

A whole-school resilience approach to
road safety and alcohol and other drugs education

CHAT

CHANGING HEALTH
ACTING TOGETHER



TEACHER
RESOURCE

SDERA
SCHOOL DRUG EDUCATION AND ROAD AWARE

Title: Changing Health Acting Together (CHAT):
A whole-school resilience approach to road safety and alcohol and other drugs education

SCIS ID 1947328 978-0-7307-4630-0 (hard copy)
SCIS ID 1947336 978-0-7307-4631-7 (PDF)

ISBN 978-0-7307-4630-0 (hard copy)
ISBN 978-0-7307-4631-7 (PDF)

CHAT is a comprehensive, award winning, evidence-based education program that assists schools achieve better health and wellbeing outcomes for their school community.

©2020 Department of Education Western Australia,
Road Safety and Drug Education Branch.



Attribution-NonCommercial-NoDerivatives
4.0 International

Images

pixabay.com
all-free-download.com

**Department of Education Western Australia,
Road Safety and Drug Education Branch**
Telephone: (08) 9402 6415
Email: sdera.co@education.wa.edu.au
Web: SDERA.wa.edu.au



The School Drug Education and Road Aware (SDERA) program is proudly funded by the Department of Education WA, the Mental Health Commission and the Road Safety Commission via the Road Trauma Trust Account.



CONTENTS

Introduction	1
A focus on health, safety and wellbeing of young people	1
A whole-school approach	2
Why CHAT?.....	3
The CHAT model	4
CHAT levels	8
The CHAT levels.....	8
Bronze level	9
Silver level.....	10
Gold level.....	10
CHAT process	11
Step 1 – Form a committee.....	11
Step 2 – Self-assessment.....	12
Step 3 – Plan outcomes and actions.....	13
Step 4 – Implement.....	14
Step 5 – Monitor	15
Step 6 – Review.....	16
Step 7 – Achieve outcomes and celebrate	17
CHAT Communication and participation.....	18
Why focus on encouraging participation?	18
Strategies to build participation	20
CHAT program examples	22
CHAT case studies	22
CHAT targets.....	23
 PLANNING, TOOLS AND ASSESSEMENT	 25
Planning, tools and assessment	27
CHAT agreement	29
CHAT Self-Assessment Tool (CSAT)	30
Ethos and Environment	30
Curriculum	37
Parents and Community	40
Surveys	44
Parent survey on health education	44
Survey for Year 3 to 6 students.....	47
Survey for Year 7 to 12 students	49
Action plan templates.....	53
Ethos and Environment	53
Curriculum	54
Parents and Community	55
CHAT monitoring form.....	56
 References	 57

INTRODUCTION

A focus on health, safety and wellbeing of young people

Welcome to the Changing Health Acting Together (CHAT) teacher resource. To begin, let's explore why the health, safety and wellbeing of our children and young people is so important and what role teachers and schools can play in educating for healthy lifestyle choices.

Report Card 2018 – The wellbeing of young Australians shows Australia leading the developed world on some indicators, such as low rates of smoking among young people. There has also been some improvement in areas such as rates of alcohol use and illicit drug use. However, the report card shows that we are still on average only middle of the pack by international comparisons and increasingly we are seeing mental health grow as an issue for young Australians (Australian Research Alliance for Children and Youth [ARACY], 2018). There is still work to be done.

A number of research studies (ARACY, 2018; Galobardes, Smith & Lynch, 2006) have shown that health status, as well as attitudes, knowledge and behaviours in adult life, are influenced by childhood experiences and learning. It is therefore vital that we provide young people with the opportunity to develop skills, attitudes and behaviours that lead to healthier lifestyle choices through our school health education programs.

We also know that students' health and wellbeing is directly linked to the quality of social and material resources that they are able to draw upon which can impact their overall health and ultimately affect their ability and willingness to learn and participate in school life (ARACY, 2018; Healy, 2004; Powney, Malcolm and Lowden, 2000).



Healthy students are more likely to engage and succeed at school.

Indeed, studies have shown that the effects of physical ill health on achievement are stronger for students from low socio-economic backgrounds, rural locations or those who are Aboriginal. These students are likely to experience compromised health outcomes and as a consequence spend less time in school and have poorer learning experiences (Powney, Malcolm and Lowden, 2000).



Ongoing alcohol and other drug and road safety education programs can build students' resilience and increase their competency in skills needed to be able to make responsible decisions in traffic and drug-related situations.

A whole-school approach



The 2009 National Preventative Health Strategy Roadmap describes schools as important settings for preventative activities and as agents for social change, influencing not only children but also families and the broader community through building understanding and awareness, as well as creating healthy environments (National Preventative Health Taskforce, 2009, p. 53).

Schools are a focus for the community.

They are places of learning as well as workplaces where attitudes are shaped and knowledge is developed. Schools are also an effective forum to support rights for education and health for the whole school community.

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

A whole-school approach as a concept and model varies nationally and internationally. However, in this resource the whole-school approach recognises the wider social, political and environmental influences on health.

Students in Western Australia (WA) are entitled to the best education and the best possible opportunities to maintain good health. *CHAT: Changing Health Acting Together (CHAT)* is a program which is designed to support schools in achieving this outcome with a particular focus on resilience, alcohol and other drugs, and road safety education.

CHAT aims to embed a comprehensive resilience approach to alcohol and other drugs and road safety education by offering WA schools the opportunity to develop and implement longer-term health and wellbeing initiatives.



A whole-school approach extends the learning environment from what is taught inside the classroom to how students' wellbeing is supported outside the classroom. A whole-school approach is central to the CHAT program. In an evaluation of CHAT, conducted by Edith Cowan University in 2015, it was noted that this approach created effective changes to school policies, practices and environments.

Why CHAT?



The CHAT process will prompt schools to assess what they are already doing and empower the school community to build on existing best practice. With the whole school working together to change and improve health for everyone connected with the school, positive outcomes will be achieved.

CHAT has been developed following research undertaken by School Drug Education and Road Aware (SDERA) through the Health Promoting Schools Project (2009) and further informed by the findings from the Kit-Plus Research Project (2008-2010), a collaboration with the Child Health Promotion Research Centre (CHPRC) at Edith Cowan University (ECU).

CHAT is an innovative program, underpinned by the Principles for School Drug Education (DEST, 2004) and the Health Promoting Schools (HPS) Framework (World Health Organisation [WHO], 1986), drawing together the crucial requirements of best practice alcohol and other drugs and road safety education in a holistic and sustainable model.

Empirical evidence supports the use and value of a whole-school approach in order to address the complexities of risk and protective factors known to mediate student health and wellbeing issues.

This resource has been developed to support schools, and in particular key staff and committees involved in the CHAT program, by:

- * introducing the CHAT program
- * describing the step by step CHAT process
- * sharing key tools to be used in the CHAT program.

The CHAT model

The CHAT program is based on a seven-step process which supports the development of an effective whole-school approach to resilience, alcohol and other drugs, and road safety education.

This process is illustrated in the CHAT Model on the next page.



Parents and community

Internal partnerships with students, staff and parents as well as external partnerships with other schools, health workers, and government and non-government organisations.

KEY Partnerships with parents and local communities including working with outside agencies

- * Parents should receive information regarding the school resilience, alcohol and other drugs, and road safety education programs via letters, newsletter articles, and information on the school's website.
- * Parents should be given appropriate opportunities to provide feedback and input on programs and policies.
- * Establish procedures for support provision and referral, both inside and outside of the school, for those students who require it.
- * Invite parents to at least one parent focused event per school year (eg Keys4Life parent session, Talking Drugs parent session, parent alcohol information session, or a health expo).



Book a SDERA Keys4Life parent session or a Talking Drugs parent session.



Curriculum

Decisions about teaching and learning including how learning is delivered and encouraged.

KEY Curriculum planning and resources

- * Create an age appropriate scope and sequence/curriculum plan for health education which includes resilience, alcohol and other drugs, and road safety education.

- * Use a range of appropriate teaching styles with clear, planned learning opportunities to build students' knowledge, understanding and skills in the areas of resilience, alcohol and other drugs, and road safety education in both discrete health education programs and across other learning areas.
- * Best practice principles for school alcohol and other drugs and road safety education advocate that teachers facilitate the lessons as they know their students. Supporting and complementary lessons by external agencies should be well-planned and not isolated experiences.



Access SDERA's teaching and learning programs such as Smart Steps, Challenges and Choices and Drug Talk. Access SDERA's Connect and Road Map directories which detail appropriate support services in WA.

KEY Giving children and young people a voice

- * Students should be provided with authentic and relevant opportunities to be involved in decision-making.
- * Through using a variety of teaching and learning strategies, all students are contributing to the class and school environment.
- * Schools should consider implementing a range of creative listening tools eg email, suggestion boxes, surveys, focus groups etc.

KEY Assessing, recording and reporting students' achievements

- * Schools in the CHAT program should develop strategies to capture the outcomes achieved. Focusing on outcomes enables the school to identify the difference that participation in CHAT has made.



Access SDERA's PP-Year 9 Assessment Tasks that support the Challenges and Choices program.

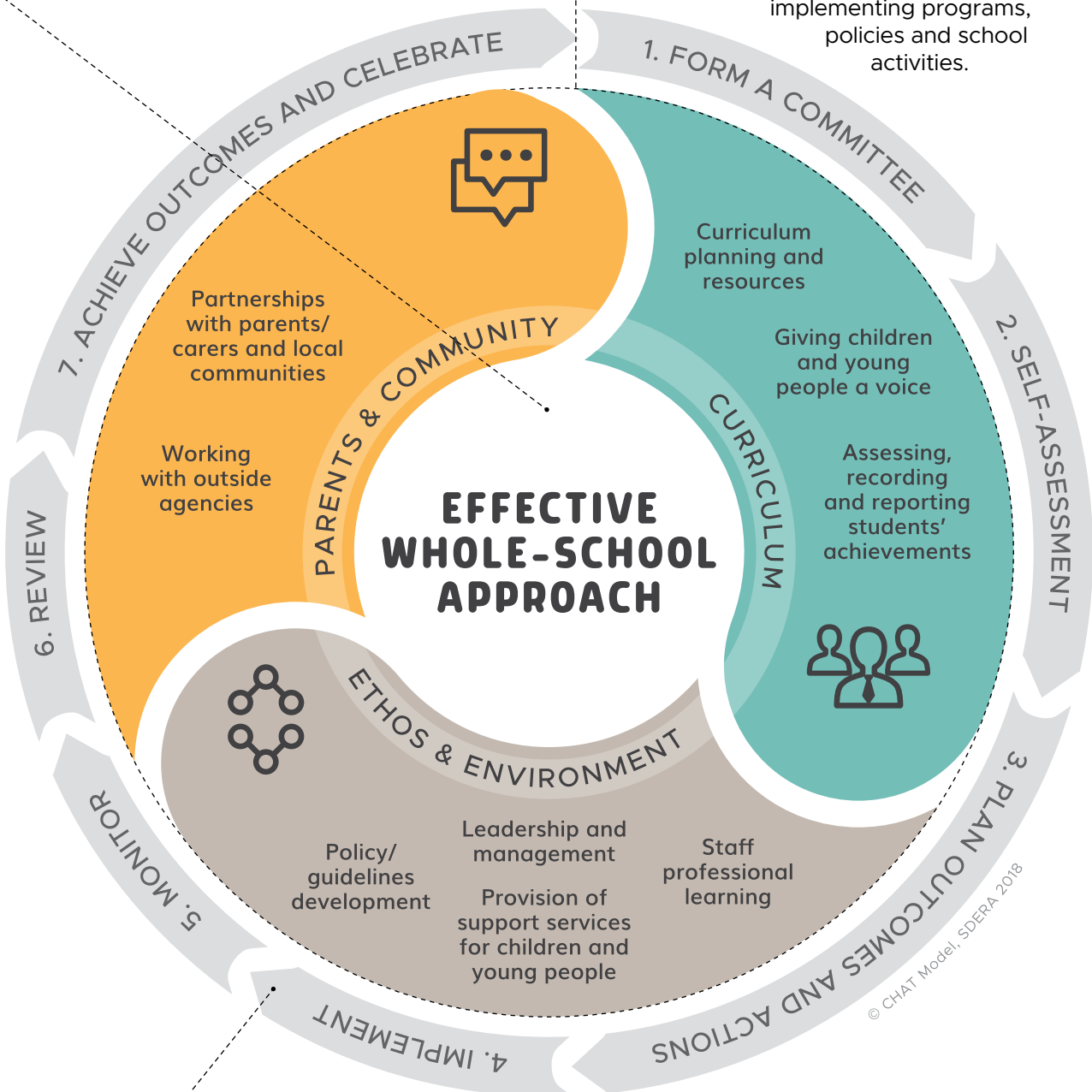
THE CHAT MODEL

Whole-school approach

The whole-school approach involves all members of the school community (ie students, staff, parents and other community members) focusing on and promoting the health and wellbeing of all within the school community.

The Health Promoting Schools Framework (Who, 1986)

The framework's three key components work together to achieve improved health and wellbeing outcomes and are represented in the CHAT Model. These components should all be addressed when planning and implementing programs, policies and school activities.



7-Step process

CHAT is a 7-step development process which enables schools to measure their outcomes as they move through the three CHAT levels – bronze, silver and gold. Bronze level starts at Step 1 and silver and gold level follow on from Step 7. Planning, implementing, monitoring and reviewing the CHAT program continues through the silver and gold levels.



Ethos and environment

The physical environment and the ethos and values of the school as well as the policies and structures developed to create an environment conducive to living, learning and working.

KEY Leadership and environment

- ★ A committed leadership and management team is essential to drive work forward guiding the process of sustained change in schools.
- ★ Effective leadership will build a positive learning and working environment in which staff, students and families can thrive.
- ★ Referral procedures and identified support options that are available within the school or through connection with outside agencies, are provided.
- ★ Information about support services and helplines related to personal safety and wellbeing, and child protection, are made available to students, staff and parents.



Access SDERA's Connect and Road Map directories which detail appropriate support services in WA.

KEY Policy/guidelines development

- ★ Up-to-date policy and guidelines exist, and students, staff and parents have been informed/consulted about these to build ownership and awareness eg Whole-School Drug Education Plan and Procedures for Incident Management and Intervention Support, Whole-School Road Safety Plan, Guidelines for engaging guest presenters.
- ★ CHAT targets are included in the school's business plan(s) and/or operational plan(s).
- ★ Policies and guidelines adhere to Association of Independent Schools of Western Australia (AISWA), Catholic Education Western Australia (CEWA) and Department of Education (DoE) requirements.



Access SDERA's templates for developing a Whole-School Drug Education Plan, Procedures for Incident Management and Intervention Support, and a Whole-School Road Safety Plan.

KEY Provision of support services for children and young people

- ★ Early identification, intervention support and incident management procedures are developed to ensure students have access to the support required.

KEY Staff professional learning

- ★ The whole-school approach encompasses the provision of professional learning for all adults working in the school including teachers, administrative staff, teaching assistants, school nurses, school psychologists and student services staff.
- ★ Through professional learning, staff's physical and emotional health is enhanced and they feel informed, confident and competent.
- ★ CHAT targets and action plans are developed and the existing strengths of staff within the school, and where and what type of professional learning may be required, are identified.



Attend SDERA's free professional learning resilience, alcohol and other drugs, road safety, and early intervention workshops.

A SDERA consultant can support the school in identifying staff professional learning needs as well as providing, or signposting to, appropriate workshops.

CHAT LEVELS

The CHAT levels

BRONZE

All schools start at this level.



Schools use the CHAT Self-assessment Tool (CSAT) to identify areas of strength and areas for improvement against the CHAT criteria.



Three targets are set, one from each of the components in the CHAT model (**Ethos and environment, Curriculum, and Parents and community**) using information collected in the CSAT and priorities from the school's business plan.



SILVER

When **bronze** targets are achieved, the school revisits the CSAT.



Three more targets are set, one from each component of the CHAT model .



GOLD

The school is required to demonstrate achievement of all criteria in the CSAT.



Bronze level



The bronze level is the first level in the CHAT program. To be eligible to start the CHAT program schools **MUST** have:

- * the full commitment of the principal and senior management team
- * identified CHAT on the school development plan
- * nominated a CHAT coordinator
- * signed and returned the CHAT agreement (see page 29).
- * complete the CSAT
- * meet targets determined through the CHAT process
- * implement strategies that support an effective whole-school approach to resilience, alcohol and other drugs, and road safety education
- * develop quantitative (measurable data) and qualitative (descriptive/conceptual data) outcomes
- * develop and implement a Whole-School Alcohol and Other Drug Plan and Procedures for Incident Management and Intervention Support, and/or School Road Safety Education Guidelines
- * discuss the funding application
- * participate in the CHAT evaluation process.

What commitment is required?

Schools are required to:

- * establish a School Health Committee or Health Task Team or include CHAT under an existing committee



Throughout this guide the term 'team' will be used to refer to the committee used to drive CHAT in the school.



Throughout the CHAT program, SDERA will provide support encouraging schools to share ideas and strategies. Support is also provided to explore the enablers and barriers to achieving a whole-school approach.



Review at this level is conducted by a SDERA consultant.

Silver level



When bronze targets are achieved, the school revisits the CSAT. This process will highlight the changes made as a result of attaining bronze level. Decisions then need to be made about gaps that will be addressed at the silver level.



MAINTAINING BRONZE TARGETS

- ✱ If there has been a break between bronze and silver levels, schools will need to check to see if their bronze level targets are still in place.
- ✱ If they are not, schools will need to build these into their action plans for silver level before working towards new targets.



YOUR TEAM

- ✱ A core team is needed to drive the silver level. Retaining original team members and recruiting new members (if required) is important.



Review at this level is conducted by a SDERA consultant.

Gold level



At gold level schools need to be able to demonstrate that they have completed all criteria in the CSAT.



All targets attained at silver and bronze levels should to be maintained. If adjustments need to be made, they will have to be built into the action plans for gold level before new targets are worked towards.



At gold level schools may only need to develop CHAT targets in one or two components. For example, if it is identified that there are gaps in the curriculum area only, this is where target(s) are developed.



As part of CHAT's quality assurance process and before a CHAT school can attain gold level, an independent consultant will be engaged to review the school's CHAT program.

CHAT PROCESS



Step 1: Form a committee

Why have a team?

A team provides:

- ✓ a wide range of skills and expertise
- ✓ a means to work together or share the workload
- ✓ networks and contacts.

Team membership and role

The team will inform and steer the activities of the school to achieve the set targets and outcomes for CHAT.

Tasks of the team include:

- ✓ setting and agreeing on team roles
- ✓ ensuring that health and wellbeing is reflected in the vision and strategic planning of the school
- ✓ completing the CSAT
- ✓ jointly selecting priorities based on the CSAT results
- ✓ developing meaningful targets and outcomes
- ✓ creating action plans and implementing targeted activities and interventions
- ✓ celebrating achievements during the CHAT process.

Tips for managing team meetings

1. Set meeting dates well in advance.
2. Communicate reminders and the agenda well in advance of meetings.
3. Ensure all members understand their role in the team.
4. Share tasks amongst team members.
5. Involve all team members in the meeting.
6. Encourage discussion and the sharing of ideas and opinions.
7. Acknowledge the work or tasks carried out by team members; value contributions.
8. Send out notes and actions soon after the meeting. Include the date of the next meeting.
9. Review meeting structure/organisation and adjust as necessary.



The membership of the team will depend on the size of the school. It is suggested that the team consist of three to four members who understand the school community and have varied skills to bring to the team.



The CHAT forum offers schools an opportunity to chat to other schools involved in the CHAT program. Details of how to access the CHAT forum via the CHAT portal, will be provided once schools are accepted into the CHAT program.



A SDERA consultant may be able to help you get started with the meeting process. Contact details for SDERA Consultants in metropolitan and regional areas are available on the SDERA website.



Step 2: Self-assessment

The first task of the team is to complete the online, interactive CSAT. Access is via the CHAT portal. Login details are provided when a school is accepted into the CHAT program.



It may be helpful to work through a paper copy of the self-assessment tool before entering data into the online version. A copy of this tool is found on pages 30-43.

The CSAT is divided into the three key components of the Health Promoting Schools Framework – Ethos and environment, Curriculum, and Parents and community (refer to pages 5-7 for further information).

It provides a starting point for identifying what a school is currently doing well and any gaps or areas for development in order to achieve a whole-school approach in resilience, alcohol and other drugs, and road safety education.



The CSAT helps schools to answer these questions.

1. What are we doing well?
2. Where are the gaps?
3. What do we need to work on first?
4. What should our whole-school CHAT targets be?

Consulting with the school community

How you consult with your school community will be partly determined by the findings of the CSAT.

You may wish to consult or survey your school community about specific areas of the CSAT or you may decide to keep it more open-ended to see what the school community identifies as areas for improvement.

This CHAT resource includes sample surveys (pages 44-52) that have been designed to be used with students and parents. As a team you may decide to adapt the surveys to suit your school's priorities. You do not have to survey every member of your school community. A sample from each group (eg students and parents) will be sufficient depending on the size of your school. Try to keep the survey fairly small but comprehensive enough to get a representative picture.



The important thing to remember is that you need to talk to and consult with the school community.

There are other ways to consult with your school community including:

- ★ **interviews** – questionnaires can be created for face-to-face interviews or phone interviews. These types of interviews can provide a more complete response
- ★ **group discussions** – can be a quick way of gaining information from a large number of people. Questions can be asked and then responses recorded. In these situations, the role of the group facilitator is to ensure that:
 - everyone is 'heard'
 - one or two people don't dominate the discussion
 - hidden agendas are not pushed to the exclusion of all else.



Questions to ask to determine how to consult

1. What do we want to consult our school community about?
2. What do we want to achieve from this consultation?
3. What data do we already have? Will it help us in determining our health priorities?



Step 3: Plan outcomes and actions

Completing the CSAT at bronze level gives schools a strong picture of the CHAT criteria that they have already achieved. Schools should then consider what outcomes they wish to achieve with the CHAT program. When these outcomes are determined, targets and actions can be planned and ideally placed in the school development plan.



Each planned target should consider the key elements of CHAT and their explanations in the CHAT model (refer to pages 5-7).



Questions to ask when determining outcomes

1. What outcomes are we aiming to achieve and why?
2. How will we achieve these outcomes?
3. What will the targets be to achieve these outcomes?
4. Who is best placed to lead each target?
5. What baseline measurements do we need?
6. How will we measure our progress?
7. How will we know when we get there?
8. How can we capture verbal, visual, and written evidence to demonstrate we have achieved our outcomes and have met the criteria?

Making action planning easy

Setting targets and planning actions can be made easier by using the sample action plans provided (pages 53-55). These action plans will assist schools to assess, plan and implement strategies.



Further information about CHAT Targets can be found on page 23 of this resource.

Setting CHAT targets

Setting targets is more than deciding what you want to do. It involves figuring out what you need to do to get where you want to go and how long it will take you to get there.

All CHAT schools will start the process at bronze level. At this level schools will need to set a CHAT target for each of the three areas of the Health Promoting Schools Framework – Ethos and environment, Curriculum, and Parents and community (refer to CHAT Levels page 8).

Use the SMART acronym when setting targets.

- S** specific (detailing what is required)
M measurable (a baseline measure that can be monitored and assessed for positive change at the completion of the target)
A achievable
R realistic
T within a timeframe.



CHAT SMART target

Under *Ethos and environment* your school may have identified that there is a need to increase participation of students and parents so they can be more active in school life including decision-making.

The CHAT target could be:
To increase the participation of students and parents in decision-making activities by 25% by the end of Term 4, 2019.

This target is clearly a SMART target.

- S** increase the participation of students and parents in decision-making activities
M 25% increase
A the school has considered what is already in place and believes it can be achieved
R the increase of 25% is realistic for this school
T by the end of Term 4, 2019.

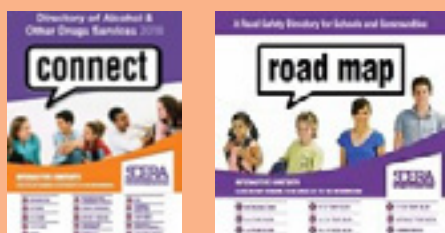
STEP 4

Step 4: Implement



The implementation step is a dynamic part of the CHAT process best guided by smart targets and clear action plans.

With action plans and smart targets developed, there may be a need to increase the size of the team to complete all tasks in the action plan. Identify people who have the knowledge, expertise, interest and enthusiasm to assist. These people may be within the school community or an agency that can support the school.



Use SDERA's Connect and Road Map directories, available on the SDERA website, to locate community-based alcohol and other drugs and road safety agencies.



The following ideas, identified by other schools involved in the CHAT program, can assist in supporting the process, maintaining the momentum of change, and motivating students, staff and parents.

1. Work from where the school is at with resilience, alcohol and other drugs, and road safety issues.
2. Work with those who are informed and committed to the value of the whole-school approach to develop successful practice.
3. Engage with a SDERA consultant to provide support.
4. Involve students and parents in the process.
5. Listen to and acknowledge fears and worries and address them wherever possible.
6. Check with staff regularly to see how they are coping with their tasks.
7. Find the positives, give praise and offer encouragement.



To find out more about what other schools are achieving in their CHAT program read the case studies on pages 22.

CHAT case studies are also available at the following links:

CHAT Videos

<https://www.sdera.wa.edu.au/programs/chat/>

CHAT Case studies

<https://www.sdera.wa.edu.au/programs>



Step 5: Monitor

Monitoring progress enables schools to keep their targets and action plans on track and also celebrate milestones towards achieving outcomes.



Questions to ask about the monitoring progress

1. What is going well and why?
2. What is not going according to plan and why?
3. What else do we need to do to complete the action plan?
4. Were there any unexpected outcomes (positive or negative) that resulted from our planned activities?
5. Can we sustain this plan?

Recording and reporting

Schools need to identify and then use realistic methods to monitor, record and report achievements. Mechanisms for recording and reporting may need to be developed. Page 56 of this resource has a simple example of a document that could be used to record:

- ✱ the impact the target has had on the whole school community
- ✱ if awareness has been raised of the importance of the issue
- ✱ if there is changed practice
- ✱ if the changes are sustainable
- ✱ what the outcomes are.

Challenges

During the monitoring stage, challenges and issues may be identified. Developing and applying strategies to address these is important to ensure targets are achieved.



Challenge #1

Members of the team seem to be losing interest in the CHAT program.

Strategies to overcome the challenge

- ✓ Make sure everyone feels that they are involved and contributing to the plan.
- ✓ Recognise and value small achievements along the way – don't wait until the end of the process.

Challenge #2

Decline in team meeting attendance.

Strategies to overcome the challenge

- ✓ Send out meeting reminders well in advance.
- ✓ Check that everyone knows the dates, time and venue for meetings.
- ✓ Combine the meeting with an afternoon tea or other social event.

Challenge #3

Barriers within the school are affecting change.

Strategies to overcome the challenge

- ✓ Find the allies within senior management and staff.
- ✓ Ensure that everyone knows what and how to achieve the changes and what the benefits will be for the school.
- ✓ As small changes are made, promote them actively in the school.

Challenge #4

Not being able to make changes because of lack of funds.

Strategies to overcome the challenge

- ✓ Try accessing grant schemes and funding opportunities with outside agencies and/or other initiatives.

Step 6: Review



Build in time at the end of the planned actions to evaluate and review.

Reviewing progress should involve teaching and non-teaching staff, students and parents.



Questions to ask about the review process

1. Have we achieved what we set out to do?
2. What worked and why?
3. What didn't work and why?
4. What do we need to do differently?
5. How can we sustain or extend this practice?



A SDERA consultant will support your team to ensure that the targets and intended outcomes have been met at each level of the program. This adds a level of objectivity and consistency to the program.

At bronze and silver level, reviews will be conducted by a SDERA consultant. As part of CHAT's quality assurance process and before a CHAT school can attain gold level, an independent consultant will be engaged to review the school's CHAT program.



Step 7: Achieve outcomes and celebrate



It is important to celebrate throughout the CHAT process and in particular when outcomes are met.

Ideas for celebrating milestones could include:

- ✓ articles in the school newsletter
- ✓ articles in the local paper acknowledging 'partnership' support
- ✓ a display board in the front office of the school outlining success and thanking participants
- ✓ acknowledgement at school assemblies
- ✓ a morning tea or lunch for those involved
- ✓ a whole school event such as a BBQ
- ✓ a personal 'thank you' letter outlining the role the person has played.



This stage of the CHAT process should not be overlooked. Have fun and celebrate!

How SDERA will promote CHAT

Celebratory events

SDERA recognises the importance and value of celebrating CHAT successes and will offer a variety of celebratory events to recognise and thank schools for their involvement and endeavours in resilience, alcohol and other drugs, and road safety education.

Promotion and marketing

Case studies with supporting photos, videos, and success stories highlighting the achievements of CHAT schools will be placed on the SDERA Program's website and included in newsletters and other promotional material.

CHAT PARTICIPATION AND COMMUNICATION

Why focus on encouraging participation?

CHAT offers schools a perfect opportunity to involve parents and students as active participants in a whole-school approach. Through the self-assessment step of the CHAT process, schools are able to assess how they currently include parents and students and what they can do to increase participation levels in their school community to help achieve their CHAT targets.

Student participation



Student participation provides young people with opportunities to develop skills, values and behaviours that promote their health, wellbeing, relationships with others in the community and their life goals (Department of Education, Science and Training [DEST], 2006a).

Parent participation



Parental participation improves student learning whether the child is in preschool or in upper years, whether or not the family is struggling economically or is affluent, or whether the parents finished high school or graduated from college (DEST, 2006b).

For schools to succeed in engaging parents and families the following three practices should be adopted.

1. Focus on building trusting collaborative relationships among teachers, families and community members.
2. Recognise, respect and address families' needs and any differences.
3. Embrace a philosophy of partnership where power and responsibility are shared.
(DEST, 2006b)

Student participation (cont)

Benefits of involving students in CHAT

Providing opportunity for students to authentically share ideas, think for themselves, express their views effectively, plan, prioritise and be involved in the decision-making process can promote the following benefits for students.

- ✓ Increased empowerment and feeling valued
- ✓ Development of skills such as decision-making, negotiation and teamwork
- ✓ Improved self-esteem and confidence
- ✓ An increased sense of belonging to the school community
- ✓ Improved school performance and connectedness to the school community
- ✓ Deeper understanding of the school's values and ethos



To find out more about the theory of student participation, access the following link.

In Tune: Students participating in drug education pp. 53-60
<https://www.education.vic.gov.au/documents/school/teachers/health/intuneresource.pdf>

Parent participation (cont)

Benefits of involving parents in CHAT

For students

- ✓ Improved academic achievement
- ✓ Create a more positive attitude to school and studying
- ✓ Improved school attendance

For parents

- ✓ Building closer relationships with teachers
- ✓ Increasing parent opportunities to share ideas with other parents
- ✓ Greater understanding of and input into the school community

For teachers

- ✓ Developing a more positive relationship with parents
- ✓ Encouraging a better understanding of students
- ✓ Encouraging parental recognition of teaching skills and effort



To find out more about parent partnerships access the following link.

Parent Partnerships: Parent involvement in the later years of schooling
<https://www.education.vic.gov.au/documents/school/teachers/health/parentpartner.pdf>

Strategies to build participation



CHAT schools should consider what opportunities are offered to parents and students to participate in whole-school approach initiatives and the level of participation that parents and students can reach within these opportunities.

Strategies to encourage student participation



It can be challenging to encourage all students to actively participate. In planning for student participation, each school community needs to ensure that its practice is inclusive of the unique and special characteristics of its student population.

- * Have students examine the decision-making structure of the school and organise to set up structures or processes to increase student participation.
- * Provide training and support for students where skill development is required for effective participation eg student council members, peer mentors.
- * Give all students opportunities to participate. This could include finding different roles and rotating responsibilities regularly as well as ensuring opportunities are offered to all students.
- * Develop an ethos amongst all staff to ensure active student participation is encouraged.
- * Engage students in the development of the school's whole-school plans for alcohol and other drugs education or road safety.
- * Encourage students to volunteer or fundraise for wider community projects and charity events.
- * Set up a 'buddy system' in which older students form groups to support and mentor younger students in the school.
- * Provide opportunities for students to comment on school activities and issues eg print student articles in the school newsletter, offer a space for students on the school noticeboard, use a student/class comment book, or set up a blog on the school website.
- * Organise a local forum of young people, possibly from several schools, to discuss, debate and decide on issues affecting their health.
- * Offer peer mentoring opportunities with appropriate training.
- * Publicly thank and reward students who actively participate and contribute to the school and the wider community eg award ceremonies, articles in the school newsletter, classroom awards, 'party with the principal' lunches.
- * Survey students in the school to gain their thoughts on the school's health education program.

Strategies to encourage parent participation



Schools need to establish a school environment and culture that welcomes and encourages all parents to raise questions, participate in school activities, and volunteer their services.

- * Establish regular school-home communication about all aspects of the school eg school policies, programs and activities.
- * Maintain a staff directory identifying the roles and responsibilities of staff, particularly in relation to health and wellbeing issues and include this information in school communication, induction packages, and orientation sessions.
- * Use different forms of communication eg school newsletters, e-mail, class newsletters; websites for the school, classes and learning areas; a class parent telephone tree; and mailing items to home when necessary.
- * Display posters to announce upcoming events or achievements.
- * Understand and connect with the communication needs of parents and families in the school community offering a variety of strategies to reach diverse groups eg bi-cultural workers to interpret, videos in different languages on the school website, key school resources/information translated into different languages represented within the school community.
- * Consider and offer alternative times and venues for meetings and parent information sessions.
- * Respect diversity of family backgrounds and cultures and their contribution to children's learning, health and wellbeing.
- * Provide parents with advance notice for key events.
- * Actively welcome parent and family volunteers into the school.
- * Allocate a space within the school where parents can meet and work on specific activities or projects, or just share ideas with others.
- * Provide genuine opportunities for all parents and families across the school community to be involved in advisory committees, school council, and family-school action teams.

CHAT PROGRAM EXAMPLES

CHAT case studies

Different schools will approach the CHAT process seeking different outcomes. To find out how other schools are embracing the CHAT program, investigate the following.

CHAT Videos on the SDERA website

<https://www.sdera.wa.edu.au/programs/chat/>

<https://www.sdera.wa.edu.au/programs/chat/become-a-chat-school/>

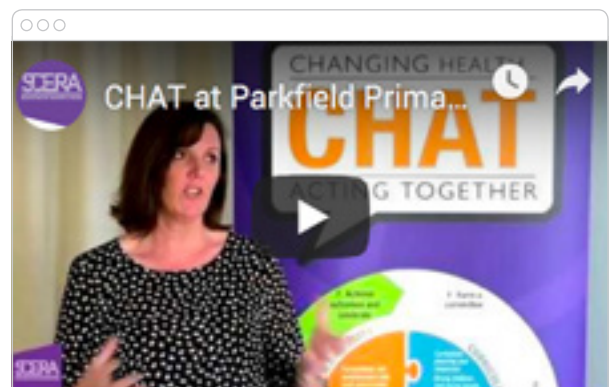
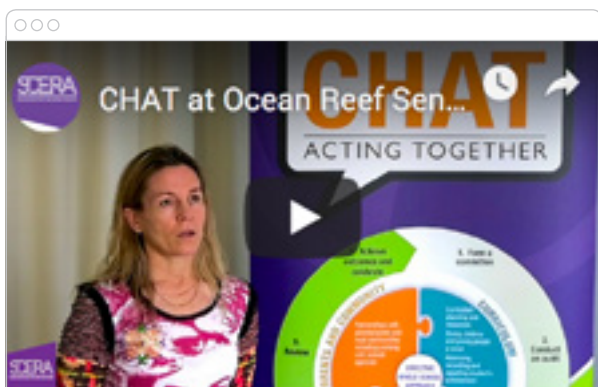
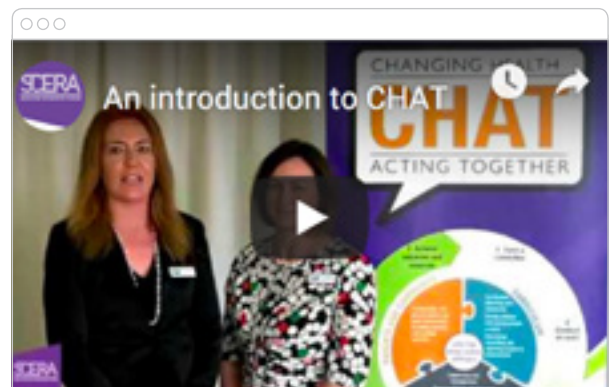
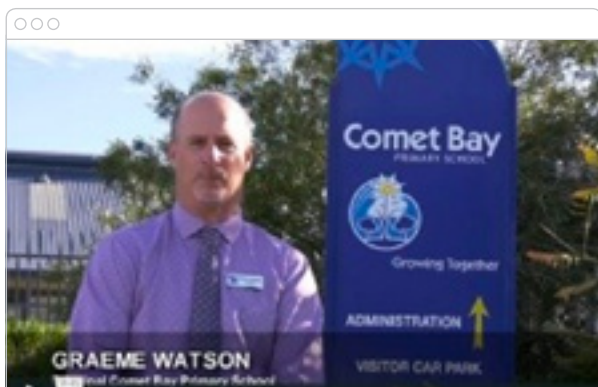
CHAT Case studies

<https://www.sdera.wa.edu.au/programs>

CHAT Forum

The CHAT forum offers schools an opportunity to talk with other schools involved in the CHAT program. Details of how to access the forum via the portal, will be provided once schools are accepted into the CHAT program.

Sample CHAT videos



CHAT targets

Step 3 of the CHAT process involves setting targets. The following examples use the SMART acronym (more on this on page 13) and are provided for each of the three components of the CHAT Model.

CHAT target examples



Ethos and environment

Example 1

Develop a Whole-School Drug Education Plan and Procedures for Incident Management and Intervention Support by September 2020.

Example 2

Devise and implement a twice-yearly monitoring system that measures students' feelings of safety and support within the school.

Example 3

Ensure that staff involved in providing resilience, alcohol and other drugs, and road safety education attend at least one evidence based/informed professional learning session in 2021.



Parents and community

Example 1

Develop and use three strategies to increase parent and community engagement in Term 3 and 4, 2020.

Example 2

Ensure there are guidelines in place for the involvement of school health services and external agencies in our resilience, alcohol and other drugs, and road safety education initiatives by the end of Term 3, 2020.



Each school will set their own targets based on the outcomes they want to achieve with their CHAT initiatives.



Curriculum

Example 1

Develop a scope and sequence/curriculum plan for resilience and wellbeing education for Kindergarten to Year 6 by the end of March 2020.

Example 2

Review our resilience, drug and road safety curriculum plan to ensure it is age appropriate, that staff feel confident to deliver it, and that resources are up to date and evidence based/informed by the end of June 2021.

Example 3

Develop a timely and developmentally appropriate alcohol and other drugs education curriculum plan for Years 4-6 that adopts a 'best practice' approach and is ready for implementation in Term 4, 2020.

Example 4

Plan a series of five lessons for all Year 10 students using SDERA's *Drug Talk* program to be implemented in Term 3, 2020.

Example 5

Use SDERA's resilience and wellbeing assessment tasks to assess and report on students' achievements in the Semester 2 report, 2021.

Example 6

In Term 2, 2020, with the support of the student council, organise a local forum for students in Years 7-8 to be hosted at the school to discuss, debate and decide on issues affecting their health.

Notes

PLANNING, TOOLS AND ASSESSMENT

The following section introduces planning and assessment documents and additional tools that can be used in the CHAT program.

PLANNING, TOOLS AND ASSESSMENT

CHAT Self-assessment tool (CSAT)

The CHAT self-assessment tool (CSAT) provides a starting point for identifying what a school is currently doing well and any gaps or areas for development in order to achieve a whole-school approach in resilience, alcohol and other drugs, and road safety education.

Access to the CSAT is through the CHAT portal. Login details are provided when a school is accepted into the CHAT program.



It may be helpful to work through a paper copy of the self-assessment tool before entering data into the online version. A copy of this tool is found in this section of the resource (pages 30-43).



To increase the chances of parents/carers completing the survey, schools should take into account their school community, their needs and their diversity, and use strategies that best suit eg ask parents to complete the surveys on parent/teacher nights, offer prizes for parent surveys that are completed and returned to the school, use Survey Monkey to collect the results, reduce the size of the survey etc.



We know that parents can directly influence the behaviour of their children through their own behaviours and attitudes, as well as their family relationships.

Education research over the past three decades has established a direct correlation between increased parent involvement in schooling and increases in the resilience, health and wellbeing, and academic performance of students. Support networks, attitudes, attendance, homework habits, relationships and retention rates are strengthened when schools and parents work together (Davis, 1991; Henderson, 1994; Griffith, 1996).

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

Surveys

Parent survey on school health education

CHAT schools should consider what opportunities are offered to parents to participate in whole-school approach initiatives. One of the possible strategies to engage and consult with parents is through a parent survey on health education (pages 44-46).

Schools can choose how to implement the survey eg paper-based, electronic, through interview etc. Schools can also choose to implement the CHAT parent school health education survey (pages 44-46) in entirety or just the questions that are relevant to the intended outcomes of the CHAT program. Surveys are not mandatory in the CHAT program.

Student surveys Year 3-Year 6

One strategy that can be used to find out what students think about the current health education program is a student survey. The data from the survey can then be used to support student wellbeing, engagement, school improvement and CHAT planning. Student surveys are found on the following pages.

Years 3-6	Pages 47-48
Years 7-12	Pages 49-52



It is important to emphasise that there are no right or wrong answers and that students' answers will be used to plan health education and CHAT initiatives in the school so they should accurately reflect what they think and feel.

Teachers can modify how they conduct the surveys to meet students needs eg reading surveys and collecting results through a show of hands etc.

Action plans

An action plan is a list of tasks, actions, timing and responsibilities that help you to complete a project or achieve an outcome.

The CHAT program requires schools to set targets to achieve their CHAT program outcomes. Each target will require an action plan to be developed. A simple CHAT action plan has been created (page 53-55) for school to use. These action plans:

- * identify the target
- * help to identify the steps required to achieve the target
- * assist in keeping track of all of the tasks and actions to be taken
- * show who is responsible for tasks and by when
- * establish priorities.

Chat monitoring

Why monitor?

Step 5 of the CHAT process involves monitoring progress. This enables schools to keep their targets and action plans on track and also celebrate milestones towards achieving outcomes.

Page 56 of this resource has a simple example of a document that could be used to record:

- * the impact the target has had on the whole school community
- * if awareness has been raised of the importance of the issue
- * if there is changed practice
- * if the changes are sustainable
- * what the outcomes are.



Action plans are helpful in identifying timelines, deadlines, and specific details on the actual steps you need to take. By tracking the results of the actions, this allows you to gauge the level of success. If you are having difficulty completing tasks and actions, then you can quickly adapt your strategy because you are tracking and measuring the results through your action plan.

CHAT AGREEMENT

- ★ All schools who have expressed an interest in joining the CHAT program are required to sign this agreement.
- ★ The agreement outlines your school's responsibilities and the tasks that you are required to complete during the CHAT program.
- ★ SDERA is also required to sign the agreement formalising the support that will be offered to your school while involved in CHAT.

CHAT Agreement

(name of school) agrees to participate in the CHAT program and will complete the following tasks.

- | | |
|---|--|
| <ul style="list-style-type: none"> ✓ Within two weeks of signing this agreement our school will establish a Health Committee/Health Task Team or include CHAT under an existing committee. ✓ Participate in a half-day CHAT professional learning workshop. ✓ Complete the CHAT self-assessment tool (CSAT) in consultation with a SDERA consultant. ✓ Identify targets aligned to the three components of the CHAT Model. ✓ Implement actions to achieve identified targets that focus on resilience, alcohol and other drugs, and road safety education. ✓ Develop quantitative and qualitative outcomes which can be measured to assess achievement. | <ul style="list-style-type: none"> ✓ Develop and implement Whole-School Drug Education Plan and Procedures for Incident Management and Intervention Support and/or a School Road Safety Education Plan. ✓ Discuss the funding application with a SDERA Consultant. ✓ Write a case study to be used by SDERA as support materials for other CHAT schools. ✓ Ensure that monitoring and evaluation of CHAT targets is ongoing throughout the process. ✓ Participate in the CHAT evaluation process to be carried out in consultation with a SDERA consultant. |
|---|--|

SDERA

SDERA agrees to support your school during the CHAT program and will offer the following.

- | | |
|--|---|
| <ul style="list-style-type: none"> ✓ Intensive in-school support as required. ✓ Professional learning workshops to meet your schools needs eg whole school sessions, small group meetings. | <ul style="list-style-type: none"> ✓ Support in writing grant applications for CHAT funding. ✓ Networking opportunities with other schools eg to share ideas, work collaboratively etc. |
|--|---|

Principal's name

SDERA consultant's name

Principal's signature

SDERA consultant's signature

CHAT coordinator's name

Date

CHAT coordinator's signature

Date

CHAT SELF-ASSESSMENT TOOL (CSAT)



ETHOS AND ENVIRONMENT



CURRICULUM



PARENTS AND COMMUNITY

1.0 Do we have up-to-date policies/plans in place?

Whole-School Drug Education Plan and Procedures for Incident Management and Intervention Support.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

Guidelines for engaging guest presenters.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

Whole-School Road Safety Plan.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

CHAT SELF-ASSESSMENT TOOL (CSAT)

1.0 Do we have up-to-date policies/plans in place?

Student Driver Guidelines.

Status	Implemented	Partially implemented	Not implemented
Evidence Available / Comments			

Guidelines to enforce 'no smoking' on school grounds.

Status	Implemented	Partially implemented	Not implemented
Evidence Available / Comments			

Child Protection Policy.

Status	Implemented	Partially implemented	Not implemented
Evidence Available / Comments			

Student Behaviour Policy.

Status	Implemented	Partially implemented	Not implemented
Evidence Available / Comments			

1.0 Do we have up-to-date policies/plans in place?

Alcohol on school premises.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

Staff, students and parents have been informed/consulted about these plans/policies.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

1.1 Is there a named member of staff/committee/department responsible for health education (including resilience, road safety and alcohol and other drugs (AOD) education) with status, training and appropriate leadership/management support within the school?

The named member of staff/committee/department reports that s/he has appropriate leadership/management support within the school.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

The named member of staff/committee/department can confirm that s/he receives time to complete the role in line with other learning coordinators.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

CHAT SELF-ASSESSMENT TOOL (CSAT)

1.1 Is there a named member of staff/committee/department responsible for health education (including resilience, road safety and alcohol and other drugs (AOD) education) with status, training and appropriate leadership/management support within the school?

The named member of staff/committee/department has participated in recent resilience, road safety and AOD professional learning.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

1.2 Is health education in our school planning?

The development of resilience, road safety and AOD education is part of our School Development Plan/Business Plan/Operational Plan.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

There is a Child Protection Policy that is reviewed at least every two years.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

1.3 Does our school community feel safe and supported when at school?

Information about policies/plans are made available to the school community through the school brochure, staff handbook or school website.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

1.3 Does our school community feel safe and supported when at school?

Information about support services and helplines related to personal safety and wellbeing and child protection are made available to students, staff and parents.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

There are procedures in place related to environmental safety and building security and staff are aware of these.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

1.4 Do staff feel confident to work with road safety and AOD issues that arise in our school?

Staff report that they feel confident to work with road safety and AOD issues that arise at school.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

Staff have received appropriate professional learning in resilience, road safety and AOD education and early intervention.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

1.5 Do we involve our whole school community in resilience, road safety and AOD education?

The school can demonstrate what has changed in aspects of curriculum planning, teaching and learning, and the school environment as a result of whole school community consultation.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

Parents are informed of opportunities to learn about the importance of resilience, road safety and AOD education.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

Parents report that they understand the importance of resilience, road safety and AOD education.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

1.6 Are our resilience, road safety and AOD education initiatives based on best practice?

The school can demonstrate that it applies the principles of road safety and AOD education in the development and implementation of their health education initiatives.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

CHAT SELF-ASSESSMENT TOOL (CSAT)

1.7 Do we inform the school community about resilience, road safety and AOD education initiatives?

The school uses appropriate strategies to inform parents about resilience, road safety and AOD initiatives.

Status	Implemented	Partially implemented	Not implemented
--------	-------------	-----------------------	-----------------

Evidence Available / Comments			
-------------------------------	--	--	--

1.8 Are positive relationships encouraged between staff and students?

The school demonstrates effective practice in creating and maintaining positive and supportive relationships across the whole school community (e.g. high, achievable expectations for students; diversity is valued; code(s) of conduct are established).

Status	Implemented	Partially implemented	Not implemented
--------	-------------	-----------------------	-----------------

Evidence Available / Comments			
-------------------------------	--	--	--

CHAT SELF-ASSESSMENT TOOL (CSAT)



ETHOS AND ENVIRONMENT



CURRICULUM



PARENTS AND COMMUNITY

2.0 Do we have an age appropriate scope and sequence/curriculum plan for health education, which includes resilience, road safety and AOD education?

The school has developed a scope and sequence/curriculum plan for resilience, road safety and AOD education that identifies age appropriate content across all year levels.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

2.1 Do we have the curriculum support resources to provide resilience, road safety and AOD education?

The school uses a number of evidence-based resources which support resilience, road safety and AOD education being delivered (e.g. Challenges and Choices, Drug Talk and Keys4Life).

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

2.2 Do we feel confident to deliver resilience, road safety and AOD education in the classroom?

All school staff have the opportunity to attend professional learning to gain the appropriate skills and confidence to deliver resilience, road safety and AOD education (e.g. Challenges and Choices, Talking Drugs, Drug Talk and Keys4Life).

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

All school staff are informed/provided with relevant information and resources to enable them to deliver resilience, road safety and AOD education.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

2.3 Are we teaching our students the skills needed to increase resilience and reduce harm from AOD use and road trauma?

The school can demonstrate that classroom programs have a knowledge and skills development focus (e.g. help-seeking, decision-making and self-reflection skills).

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

2.4 Are we increasing students' capacity to make an informed choice about AOD and their use?

The school can demonstrate that social and emotional skills are taught in the classroom (e.g. help-seeking and resilience).

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

2.4 Are we increasing students' capacity to make an informed choice about AOD and their use?

The school can demonstrate students have an opportunity to actively participate in quality resilience, road safety and AOD education teaching and learning programs.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

2.5 Are we monitoring and evaluating the school's health education scope and sequence/curriculum plan?

The school annually reviews and updates (where required) the health education scope and sequence/curriculum plan to ensure it is current, appropriate and relevant to students.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

2.6 Are we assessing progress in health education?

The school uses SDERA's resources to assess student achievement and progress (e.g. SDERA's resilience and wellbeing, road safety and AOD assessment tasks).

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

Students and staff can clearly identify progress through the school's assessment and reporting processes.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

CHAT SELF-ASSESSMENT TOOL (CSAT)



ETHOS AND ENVIRONMENT



CURRICULUM



PARENTS AND COMMUNITY

3.0 Do our parents know what is involved in resilience, road safety and AOD education in our school?

Parents have received information regarding the school resilience, road safety and AOD education programs (e.g. letters, newsletter articles, and information on the school's website).

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

3.1 Are we involving parents in our resilience, road safety and AOD education initiatives?

Parents are invited to at least one parent focused event per school year that is specifically to increase their understanding of either resilience, road safety and AOD education (e.g. Keys4Life parent session, Talking Drugs parent session, parent alcohol information session or a health expo).

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

3.1 Are we involving parents in our resilience, road safety and AOD education initiatives?

We actively seek feedback and input from parents (e.g. parent surveys and feedback from parent sessions).

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

3.2 Are we giving parents ideas on how to talk to their children about resilience, road safety and AOD issues?

Parents are provided with information and strategies on how to talk openly with their children about resilience, road safety and AOD issues (e.g. SDERA family information sheets, SDERA drug fact sheets and information sessions).

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

3.3 Do procedures exist for support provision for students in school who require it?

The school has clear procedures for internal support provision and referral.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

Staff understand their role(s) in the internal support provision and referral process.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

3.4 Do procedures exist for support provision and referral outside of the school for students who require it?

The school has clear procedures for external support provision and referral.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

In primary schools, staff are aware of how to access support agencies.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

In secondary schools, students and staff are aware of how to access support agencies.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

Information for staff, parents and students from appropriate support agencies is promoted within the school.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

3.4 Do procedures exist for support provision and referral outside of the school for students who require it?

Staff report that they have accessed support agencies when required.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

We seek to build relationships with support agencies (e.g. WA Police, CADS, WALGA RoadWise).

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

3.5 Do we know of and use external agencies and presentations to complement our resilience, road safety and AOD education initiatives?



There are school guidelines about the role of guest presenters to support teaching and learning programs, including the monitoring and evaluation of their input/contribution.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

The school uses relevant and appropriate guest presenters to complement ongoing teaching and learning programs.

Status Implemented Partially implemented Not implemented

Evidence Available / Comments

PARENT SURVEY: RESILIENCE, ROAD SAFETY AND DRUG EDUCATION

Please tick ☐:

GENDER:

Male

Female

Please tick ☐ the correct details for your student:

YEAR LEVEL at school (not age):

1	2	3	4	5	6
7	8	9	10	11	12

CURRICULUM

Please tick ☒ correct response.

1.	Does your child receive Health Education at school?				
	Yes	No	Don't know		
2.	Overall, do you believe Health Education in school is important?				
	Yes	No	Don't know		
3.	Indicate the level of importance you attach to each of the topic areas below.	Essential	Very Important	Somewhat Important	Not Important
	Resilience Education Alcohol and Other Drugs Education Road Safety Education Physical Education Sun Safety Education Sexual Health Education Nutritional Education Emotional Health and Wellbeing Education				
4.	Does your child's school advise you of their areas of focus in Health Education?				
	Yes	No	Don't know		
5.	Do you know what Alcohol and Other Drugs Education is happening in your child's classroom?				
	Yes	No	Don't know		

ETHOS AND ENVIRONMENT

6.	Does your child's school have a whole-school plan for Road Safety Education?			
	Yes	No	Don't know	
7.	Does your child's school have a whole-school plan for Alcohol and Other Drugs Education?			
	Yes	No	Don't know	
8.	Does your child's school have procedures for managing alcohol and other drugs incidents?			
	Yes	No	Don't know	
9.	Do you know what support services are provided for students at your child's school?			
	Yes	No	Don't know	
10.	I think my child feels:			
	Close to people at school			
	Always	Usually	Sometimes	Never
	Like he/she is part of the school			
	Always	Usually	Sometimes	Never
	Happy to be at school			
	Always	Usually	Sometimes	Never
	Connected to the teachers at school			
	Always	Usually	Sometimes	Never
	Safe in school			
	Always	Usually	Sometimes	Never
11.	Do you know what happens if your child breaks the school rules?			
	Yes	No	Don't know	
12.	Do you feel road safety practices are well thought out and well managed around the school?			
	Yes	No	Don't know	
13.	Do you feel comfortable contacting the school about issues of concern?			
	Always	Usually	Sometimes	Never

PARENTS AND COMMUNITY

14.	How would you rate your understanding of road safety issues as a concern in relation to young people? Tick one box only.
	<input type="checkbox"/> Very <input type="checkbox"/> Above <input type="checkbox"/> Average <input type="checkbox"/> Below <input type="checkbox"/> Limited
15.	How would you rate your understanding of alcohol and other drug issues in relation to young people? Tick one box only.
	<input type="checkbox"/> Very <input type="checkbox"/> Above <input type="checkbox"/> Average <input type="checkbox"/> Below <input type="checkbox"/> Limited
16.	Have you been actively involved in developing or implementing the school's health policies or guidelines? Tick as many boxes as needed . <input type="checkbox"/> Involved in writing policies and/or guidelines <input type="checkbox"/> Consulted on content of policies and/or guidelines <input type="checkbox"/> Received copies of policies and/or guidelines
17.	In relation to question 16, how important do you think this involvement is for parents? Tick one box only. <input type="checkbox"/> Extremely important <input type="checkbox"/> Moderately important <input type="checkbox"/> A little important <input type="checkbox"/> Not important
18.	Have you received ideas from the school on how to talk to your child about these issues? <input type="checkbox"/> Resilience <input type="checkbox"/> Drug issues <input type="checkbox"/> Road safety issues
19.	Do you receive regular updates from your school on current areas of focus in Health Education curriculum eg through the school newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
20.	Do you feel the school provides a range of opportunities to invite your involvement and participation in your child's Health Education? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Thank you for your response.

SURVEY FOR YEAR 3 TO 6 STUDENTS

We would like to know what you think about your school's Health Education program. **You do NOT need to write your name on the survey.** No-one at school or home will know that the answers you give have been written by you, so please be honest. This is not a test – there are no right or wrong answers.

The term 'drug' in this survey includes over-the-counter medicines, cigarettes, alcohol and illegal drugs.

Please tick ☒:

Are you: Male Female

X (Indeterminate/Intersex/Unspecified)

Please tick ☒ your YEAR LEVEL at school:

Year 3	Year 4	Year 5	Year 6
--------	--------	--------	--------

1. **Tick the topics** you can remember learning about in health this year.

Wellbeing (eg friendships, problem solving, feelings and thoughts)

Drug Education (eg medicines, alcohol, smoking)

Road Safety (eg wearing a seat belt, bike safety, walking safely to school)

Physical Education (eg sport or other physical activities)

Sun Safety (eg hats, sun cream, clothing and shelter)

Healthy Eating (eg foods we eat)

Growing Up (eg changes in your body)

2. Do the things you learn in health help you to make healthy and safe decisions?

Yes No Don't know

3. Do you know what happens if you break the school rules?

Yes No Don't know

4. Do you know where to go to at school if you need help, have any problems or need someone to talk to?

Yes No Don't know

5. Do you have good positive relationships with your teachers (e.g. respect and understanding)?

Yes No Don't know

SURVEY FOR YEAR 3 TO 6 STUDENTS (CONT.)

For the following questions, tick one box only.					
6.	I feel happy at school.	Always	Usually	Sometimes	Never
7.	I feel safe at school.	Always	Usually	Sometimes	Never
8.	I have friends I can trust.	Always	Usually	Sometimes	Never
9.	I know who can help me at school.	Always	Usually	Sometimes	Never
10.	I think the teachers care about me.	Always	Usually	Sometimes	Never
11.	It is important for me to learn about being healthy and staying safe.				
	Agree	Disagree	Don't know		

Thank you for your response.

SURVEY FOR YEAR 7 TO 12 STUDENTS

We would like to know what you think about your school's Health Education program. You do not need to write your name on the survey. No-one at school or home will know that the answers you give have been written by you, so please be honest. This is not a test – there are no right or wrong answers.

The term 'drug' in this survey includes alcohol, cigarettes, over the counter and illegal drugs.

Please tick ☒:

Are you: Male Female
 X (Indeterminate/Intersex/Unspecified)

Please tick ☒ your YEAR LEVEL at school:

Year 7	Year 8	Year 9
Year 10	Year 11	Year 12

1.	<p><u>Tick the topics</u> you can remember learning about in health this year.</p> <p>Resilience/Wellbeing</p> <p>Drug Education</p> <p>Road Safety</p> <p>Physical Education</p> <p>Sun Safety</p> <p>Sexual Health</p> <p>Healthy Eating</p> <p>Respectful relationships</p>
2.	<p>Overall, do you believe Health Education is important for you?</p> <p>Yes No Don't know</p>
3.	<p>Do you know what support services are available for students at your school?</p> <p>Yes No Don't know</p>
4.	<p>Do you know what happens if you break the school rules?</p> <p>Yes No Don't know</p>
5.	<p>Does your school have a drug education policy or guidelines?</p> <p>Yes No Don't know</p>

SURVEY FOR YEAR 7 TO 12 STUDENTS (CONT.)

For the following questions, tick **one** box only.

6. Do you know the school's procedures if a student is found using drugs at school?
Yes No Don't know

7. Do you know where to go at school if you need help, have any problems or need someone to talk to?
Yes No Don't know

8. Do you have a good positive relationship with your teachers (eg respect and understanding)?
Yes No Don't know

9. Do you have the opportunity to participate actively in resilience/wellbeing, drug or road safety education?
Yes No Don't know

10. Do you have the opportunity to participate in, or organise, school activities that focus on drug education?
Yes No Don't know

11. I feel happy at school.
Always Usually Sometimes Never

12. I feel safe at school.
Always Usually Sometimes Never

13. I have friends I can trust.
Always Usually Sometimes Never

14. I know who can help me at school.
Always Usually Sometimes Never

15. I think the teachers care about me.
Always Usually Sometimes Never

DRUG EDUCATION

For the following questions, tick **one** box only.

The Drug Education program at my school provides me with: Agree Disagree Don't know

- relevant information about all types of drugs and possible consequences of using them
- an understanding of why some people use drugs
- skills and ideas to help me deal with issues related to drug use
- the opportunity to discuss and consider my attitudes to drugs, drug use and people who use drugs
- the opportunity to listen to other students' attitudes to drugs and drug use
- information and strategies to help reduce the risk of harm from my own or someone else's drug use
- learning opportunities to make informed decisions about my own lifestyle choices
- awareness of who I can talk to in school if I am worried about my own or someone else's drug use
- awareness of who I can talk to out of school if I am worried about my own or someone else's drug use.

ROAD SAFETY EDUCATION

For the following questions, tick **one** box only.

Yes No Don't know

- Do you feel road safety practices are well thought out and well managed around the school?
- Does your school have a road safety education policy and/or guidelines?
- Are you consulted on the type of road safety lessons your school offers?
- Have you completed the Keys4Life Pre-Driver Education program at your school? IF YES, please answer the following questions about the Keys4Life program. If no, please go to question 11.

ROAD SAFETY EDUCATION (CONT.)

Agree Disagree Don't know

How well does the Keys4Life Pre-Driver Education program at your school:

- provide you with relevant information about the relationship between alcohol, other drugs and road safety?
- encourage the development of safe driving techniques including knowledge of road laws?
- give you information about common causes of crashes involving young drivers and how these crashes can be prevented?
- teach you the laws that apply to vehicle ownership?
- provide you with the necessary skills to practise to plan your journeys using maps and timetables if necessary?
- explain the benefits of supervised driving practice?

Agree Disagree Don't know

The Road Safety Education program at my school provides me with:

- relevant information about staying safe as a passenger, pedestrian, driver or cyclist.
- an understanding of road safety issues.
- information and strategies to help avoid risk-taking as a passenger, pedestrian, driver or cyclist.
- information to make positive choices as a passenger, pedestrian, driver or cyclist.

Thank you for your response.

CHAT - ACTION PLAN TEMPLATE

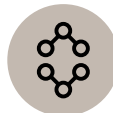
School

Date

Alcohol and other drugs education

Road safety education

Resilience education



ETHOS AND ENVIRONMENT

CHAT TARGET(S)

Use the SMART acronym when setting targets.

S **specific** (detailing what is required)

M **measurable** (a baseline measure that can be monitored and assessed for positive change at the completion of the target)

A **achievable**

R **realistic**

T within a **timeframe**.



ACTION – HOW DO WE REACH THE TARGET?

Task What will be done?	Action How will we do it?	Timing When will it be completed?	Person responsible Who will do it?

CHAT - ACTION PLAN TEMPLATE

School

Date

Alcohol and other drugs education

Road safety education

Resilience education



CURRICULUM

CHAT TARGET(S)

Use the SMART acronym when setting targets.

S **specific** (detailing what is required)

M **measurable**
(a baseline measure that can be monitored and assessed for positive change at the completion of the target)

A **achievable**

R **realistic**

T within a **timeframe**.



ACTION – HOW DO WE REACH THE TARGET?

Task What will be done?	Action How will we do it?	Timing When will it be completed?	Person responsible Who will do it?

CHAT - ACTION PLAN TEMPLATE

School

Date

Alcohol and other drugs education

Road safety education

Resilience education



PARENTS AND COMMUNITY

CHAT TARGET(S)

Use the SMART acronym when setting targets.

S **specific** (detailing what is required)

M **measurable** (a baseline measure that can be monitored and assessed for positive change at the completion of the target)

A **achievable**

R **realistic**

T within a **timeframe**.






ACTION – HOW DO WE REACH THE TARGET?

Task What will be done?	Action How will we do it?	Timing When will it be completed?	Person responsible Who will do it?



CHAT - MONITORING FORM

	CHAT target	Impact What impact has the target had on your school community?	Raised awareness How has the target increased the understanding of your school community?	Changed practice How has the target influenced or changed practice in your school community?	Sustainability How has the target ensured that changes or improvements are maintained in the future?	Unexpected outcomes What further outcomes have been achieved?
 Ethos and Environment						
 Curriculum						
 Parents and Community						

REFERENCES

Australian Research Alliance for Children and Youth (ARACY). (2018). *Report Card 2018 The Wellbeing of young Australians*. Canberra.

Department of Education, Science and Training (DEST). (2006a). *In Tune: Students participating in drug education*. Canberra: Commonwealth of Australia.

Department of Education, Science and Training (DEST). (2006b). *Parent Partnerships: Parent involvement in the later years of schooling*. Canberra: Commonwealth of Australia.

Galobardes, B., Smith G. D., & Lynch, J. W. (2006). Systematic review of the influence of childhood socioeconomic circumstances on risk for cardiovascular disease in adulthood. *Annals of Epidemiology*, 16(2), pp. 91–104.

Griffith, J. (1996). Relation of parental involvement, empowerment and school traits to students' academic performance. *Journal of Educational Research*, 90, (1), pp. 33-41.

Healy, K. (2004). *Linking Children's Health and Education. Progress and Challenges in London*. London: Kings Fund.

Henderson, A. T., & Berla, H. (eds). (1994). *A new generation of evidence: The family is critical for student achievement*. Washington: National Committee for Citizens in Education.

National Preventative Health Taskforce. (2009). *Australia: The Healthiest Country by 2020: National Preventative Health Strategy – the roadmap for action 30 June 2009*, Australian Government Department of Health and Ageing.

Powney, J., Malcolm, H., & Lowden, K. (2000). *Health and Attainment: A Brief Review of Recent Literature*. Scottish Council for Research in Education: Edinburgh.

Notes

Notes

FOR MORE INFO

Department of Education Western Australia
Road Safety and Drug Education Branch
Telephone: (08) 9402 6415
Email: sdera.co@education.wa.edu.au
Web: SDERA.wa.edu.au