *Principles for School Drug Education*[1] (refer to page 13) and by the *Principles for School Road Safety Education*[2] (refer to page 15).

Backed by professional learning

SDERA provides free professional learning that complements the use of the *Challenges and Choices* resources and can be accessed by all schools in Western Australia. This helps teachers fulfil the professional learning requirements described in the *Teacher Registration Act 2012*.

Linked to a comprehensive website

The SDERA website (**SDERA.wa.edu.au**) provides comprehensive resilience, drug and road safety education for schools, parents and carers, and young people. The website also provides free downloadable copies of all SDERA resources including *Challenges and Choices* and access to SDERA professional learning registration.

Promotes equity and inclusive practices

Challenges and Choices considers the educational entitlements and needs of both boys and girls; learners from culturally diverse backgrounds; rural and isolated learners; learners from various socio-economic backgrounds; and learners with disabilities or learning difficulties.

Assessment

Assessment takes place for different purposes. Teachers are encouraged to select appropriate activities from the resource and use these work samples to make judgements about whether students have demonstrated learning and achieved the standard. In addition, we encourage teachers to access SDERA's assessment tasks available at **SDERA.wa.edu.au**.

1   Australian Government, Department of Education, Science and Training. *Principles for School Drug Education*. 2004.
2   Government of Western Australia, School Drug Education and Road Aware. *Principles for School Road Safety Education*. 2007.

MAPPING CHALLENGES AND CHOICES TO THE WESTERN AUSTRALIAN HEALTH AND PHYSICAL EDUCATION SYLLABUS

YEAR 1

The Health and Physical Education syllabus comprises two strands:
- Personal, social and community health
- Movement and physical activity.

School Drug Education and Road Aware's (SDERA) *Challenges and Choices* resources deliver some of the content included in the *Personal, social and community health* strand through a resilience, road safety, and alcohol and other drugs education context.

Within this strand, content is organised under three interrelated sub-strands. These are:

PERSONAL, SOCIAL AND COMMUNITY HEALTH

Being healthy, safe and active
The content in this sub-strand focuses on supporting students to make decisions about their own health, safety and wellbeing and build their resilience through developing knowledge, understanding and skills. Additionally, the content explores identities and emotions and looks at the contexts that can impact and influence students' health, safety and wellbeing.

Communicating and interacting for health and wellbeing
The content in this sub-strand helps students to develop knowledge, understanding and skills to enable them to critically engage with a range of health concepts and issues and apply this new information to their changing circumstances and environments.

Contributing to healthy and active communities
The content in this sub-strand informs students so they are able to selectively access information, products, services and environments and critically analyse contextual factors that influence the health and wellbeing of communities.

The *Challenges and Choices* mapping documents have been completed addressing the content descriptors within each sub-strand and using ALL tasks and questions as written in each lesson activity. Whilst we encourage the modification and/or the sourcing of additional resources to support and enhance the learning experience and address the local context, if activities are modified this may affect the applicability of the mapping.

Content descriptor elaborations have not been used in the mapping of the *Challenges and Choices* resources.

At the time of writing and publishing the K-6 *Challenges and Choices* resources the Western Australian Health and Physical Education Syllabus was not created. To further support teachers in their delivery of resilience, road safety and alcohol and other drugs education, these mapping documents have been developed to assist teachers and schools deliver the engaging and age-appropriate learning experiences included in the K-6 *Challenges and Choices* resources.

Mapping *Challenges and Choices* t
Health and Physical Ed

	FOCUS AREA 1 Resilience and wellbeing										FOCUS Drug ed			
ACTIVITY	1	2	3	4	5	6	7	8	9		1	2	3	4
BEING HEALTHY, SAFE AND ACTIVE														
Personal strengths and how these change over time (ACPPS015)														
The strengths of others and how they contribute to positive outcomes, such as games and physical activities (ACPPS015)							•	•						
Ways in which the body changes as individuals grow older (ACPPS016)			•										•	•
Strategies to use when help is needed, such as: dialling 000 in an emergency, reading basic safety signs, accessing a safety house or a trusted network, asking a trusted adult (ACPPS017)													•	
The benefits of healthy eating and regular physical activity on health and wellbeing (ACPPS018)														
COMMUNICATING AND INTERACTING FOR HEALTH AND WELLBEING														
Appreciation and encouragement of the behaviour of others through the use of: manners, positive language praise (ACPPS019)					•	•	•	•				•		
Positive ways to react to their own emotions in different situations, such as walking away, seeking help, remaining calm (ACPPS020)		•		•	•	•	•	•				•	•	
Ways health messages are communicated on: television, posters, radio (ACPPS021)									•					
CONTRIBUTING TO HEALTHY AND ACTIVE COMMUNITIES														
Actions that support a safe classroom, such as: moving around safely, sharing appropriately, following class rules (ACPPS022)				•	•	•	•	•			•	•	•	
Physical activities that can take place in na settings in the local community (ACPPS02														

Challenges and Choices: resilience, drug and road safety education

Mapping *Challenges and Choices* to the Western Australian Curriculum
Health and Physical Education Syllabus – Year 1

ACTIVITY	FOCUS AREA 1 Resilience and wellbeing									FOCUS AREA 2 Drug education								FOCUS AREA 3 Passenger safety								FOCUS AREA 4 Pedestrian safety									FOCUS AREA 5 Safety on wheels							
	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8
BEING HEALTHY, SAFE AND ACTIVE																																										
Personal strengths and how these change over time (ACPPS015)		●	●	●	●	●	●																										●							●		
The strengths of others and how they contribute to positive outcomes, such as games and physical activities (ACPPS015)	●			●		●	●	●	●																								●									
Ways in which the body changes as individuals grow older (ACPPS016)																																										
Strategies to use when help is needed, such as: dialling 000 in an emergency, reading basic safety signs, accessing a safety house or a trusted network, asking a trusted adult (ACPPS017)			●		●			●		●	●	●	●		●	●	●									●	●	●	●		●	●	●			●				●		
The benefits of healthy eating and regular physical activity on health and wellbeing (ACPPS018)																																										
COMMUNICATING AND INTERACTING FOR HEALTH AND WELLBEING																																										
Appreciation and encouragement of the behaviour of others through the use of: manners, positive language praise (ACPPS019)	●			●		●	●	●	●																									●								
Positive ways to react to their own emotions in different situations, such as: walking away, seeking help, remaining calm (ACPPS020)	●	●	●	●		●	●	●	●																						●		●							●		
Ways health messages are communicated on: television, posters, radio (ACPPS021)										●								●																				●				
CONTRIBUTING TO HEALTHY AND ACTIVE COMMUNITIES																																										
Actions that support a safe classroom, such as: moving around safely, sharing appropriately, following class rules (ACPPS022)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
Physical activities that can take place in natural and built settings in the local community (ACPPS023)																													●		●	●										

LINKS TO THE GENERAL CAPABILITIES

The knowledge, skills, behaviours and dispositions that students need to succeed in life and work in the twenty-first century have been identified as General Capabilities. These seven capabilities are expected to be explicitly taught across all learning areas and to all students.

The General Capabilities, which have been embedded in the learning activities of *Challenges and Choices*, are indicated in the resource using the following icons.

Key
⭐ Literacy
🔢 Numeracy
👥 Information and communication technology (ICT) capability
🧠 Critical and creative thinking
👁 Ethical understanding
👪 Personal and social capability
🧍 Intercultural understanding

⭐ Literacy

With school communities placing a strong emphasis on NAPLAN results, *Challenges and Choices* has been written with a major focus on literacy knowledge and skills. Learning activities give students opportunities to understand the language used to describe products (eg medicines, drugs, child car restraints), locate information, express their thoughts and emotions appropriately in a range of social contexts and with different audiences, justify opinions and participate in a range of communication activities (written and spoken) to support the development of effective health literacy skills.

🔢 Numeracy

There are learning activities that give students opportunity to apply age-appropriate numeracy skills such as understanding trends in health issues through counting, grouping, graphing or interpreting data, making predictions, and estimation and measurement (eg stopping distances of vehicles).

👥 Information and communication technology (ICT) capability

There are learning activities that give students the opportunity to become competent, discriminating and creative users of information and communication technology. ICT is used as a key tool for collaboration, content creation, help seeking, knowledge access and performance analysis. Students will access online health and safety information, products and services to manage their own health and wellbeing.

🧠 Critical and creative thinking

The learning activities in the resource give students the opportunity to think logically and critically in response to a range of health and safety concepts and ideas. Students are encouraged to question taken-for-granted assumptions and create their own messages about health and safety concepts.

👁 Ethical understanding

In the resource students' learning about ethical behaviour focuses on the importance of treating self and others with integrity, consideration, compassion and respect. Students are provided with opportunities to explore moral principles and codes of practice in different contexts such as at school, in the home, and in a range of relationships.

👪 Personal and social capability

Through the learning activities, students are given the opportunity to develop skills in self-awareness, self-management, social awareness and social management. Students learn to appreciate their own different strengths and abilities and those of their peers. Students are also given opportunities to explore their own identity and develop an understanding of the influences that form their sense of identity.

🧍 Intercultural understanding

There are learning activities in the resource that give students opportunity to explore cultural differences in values, beliefs and practices in the context of drug and road safety issues. In doing so, students will develop an understanding of how culture impacts on people's identity, resulting in an understanding that their own cultural framework is not the only one and that cultural diversity has value.

TEACHING RESILIENCE EDUCATION IN THE EARLY YEARS

Why a resilience and wellbeing approach?

- **Students with high reported levels of resilience and wellbeing:**
  - ⊙ **Are more likely to achieve academic success and higher levels of schooling.**
  - ⊙ Have better physical and mental health.
  - ⊙ Are less likely to engage in problematic drug use.
  - ⊙ Are more likely to have a socially responsible lifestyle.[3]

  Conversely, students with low levels of wellbeing and resilience:
  - ⊙ **Have higher levels of mental health problems and harmful risk-taking behaviour.[4]**
  - ⊙ Are more likely to leave school at a young age.
  - ⊙ Have higher risk of unemployment and poverty.
  - ⊙ Have lower levels of participation in the community.

- Early school failure can be a risk factor to problematic alcohol and other drug use. The personal and social skills and attitudes that foster resilience and wellbeing are the building blocks that also promote learning and affect a student's capacity to succeed academically. **K/PP to Year 2 is a crucial time in a child's development to start explicitly teaching these skills which are described in the Personal and social capability.**

- There are indications that **social disconnection** increasingly underlies drug-related harm. Apart from families, schools are the most important socialising agents that provide a positive environment and can promote resilience and wellbeing. Providing a sense of belonging and connectedness; meaningful participation and contribution and support for learning, are particularly important to Foundation to Year 2 students who are not connected to resilient families. The whole-school enrichment activities in this book (refer to page 20) provide a range of ideas on how to enhance the school environment in order to promote resilience.

- Research shows that school-based programs that **focus on broad protective factors** such as improving connectedness to school, teachers and peers, and improving social and emotional competencies have more potential to prevent or delay the uptake of alcohol and other drugs amongst primary school children than drug specific education.[5]

  This approach also aligns with the *Melbourne Declaration on Educational Goals for Young Australians* (MCEETYA 2008), which states that:
  - ⊙ **Successful learners** not only have the essential skills of literacy and numeracy, but are also resourceful and innovative and able to solve problems, plan and collaborate in teams and work independently.
  - ⊙ **Confident individuals** have a sense of self-worth and optimism, accept responsibility for their own actions, make responsible decisions and show respect for self and others.
  - ⊙ **Active and informed citizens** act with a moral and ethical integrity and are responsible global and local citizens.[6]

- **General Capabilities** encompass the knowledge, skills, behaviours and dispositions that, together with curriculum content in each learning area and the cross-curriculum priorities, aim to assist students to live and work successfully in the twenty first century. The general capabilities that address thinking skills, creativity, self-management, teamwork, intercultural understanding, ethical behaviour, and personal and social competence can also be taught through an explicit resilience skills program such as *Challenges and Choices*.

- The **General Capabilities** also complement the five learning outcomes of the *Belonging, Being and Becoming: Early Years Learning Framework for Australia* (COAG 2009) which are:
  Outcome 1: Children have a strong sense of identity
  Outcome 2: Children are connected with and contribute to their world
  Outcome 3: Children have a strong sense of wellbeing
  Outcome 4: Children are confident and involved learners
  Outcome 5: Children are effective communicators.

- A **resilience and wellbeing approach also underpins other national frameworks**, such as the *Revised National Safe Schools Framework*; the *National Framework in Values Education*; and the *National Family-School Partnerships*.

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3   Zins, J.E., et al. *Building academic success on social and emotional learning: What does the research say?* Teachers College Press, New York 2004.

4   *Overview and Summary of the Principles for School Drug Education*, Department of Education Science and Training, 2004.

5   Spooner, M., Hall W., and Lynskey, C., *Structural determinants of youth drug use*, Australian National Council on Drugs, 2001.

6   *Melbourne Declaration on Educational Goals for Young Australians*, Ministerial Council on Education, Employment, Training and Youth Affairs, December 2008.

TEACHING DRUG EDUCATION IN THE EARLY YEARS

- **Poisonings continue to be a cause of child hospitalisation in Western Australia.** Education about the safe use and storage of medicines and hazardous substances is not only important but age appropriate content for early childhood students.

- **A drug is defined as any substance which, when taken into the body, alters its function physically and/or psychologically, excluding food, water and oxygen.** Drug education in the early years focuses on prescription and over-the-counter medicines; alternatives to medicines such as relaxation and using coping strategies; hazardous and poisonous substances such as cleaning and gardening products, and the warning signs and wording on these; legal drugs such as caffeine, energy drinks, and tobacco (passive smoking).

- **Syringes and drug use paraphernalia** can sometimes be found in school playgrounds. For this reason, early childhood students need to be taught the standard precautions for needles and syringes.

- **Drug education is most effective when it is started in early childhood**, is age appropriate, and conducted over a number of years in order to build students' knowledge, skills and experiences, and to bring about effective behaviour change.

- **Children become aware of drugs from an early age.** They gain information and form attitudes about drugs and drug use issues from a range of influences including family, friends, peers, school, the community and the media.

- In the early childhood years, **parents and carers are the most important influence in a child's life** and neglect or being exposed to drug use in these years can undermine healthy development and be a predictor of harmful drug use in later life. Parent education (in the form of drug education as well as education on how to promote resilience skills) should be considered as part of a whole-school resilience and drug education program.

- Among 12-17 year old students in Australia, 96% have used analgesics at some stage in their lives. At all ages, females were significantly more likely to have used analgesics in their lifetime.[7]

- There are **three critical phases when the intervention effects of drug education are most likely to be optimised**:
  Phase 1: *Inoculation* which is when children are first exposed to certain drugs. Most children in early childhood have had some experiences with analgesics and over-the-counter medications, prescription medications and caffeine. In some communities many children will also be familiar with tobacco and alcohol, and cannabis and other illegal drugs.
  Phase 2: *Early relevancy* is where information and skills may have practical application in real life.
  Phase 3: *Later relevancy* is when prevalence of alcohol and drug use increases and the context of use changes (eg alcohol and driving).

  The early childhood years are, therefore, a crucial inoculation phase where schools need to implement both resilience and drug education programs.

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7   *Australian secondary school students use of tobacco, alcohol and over-the-counter and illicit substances in 2011*. Drug Strategy Branch, Australian Government Department of Health and Ageing, 2012.

TEACHING ROAD SAFETY EDUCATION IN THE EARLY YEARS

- While the majority of young children are not involved in road crashes, road safety remains a significant issue for this **vulnerable age group of road users** who are at risk as pedestrians, passengers and cyclists.

- **Children are often expected to act safely and responsibly** when they are using the transport system which can be complex and potentially dangerous for road users of all ages. In traffic environments, children do not have the necessary skills and physical abilities to be safe and make decisions. To address this, road safety education needs to **start at a very early age and be continuous and developmentally appropriate**.

- The **developmental processes** taking place in children have an effect on their ability to make safe decisions in the road environment, and these processes are closely related to age.[8]

- A child's head, chest, abdomen and limbs are all in a state of growth. Their relative softness makes a child **physically more vulnerable to the impact of injury** than an adult. Furthermore, the smaller physical stature of children can create problems as it limits their ability to see or be seen over certain heights such as parked cars or large trucks – a known risk factor in child pedestrian injuries.

  Children's sensory facilities are also less fully developed. Their ability to synthesise information from their peripheral fields of vision and their auditory sense is limited, which can lead to their missing critical cues of danger thus increasing their risk of road traffic injury.[9]

- Road crashes involving young children include a large proportion of **'dart and dash'** cases. In these cases, a child pedestrian is injured through a critical behavioural error where the child has failed to stop or slow down before attempting to cross the road. This type of behaviour is due to the inability of the child to switch attention from one task to another.[10]

- There is evidence of a **strong relationship between gender, road safety behaviour and road trauma**. From a young age, boys are more likely to be involved in road traffic crashes than girls. The difference in incidence rates between boys and girls increases with age until children reach 18 or 19 years of age, when the gender gap is similar to that seen in adulthood. Factors thought to contribute towards this crash involvement include increased risk-taking and sensation seeking.[11]

- Road safety education in the early years should **focus on restraint use, safe road crossing, wearing of bicycle helmets and protective gear when riding**.

- **Differences in parents' understanding of what activities are safe**, given the particular age of the child, may partly explain the variations by age, gender and socioeconomic status in the patterns of road traffic injury among children across the world. However, the exact role that a parent's perception of risk plays in determining the risk of a child incurring a road traffic injury is not clear. Attitudes to driving and road use appear to be formed at an age as early as 11 years, suggesting that a parent's perception of risk has the potential to influence a child's behaviour on the roads.[12]

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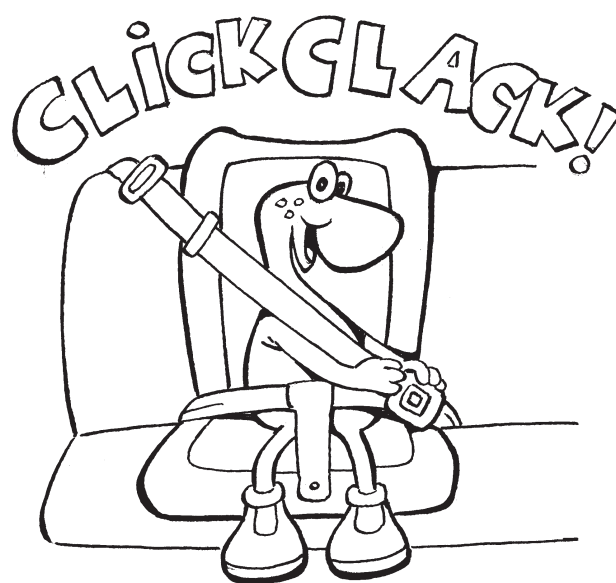
8   Dunbar G, Hill R, Lewis V. *Children's attentional skills and road behaviour*. Journal of Experimental Psychology: Applied, 2001, 7:227–234.

9   Whitebread D, Neilson K. *The contribution of visual search strategies to the development of pedestrian skills by 4-11 year old-children*. British Journal of Educational Psychology, 2000, 70:539-557.

10 Pitcairn TK, Edlemann T. *Individual differences in road crossing ability in young children and adults*. British Journal of Psychology, 2000, 91:391–410.

11 *World Report on Child Injury Prevention*, edited by Margie Peden (et al), World Health Organisation (PDF). Retrieved from http://whqlibdoc.who.int/publications/2008/9789241563574_eng.pdf

12 Waylen A, McKenna F. *Cradle attitudes: grave consequences. The development of gender differences in risky attitudes and behaviour in road use*. Basingstoke, AA Foundation for Road Safety Research, 2001.

Parent education is therefore, a crucial aspect of an effective early childhood school road safety education program as it extends the teaching from the classroom by reinforcing the safety behaviours in real world situations and alerts parents to children's limitations in the traffic environment.

Parents need to:
- be **positive road safety role models** and always act safely in traffic environments
- **understand their child's limitations** in traffic situations
- **supervise their child** and actively take a role in developing their child's road safety skills, attitudes and understanding appropriate to their stage of development.

- **Teachers also play a role in children's road safety education and need to:**
  - plan and implement age appropriate, sequential and ongoing programs
  - understand their duty of care responsibilities and supervise students in traffic situations
  - where possible, incorporate opportunities for students to practise skills in the traffic environment.

- Teachers should be aware of students in their class who have had either **direct or indirect contact with road trauma**. These students may need to be given prior warning to the content of road safety activities and also the option not to participate in the activity.

- The **safe system approach** is of particular value in child road safety since it moves away from the ideas that children should adapt their behaviour to cope with traffic, in favour of an approach that recognises that children's needs should be addressed in the design and management of the road system. Interventions that target younger road users include: engineering measures such as creating space for walking and cycling; reducing speed, especially around schools and residential areas; safe play areas that children find interesting to deter them from playing on the road; safe routes to school; child restraint laws; and vehicle design standards that contribute to the safety of children both inside and outside the vehicle.

BEST PRACTICE IN SCHOOL DRUG EDUCATION AND ROAD SAFETY EDUCATION

Challenges and Choices is underpinned by the *Principles for School Drug Education*[2] and by the *Principles for School Road Safety Education*[3]. The Principles have been devised by experts and based on research to ensure content and delivery methods of school drug and road safety education are consistent with what is currently understood to be best practice in the field.

Schools should consider the Principles when planning, implementing and reviewing school drug education and road safety programs, policies or guidelines, and practices in the school community.

SDERA's resources – *Getting it Together: A Whole-School Approach to Drug Education* (2010) and *Getting it Together: A Whole-School Approach to Road Safety Education* (2009) provide action planning templates, sample school guidelines and practical ideas to support the implementation of the Principles within the three areas of the Health Promoting Schools Framework – Curriculum, Ethos and environment, and Parents and community (refer to page 18).
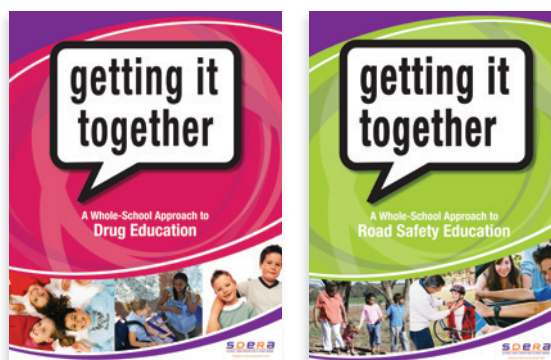
A complete PDF version of each of the *Getting it Together* resources is available on the SDERA website (**www.sdera. wa.edu.au**).

PRINCIPLES FOR
SCHOOL DRUG EDUCATION

Comprehensive and evidence based practice

Principle 1
Base drug education on sound theory and current research and use evaluation to inform decisions.

Drug education needs to be based on what works. Evidence-based practice within a school involves staff: using current theory and research to determine programs that are appropriate to their students; staying informed about effective curriculum practice; applying professional judgement to implement and monitor programs; and evaluating outcomes to determine their impact. Regular evaluation of the school's drug education processes and outcomes is critical, providing evidence of the value of activities and informing future school practice.

Principle 2
Embed drug education within a comprehensive whole-school approach to promoting health and wellbeing.

Tackling drug-related issues in isolation and only at a classroom level is less likely to lead to positive outcomes. Drug education activities are best understood and practiced as part of a comprehensive and holistic approach to promoting health and wellbeing for all students. Through a whole-school approach schools can provide a coherent and consistent framework for their policies, programs and practices.

Principle 3
Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimising drug-related harm.

When schools establish agreed goals and outcomes for drug education they have a common understanding for consistent and coordinated practice. The process of ensuring that those goals and outcomes are clear and realistic supports schools in achieving targets within their sphere of influence.

Positive school climate and relationships

Principle 4
Promote a safe, supportive and inclusive school environment as part of seeking to prevent or reduce drug-related harm.

A safe and supportive school environment is protective for young people against a range of health related risks, including substance use problems. A positive climate within and beyond the classroom fosters learning, resilience and wellbeing in students and staff. An inclusive school provides a setting where students, staff, families and the broader community can connect and engage in meaningful learning, decision-making and positive relationships.

Principle 5
Promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education.

Schools that use collaborative processes whereby students, staff, families and the broader community are consulted, are more likely to provide relevant and responsive drug education. Broad approaches that integrate school, family, community and the media are likely to be more successful than a single component strategy. Strong relationships with families, external agencies and the broader community can enhance students' sense of connectedness, and support access to relevant services.

Targeted to needs and context

Principle 6
Provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and priorities.

Drug education needs to be relevant to all students. In providing programs, schools should be sensitive to the cultural background and experience of students. Diverse components of identity, including gender, culture, language, socio-economic status and developmental stage, should be considered when providing drug education that is targeted to meet students' needs.

Principle 7
Acknowledge that a range of risk and protective factors impact on health and education outcomes, and influence choices about drug use.

Drug education should be based on an understanding of the risk and protective factors that affect young people's health and education. Schools that recognise the complexity of issues that may impact on students drug use are in a better position to provide relevant drug education.

Principle 8	The school's discipline and welfare responses should protect the safety and wellbeing of all students and staff. Policies and procedures to manage drug-related incidents and support students who are at risk are best determined through whole-school consultation and implemented through well-defined procedures for all school staff. Vulnerable students may require additional support from the school and relevant community agencies. Retaining students in an educational pathway should be a priority of care for students who are at risk.
Use consistent policy and practice to inform and manage responses to drug-related incidents and risks.	

Effective pedagogy	
Principle 9	Drug education programs are best provided within a clear curriculum framework for achieving student learning outcomes. Drug issues should be addressed within a broader health context relevant to students concerns and stage of development. The timing and continuity of drug education across students' schooling is critical. Programs should commence before young people start to make decisions about drug use, be developmentally appropriate, ongoing and sequenced, and provide for progression and continuity.
Locate programs within a curriculum framework, thus providing timely, developmentally appropriate and ongoing drug education.	
Principle 10	Teachers are best placed to provide drug education as part of an ongoing school program. Effective professional development and support enhance the teacher's repertoire of facilitation skills and provide current and accurate information and resources. Appropriately trained and supported peer leaders and visiting presenters can complement the teacher's role.
Ensure that teachers are resourced and supported in their central role in delivering drug education programs.	
Principle 11	Skills development is a critical component of effective drug education programs. Inclusive and interactive teaching strategies have been demonstrated to be the most effective way to develop students' drug-related knowledge, skills and attitudes. These strategies assist students to develop their problem solving, decision-making, assertiveness and help-seeking skills. Inclusive methods that ensure all students are actively engaged are the key to effective implementation of interactive strategies.
Use student-centred, interactive strategies to develop students' knowledge, skills, attitudes and values.	
Principle 12	Students need credible and relevant information about drugs and the contexts in which choices about drugs are made. They need to engage in meaningful activities with their peers, examine the social influences impacting on drug use and encounter normative information about the prevalence of use, which is typically lower than students expect.
Provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real life contexts and challenges.	

A complete version of the *Principles for School Drug Education* is available at **www.sdera.wa.edu.au**

PRINCIPLES FOR
SCHOOL ROAD SAFETY EDUCATION

Overarching principle	
Principle 1 Implement evidence-based road safety education programs and initiatives in schools and include local research and current legislation where available.	Road safety education programs and initiatives based on research are more likely to be effective. Including local research and current legislation will help ensure that road safety education programs and initiatives are appropriate and relevant to the context of the school community.
Curriculum	
Principle 2 Embed road safety education programs within a curriculum framework thereby providing timely, developmentally appropriate and ongoing road safety education for all year levels.	When embedded in the curriculum, students' and teachers' awareness and knowledge of the importance of road safety education will be enhanced. Children and young people progress through developmental phases of learning. The ability to safely interact with the traffic environment relies on the learning and reinforcement of age appropriate content and skills throughout these phases.
Principle 3 School management supports staff to effectively implement road safety education by ensuring access to available resources and professional learning opportunities.	Professional development and support is a fundamental principle in road safety education. Enhancing staff member's skills in facilitating road safety education will ensure current and accurate information and resources are delivered to students.
Principle 4 Use student-centred, interactive strategies to develop students' utility knowledge, skills, attitudes, motivation and behaviours regarding road safety.	Programs that encourage student-centred activities such as those which promote play, social interaction, self-awareness, personal reflection and exploration of the world are most effective as they actively engage students, satisfy their natural curiosity in learning and encourage peer interaction during the learning process. Students from vulnerable groups such as lower socio-economic groups, culturally and linguistically diverse groups and rural and remote communities, who are at greater risk of traffic injury, benefit most from student-centred programs and interactive strategies.
Principle 5 Actively engage students in developing skills that focus on identifying and responding safely to risk situations.	Learning is dependent on active engagement with a task. Emphasis should therefore be placed on learning new skills and applying these to the appropriate context. Skill development that focuses on identifying and responding safely to risk situations is central to road safety education. A combination of classroom activities and real traffic training will reinforce learning and develop skills.
Principle 6 Provide information to parents/carers that will encourage them to reinforce and practice road safety skills developed in the classroom, in the real road environment.	Classroom curriculum can be effective in changing road safety knowledge, attitudes, skills and behaviours of children and young people. However, safer road user behaviour is more likely when parents are encouraged to model and provide on-road practice that support classroom programs, messages and strategies.
Principle 7 Encourage students to support and influence their peers positively as a way of improving road safety behaviour.	Peers are often the most influential role models in young peoples' social learning. Encouraging students to engage in safe road use behaviour, in peer situations, can be effective in improving this behaviour. When used in conjunction with other strategies peer discussion can greatly enhance learning gains.

Ethos and environment	
Principle 8 Consult the wider school community when developing road safety guidelines and then disseminate this information to families and monitor implementation.	School road safety education is more effective when the three areas of the Health Promoting Schools Framework and the Principles are considered when planning, implementing and reviewing School Road Safety Guidelines. To ensure guidelines are well implemented, schools are encouraged to involve the wider school community. Inviting feedback on draft versions can encourage ownership and increase acceptance. Providing parents and school staff with the school's road safety guidelines encourages them to model the desired behaviours and attitudes as specified.
Principle 9 School management actively promotes road safety education by supporting staff to plan and implement road safety education within the curriculum and other school programs and initiatives.	Schools often face many barriers when implementing a new program. To increase program success it is important for school management to provide leadership and support to the school community in their efforts. By taking a proactive approach, school management can openly demonstrate their commitment to the program and promote road safety education.
Principle 10 School management actively encourages staff to model appropriate road safety behaviour and attitudes consistent with the school's road safety guidelines.	Individuals learn by observing others perform a particular behaviour. Modelling is an important factor in effective injury prevention programs. Positive relationships between students and staff have been found to improve students' connectedness to school as well as reduce problem behaviours and improve attendance and academic achievement. Staff are therefore important role models for students and may exert considerable influence on the behaviours of young people.
Principle 11 Encourage and promote school community participation in school road safety programs.	When the whole-school community is involved in addressing road safety through school-based, environmental and community interventions there is potential for long-term behaviour change and reduction in road injuries for children and young people.
Principle 12 Review and update where necessary, in partnership with external authorities, the school traffic environment to encourage and support parents to practise road safety skills.	Improvements in the school traffic environment such as road design, speed limits and the separation of pedestrians and vehicles around schools can greatly reduce pedestrian and cyclist injuries. This will enhance the safety of road users before and after school, and provide opportunities for parents to model appropriate road user behaviour with these facilities.
Parents and community	
Principle 13 Provide parents with information that will assist them to reinforce appropriate road safety messages and skills (including Guidelines) at home.	Parents are best placed to model road safety for their children because they care and are motivated to ensure their child's safety. They are also aware and responsive to their children's habits in traffic and have many opportunities to teach their children about staying safe. Road safety information that is practical, offers ideas and encourages interaction between parents and their children is preferred. Families are more likely to be engaged in road safety education when information is relevant for their child and combines printed materials with interactive activities.
Principle 14 Provide parents and carers with practical, opportunistic and planned, on-road training for modelling of appropriate behaviours to their children.	Practical road-side training is an effective way of improving children's road safety knowledge and skills. Perceptual-motor skills are best developed at the road-side or in the car. Teaching and modelling safe road user behaviours are important indicators of children's road safety behaviours. Parents are best placed to practise and model these behaviours with their children.

Principle 15 Establish and maintain links and involve community agencies and local government in the delivery of road safety messages that complement and support existing school road safety programs.	Road safety educators and stakeholders are recommended to collaborate and combine their expertise when developing new road safety initiatives in schools as this will contribute to improved health and safety outcomes.
Principle 16 Engage, train and resource school health service staff to complement and support road safety education programs and other initiatives in schools.	Road safety requires a comprehensive, combined approach. Engaging school-based health staff and relevant community groups to support road safety education curriculum supports this approach. Presentations and services offered by these groups can complement and reinforce classroom programs when included as part of a road safety education program.

A complete version of the *Principles for School Road Safety Education* is available at **www.sdera.wa.edu.au**
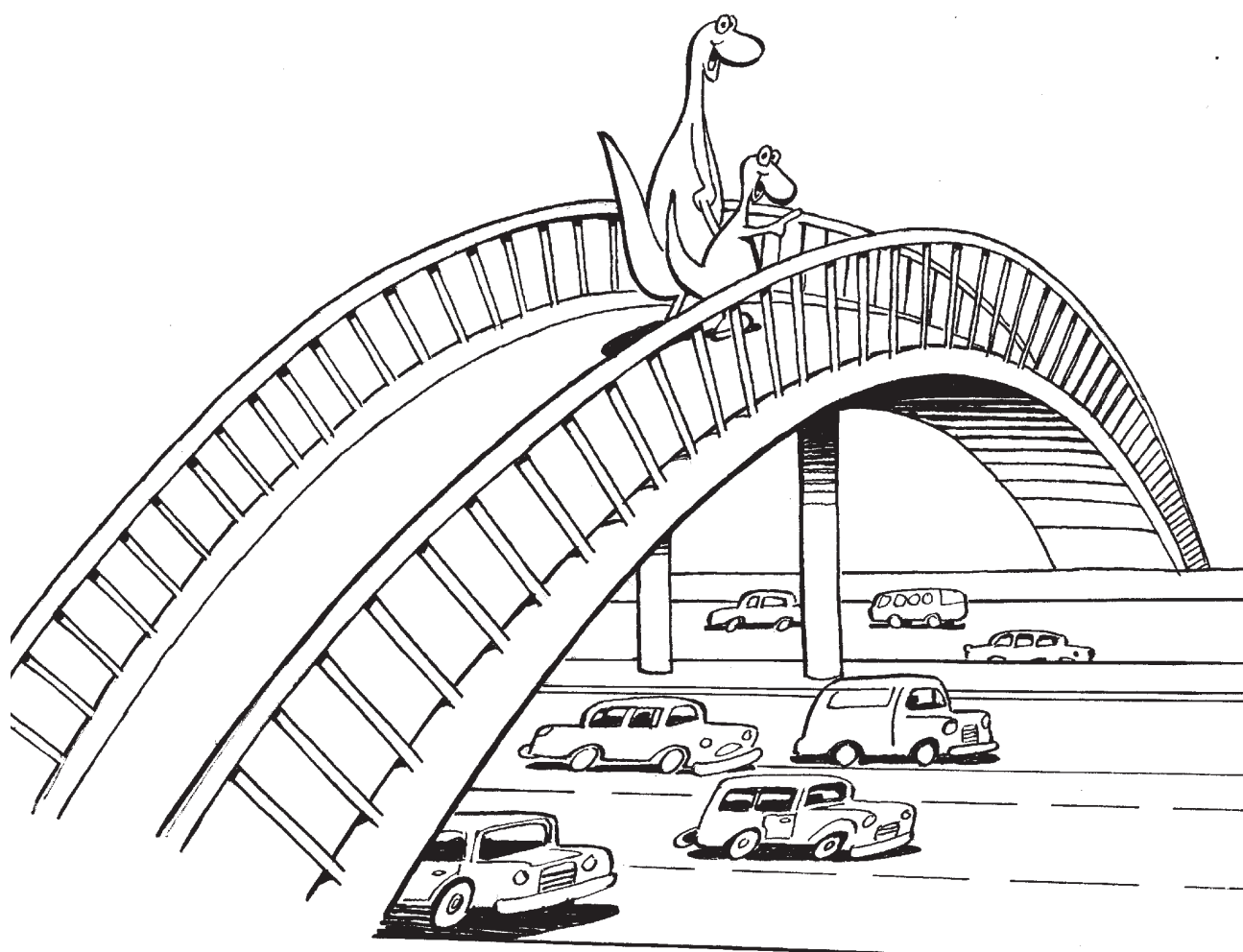
A WHOLE-SCHOOL APPROACH AND THE IMPORTANCE OF A HEALTHY SCHOOL ENVIRONMENT

A comprehensive, whole-school approach is widely acknowledged as best practice in working holistically to promote and enhance student health, safety and wellbeing. By adopting this approach, schools ensure full engagement with the school community and are more likely to secure sustainable health improvements.

The Health Promoting Schools (HPS) Framework

The *Health Promoting Schools Framework* (1986), developed by the World Health Organisation describes a whole-school approach for schools to address the health, safety and wellbeing of their staff, students, parents and the wider community through three key components working in unison. The three components are:

- **Curriculum:** teaching and learning, how this is decided, and the way in which teaching is delivered and learning encouraged.

- **Ethos and Environment:** the physical environment, the ethos and values as well as health-enhancing guidelines, processes and structures developed to create an environment for living, learning and working.

- **Parents and community:** appropriate partnerships with parents, staff, students, community organisations and specialist services, enhance a healthy and supportive school environment.

School communities can take a coordinated whole-school approach to health and safety by addressing each component of the framework when planning health education or responding to a health concern within the school.

(Note: The term parent in this resource also refers to caregivers, guardians and other significant adults in the child's life.)

CHANGING HEALTH ACTING TOGETHER (CHAT)

SDERA has taken the *Health Promoting Schools Framework* (HPS) a step further and developed the *Changing Health Acting Together* Model which is designed to support schools in achieving improved health and wellbeing outcomes with particular focus on resilience, drug and road safety education.

At the heart of the Model is a process that will enable schools to identify needs, develop actions and implement changes, ensuring they are relevant and grounded in the ethos of the school and the needs of the local community.

The CHAT Model shows the three key components of the HPS Framework (previously described) and the key elements within each component guide the way schools develop and implement an effective whole-school approach to resilience, drug and road safety education.

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The key elements of the CHAT Model

The Model shows the key elements within each of the three components of the HPS Framework that need to be in place to ensure an effective whole-school approach. These elements include:

- **Leadership and management**
  Critical to the success of whole-school health education is the profile and support it receives from the principal and senior management team within schools and their communities. This committed leadership and management team is essential to drive work forward and guide the process of change in schools. Effective leaders also ensure sustained improvements and create positive learning and working environments in which students and staff can thrive.

- **Guideline development**
  The strategic direction of the school is set by the development of Guidelines which provide the philosophy and principles that underpin the 'way things are done'. The process of developing or reviewing guidelines is as important as producing the final document. An open and collaborative approach during the process can ensure the school community's sense of ownership and awareness of the school guidelines.

- **Provision of support services for young people**
  Early identification, intervention support and incident management procedures should be developed to ensure students get swift access to the support required especially in drug-related incidents. These would include referral procedures and identified support options that are available within the school or through connection with outside agencies.

- **Staff professional learning**
  The physical and emotional health and wellbeing of staff is enhanced when they feel informed, confident and competent. The whole-school approach encompasses the provision of professional learning for all adults working in the school and includes teachers, administrative staff, teaching assistants, school nurses and student services staff.

  Once a school has developed targets and action plans it can then identify the existing strengths of staff within the school, and where and what type of professional learning may be required. A SDERA Consultant can support the school in identifying staff professional learning needs.

- **Curriculum planning and resources**
  Curriculum planning and the provision of resources enables schools to consider how the values, guidelines and practices that enhance resilience, drug and road safety education are planned and implemented through the curriculum both formally and informally.

  Challenges and Choices uses a range of appropriate learning and teaching styles and provides clear, planned curriculum opportunities for students to understand and explore areas linked to resilience, drug and road safety education. If preferred, the learning activities may be delivered within a discrete program as well as across other learning areas.

- **Complementing classroom curriculum**
  Best practice principles for school drug education and road safety education highlight that teachers should deliver curriculum programs with their students. However teachers often engage external agencies to present components of their programs.

It is therefore important that schools plan these external agency contributions to ensure they support and complement their classroom curriculum programs and that they are not used as an isolated experience.

SDERA's *Connect* and *Road Map* directories guide schools to appropriate support services within Western Australia and include agencies such as the Community Drug Service, Parent Drug Information Service, Department of Transport and Office of Road Safety.

- **Giving children and young people a voice**
  It should be part of everyday school practice for students to have a meaningful say in what happens within the school as well as legitimate opportunities to take part in school decision-making and related activities.

  Schools should consider implementing a range of 'creative' listening systems such as use of e-mail, suggestion boxes, sending text messages, and small focus groups, as well as more traditional methods such as a student council and surveys.

- **Assessing, recording and reporting students' achievement**
  It is important to be continually developing mechanisms to monitor and assess students' achievements in resilience, drug and road safety education. Schools should attempt to capture the outcomes they have achieved for their students, staff and parents.

- **Partnerships with parents and local communities including working with outside agencies**
  Appropriate partnerships with parents and community organisations and services provide broader opportunities for enhancing resilience, drug and road safety education for children and young people beyond the school. It is important for schools to consult regularly with parents on the aspects of resilience, drug and road safety education in which they feel they could be involved, and how they would prefer to be involved as a partnership. This will enhance what students learn within the school.

For more information on the CHAT Model, to become a CHAT school, or to access professional learning on how to assess, plan and implement effective school resilience, drug and road safety education refer to **SDERA.wa.edu.au** or telephone (08) 9264 4743.

A WHOLE-SCHOOL APPROACH FOR RESILIENCE AND DRUG EDUCATION

Here are some ideas for possible whole-school initiatives or activities to support and enrich the teaching of resilience and drug education using the *Challenges and Choices* resources.

Curriculum

- **Develop a Scope and Sequence** for resilience and drug education that outlines which learning activities described in the *Challenges and Choices* resources will be completed by each year level. This will provide students with a comprehensive health education program that addresses the content descriptions identified for each year level in the Western Australian Health and Physical Education syllabus.

- Using *Challenges and Choices*, the skills relevant to resilience and social and emotional learning can be **taught across all learning areas**. For example, coping skills, in relation to exploration and inventions, establishing classroom and school rules and dealing with conflict, can be taught through the Society and Environment learning area.

- Planning classroom activities that **encourage peer and class connectedness can enhance resilience**. For example, older students can work with younger students in a buddy system.

- Teachers can **build and enhance connections with students** in their own classroom and in the broader school community by using strategies such as: greeting students using name and eye contact; trusting students with responsibilities; taking an interest in what students do outside of school hours; and by having fair and consistent behaviour management systems.

- *Challenges and Choices* resources can be used to **explicitly teach** some of the General Capabilities including the Personal and Social Capability.

- Adopting a **strength-based approach** will create stronger engagement and make students feel more competent, in control and alert. Teachers can plan classroom activities that focus on enhancing and building a student's strengths such as a 'shield of strength' where students identify their strengths to design a personal shield.

- To **foster engagement**, offer students opportunities to:
  - ⊙ pursue a personal or group goal
  - ⊙ do some school or community service (eg paint a school mural; design a garden or vegetable patch; compose a school song)
  - ⊙ respond to a problem that has personal or community relevance (eg read or sing to residents at an aged care facility
  - ⊙ do shared activities with the local kindergarten.

- Encourage teachers to collectively **raise their expectations** of their students. Make the students aware of this and challenge them academically. This will improve students' learning, confidence and behaviour.

- Select and **purchase texts and books that focus on resilience skills**. There are numerous well written storybooks suitable for early childhood students that focus on resilience skills including *Alexander and the terrible, horrible, no good, very bad day* by Judith Viorst and *Oh, the places you'll go* by Dr Seuss. Suggest that the school librarian develops a list of books already available in the school.

Ethos and Environment

- Have the school leaders articulate to the school community, which includes school staff, parents and students a clear, shared vision of a whole-school approach to resilience and drug education. This can be achieved through the development of **School Drug Education Guidelines** that include a rationale for why resilience and drug education needs to be taught in the curriculum; the hours it will be taught over the year; the commitment by the school staff and the budget allocation. This is an important step to ensure all aspects of effective resilience and drug education are in place within the school.

- All School Drug Education Guidelines should include **Procedures for Incident Management and Intervention Support**. These procedures should be shared with all staff, students and parents and outline the steps to take within the school to manage, and provide support around, issues and incidents involving possible drug use. These should be developed in consultation with staff, students and parents.

More information on how to develop Guidelines and Procedures can be found in the resource *Getting it Together: A Whole-School Approach to Drug Education* (SDERA, 2010).

- Inform all staff, students and parents of the School Drug Education Guidelines as part of the **induction/orientation process** and through the school's various channels of communication such as the newsletter or website.

- Contact outside agencies such as the local Community Drug Service to seek additional expertise to provide appropriate **intervention support** for students involved in drug-related situations or experiencing issues with drug use.

- Encourage school staff to reach out to students with academic or social issues to create stronger relationships and a positive school environment. Link them to role models, mentors, peers or trusted adults like **The School Volunteer Program**.

- Encourage **all staff members to model their own resilience skills** such as self-management and social management in parent-teacher meetings, staff meetings and interactions with students.

- **Identify and acknowledge the strengths of members of staff and students** through awards and presentations. Plan and provide opportunities for the development of the diverse strengths within the school.

- Involve students in the look and feel of the school website and use it as a forum to **promote a positive school culture**.

- **Celebrate success!** Do this in a public place within the school or on the school website or newsletters (eg teacher or student profiles each week).

- Classes or student groups can perform skits demonstrating the skills they have been learning in their classroom program during a **wellbeing drama day**.

- Budget for **professional learning**. Organise for staff to attend free SDERA workshops and learning seminars to enhance their understanding of resilience and drug education.

Parents and community

- A simple way to reinforce classroom learning and stress the importance of family support and involvement in any child's resilience and drug education is to **provide information to parents on a regular basis**. Information sheets are included in the *Challenges and Choices* resources and can be photocopied and sent home with students to share and discuss with their families. Snippets in school newsletters or on the school website can also be created by using the information from these sheets.

- Parents can play an important role in shaping their child's resilience and wellbeing. Hold sessions to give parents information and tips on building resilience skills in their child. **Encourage parents to be active and positive role models.** Talk about skills such as problem solving, using optimistic thinking, ways to manage emotions, setting goals, showing appreciation and gratitude, making and maintaining positive relationships, learning from mistakes and taking responsibility for their own actions.

- It's crucial that schools seek ways to develop positive, respectful and meaningful partnerships with parents. Here are a few ideas that schools can use to **improve communication between parents and school staff**.
  - ⊙ Have students invite their parents to school events.
  - ⊙ Allocate a staff contact to parents new to the school.
  - ⊙ Set up a parent resource centre or meeting room.
  - ⊙ Ensure there is sufficient notice of school events and parent-teacher interviews, and have these dates on the school calendar.
  - ⊙ Set up a parent section on the school website.
  - ⊙ Send personal invitations to the parents of children receiving classroom encouragement awards or performing learning activities from *Challenges and Choices* at school assemblies.

- Gain **publicity and support** for successes resulting from the school's resilience and drug education programs and activities by advocating to the P&C or P&F and using local media.

- The classroom teacher, with specific knowledge of students and the learning context, is best placed to provide drug education. However **external agencies** may be used to complement existing drug education curriculum programs. Teachers should make sure that these contributions clearly **support the classroom program and do not replace the classroom program**.

- **Identify and engage the key agencies** that can support and complement the school's approach to resilience and drug education, for example Life Education and The Constable Care Child Safety Foundation (Constable Care).

- Use the Drug and Alcohol Office website to **obtain up-to-date information** on drugs and alcohol, research and statistics as well as current drug prevention campaigns.

- **Student orientation packs** should include information on the school's approach to resilience and drug education (eg provide a copy of the School Drug Education Guidelines).

A WHOLE-SCHOOL APPROACH FOR ROAD SAFETY EDUCATION

Here are some ideas for possible whole-school initiatives or activities to support and enrich the teaching of road safety education using the *Challenges and Choices* resources.

Curriculum
- **Develop a Scope and Sequence** that outlines which learning activities described in the *Challenges and Choices* resources will be completed by each year level.

- Take part in road safety related initiatives and encourage parents to do the same. For example:
  - ⊙ **The Walking School Bus™** is a supervised walking group for students to and from school escorted by parents and volunteers. More information is available from the Department of Transport.

  Consider **participation issues for students** who may be unable to cycle or walk to school due to the distance they live from school; special needs; no access to bicycles/helmets; and parents' work hours. For more information about inclusion visit **www.countusin.com.au**

- Use road safety content described in the *Challenges and Choices* resources as a guide when **selecting and purchasing texts and books** for the library or resource centre.

- **School bus safety** should commence in the foundation years, especially in rural areas where the majority of students will travel to school by bus.

Ethos and Environment

- **Develop School Road Safety Guidelines** that include a rationale for why road safety education needs to be taught in the curriculum; the hours it will be taught over the year; the commitment by the school staff and the budget allocation; a local area map showing where parents are to pick up and drop off students; and information about parking areas. More information on guidelines and how to develop these is available in the resource *Getting it Together: A Whole-School Approach to Road Safety Education* (refer to page 12) and can be viewed at **SDERA.wa.edu.au**.

- Contact a Local Government **TravelSmart** Officer (metropolitan schools only) to assist with planning and implementing a *Walking School Bus™*; accessing the *TravelSmart to School* curriculum activities; accessing bike education; tailoring a solution to slow traffic or reduce congestion; and increase active transport.

- Use newsletter snippets to encourage students and parents to **use identified safe pathways and designated pedestrian or school crossings**.

- Contact the **WA Police Traffic Warden State Management Unit** at **www.police.wa.gov.au** to discuss the process for obtaining the services of a traffic warden.

- **Invite Izzy the SDERA road safety mascot** to visit the school or centre to reinforce road safety messages, acknowledge students/classes that have shown safer road user behaviour and celebrate these successes in the school newsletter.

- Provide adequate and **secure bicycle and helmet storage** for students and staff.

- **Promote key road safety expectations** to parents at school assemblies and through the newsletter and website.

- Encourage staff to **model appropriate road safety behaviours** such as wearing a bicycle helmet when cycling to school and using designated crossing facilities near the school.

- **Promote road safety messages** at school assemblies, student work displays and using the songs and stories provided in this resource.

- **Plan road safety learning during excursions** eg safe and responsible travel on public transport and walking on footpaths away from traffic. Department of Education schools should refer to *Excursions: Off School Site Activities Policies*.

- **Promote cycling and walking to school** with adult supervision. Apart from the health benefits, there should be less congestion at drop off and pick up times. Make sure students and their parents are aware of the *School Road Safety Guidelines* which should include entry and exit points for cyclists and areas to safely store bicycles and helmets.

- **Embed school bus safety into the orientation and induction programs** for students and their parents. This should include practical demonstrations and practice in where to stand at the bus stop, and how to get on and off the bus safely. Advise parents of where they can safely park when dropping off and meeting children at the bus stop, and also the importance of supervision of young children while waiting for the bus. Remind parents that children can be at risk when crossing the road before the bus has moved away down the road.

- **Orientation meetings** with parents should include school travel information including the expectations of parents in relation to:
  - drop off and pick up procedures
  - bicycle helmet use
  - being positive road safety role models for all children in the school
  - restraint use in cars and in buses where these have been installed, and the provision of child car restraints when couriering children other than their own
  - using designated crossing facilities such as the school crossing or pedestrian crossing and pedestrian phased traffic signals
  - teaching their children the safest route to school
  - promoting active transport such as walking and cycling
  - their role in their children's road safety education program
  - supervision of their children while walking or cycling to school.

- Access the *Road Safety around Schools Guidelines* to help **identify and address road safety issues** for the school. School travel planning with local government aims to improve safety for children and other road users. Effective planning has been shown to have significant benefits for school communities including reduced traffic congestion around schools, improved safety for students and increased travel choices for students and their parents. The guidelines are available on the WALGA RoadWise website at **www.roadwise.asn. au/schools** or by phoning (08) 9213 2068 or (08) 9213 2066.

- Organise for staff to attend a SDERA **professional development** workshop or seminar.

Parents and Community

- **Apply for funding** under the *WALGA RoadWise Community Road Safety Grants Program* to implement a road safety initiative that will support the *Towards Zero* strategy. Project grants are available for groups to apply to implement road safety projects. These are usually 12 month projects with a plan to be sustainable after funding. The amount funded is based on the Committee's assessment of the application.

  Project grants are due three months before the project start date. Applications are due the first Friday of the month for assessment on the third Friday of the month. An interim evaluation is due 6 months following the start date and a final evaluation and financial acquittal is due 12 months following the project start date. Information is available at **http://www.roadwise. asn.au/road_safety_grants**.

- **Inform parents** through *School Road Safety Guidelines*, assemblies, newsletters and website of your school's commitment to a whole-school road safety education program and the importance of their support and involvement.

- **Invite parents** to see their child's class receive road safety encouragement awards or perform learning activities from this resource at assemblies.

- Use the **family information sheets** included in the *Challenges and Choices* resources to inform parents and encourage involvement in their child's road safety education.

- **Encourage parents to be active, positive role models** and explain how they play an important role in shaping their child's road safety attitudes and behaviours.

- **Order safety door stickers** from SDERA and send these home with students. Encourage families to place the sticker on the safety door window of their vehicle.

- Inform parents about **child car restraint laws and transporting other students** in their vehicle (ie must have a restraint for all child passengers) using the family information sheets provided in the *Challenges and Choices* resources.

- Set up a **passenger safety display** in the school library or an area where families frequent. Include students' work, child car restraint brochures and family information sheets from this resource.

- Use SDERA's *Road Map* directory to **plan road safety contributions from external agencies** to ensure they support and complement classroom curriculum programs.

- Encourage parents, particularly in rural areas, to **drop off and pick up** their children on the same side of the road as the school bus stop.

- Encourage **road safety competitions** in the form of posters, stickers, radio jingles such as *Be visible* at the onset of winter or *Buckle Up* before Easter. Display examples in the school foyer and advertise the competitions in the school newsletter.

- **Contact local media** and advocate to the P&C or P&F to gain publicity and school support for the school's road safety education program.