


A TOOLKIT OF  
INTERVENTIONS  
TO ASSIST YOUNG  
PEOPLE TO NEGOTIATE  
TRANSITIONAL PATHWAYS



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# PART ONE



# INTRODUCTION

This research, 'A Toolkit of Interventions to Assist Young People to Negotiate Transitional Pathways' was undertaken on behalf of the Department of Health and Ageing to review available techniques, interventions and prevention strategies used to reduce the likelihood of young people engaging in problematic drug use. Prevention efforts that are particularly relevant to this research are those that address the needs of young people in transitional life periods, from primary to secondary school and from secondary school to adult life.

The results of this research are intended to inform the work of the Interdepartmental Government Committee on Drugs (IGCD) in its efforts to produce practical advice for drug prevention efforts in the field.

This project encompassed the following:

- The collection of national data about promising programs, from all states and territories and targeting key portfolio areas of mental health, school education, family and community development, health, welfare, law enforcement (community policing).
- The development of evidenced-based criteria to identify promising interventions.
- The production of a report describing promising interventions to assist the development of practical and grounded prevention activity that has potential to contribute to national best practice under the National Drug Strategy.

## Research Context

Young people (aged 12–24) are frequently the focus of school, media and community based drug prevention initiatives. Many of these have focused on encouraging individuals not to use drugs. For young people, a period of adolescence beginning at the age when children start the transition between primary and secondary school and towards the establishment of adult independence, signals increasing mobility, independence and range of social influences (Loxely et al 2004). This is a developmental period where evidence suggests that uptake and use of drugs tends to escalate. Therefore efforts to delay or prevent uptake of drugs may have significant benefit during this period. Prevention in this context generally refers to measures that prevent or delay the uptake or use of drugs. Prevention also refers to measures that reduce risk and enhance protection against harms associated with drug supply and use (Loxely et al 2004).

Research into drug prevention and public health acknowledge the need to take account of the individual, social and systemic influences when designing interventions. That is, to maximise the benefits of prevention, activities should be based on an understanding of the factors that are most likely to cause harmful drug use.

In looking at program interventions that are most likely to have a positive effect on young people, this research has drawn upon the most recent research based prevention frameworks.<sup>1</sup>

## Risk and Protection Model

The risk and protective framework draws on research that identifies specific factors in young people's lives that may increase the possibility of drug use and other risk taking behaviours. This framework also identifies protective factors that can enhance young people's resilience and can reduce or moderate risk. The presence of more protective factors, regardless of the number of risk factors, has been shown to lower the level of risk. However it cannot be assumed that protective factors will always override the effect of risk factors. Neither can it be assumed that the presence of multiple risk factors mean that a young person will develop problematic patterns of drug use (CHAC 2000).

## Public Health Model

This model places the determinants of health and drug use on a continuum from macro to micro and provides a way of examining how

<sup>1</sup> Loxely W., Toumbourou, J., Stockwell, T.R., Haines, B., Scott, K. Godfrey, C., Waters, E., Patton, G., Fordham, R.J., Gray, D., Marshall, J., Ryder, D., Siggers, S., Williams, J. and Sanci, L., 2004, *The Prevention of Substance Use, Risk and Harm in Australia: A review of the evidence*, Australian Government Department of Health and Ageing, Canberra.

<sup>1</sup> Commonwealth Health & Aged Care (CHAC), 2000, *Promotion, Prevention and Early Intervention for Mental Health: a monograph*, Commonwealth Department of Health and Ageing, Canberra.

local risk and protective factors connect broader social – structural factors. This approach is useful in examining the relationship between drug use and the approaches used in interventions to prevent harm.

The *Structural Determinants of Youth Drug Use* (Lynskey et al 2001) provide a key message for thinking about prevention efforts designed to produce positive health outcomes for young people.

“Drug use is as much the result of macro-environmental factors as of individual decisions. Furthermore these factors are important in understanding a range of adverse psychosocial health outcomes among young people. Policies that contribute to the health of a society therefore will have positive impacts on a range of outcomes for adolescents, including drug, crime, physical and mental health.” (Lynskey et al 2001:vii)

Within such a perspective, interventions can have most effect when directed towards the individual and also their social context such as family, school, peers and community.

## Evaluation of Strategies

The complexity, interrelationship and scope of risk and protective factors make interventions hard to assess unless the methodology can account for a wide range of outcomes or there is sufficient time for the effects of an intervention to become apparent (NCP 1999:28). For example, the potential impact of specific risk and protective factors change with age (NIDA 2003:2) and can be cumulative (NCP 1999:15).

We are also reminded that intensive evaluation is not required for all programs and that principles of prevention must be tempered by a realistic assessment of the Australian context.

“Many of the most innovative programs are funded as pilots, and have no guarantee of renewal, and the whole field is characterised by fragmentation and diversity. Analysis of gaps from a prevention perspective, is also hampered by the poor state of evaluation.” (NCP 1999:26)

In this project, programs were not to be excluded on the basis that they had not been subject to rigorous evaluation. The purpose of the project is to identify programs of interest that did not meet the ‘gold star’ standard of those selected for inclusion in the available research literature.

## What are ‘Promising Programs’?

In principle, it is assumed that promising programs are those that direct their focus towards the reduction of risk and/or the building of protective factors. These programs should also fit well with the guiding principles of what is known about effective drug education or health promotion programs.

Programs may be universal, or targeted. They may operate at the broad health promotion or prevention end of the intervention spectrum or occur as targeted interventions for those with indicated needs. Universal programs tend to fall broadly in the promotion-prevention end of the spectrum. They may occur in a school setting in the form of transition support programs, drug education or anti-bullying programs, cultural, civics, sport, leisure or arts programs. They may also occur in the community setting in the form of a media or public awareness campaigns, or civic events or festivals.

Targeted programs are those offered to groups with indicated needs. Participation may be mandated as part of a health, justice or education intervention, or voluntary, taking the form of participation in leisure, arts, life skills or mentoring programs. Targeted programs may encompass elements of prevention, intervention and treatment. They may occur in a variety of settings including school or community settings.

Some programs work at the level of *community*, addressing risk and protective factors associated with living in a particular neighbourhood. Others centre on provision of a protective *school* environment, or enhancing levels of *family* support. Some programs focus on enhancing the skills or safety of the *individual*. Some programs are multi-modal, seeking to exert influence across the four interconnected domains of community, school, family and individual.

Given the range of programs to be addressed in this study, it will thus not be useful to make direct comparisons *between* programs. Rather, the programs reviewed in this study will be described against a set of *criteria* drawn from the evidence-base.

A more detailed discussion of the process of selecting programs is provided later. The following section presents a discussion of the evidence base and rationale informing the development of the criteria used to identify the ‘promising programs’.

# METHODOLOGY

The main body of this part describes the methodology employed by the research team in tracking and selecting ‘promising programs’. The research was conducted in five key phases:

1. Development of evidence-based criteria
2. Development of categories against which to map the scope and range of programs to be identified
3. Use of key informants to assist in tracking of programs
4. Contacting programs and collecting data about the programs
5. Analysing data and selecting programs

The following sections describe the methodology and processes employed in each of these phases.

## Development of evidence based criteria

A key task of this research was to provide a set of evidence-based descriptors against which to review the programs. These descriptors provide a basis for analysis of promise and likely effectiveness of a range of prevention and early intervention programs. The evidence-base and rationale informing the descriptors is presented below.

The criteria developed to assist in the identification of promising programs is informed by two substantial reviews of the evidence commissioned as part of the National Drug Strategy<sup>2</sup> and the National Mental Health Strategy<sup>3</sup>. These monographs emphasise the importance of reducing risk factors and enhancing protective factors associated with positive health and learning outcomes. Risk factors are defined as those factors that tend to be associated with subsequent risky drug use. Protective factors are identified according to evidence that they moderate or ameliorate the effect of risk factors.

The evidence-base drawn upon illustrates the importance of addressing prevention strategies across the spectrum of influences from macro to micro levels. Risk and protective factors can be at play at community, family, school or individual levels. The criteria have been developed to inform the identification of promising programs that address risk and protection in each of these

domains. The criteria are also shaped by the extensive research into effective design and delivery of drug education programs and broader health promotion programs.

The criteria developed are a set of evidence-based descriptors that can be used to assist in the identification of promising programs. They apply to both universal programs designed to enhance protective factors at key points of transition for youth, as well as more targeted interventions addressing those with indicated needs who have a high number of risk factors. The discussion below outlines the rationale informing the descriptors developed in relation to risk and protective factors operating at levels of community, school, family and the individual.

## Addressing Risk and Protection in the Community Context

### Community Risk Factors

Poverty, social exclusion and social disadvantage are associated with increased risk of harmful drug use. In general, the more disadvantaged the population, the more likely they are to experience heightened levels of drug use and drug-related harm (CHAC 2000). Community risk factors which impact on levels of drug use include economic disadvantage, social or

2 Loxely W., Toumbourou, J., Stockwell, T.R., Haines, B., Scott, K. Godfrey, C., Waters, E., Patton, G., Fordham, R.J., Gray, D., Marshall, J., Ryder, D., Siggers, S., Williams, J. and Sanci, L., 2004, *The Prevention of Substance Use, Risk and Harm in Australia: A review of the evidence*, Australian Government Department of Health and Ageing, Canberra.

3 *Commonwealth Health & Aged Care (CHAC), 2000, Promotion, Prevention and Early Intervention for Mental Health: a monograph*, Commonwealth Department of Health and Ageing, Canberra.

cultural discrimination, isolation, neighbourhood violence, high population density, poor housing conditions and lack of facilities and services. Children living in poverty are also more likely to be exposed to illness, family stress, inadequate social support and parental depression. They are less likely to participate with adults or in organised activities in their community. Association with drug-taking peers, along with beliefs that drug taking is generally tolerated or accepted, is a particular risk for drug use. Low involvement with adults during adolescence is a risk factor for substance use. Population groups experiencing stigma and social exclusion are particularly at risk. This is evident in relation to Aboriginal and Torres Strait Islander people (Loxley et al 2004).

### Community Protective Factors

Protective factors at play at a community and cultural level include a sense of connectedness to the community, networks within the community, participation in church or community groups, strong cultural identity and ethnic pride and community norms against violence (CHAC 2000).

Given that poverty, social exclusion and social disadvantage are important risk factors, this study sought to identify the demographic of the target group. It was considered that those programs designed to support disadvantaged communities might be of particular interest. Promising programs operating at a community level may seek to enhance protective factors via promotion of involvement in community, sports, environment, leisure, arts, and cultural or civic groups. Programs that provide heightened opportunities for pro-social participation, involvement with adult mentors or role models, connection to education or employment, or access to support services are amongst those that can be seen to actively address community and familial risk factors. Also of interest are programs that actively seek to raise expectations in regards to attainment in education and diminish norms associated with early or risky drug use.

Evaluations of mentoring programs as a means of reducing truancy and drug use show mixed results. Programs seem to work best when there is a quality relationship between mentor and students and when the relationship lasts longer than twelve months (Royse 1998).

Community - Emergent criteria:

- enhances pro-social participation in community via ongoing involvement with others in arts, leisure, sports, civics, environment, education or cultural activity
- enhances norms associated with help-seeking or peer support
- diminishes norms or favourable attitudes towards risky drug use

## Addressing Risk and Protection in the School Context

### School Risk Factors

Risk factors in the school environment have been identified to include experiences of bullying, peer rejection, poor attachment to school, inadequate behaviour management, membership of a deviant peer group, school failure, truancy and absenteeism. School failure is strongly associated with drug use. A major risk for school failure is the inability to read by the third or fourth grades (NIDA 2003). Truancy and absenteeism are also associated with problematic drug use (Hallfors et al 2002).

Experiences of bullying or rejection within the school environment place young people at increased risk of negative health and learning outcomes (Sawyers et al 2000). Children who are bullied are more likely to be absent from school, and to experience a range of mental health problems including depression, anxiety and substance use problems. Students who bully others are more likely to be absent from school, and to experience a range of mental health problems including depression, anxiety and substance use problems. Those who both bully others and experience victimisation face a significantly heightened risk of mental health problems (Dake et al 2003).

### School Protective Factors

School connectedness is distinguished as a key protective factor for young people. Supportive and protective school communities are identified as those which provide caring relationships, high expectation messages, and opportunities for meaningful participation and contribution including opportunities for valued responsibilities, making decisions, being heard and contributing

to community (Benard 2004). Students who participate in extracurricular activities are more likely to feel connected to school.

Protective factors associated with positive school environments include a sense of belonging or connectedness to school, the presence of a pro-social peer group, required responsibility or helpfulness, opportunities for success and recognition, and school norms against violence (McNeely et al 2002).

Given that experiences of school failure, bullying and alienation from school are risk factors for problematic drug use, programs which offer support with literacy, learning, and reconnection to education and/or programs which promote positive peer and teacher relationships are of interest in this study. Programs that promote social competence, opportunities for civic engagement and participation at school or involve students in extracurricular activities in the school setting are of particular interest as a means to enhance connection.

Positive relational environments are critical in the development of connectedness to school, family and community and the provision of such has been identified amongst the criteria against which to consider promising programs.

School - Emergent criteria:

- develops positive school climate and diminishes incidences of bullying and harassment
- promotes cultural understanding, respect and inclusion
- enhances connectedness to school and to learning
- offers ongoing opportunities for participation with others in arts, leisure, sports, civics, environment, education or cultural activity
- enhances norms associated with help-seeking or peer support
- diminishes norms or favourable attitudes towards risky drug use
- provision for targeted educational support and appropriate learning pathways for those at risk of failure in learning
- diminishes absenteeism

- enhance pro-social behaviour
- enhances participation with pro-social peers
- provides opportunities for responsibility, contribution and leadership

## Risk and Protection in the Family Context

### Family Risk Factors

Family risk factors include parental mental illness and substance use disorders, unemployment, inadequate supervision, poverty, family break up, family violence and disharmony (CHAC 2000). Being born or raised in a single parent family is a risk factor for more frequent drug use in adolescence. Low parental expectations for learning or achievement are also a risk factor (Loxley et al 2004).

### Family Protective Factors

Caring relationships, family traditions and rituals, required helpfulness in the home and high levels of participation with adults are protective factors which moderate against a range of negative social and mental health outcomes (CHAC 2000). Low levels of parental conflict and high levels of attachment to family are protective factors for adolescent drug use. Effective parental communication style and parental supervision of children are also protective against drug use as is parental involvement in the child's school (Loxley et al 2004). Family is the key source of help for young people. Males are more likely to seek help from parents than from other sources. Adolescents frequently use mothers as a source of help. Research into general patterns of help-seeking by young people about social or emotional concerns indicates that those who most need help are the least likely to seek it, boys are less likely to seek help than girls, and those from lower SES and education levels are less likely to seek help than more advantaged peers (Ciarrochi et al 2002).

Given that distress, poor management and supervision and poor relationships in families impacts on health and learning, programs that assist parents to communicate effectively with their children about drug-related issues are of interest in this study.

Family - Emergent criteria:

- enhances parents' capacity to communicate effectively with their children about issues related to learning, social life, health and well-being including drug-related issues
- enhances parents awareness of harm minimisation strategies to employ in relation to their children's exposure to situations involving potential drug-related harm
- enhances the protective nature of caring relationships in the family
- reduces the risk factors associated with inadequate supervision or organisational support in the home
- reduces the risk factors associated with parental drug or mental health problems

## Addressing Risk and Protection – the Individual

### Individual Risk Factors

Individual risk factors include temperament, physical and intellectual disability, poor social skills, low self-esteem, high levels of aggression, low intelligence, low literacy skills, low levels of bonding to family and alienation (CHAC 2000). Those with favourable attitudes towards drug use and those with a sensation-seeking or adventurous personality are more likely to use drugs. Those with a shy or cautious personality are less likely to use drugs. Association with antisocial peers or adults is also a risk factor that heightens the likelihood of drug use (Loxley et al 2004).

Young people who encounter adverse life events or circumstances are also at greater risk of experiencing mental health problems that may in turn impact on their learning. Life situations which have been identified as risk factors include: physical, sexual and emotional abuse, school transitions, divorce and family break up, death of a family member, physical illness or impairment, war or natural disasters, unemployment, homelessness, poverty and incarceration (CHAC 2000).

### Individual Protective Factors

Social competence, a capacity for problem-solving, autonomy, and a sense of optimism and purpose are identified as key attributes associated with resilience in young people (Benard 2004). Religious involvement, participation in extra-curricular activities or hobbies and a positive relationship with a key adult are also protective factors (CHAC 2000).

Given that the attributes of social competence, problem-solving, and a sense of purpose, optimism and agency are associated with resilience in young people, programs which enhance these characteristics are of interest in this study. Interventions that offer access to pro-social participation in arts, civics, leisure or work projects are of interest due to the protective nature of ongoing participation with others. Also relevant are those programs that offer additional support to those encountering adverse life events and mental health problems or substance use problems.

Individuals - Emergent criteria:

- enhances social competence
- enhances capacity for problem-solving
- enhances sense of autonomy and agency
- enhances sense of purpose, endeavour and optimism in relation to learning
- enhances sense of connectedness to school
- enhances sense of personal value
- diminishes experiences of exclusion or stigma and enhances sense of pride associated with one's ethnicity, culture, religion, social class, gender, sexuality or body image
- diminishes sense of failure in relation to learning
- offers additional support for those who have experienced adverse life events such as family break-up, death, abuse or trauma
- offers additional support for those with mental or physical health problems, including problems relating to drug use
- offers additional support for those with literacy, numeracy, learning or attendance problems

## Drug Education

Extensive review of research into the efficacy of drug education programs identifies that whilst some programs have made a discernable difference in reducing the incidence of risky use around alcohol, cigarettes and cannabis, others have shown no impact on behaviour and others again have been associated with an increased use of drugs or increased delinquency amongst the target participants.

The evidence-base suggests that drug education programs that include knowledge, social and life skills, and refusal skills can produce significant reductions in licit and illicit drug use (Loxley et al 2004). These programs employ highly interactive pedagogies, engage students in problem-solving and critical thinking and assist students to relate their learning to real life situations. They are enhanced when positioned within a broader health and personal development curriculum that focuses, amongst other things, on mental health issues such as stress and coping. They actively seek to ensure that drug use is not inadvertently glamorised or normalised. The teachers implementing the programs are strongly grounded in the rationale of the program and are supported by training which models effective practice and are equipped to attune the program to the cultural and social needs of their students (Loxley et al 2004).

The evidence base in relation to effective drug education informs the criteria for identifying promising programs.

Drug Education - Emergent criteria:

- informed by harm minimisation or harm reduction as theoretical framework to guide the approach
- informed by evidence-base about effective drug education or prevention of drug-related harm
- promotes positive relational climate around learning and activity

- uses engaging and interactive pedagogy to direct learning and exploration of social, health and wellbeing issues (avoids passive or didactic approaches)
- provides information or explores harm minimisation strategies as appropriate to the age, developmental stage and context of the young people involved
- actively seeks to debunk myths and misconceptions about risky drug use as a norm for young people
- promotes critical thinking about influences conducive to risky drug use such as the glamorising images found in media and advertising
- promotes active development of harm prevention and harm minimisation strategies
- is responsive to the cultural and contextual needs of the participants
- is part of a broader approach to the promotion of wellbeing in school, community and family

## A summary of the criteria used to identify program limitations

A review of the evidence-base about what is currently known about interventions that are associated with weak or negative outcomes<sup>4</sup> informed the development of the list of limitations, as did the interviews with project workers who consistently identified a range of limiting factors which they addressed in the design and delivery of the program. The limitations below have been grouped around the key categories of program support, program design, program reach and program scope. Other limitations are more contextual, and are associated with the degree to which the level of resources, or the duration, breadth and quality of the intervention, matches the challenge or need.

4 Loxley W., Toumbourou, J., Stockwell, T.R., Haines, B., Scott, K. Godfrey, C., Waters, E., Patton, G., Fordham, R.J., Gray, D., Marshall, J., Ryder, D., Siggers, S., Williams, J. and Sanci, L., 2004, *The Prevention of Substance Use, Risk and Harm in Australia: A review of the evidence*, Australian Government Department of Health and Ageing, Canberra.

4 National Crime Prevention (NCP), 1999, *Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia*. National Crime Prevention, Attorney-General's Department, Canberra.

The following aspects of program design, program support, program scope and program reach were considered in this study to be limitations that could lessen or work against the stated aims of the programs.

## Program Support

### Short-Term Funding Cycles

Many targeted interventions are reliant on funding which needs to be sourced from year to year. Some only receive one-off funding and many projects have a status closer to 'pilot' than to 'on-going'. The lack of ongoing funding creates a level of uncertainty and places a toll on staff. The uncertainty can prevent effective creation of partnerships or integration with other agencies or institutions, as these relationships and supporting structures take time to evolve. Inter-agency partnership is also jeopardised when agencies are forced to compete with each other for project funds.

Programs, which do not have a home within an ongoing organisation, face particular challenges in relation to continuity or sustainability.

Those school programs designed to support at-risk students that are not supported by distinct budgets must draw funds away from the core school budget. This can lead to an unfortunate clash between the needs of the minority and the needs of the majority.

Some programs, including a number of universal prevention strategies such as those found in schools, are almost entirely dependent on goodwill. There is an assumption that workers (e.g. teachers) have the capacity to offer additional programs or services within their existing workload.

Those interventions that are dependent on high levels of funding (eg. providing high staff-to-young-person ratios or expensive materials or resources) are not possible to replicate or sustain without similarly high levels of resourcing. Intensive arts and adventure activities that have piloted well cannot be replicated without on-going resourcing. Indemnity insurance can now be prohibitive for smaller agencies or charitable institutions and limit the nature of the activities that can be offered.

### Staff Training

Many programs that are broadly 'educational' in design depend for their success on the skills of the facilitator or teacher and as such it is important to invest in these skills. Limited results can occur when training or support is insufficient to equip facilitators to deliver the program as devised. This is apparent in relation to school drug education where breakdown in the delivery of interactive learning strategies is well-documented (Tobler and Stratton 1997). It is also a major consideration in the development and maintenance of peer education and mentoring programs. Peer leaders and mentors need to be selected carefully and well-managed and supported (Loxley et al 2004). 'Volunteer' programs face the challenge of equipping volunteers, and the challenge of developing materials, processes or 'curriculum' to guide and support the mentors or peer leaders. When a program is heavily reliant on volunteers, there needs to be ongoing investment in recruitment, training and support, and in maintaining enthusiasm and momentum (Royse 1998).

## Program Scope: multi-modal versus single strand programs

Some targeted programs identify and gather those at risk, but then are only funded to make a limited intervention despite the fact that the clients face multiple risks (Hallfors et al 2002). Those facing multiple risks may require a multi-modal program that addresses the young person's needs in a holistic fashion (NCP 1999). If there is no scope for follow on, referral or limited opportunity for ongoing support in the face of ongoing disadvantage, then the short intervention may not succeed in shifting the balance from risk to protection. Those suffering multiple disadvantage relating to education, employment and home life may be in particular need of bridging programs which can build skills and opportunities to equip them and/or reconnect them with school, or post-school education, with employment and services and with the community (NCP 1999).

## Program Design

### Using an Evidence Base

Lack of funding for formative or impact evaluation often means that programs are limited in their capacity to gather data and this may affect their capacity to attune to the needs of the context. Behavioural outcomes are difficult to measure and longitudinal studies are expensive (Loxley et al 2004). It can be difficult for programs to identify the extent to which they are able to achieve their objectives, or even to develop suitable indicators against which to assess outcomes.

Access to the available evidence-base and to a set of descriptors may assist program staff to assess the extent to which the program design is likely to be attuned to its goals (NCP 1999). This is important as a range of studies has shown that some programs have not been able to demonstrate positive benefits whilst others have been associated with increase in drug use (Loxley et al 2004). Some peer-led programs have demonstrated positive outcomes, but others have been associated with favourable attitudes towards drug use; some community-based or leisure programs have failed to demonstrate any change in drug use patterns and have drawn high-risk youth together in a manner that may increase their risk, whereas other programs have demonstrated good outcomes in terms of re-engaging young people in school (Loxley et al 2004). The use of intuitive approaches rather than an evidence-base may lead to counter-productive or ineffectual strategies. Hence, for a program to operate in absence of an evidence-based framework can be seen in itself to be a program limitation.

### Youth Participation

Programs that offer little opportunity for direct participation on the part of young people or those that place young people in passive roles as consumers or recipients may have limited results (Loxley et al 2004).

### Bonding or Bridging

Programs that inadvertently label or stigmatise the participants may work against their stated goals. Some young people may avoid these programs due to associated stigma.

Research identifies that some programs which group young people with others suffering similar disadvantage have demonstrated negative health outcomes. This may be because some programs inadvertently heighten the experience of alienation from the community or normalise a 'world' of high-risk behaviour. This may be because, for some, participating in the program confirms or compounds a 'risk' identity. It is important that targeted programs that group high-risk youth together are mindful of the possibility that this grouping may have the effect of normalising high-risk behaviours (Dishion et al 1999). Participants may transfer pro-use attitudes to each other and model negative attitudes or low aspirations, setting unhealthy benchmarks or norms which can then in turn influence behaviour and work against the overt program goals. In order to work against this drift, the curriculum or activity-base of the program may need to be particularly strong, with a focus on developing life skills and connections back into the broader community. The 'bonding' activity that occurs when bringing young people together may need to be balanced with 'bridging' activities which connect the participants to the broader community, to employment or to education (Hunter 2004).

## Program Reach

### Accessing Those with Greatest Need

The paradox is that those young people or communities most in need of additional support may be the hardest to reach (Ciarrochi et al 2002). Additionally, the communities in greatest need may be those with least reserves to provide support. It can be a challenge to generate participation, particularly in communities with a low level of social capital (Hunter 2004). Some programs may not attract marginalised young people as their involvement may depend on some level of community connection in the first place (NCP 1999). Outreach activity may be needed to build the initial pattern of participation.

Limited results can occur due to the challenge of securing ongoing attendance and participation from high-risk young people. This challenge should be acknowledged when staffing and resourcing targeted interventions addressing those with multiple risk factors. High needs should also be factored in when assessing the

time span across which the intervention is made. It is unrealistic to expect a short program to rectify a life-time of disadvantage (NCP 1999).

## Engaging Parents

It can be difficult to attract parents of teenagers to ongoing or even to one-off programs. Those parents who could most benefit from support in the development of parenting skills may be the hardest to attract (Loxley et al 2004). Levels of alienation, perceptions of stigma, or chaotic life style may preclude some parents' participation. Others may be facing multiple demands such as child-care, lack of transport, mental or physical health problems, substance use problems, language or cultural barriers, over-employment or poverty, each of which may preclude their participation. Some parents will not want to participate in activities offered through the school or in the school setting. Other points of access through phone contact, community venues or services may be more appropriate for targeting the parents of some high-risk youth (Loxley et al 2004). These challenges should be considered at a design level in programs that target parents.

## Development of program categories

The intention of this study was not to locate or establish a hierarchy of the most promising programs, but rather to map the range and nature of programs and to identify which of those appeared to meet a set of evidence-based criteria relating to good practice. With a limited budget, care had to be taken to conduct a scoping study that would do justice to the range and distribution of programs operating in the drug prevention field. To assist in the management of this process we identified a range of categories within which to capture data. The intention was to be inclusive of each of the categories in locating a 'promising program' or program of interest.

- *Jurisdictions* – the programs would represent activity in a range of jurisdictions (including health, education and justice), and include inter-sectoral projects working across jurisdictions (such as education/health or education/justice)

- *Intervention Spectrum* - the programs would represent activity across a broad spectrum of activity, from prevention programs (universal), to targeted interventions (for populations with indicated needs), and treatment services (for those with identified problems)
- *Location* – the programs would represent activity in each state and territory and be inclusive of a range of urban, rural and remote locations
- Program types - the programs would represent a range of strategies commonly employed including:
  - projects with a major focus on learning or skill development such as
    - School-based drug education
    - Parent education/support programs
    - Mentoring programs
    - Life skills/vocational skills
    - Mental health education programs
    - Health promotion campaigns
  - Projects with a major focus on participation and connection to community such as:
    - Arts-based health promotion programs
    - Wilderness therapy
    - Family and community development programs
    - Law enforcement and Policing Programs
  - Projects with a major focus on provision of services or treatment such as:
    - Welfare or treatment oriented programs or services
    - Outreach support

The categories above are not mutually exclusive. Many drug prevention projects are multi-modal, and address the multi-factorial nature of risk. Some projects are cross-sectoral, bringing together health and education or justice and education.

## Use of key informants to assist in tracking of programs

Key informants from each state and territory were used to assist in the initial identification of programs of interest. They were selected on the

basis of their professional role and specialised knowledge about youth drug prevention and health promotion initiatives. They were contacted via email (with the letter of invitation, see appendix 1) or telephone. They were asked to assist in providing contacts for potential projects or to be interviewed about projects they were currently working on that met the research criteria. The table below identifies the key informants.

These informants provided information about key contacts in their own states or territories and in many cases also directed us towards projects in other states or territories. Once referred to a program, we were able to receive referrals to additional programs. These referrals were made by the interviewees.

<b>State/Territory</b>	<b>Organisation</b>	<b>Informant</b>
ACT	The Youth Coalition of the ACT	Carrie Fowlie
Tas	Drug Education Network	John Alford
NSW	NSW Police	Peter Borg
NSW	NSW Police	Emma Farag
NSW	NSW Department of Education and Training	Elizabeth Callister
NT	National Advisory Committee on School Drug Education	Maria Marriner
Qld	Queensland Drug Foundation	Bob Aldred
Qld	Queensland Police	Greg Gray
WA	WA School Drug Education Project (SDEP)	Bruno Faletti
WA	National Advisory Committee on School Drug Education, Centre for Addiction Studies	Professor Steve Allsop
WA	Catholic Education Office	Diana Alteri
SA	Catholic Education Office	Mary Carmody
SA	National Advisory Committee on School Drug Education, National Centre for Education and Training on Addiction	Professor Anne Roche
Vic	Centre for Youth Drug Studies	Dr Cameron Duff
Vic	Police in Schools Program	Laurel Sutton
Vic	Vichealth	Irene Verins Susan Ball
Vic	Australian Youth Research Centre Staff	Helen Cahill Gary Shaw Bernadette Murphy Alex Hughes Roger Holdsworth Helen Stokes

Detail is provided below about the programs that were included as a result of this trail of referrals.

In Victoria:

- Contacts were made via existing connections that the Youth Research Centre and individual staff had with particular services and agencies such as The Jesuit Social Services, The Police in Schools Program, The Department of Education and Training and Moreland Hall. Through these contacts the following projects were included: the *Changing Lanes* project, *Creating Conversations in First Language*, the *YSAS Day Program*, and the *Wheels* project, the *Transition Brokerage Project*, the *Resilient Families* project and the *Police Schools Involvement* program, the *Connectus* project and the *Community-Based VCAL* project, *The ABCD About Better Communicating about Drugs* project, the *TOE Outdoor Experience* program, the *SMART Skills Mentoring and Resilience* program, the *Foundations* project, the *Gatehouse* project and the *Seasons for Growth* project.

In Tasmania:

- Contact was made with the Drug Education Network (DEN) as a peak body for drug related projects in Tasmania. The contact person at DEN was then interviewed about their project, *Making a Difference*, and provided some other potential contacts for Tasmanian projects including the *Good Sports Program*.

In NSW:

- Contact was made with the Department of Education and Training, The Dusseldorp Foundation and The NSW school-based policing program which led to identification of the programs *My Shoes* and the NSW Police *Targeted Programming for Youth Clubs* and the *Police and Community Training (PACT)* project, to *Primary Connect* and *Plan It – Youth Mentoring Connections*.

In Queensland:

- By contacting the Queensland Drug Foundation and the Queensland Police Crime \ Prevention Unit, we were able to find out about projects that they were coordinating as well as others that they recommended, including the *School Based Policing Program*, the *Natural High* project, as well as the *Our Kids Our Concern* project and the *Big Brothers, Big Sisters* project.

In South Australia:

- Contact was made with the Department of Education and Children's Services which led to the location of one school-based projects and projects coordinated by the South Australian Police, including *Sport-Connect* and *Living Skills and the Learning Assistance Program (LAP)*.

In the Northern Territory:

- Programs were identified through peak bodies such as the Department of Employment, Education and Training and Mission Australia including *Darwin Youth Beat* and *CAYLUS*.

In Western Australia:

- Contact was made with the Department of Education and Training. This led to the referral to the *In touch* project and a referral to the *Local Drug Action Teams*.

In the ACT:

- Researchers contacted the ACT Youth Coalition, the peak body for youth affairs in this state. They provided us with information on ACT projects including *Lowana Young Women's Service* and *Hangin' In nor Hangin' Out*.

#### **Contacts through YARN:**

As a result of the call for participants on YARN (the Youth Affairs Research Network), we received approximately 20 responses. Many of these were referrals to projects that people knew about or expressions of interest from service providers who were interested in being interviewed for the research. Programs included that were located in this manner were: the *Peppery Project* in NSW, *Secondary Supply Campaign* in NSW and *Celebrate –Do It Safely* in NSW.

#### **Making contacts across each portfolio area:**

As contacts were gathered across each state, researchers were mindful of covering each of the portfolio areas. Some areas, such as universal school-based campaigns and policing programs, were more easily sourced than others. Areas such as community development, operating from minimal budgets and in isolation from larger organisations, which may chiefly consist of grass-roots action, were more difficult to access.

Therefore, once there were a sufficient number of projects across most portfolio areas, researchers focused on finding programs that met the criteria in the areas that were missing in order to “fill in the gaps” and provide a balanced perspective.

## Contacting programs and collecting data about the programs

Once programs were identified as being relevant to our research, contact was made via email. This was done by providing potential participants with a short introductory email with a letter explaining the project (see appendix 1). If there was no response from these contacts, a second email was sent with the same information or a telephone call was made to the agency that was conducting the relevant project. If the contact did not respond at this stage to email or telephone, the investigators turned their attention to other projects. If the contact did respond, a time was made to conduct a 45-minute the interview within the next two weeks.

## Data Source

Oral reports, provided by key informants (who were in the main workers in the program), were the primary source of data about the program goals, strategies and perceived outcomes. Some programs had been evaluated (either informally, internally or by an external evaluator), but others had not been subject to evaluation. It was not possible, therefore, for the investigators to use program evaluations as the key source of information. Where evaluations were available, or where other print material was available to describe a program, it was included as a source of information in this study.

## The Interviews

Informed by the criteria (see appendix 2), a set of key questions was developed to provide the basis for a semi-structured interview (see appendix 3). The questions sought information about:

- project name and contact details
- project ‘home’ (institutions, agencies or organisations involved in and/or funding the program)

- nature of the program (activities and setting in which it is delivered)
- demographic or target group
- program objectives (eg reducing risk factors or enhancing protective factors)
- rationale or evidence-base which informed the program
- target group (universal or targeted at a specific group)
- status and availability of program evaluation
- resourcing and staffing
- perceived program outcomes
- supporting and limiting factors impacting on the program’s capacity to meet its objectives.

The template of the research questions was used to provide the basis for a semi-structured interview. Notes were taken by the interviewer directly on to this template as the interview progressed.

After the interview was completed, this information was then transferred into a computerised summary of the research criteria. These summaries provided an overview of the demographic categories, jurisdictions, program activities and strategies of each program that was involved in the research. It also included a brief description of the program in terms of it’s potential to fulfill the criteria as a ‘promising program’. The purpose of these summaries was:

- to provide a condensed version of the programs involved in the research
- to provide a means to cross-examine the projects
- to provide a means to categorize and compare projects in terms of their “promise”
- to allow researchers to keep track of the number of projects involved across each jurisdiction, geographic/demographic location in order to ensure a balanced spread of participants.

## Responses from Interviewees

Interviewees were able to provide detailed descriptions of their program and its objectives and strategies, however, many participants had difficulty answering the questions that related to the risk and protective factors framework.

Those interviewees who were able to describe outcomes did so based on knowledge gained from their formal or informal evaluations and/or personal observations. Some of the interviewees provided copies of the internal or external evaluations that had been done on their programs.

One of the objectives of the interviews was to gauge how well each program's aims and outcomes matched the evidence-based criteria for good practice drug prevention. One of the main difficulties in attaining this information was a lack of understanding in the field about the terminologies associated with risk and protection. It seems that confusion arose when researchers asked questions such as

What risk factors are you attempting to reduce?

What protective factors are you attempting to enhance?

Responses were forthcoming when the interviewers reworded the questions, asking for example:

What do you hope the benefits of this project will be for young people? *and*

What issues in young people's lives are you attempting to address through this project?

The investigators believed that this indicated at the very least a lack of a shared language, but more concerningly the lack of a shared familiarity with an evidence-base. Whilst many projects may be effectively addressing risk factors and enhancing protective factors, some of the workers on these projects are not familiar with the theoretical frameworks in which they are working.

Many participants could not answer questions about the evaluation of their programs. This was in some cases due to the fact that the program had not been evaluated, was being evaluated on an ongoing basis or, in the case of some programs, an evaluation was planned but had not yet been conducted. In other cases however, it was because the evaluation was not accessible to the workers, indicating that a program evaluation may not necessarily inform the practice of staff. Some of those who said they had evaluations provided them but others did not, raising the possibility that these evaluation documents were not readily accessible to them.

## Analysing data and selecting programs

The process of analysing the data and selecting the programs for inclusion and discussion is presented in detail in Part 2. The text below provides an overview of the process.

### Assessment of 'Promising' Characteristics

In order to form an understanding of which projects met the criteria for 'promise', researchers employed the following strategies:

#### 1. Fit with the Evidence-Based Criteria

The promising programs were selected by the investigators on the basis that they met some, but not necessarily all, of the evidence-based criteria identified as pertinent to reducing risk factors and/or strengthening protective factors at either the levels of community, school, family or individual. A program that met criteria across all school, family, peer and community spheres would be regarded as showing more promise than one that only met the criteria of one sphere. Additionally, the more criteria a program met within each sphere, the more it was regarded as showing promise.

The respondents gave their views about how effective their project had been for those who participated. Those programs where interviewees could cite that there were tangible positive effects of their programs were rated higher than those who could not. For example, interviewees who were able to report how their project contributed to a reduction of drug use, increased awareness of the physical and emotional effects of drug use, community connectedness, employment, ongoing participation in an alternative activity or general health outcomes were rated higher than those that could not.

#### 2. The Investigators' Perspectives

The investigators perspectives also contributed to defining which programs showed promise. Programs that showed evidence of a direct positive impact in the lives of young people were valued highly, in addition to programs that reflected a high level of respect for young people and a high level of staff morale. Additionally,

programs that were considered to be responsive to the needs of the young people they were working with rated highly as well as those that reflected an understanding of the risk and protective factors framework.

### 3. Reading of Evaluations

Projects that sent us written evaluations that provided evidence of good practice were included where possible as the evaluations that were provided offered researchers an opportunity to re-examine the program's aims and objectives against the evidence-based criteria and to note with a little more confidence the degree to which they were aligned.

### 4. Innovation and Relevance to the Needs of the Community

Projects that were attempting to meet specific community need were of interest. For example, community development programs that utilise strategies that are relevant to the community they service rated higher than those that did not have the capacity to identify or respond to a particular community's need.

## Assessing Program Limitations

In order to find out what the specific limitations were perceived to be for each program, the interview included a section on "program limitations". The questions were:

- Were there any barriers or limiting factors to implementing the program?
- What would have made your program easier/better?
- What would you do differently?
- What was the most difficult thing about the program?

The answers to these questions often generated further discussion about issues relating to limiting factors such as sustainability, duty of care, difficulty in evaluating programs and securing ongoing funding, communication and partnerships across different sectors and a reliance on good will to keep the program running.

Our experience was that programs that could identify limitations and work with and around them were more promising than program that

did not identify any limitations at all. Therefore, the existence of limitations was not a factor in deciding whether a program held promise, but rather it was the *way* the limitations were managed that was of interest.

## Excluding Programs

Some programs were excluded from the research as they were considered less promising than others for the following reasons:

### 1. Lack of Fit with Evidence-Based Criteria

The main reason projects were excluded from the research was that they did not sufficiently meet the evidence-based criteria. Programs that showed little evidence of reducing risk factors or of enhancing protective factors were not considered to be promising. For example, programs that offered a one-off event-style contact with young people did not sufficiently meet the goals of enhancing learning or participation with others. Programs that had young people in passive roles (such as audience member) did not meet the criteria. Programs based on select elite entry were not considered as they were likely to exclude those in most need. Programs that offered little more than 'minding' such as drop-in leisure facilities were not included unless they had a more dedicated skills development or relationship building component. Programs that were completely reliant on one-off funding in the form of a small grant and were not embedded into a broader ongoing project, framework or organisation did not meet the criteria well. Although there may be short term value in such projects, particularly those that are participatory in nature, the short life of the project was seen as playing into an abandonment cycle whereby high-risk young people are collected together for a short experience but without attention to what may happen when the project is finished.

### 2. Commercial Nature of the Program

Some programs were excluded due their commercial nature. In the main these were resources or services that could be bought and delivered in a school or community setting. These may be services such as those provided by private providers of drug or parent education. Whilst the *process* of utilising or implementing

such a program would have been worthy of consideration, the resource or service itself was not the subject of our interest.

### **3. Project Scope**

When the investigators had met their quota for programs in a particular sector, state or type of intervention, then the search for programs of a similar nature was stopped. This happened quite quickly in the case of the Policing programs, universal health promotion campaigns and school based drug and mental health education programs.

### **4. Youth Participation**

If the program had little or no contact with young people or was not participatory in nature it was unlikely to sufficiently meet the criteria.

## **The data and following parts**

As a result of the process described in this report, approximately seventy people were contacted and fifty programs were considered for inclusion in this report. Twenty-seven of the fifty programs were selected for inclusion in the set of Promising Programs. Part 2 provides information about the programs and a discussion of the key features of the programs selected. Part 3 provides a detailed commentary about ten promising programs and recommendations about features to consider in the design and implementation of drug prevention programs.

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# APPENDIX 1: LETTER OF INVITATION

## Promising Programs

A Scoping Study of Prevention Strategies for Reducing Drug Related Harms in Childhood and Adolescence.

*Facilitated by the University of Melbourne's Youth Research Centre  
on behalf of the Department of Health and Ageing*

### Information for Participants

The *Promising Programs* project aims to gather information from all Australian states and territories that represent the most promising initiatives in drug prevention. Projects that are particularly relevant to *Promising Programs* research are those that address the needs of young people in transitional life periods (primary to secondary schooling and secondary to post schooling transitions).

The research process involves consulting with a variety of stakeholders in the youth, health, community and education fields, in order to gather information that will assist in the development of good practice guidelines in drug prevention. This information will be correlated into a report which will be presented to the Department of Health and Ageing with a view to inform government policy and practice under the National Drug Prevention Strategy Agenda.

Your work has been identified as being of value in the drug prevention field and we are seeking your participation in this research. We are inviting you to participate in a brief telephone interview of approximately half an hour at a time that is convenient for you. The interview questions will focus on programs, interventions or strategies used in your professional practice, agency, school or organisation. The researcher will not require you to disclose any personal information about yourself or confidential information about clients or colleagues. You will not be named in any published reports without your permission to do so. Your participation is voluntary and you are free to withdraw from the project at any time.

If you are unable to commit to an interview and would like to participate in the research, it is possible for us to fax or e-mail the interview questions to you, which you can complete and

return via post, fax or e-mail. Any additional documentation on relevant projects such as evaluations or project reports would be much appreciated.

We hope you are able to participate in the *Promising Programs* project and contribute to a national effort to contribute to further understandings of effective practice that enhance young people's health and wellbeing in the area of drug prevention. Please do not hesitate to contact the research team if you have further queries or to organise an interview time.

Alex Hughes & Bern Murphy  
Youth Research Centre  
Faculty of Education  
University of Melbourne 3010

Phone (03) 83449636 or  
email ahug@unimelb.edu.au

# APPENDIX 2: CRITERIA USED TO REVIEW PROMISING PROGRAMS

**Community** - evidence-based descriptors of promising programs designed to reduce community risk factors or enhance community protective factors associated with drug use:

- enhances pro-social participation in community via ongoing involvement with others in arts, leisure, sports, civics, environment, education or cultural activity
- enhances norms associated with help-seeking or peer support
- diminishes norms or favourable attitudes towards risky drug use

**School** - evidence-based descriptors of promising programs designed to reduce school risk factors or enhance school protective factors associated with drug use:

- develops positive school climate
- diminishes incidences of bullying and harassment
- enhances pro-social attitudes and behaviour
- promotes cultural understanding, respect and inclusion
- enhances connectedness to school and to learning
- offers ongoing opportunities for participation with peers, adults or community members in arts, leisure, sports, civics, environment, classroom or cultural activity
- enhances positive attitudes towards help-seeking or peer support
- provides for targeted educational support and appropriate learning pathways for those at risk of failure in learning
- diminishes absenteeism
- provides opportunities for responsibility, contribution and leadership
- normalises safer choices (eg drug use is not normalised or glamorised)

**Family** - evidence-based descriptors of promising programs designed to reduce family risk factors or enhance family protective factors associated with drug use:

- enhances the protective nature of caring relationships in the family
- enhances parents' capacity to communicate effectively with their children about issues related to learning, social life, health and well-being, including drug-related issues
- enhances parents' awareness of harm minimisation strategies to employ in relation to their children's exposure to situations involving potential drug-related harm
- reduces risk factors associated with inadequate supervision or organisational support in the home
- reduces risk associated with parental drug or mental health problems
- increases access to services and resources in those families experiencing poverty, isolation or stigma

**Individual** - evidence-based descriptors of promising programs designed to reduce individual risk factors or enhance individual protective factors associated with drug use:

- enhances social competence
- enhances capacity for problem-solving (information-seeking, help-seeking, peer support, assertiveness)
- enhances sense of autonomy and agency
- enhance sense of purpose, endeavour and optimism in relation to learning
- enhances sense of connectedness to school
- Enhances sense of personal value
- diminishes experiences of exclusion or stigma and enhances sense of pride associated with one's ethnicity, culture, religion, social class, gender, sexuality or body image.

- supports attainment in education
- offers additional support for those who have experienced adverse life events such as family break-up, death, dislocation, abuse or trauma
- offers additional support for those with mental or physical health problems, including problems relating to drug use
- offers additional support for those with literacy, numeracy, learning or school attendance problems
- offers bridging support to post-school options
- responsive to the cultural and contextual needs of the participants
- connected to or part of a broader approach to the promotion of wellbeing in school, community and family
- enhances knowledge about and capacity to access services available to support youth with problems associated with drug use

**Drug education** – *evidence-based descriptors of promising programs drug education programs designed to reduce risk factors or enhance protective factors associated with drug use:*

- informed by harm minimisation or harm reduction as theoretical framework to guide the approach
- informed by evidence-base about effective drug education or prevention of drug-related harm
- promotes positive relational climate around learning and activity
- uses engaging and interactive pedagogy to direct learning and exploration of social, health and wellbeing issues (avoids passive or didactic approaches)
- provides information about drugs and explores harm minimisation strategies as appropriate to the age, developmental stage and social context of the young people involved
- actively seeks to debunk myths and misconceptions about risky drug use as a norm for young people (and avoids normalising or glamorising drug use)
- promotes critical thinking about influences conducive to risky drug use such as the glamorising images found in media and advertising
- promotes active development of harm prevention and harm minimisation strategies

# APPENDIX 3: INTERVIEW QUESTIONS

## Program name / contact details

1. What was the demographic of the program's participant's/target group?
2. What was the target group? How was the target group selected?
3. Where is the project located?
4. Who funds/manages the program? Other partners involved?
5. What institutions, agencies or organisations were involved in your initiative?
6. Evidence base
  - a. How was the need for the program established?
  - b. How were specific risk/protective factors identified?
  - c. What risk factors did the project aim to diminish?
  - d. What protective factors did the project aim to build upon or develop?
  - e. What intervention strategy was chosen?
  - f. What determined your decision to use the intervention strategy you chose?
  - g. Can you give an example of your practice?
  - h. Resources?
  - i. Has the program been evaluated?
  - j. Is the evaluation available?
  - k. What were the key findings?
7. Outcomes
  - a. a. Did the project achieve its original aims and objectives?
  - b. What were the positive outcomes?
  - c. Were there any additional outcomes (positive or negative)?
  - d. Were there any limiting factors in implementing the program?
  - e. What were the characteristics of the program that made it work?
  - f. What would have made your program easier/better?
  - g. What would you do differently?
8.
  - h. Most beneficial aspect of the program?
  - i. Most difficult aspect of the program?
  8. Would you like to recommend another program that you think is doing valuable work in drug prevention?



# PART TWO



# INTRODUCTION

This is the second of three parts prepared by the Australian Youth Research Centre for the Department of Health and Ageing as part of the development of a *toolkit of interventions to assist young people to negotiate transitional pathways*.

It should be read in combination with the first and third parts on the project. The first part provided the research methodology, a discussion of the rationale informing the criteria used to identify promising programs, and the criteria themselves. This second part presents an overview of research into twenty-seven programs of interest, including a summary of the promising characteristics and limitations of the programs, and program contact details. As identified in Part 1, the selected programs represent a range of similar prevention, early intervention or treatment programs undertaken throughout the country. A description of the process of selection is provided in the methodology section of Part 1.

The third part provides a more detailed description of ten promising programs drawn from this set of twenty-seven, and a set of recommendations to inform the development of tools or principles for consideration in the selection, design and implementation of drug prevention initiatives for youth.

This second part locates first an evidence-base relating to promising characteristics of such approaches and then describes a number of Australian programs taking similar approaches. Due to the limitations of this research it is possible only to describe these programs and to consider them in relation to the broader evidence-base relating to the strategies that they have selected. It is not possible in this study to make claims about the outcomes of specific programs. This would require access to, or the conduct of, a robust evaluation of each of the programs. Rather, the purpose of this study is to identify the promising characteristics of programs that have not been subject to this form of evaluation, and to give a sense of the range and variety of interventions designed to support young people and to contribute to the prevention or amelioration of drug-related harm.

To facilitate a discussion of initiatives that utilise a variety of strategies in a range of settings, the programs in this report have been grouped into three key categories. These categories group programs that are primarily focused on *learning*, programs that focus on *participation* and programs that provide a *direct service* or *treatment*. Many programs are multi-faceted, and it will be noted that they employ a range of strategies. When this is the case, they have been located in the group that the investigators believe best represents the major focus of their service.

Within the three categories of learning, participation and service or treatment, a number of sub-categories have been provided to assist in focusing discussion around particular approaches. They are outlined below.

## Learning

The section on *learning* includes a focus on school-based health promotion and drug education programs, parent education programs and learning support or school-to-work transition programs.

The school-based health promotion and drug education programs reviewed include:

- *The Gatehouse project: school-based mental health promotion*
- *Resilient Families*
- *In Touch: Managing Drug Issues in Schools*
- *School Based Policing Program (Queensland)*

The parent education programs reviewed include:

- *Primary Connect*
- *About Better Communication About Drugs (ABCD)*
- *Making a Difference Program*
- *Creating Conversations: in First Language*

The learning support and school-to-work transition programs reviewed include:

- *Community Based VCAL Programs (Victorian Certificate of Applied Learning)*

- *Connectus*
- *Wheels Supported Training Project*

The parent education and school health promotion programs reviewed here are universal prevention strategies provided for all regardless of indicated need. The learning support programs reviewed here are targeted interventions offered for those with indicated needs relating to failure in learning and/or disconnection from the school or community. (See the appendix for contact details of each of these programs.)

## Participation

The section on *participation* includes a focus on mentoring programs and programs using sports, arts, leisure and wilderness activities as their strategy. The programs reviewed here are selective intervention programs offered to those with indicated needs (see Appendix 1 for contact details of each of these programs.)

The mentoring programs reviewed include:

- *Learning Assistance Program (LAP)*
- *Big Brothers Big Sisters*
- *The Plan-It Youth Mentoring Youth Connections*
- *Seasons for Growth*
- *Sportconnect Leadership Program*
- *Skills, Mentoring and Resilience Training (SMART)*

The sports, arts, leisure and wilderness programs reviewed include:

- *Natural High project*
- *The Outdoor Experience (TOE)*
- *Living Skills program*
- *PEPPARY Project*
- *Your Shoes, My Shoes*

## Direct service and treatment

The section on *direct service and treatment* includes a focus on multi-modal treatment and rehabilitation programs. These are tertiary programs provided for those with a high level of need. (See the appendix for contact details of each of these programs.)

Those reviewed include:

- *Central Australia Youth Link Up service (CAYLUS)*
- *Lowana*
- *Hangin' in not Hangin' Out*
- *Youth Substance Abuse Service (YSAS) Day Program*
- *Darwin Youth Beat*

# PROGRAMS THAT FOCUS ON LEARNING

Many programs focus on learning as the key process through which to conduct prevention or intervention programs aimed at promoting wellbeing. The programs discussed in this section are directed at student learning, teacher learning and/or parent learning. Schools are the settings commonly used for broad health promotion and drug education programs.

## School-based Health Promotion and Drug Education

Protective factors associated with positive school environments include a sense of belonging or connectedness to school, the presence of a pro-social peer group, required responsibility or helpfulness, opportunities for success and recognition, and school norms against violence (CHAC 2000).

Supportive and protective school communities are identified as those which provide *caring relationships* which convey compassion, understanding, respect, and establish safety and basic trust; *high expectation messages*, which offer guidance, structure and challenge; and *opportunities for meaningful participation and contribution* including opportunities for valued responsibilities, making decisions, being heard and contributing to community (Benard 2004).

School connectedness is distinguished as a key protective factor for young people. Students who are bullied are less likely to feel connected to school (Eisenberg et al 2003). Students who participate with peers in extracurricular activities are more likely to feel connected to school (Eisenberg et al 2003). Adolescents who feel cared for by people at their school and feel like part of their school are less likely to use substances, engage in violence, initiate sexual activity at an early age, or to engage in suicidal thinking or behaviour (McNeely et al 2002).

Informed by this research, school health promotion programs increasingly focus on the promotion of a positive learning and relational climate as a means of enhancing protective factors for the entire population of students (Patton et al 2000, Wyn et al 2000, Glover et al 1998).

In addition to a focus on positive classroom and school climate, extensive research has been conducted into the efficacy of school drug education programs (Midford 2000,

Tobler 1997). Some school-based programs have demonstrated positive outcomes such as reduced levels of use or less risky use of alcohol, cigarettes and cannabis (McBride 2000). Other programs have shown no impact on behaviour and others again have been associated with an increased use of drugs or increased delinquency amongst the target participants (Loxley et al 2004, Dishion and Andrews 1995).

Intuitive approaches have led in the past to the use of scare tactics in drug education. These approaches have not shown reduction in the incidence of harmful drug use (Tobler et al 1997). Similarly, education approaches which focus solely on the provision of information about drugs have not demonstrated strong outcomes and it is now understood that the provision of knowledge alone is not enough to influence behaviour. Other programs have aimed to reduce the incidence of drug use by developing students self-esteem or improving communication skills. Personal development programs, have also not, on their own, demonstrated strong outcomes relating to reduced uptake or less harmful use of drugs (Tobler et al 1997).

Reviews of the school drug education literature suggest that effective programs take a theoretical approach informed by research (such as a harm minimisation or harm reduction approach). They develop communication, problem-solving, negotiating and help-seeking skills as well as providing knowledge about drugs and their effects. Successful programs provide young people with the opportunity to 'practice' counter-arguments or refusal skills and to develop alternative coping strategies to assist with managing stress and challenge (Loxley et al 2004:119). In addition, effective programs avoid normalising or glamorising drug use and assist young people to see that most people prefer to make healthier choices in relation to drug use. The provision of teacher professional development is a key element in the effective dissemination of drug education programs (Loxley et al 2004: 118). A common area of breakdown in the delivery of successful

programs is a failure on the teacher's part to engage students in the interactive tasks which challenge students to engage in problem-solving and the role-playing of refusal and help-seeking strategies (Loxley et al 2004:121).

The National Drug Strategy has made available the *Monograph: The Prevention of Substance Use, Risk and Harm in Australia, a review of the evidence* (Loxley et al 2004) which outlines good practice approaches to drug prevention across all sectors, including school based drug education and parent education.

## Examples: School-based health promotion and drug education

### The Gatehouse Project

The *Gatehouse* project, established in 1995 by the Centre for Adolescent Health in Victoria, focuses on the development of whole school approaches to promoting adolescent mental health through enhancing engagement in learning and reducing experiences of victimisation. Participating schools use the professional development tools and models to assist them to take a whole school approach to increasing student connectedness to school and to increase the coping skills and knowledge for dealing with everyday life challenges. Evaluation of the initial *Gatehouse* intervention indicated that enhancing the quality of school relational environments led to improvements in health outcomes for young people, most notably in relation to a reduction in the use of alcohol, tobacco and illicit drugs. Teacher development strategies included staff involvement in professional development workshops about mental health and resilience and teacher involvement in a team-based approach to improving school curriculum, policy and school ethos (Patton et al 2000).

Promising characteristics include the focus on school-based organisational and pedagogical change and the potential for achieving enhanced behavioural and social health of the students. As connectedness to school is a significant protective factor, achievement of a reduction in bullying or victimisation can be theorised to have a protective effect.

Program limitations are those associated with the significant and ongoing commitment of staff time required to research, plan and implement change and the likelihood of limited results if training or support is insufficient.

This program is discussed in more detail in Part 3.

### Resilient Families

*Resilient Families*, a program developed by the Centre for Adolescent Health in Melbourne, is provided to students in early high school and offered to their parents. The program promotes the role of families in enhancing the resilience of young people, encouraging healthy youth development and positive home relationships. The components include a ten-lesson curriculum delivered to the whole cohort of year seven students by their teachers, a quiz night offered for parents, followed by an eight-week program for parents. The parent component of the program is the PACE (Parenting Adolescents: A Creative Experience) program, subject to an earlier successful trial and evaluation. This element of the program is delivered by staff from the Centre for Adolescent Health. Referral for family counselling is also made available through this program. An additional aim of the *Resilient Families* intervention is to build a network of parents in the school who may provide ongoing support to other parents in the community.

Promising characteristics include the combination of a universal curriculum intervention for students and the opportunity for their parents to engage in an ongoing program. Other strengths include the evidence-based and comprehensive nature of the students and parenting curriculum, and the capacity to assist with referral. The ongoing nature of the participation with others is also a promising feature in that it can enhance a sense of connection to the school and its community and contribute to the social capital and social support available in the parent community.

Program limitations include the difficulty in attracting more than around 5% of the parents of the Year 7 cohort to attend the parenting course. Additional limitations will include the need for the school (or parents) to have funding to run the parent component of the program and for the school to fit the student program into the curriculum.

The pilot project has a randomised controlled trial in place to evaluate its effectiveness in preventing health and social problems.

This program is discussed in more detail in Part 3.

### **In Touch: Managing Drug Issues in Schools**

The *In Touch: Managing Drug Issues in Schools* project supports schools across the state in providing support for students and families experiencing problems related to drug use. Since 1997 the SDEP has supported drug education across the state by providing curriculum materials, professional development programs, policy support, grants and programs to support schools in involving parents and local communities. In 2000 the SDEP developed the *In Touch: Managing Drug Issues in School* program as a collaborative partnership between the Education and Health Departments and drug agencies including *Next Step Drug and Alcohol Services*. The program aims to equip school staff to use school pastoral care programs to assist students dealing with alcohol and other drug issues. The *In Touch* teacher education program builds on the prior focus on classroom drug education and addresses the organisation of interagency support for students with drug-related problems. Training focuses on equipping staff to help students with drug-related problems, to communicate with parents about available support programs, and to establish effective referral and case management approaches to managing students with drug-related problems. An *In Touch* project officer maintains an ongoing network of support for those working in schools, organising meetings and additional professional development.

Promising characteristics include a school support strategy which builds on prior strong initiatives in the provision of curriculum, policy and professional development for school staff. The inter-sectoral focus of a three-way partnership between the Education and Health sectors and specialist health agencies facilitates the development of appropriate training for assisting those students and families in need of specialist support.

Program limitations include the fact that funding for management and delivery of on-going training needs to be ongoing in order for the program to be sustained in the face of staff turnover.

This program is discussed in more detail in Part 3.

### **School Based Policing Program**

The *School Based Policing Program* is a joint initiative of the Queensland Police Service and Education Queensland. This universal prevention program aims to assist school communities to achieve educational, developmental and preventative outcomes to locally identified policing issues through the provision of a police officer to that community. A school-based police officer is appointed to work with a school cluster (a group of schools comprising of one or two high schools and their feeder primary schools). The officer assists the schools and the community to address identified needs within the school community. The program provides opportunities for young people to interact in a positive manner with members of the police force, and contributes to the development of pro-social attitudes. Commonly used strategies include police working with teachers to develop and present a range of relevant curriculum material (eg drug education); and police undertaking initial response and investigation of offences within the perimeters of the school.

Promising characteristics of this strategy include the inter-sectoral partnership between the Education and Justice sectors, designed to equip schools to develop and deliver effective curriculum (including drug education curriculum); the focus on promoting positive attitudes towards the law; and the support for schools in dealing with offences and anti-social behaviour that occur at school.

Program limitations include the considerable investment required to resource the staffing of this program and to provide the training and professional development necessary to equip the Police to work with young people in a school setting. In addition, program outcomes are very difficult to measure or to attribute to the intervention as the program is designed to work to enhance and support existing school initiatives.

### **Parenting programs**

Effective parental communication, attachment to family and low parental conflict, are protective factors reducing the likelihood of adolescent alcohol and drug problems. Risk factors associated with parents include favorable attitudes towards drug use on the part of parents and parental rules permitting drug use (Loxley et al 2004:85-87). Programs that seek

to equip parents to take an active and effective role in communicating with the children and young people about drugs aim to enhance these protective factors. Evaluation of parent education interventions have suggested that family intervention programs which equip parents to engage in healthy family communication, effective conflict resolution and positive family involvement can strengthen protective factors associated with lower incidence of involvement in drug use (Loxley et al 2004:101-104).

Some studies of parenting programs have demonstrated a reduction in adolescents' use of drugs along with improvements in the home environment. Parent education programs range widely in design however, and the likelihood of such positive outcomes cannot be applied equally to all programs labeled as parenting initiatives. Some parent programs may amount to little more than an information booklet and in other applications parent programs involve a rigorous curriculum delivered over a period of time. Programs that have demonstrated positive outcomes have been of significant duration and rigour (ranging from 7 – 12 week programs) (Loxley et al 2004:104-115).

## Examples: Parenting Programs

### Primary Connect

*Primary Connect* is a joint initiative between The NSW Premier's Department, the NSW Department of Education and Training, and the NSW Health Department. A key strategy of the NSW Government's *Better Future*, it aims to identify and support students (aged five to twelve years) and their families, and to assist students to build connections with their families, schools and communities. It targets students and families who are at risk of disconnecting from school early, engaging in criminal activity including drug use, or experiencing mental or physical health problems. The participating schools identify families in need of extra support. Outcomes reported (by Principals and Connect Coordinator) include lowered suspension rates, increased community participation in school events, increased numbers of students starting school on time and increased positive communication between school staff and parents. Services provided include speech pathology, family counselling, child counselling,

school vacation activities, after school programs, breakfast clubs, a social skills for children project, and an alternatives to suspension project. Specific groups have been established for parents who speak Arabic and Vietnamese and two school sites have a significant Aboriginal and Torres Strait Islander population.

Promising characteristics of the program include the multi-modal approach, combining therapeutic and educational interventions. The emphasis in early identification is also a promising feature, as is the capacity to orient the service to particular language or community groups.

Program limitations include the need to match services with the needs identified and the challenge of funding and coordinating a number of resource intensive interventions.

### About Better Communicating about Drugs (ABCD)

*About Better Communicating about Drugs (ABCD)* is a Commonwealth funded parenting program. It aims to enhance the family relationships of young adolescents. It is administered through the Department of Human Services in partnership with drug and alcohol agencies. The four-session program, led by trained facilitators, is run in schools, community centres or neighbourhood houses and is provided for parents of students commencing secondary school. Parents are invited to participate through the school, advertisements in local newspapers and the ABCD website. The focus of the program is parenting skills and the structured curriculum covers adolescent development, communication skills, connecting with adolescents, parenting traps, boundaries and limit setting, addressing risky behaviour, self-care and help seeking. The program is run in six languages.

Promising characteristics include the focus on enhancing the capacity of participants to provide support to their children, friends or colleagues with problems associated with drug use or mental health. The fact that the course, focusing on enhancing both knowledge and skills, is offered over four sessions is a strength in that it allows for the coverage of a more comprehensive curriculum, time for some of the communication skills to be practiced in the home setting, and the building of some rapport in the group. An additional strength is the capacity to provide the program in six different languages thus enhancing the accessibility

to particular groups who may otherwise be excluded from participating due to language or cultural barriers.

Program limitations are those associated with recruiting parents who do not have time or resources to attend all sessions, or those who are resistant to attending courses of any nature. In addition, evaluation is needed to identify whether the four-session program is of sufficient rigour and duration to have the desired effect.

### **Making a Difference**

The *Making a Difference* program, run by the Drug Education Network (DEN) in Tasmania, is a drug education and information program that targets groups of parents and other adults who are concerned about alcohol and other drug use by young people. The session covers drug awareness; talking with your child about drugs; and strategies for reducing the likelihood of drug-related harm in families. The program is run over a single session, and can be held anywhere that groups of parents meet – such as school Parents and Friends groups, community groups and service clubs. The program is also supported by the Department of Education (Tasmania) with funding from the National School Drug Education Strategy.

Promising characteristics of this program include the emphasis on providing both knowledge and skills to the participants. The curriculum includes a focus on enhancing parents' capacity to engage in problem-solving, help-seeking, peer support, and assertiveness. In addition, the program enhances knowledge about services available to support youth or families with problems associated with drug use or mental health.

Program limitations include the one-off nature of the event and the difficulties associated with attracting the parents who are in most need of support in parenting their teenagers.

### **Creating Conversations: In First Language**

*Creating Conversations* is a Victorian Department of Education and Training program offered to schools interested in training young people to play an active part in the delivery of a forum (aimed at parents) about drug issues for young people. Students facilitate the forums. They are assisted and trained by a member of staff who has themselves received a manual of activities

and professional development through the Department of Education and Training initiative. *In First Language* is an extension of this where students deliver the forum in one of five languages. The project has had similar results to the original *Creating Conversations* program, with particular positive effects in connecting parents to school and providing students and parents with an opportunity to celebrate their culture with additional activities such as traditional food, song, dance and performance. *In First Language* aims to engage parents who are traditionally excluded from these types of initiatives due to language barriers.

Promising characteristics include the high level of student participation and leadership and the potential to build a stronger sense of inclusion and connection to the school community on the part of the student leaders and audience members. Other positive outcomes include parent satisfaction with the opportunity to participate in interactive activities and to hear from young people at the event.

Program limitations include the one-off nature of the event for parents, and the challenge of generating parent attendance of those families who do not have children participating in the event (particularly of those parents who are traditionally hard to reach). Additional limiting factors include the lack of resources for follow up or ongoing support for parents experiencing problems. Additional vulnerability regarding the sustainability of the programs surrounds the extra-curricular nature of the activity, and the consequent demand on the good-will of the staff who facilitate the project in addition to their regular workload. A significant commitment of time (across about six weeks) is needed to prepare for the event and to train student leaders.

## **Learning Support and School-to-Work Transition**

Not completing secondary schooling is a risk factor for early adult drug problems (Loxley et al 2004: 83). A low level of literacy and numeracy achievement is a major influence on school non-completion (McMillan and Marks 2003). Lack of attainment in learning, along with a range of other risk factors including poverty, homelessness, mental health problems, pregnancy, negative parental perceptions of the education system and lack of competence in

English, are associated with early school leaving (Dwyer 1996). Australian research indicates that whilst for many young people leaving school early is a positive choice associated with getting a job or an apprenticeship, this is not so for around a third of early leavers. These young people leave because they are not doing well at school, because they do not like school or because the school programs do not suit their needs (McMillan and Marks 2003).

Early school leavers face additional risks associated with unemployment. Secondary students in Australia who have no secondary qualification are twice as likely to be unemployed as those who have completed Year 12 and those early leavers who are from low socio-economic background, those who come from non-English speaking backgrounds and those with low literacy and numeracy skills are the least likely to attain full-time employment (McMillan and Marks 2003).

Alongside the risk of early school leaving is the risk that those young people who are failing at school will develop a pattern of truancy. Truancy, particularly in the earlier years of high school, is associated with a number of other risky behaviours including early initiation into the use of alcohol, cigarettes and other drugs, poor performance or failure in school, dropping out of school, multiple sexual partners, and involvement with delinquent peers (Hallfors et al 2002). Those students who are chronic truants are also more likely to associate with delinquent peers without adult supervision and are more likely to get involved in criminal behaviour such as property damage or stealing (Farrington 1995).

Positive relationships with peers and with teachers are perceived by young people to be significant factors in determining whether they would persist with school attendance in the face of difficulty or lack of optimism about the value of their learning (ACER 2001). Hence programs which provide opportunities for young people to develop positive relationships, support in relation to learning and hope for a positive outcome from their efforts to learn can be seen as enhancing protective factors and reducing risk factors associated with truancy, school failure and early school leaving.

## Examples- Learning Support and School-to-Work Transition

### Community Based VCAL Programs (Victorian Certificate of Applied Learning)

*Community Based VCAL* programs offered in the Gippsland region of Victoria target young people at risk of early school leaving and provide them with the opportunity to complete their secondary schooling in a community-based setting outside the regular school location. The students participating in these programs have been selected on the basis that they have either left school early, are at risk of leaving, or have needs beyond the capacity of a regular school environment. The students are actually enrolled or re-enrolled in regular schools, but some or all of their classes are conducted within the VCAL mode outside the school setting.

The programs offered are pathways focused in that they are designed to re-engage participants with learning and to connect students to education and training opportunities or to employment. Young people receive an accredited certificate upon completion of the program.

Promising characteristics of the program include the use of a locally developed, targeted and responsive curriculum, assistance with literacy and numeracy skills, the provision of welfare support, and the development of connections with community members and local employers.

Program limitations include those associated with limited resources (including staffing) and the impact on staff. Additional challenges include gaining commitment and ongoing participation from high-risk young people who have found learning difficult and may be living quite chaotic lives.

This program is discussed in more detail in Part 3.

### Connectus

*Connectus* is a Melbourne-based prevention program conducted by *Local Learning and Employment Networks* (LLEN) in partnership with local councils and local businesses. The program began in April 2004. *Connectus* recruits and trains at-risk young people aged 16 to 21 years to be job-ready for entry-level positions in

a range of industries. Young people are referred to the project via secondary schools, LLEN staff, Community Networks and other Youth Service Agencies. They complete a three-week pre-employment training program, which entails the development of life and works skills and a wilderness trek.

The *Connectus* project seeks to offer an alternative pathway for young people who would otherwise be uncompetitive in the workforce and to enhance their connection to both the community and the workforce. The project workers assist with connecting young people to the training program and then placing them into pre-negotiated training or apprenticeships or job placements. Ongoing support is provided to both employers and employees and each young person is matched with a mentor in the workplace.

Promising characteristics include the emphasis on establishing a pathway to employment or further education for young people at risk of early leaving, and the potential to develop a positive sense of connection to the world of work as a result of the mentoring contact.

Program limitations include the limited resources available to support young people with higher needs and the ongoing challenges associated with recruiting mentors and finding positions in which to place young people in work or training.

This program is discussed in more detail in Part 3.

### **Wheels project: Linking Homeless Young People into Employment**

The *Wheels* project, delivered by *Melbourne Citymission*, and operating within the Western region of Melbourne, aims to strengthen links and co-ordination between youth housing, employment and training. It is part of a bigger project titled *Linking Homeless Young People Into Employment* (LHYPIE). The project targets homeless young people aged 16- 25 years living in emergency or in transitional housing.

The program consists of a thirteen-week personal skills training program and a program assisting young people to prepare for their Learners Permit or Probationary car licence. The project is underpinned by various protocols and practices between the youth housing and employment support sectors in order to stabilise the young person's accommodation

and life issues. This is seen as essential in order to facilitate a realistic employment or education and training pathway. The *Wheels* project engages an Employment and Education Service to deliver a modified form of accredited training as a means of initiating pathway development for this group of young people. This includes the Life Skills training structured around the module 'Managing Personal Change' from the course in Workplace Re-entry Skills. This entails participation in 120 hours of class over a thirteen-week period. The course content includes a focus on budgeting, food hygiene, cooking communication and motivation. A flexible learning approach, using verbal presentation, is used to accommodate the literacy challenges experienced by participants. The young people also engage in a course that prepares them to get their learners permit or their probationary licence. This includes a number of driving lessons. The project is also used to link each young person to a Job Placement Education and Training officer (JPET) and to housing support workers.

Promising characteristics are those associated with the skill development aspect of preparing the young people to get their licence and the effort to make them more employable or to re-connect them to education. Additional strengths include the brokerage between agencies that are each aiming to assist the young person with some aspect of their challenging life situation. Program success has been experienced through coordination of support for young people including housing, employment and Centrelink services.

Program limitations include the cost of providing high staff to client ratios as well as those associated with working with clients who have multiple and ongoing needs. There are also challenges in using current industry training and competency standards with these young people and further investigation is indicated of training models targeted to homeless or at risk young people. There is also insufficient time and resourcing available to provide supported driving experience to the young people once they have their learners permits.

# PROGRAMS THAT FOCUS ON PARTICIPATION

The programs that focus on participation are considered to be effective in the area of drug prevention because they have the potential to enhance protective factors associated with a sense of connectedness to a community of adults and peers, to develop life skills, and to contribute to a sense of achievement, a sense of hope for the future and a sense of self worth. Ongoing participation in purposeful and relational activities may also provide an alternative to drug use and build human and social capital. The programs of this nature tend to be offered to those who are already exhibiting a risk profile and are often conceptualised as a form of early intervention. They tend to be offered to groups of young people with indicated needs rather than as universal prevention strategies offered to all young people. Whilst many of them include a focus on learning (commonly in the form of the development of social competencies or life skills) the focus tends to be on developing these skills as a result of participating with others in the activities.

These participatory programs are, in the main, process rather than outcome driven. They tend to be provided in a community context or within a cross-sectoral partnership between schools and community agencies. Such programs include mentoring, sports, wilderness, arts, community development or personal development projects that aim to engage young people in a process that provides them with skills as well as the opportunity to develop relationships with other young people and adults.

Although many arts based programs aim to empower young people through the process of participation, the narrative or 'story' that many of these projects encourage young people to tell may reproduce and reaffirm risk identities. This can occur by engaging in processes that encourage young people to focus on the problematic aspects of their lives rather than finding alternative ways of looking at their situation, sense of self and future. Mentoring programs and programs focusing on the use of sports, arts, leisure and wilderness activities are discussed in the following section.

## Mentoring

Community and school based programs that aim to connect young people with mentors who will provide them with a sense of connection to an adult as well as guide them through transition periods (such as school to work) have become popular in recent years. Mentorship programs commonly utilise community volunteers spending time in one-to-one relationships with youth with indicated needs. Mentoring strategies are selected because of their potential to provide the opportunity for participants to

develop authentic and trusting relationships whilst at the same time investing in their future or life goals.

Despite the growing interest in mentoring, evaluations are often unable to provide conclusive evidence of its effectiveness (Loxley et al 2004:131). Royse (1998) argues that this is due to a number of reasons such as difficulty in monitoring and recording relationship processes and activities as well as difficulty in assessing whether changes in young people's lives were due to the mentor relationship or other factors.

The programs included in this study demonstrate that mentoring programs can take different forms. As such, it is quite difficult to make direct comparisons between them. In reading the program descriptions below it can be noted that some programs place more emphasis on providing a formalised *training* and support structure for the mentors and a defined *curriculum* for the mentor to work through with the mentee (see for example the *Plan-it Youth* project). Some focus more on the mentor as a *role-model* (such as in the *Sportsconnect* project in which athletes are used as mentors). Others provide a mentor more as a point of connection into the world of work and the mentor may play more of a *networking* or connective role in assisting to find employment opportunities for the young person (see, for example, the previously described *Connectus* project in which young people are matched with people in relevant industries). Mentor programs also vary in the way they structure the *duration* of the relationship and the *frequency* of meeting. The *Big Brothers Big Sisters* program facilitates a longer commitment on the part of the mentor who may work with a young person over one to three years whereas the *Plan-it Youth* program

sets up a mentorship for ten weeks. Other programs offer *companionship* and *leadership* to a group rather than a one-to-one model of support. The *Seasons for Growth* project provides a companion to a small group of young people as they address issues relating to grief, loss and family break up.

## Examples: Mentoring Programs

### Learning Assistance Program (LAP)

The South Australian *Learning Assistance Program* (LAP) aims to meet the academic or relational needs of students who can benefit from additional support. The program is based on the idea that students at all levels of schooling can benefit from a mentor to support them academically and personally. Students who experience difficulty with learning are linked with a mentor who may be a parent, grandparent, senior student or interested community member. The mentors work with the students on a one-to-one basis for two regular sessions each week. The program takes a creative approach to learning and aims to build confidence and self-esteem while promoting parent and community participation in the school. The program is managed by a coordinator in the school to ensure that the procedures and strategies developed mirror the philosophy of the program, as well as the policies and priorities of the school. Professional development workshops are run for both teachers wishing to manage the program and for the volunteers who participate as mentors.

Promising characteristics include the support for students to develop a positive connection to school and to staff as well as raising their confidence and ability to engage in school-based activities and relationships. The program increases the likelihood of these students remaining in the school system and is thus protective against some of the risks associated with early school leaving and truancy. An additional promising aspect of this program is that tutors are volunteers from the community. The mentorship process also provides students with a sense of connection to community, enhancing an additional protective factor.

Program limitations include the challenge of recruiting and managing a large volunteer team

and of equipping them to provide appropriate assistance to the students.

This program is discussed in more detail in Part 3.

### Big Brothers Big Sisters

*Big Brothers Big Sisters* is a mentoring intervention that involves adult community members and young people. The program is available across the country and is funded by a combination of State, Commonwealth and philanthropic sources including incorporated bodies, the YWCA, the YMCA, Anglicare and Family and Youth Services. It builds on the earlier American project of the same name.

In this program, a volunteer mentor, after engaging in training, acts as either a 'big brother' or 'big sister' to a young person from disadvantaged circumstances and in need of adult role models. The pair meet on a weekly basis for between 2-6 hrs and on average for about three years. The aim is to establish a trusting relationship, enhancing self worth, developing interests and providing someone the young person can call on. The core strategy is to have the process contribute to the development of the young person's social, emotional, cognitive, and behavioural competencies, and to encourage awareness of pro-social norms.

The program provides a rigorous selection process and intensive training to the mentors in dealing with young people with troubled backgrounds. The young person is matched to an adult, and following a process of approval the mentorship becomes formalised.

This program believes short term, or under-supported mentoring programs, to be a negative rather than a positive experience for young people. Consequently there is an emphasis in *Big Brothers Big Sisters* on a long commitment from the mentor. The minimum level from the mentor is a one-year commitment although the average partnership is for three years.

Promising characteristics include the capacity to generate positive relationships over a longer term and the focus on enhancing the social competence of the young people. Potentially the relationship assists in the process of normalising pro-social attitudes and behaviour and contributes to young people's sense of optimism and purpose.

Program limitations include the difficulties in attracting an appropriate volunteer group,

particularly male mentors, to work with these high-risk young people. Around 90% of referrals to the program are for males while of the volunteer enquiries around 80% are females. Additional challenges are those associated with the program's lack of embeddedness within other organisations, the time and energy that must be spent chasing funding and advocating for the program.

This program is discussed in more detail in Part 3.

### **The Plan-It Youth Mentoring Project**

The *Plan-It Youth Mentoring* project conducted in the NSW Central Coast by TAFE Colleges supports young people (year 10) who express the wish to leave school early. It provides a mentorship for students during their transition from school to work. The mentors are volunteers from the community who are often retirees. The program provides a 30-hour training course for the mentors through TAFE Outreach. The mentors have one-on-one relationships with potential early school leavers for a period of ten weeks or more. The program is structured to enable mentors to spend time with the students out in the community where they talk to employers and TAFE colleges. The aim is to give students a realistic picture of the options that are available on leaving school at the end of year 10. The mentors create a link for young people's contact with employers. The program has been taken up by the NSW Department of Education and Training to expand to other areas.

Promising characteristics include the substantial investment in the training of the mentors, the development of the tailored and accredited training course for mentors, and the provision of this course through an accredited education provider. Additional promising features include the potential for connecting the participants to the TAFE and local community. Strategies which maintain young people's participation in education or assist them to make the transition to paid work are protective against the multiple risks associated with early school leaving.

Program limitations include the reliance on the goodwill and continued commitment of volunteers and the difficulties associated with recruiting appropriate volunteers. Lack of ongoing funding for the program also creates uncertainty as resources are needed to recruit, train, manage and support the mentors. Where these tasks must occur superabundant to workload, the program's sustainability is placed at risk.

This program is discussed in more detail in Part 3.

### **Seasons For Growth**

*Seasons For Growth* is a national grief and loss education program developed and managed by the McKillop Foundation (Sydney). It aims to provide young people with the knowledge, skills and attitudes to understand and manage the change, loss and grief associated with the family breakup or bereavement they have experienced. Community members or teachers receive a three-day professional development course and then mentor and facilitate the ten-week peer support program with a small group (6-8) of identified young people in the school. Additional support is indicated for children and young people dealing with family break up as being born or raised in a single parent family is a risk factor for more frequent drug use in adolescence (Loxley et al 2004:75).

Pre and post-testing conducted in the evaluation indicates that as a result of participating in the program students are less likely to use negative coping strategies and more likely to use positive coping strategies (Frydenberg and Muller 2005). They are less likely to blame themselves for what has happened or worry about what will happen in their future. They are more likely to seek social support, to think optimistically, to work out a plan for dealing with problems, and to use positive diversion or recreational coping strategies. The program decreases participants' sense of isolation and increases their capacity to seek support, form friendships and use support networks and communicate with their parents or siblings.

Promising characteristics of the program are those associated with enhanced protective factors and coping skills.

Program limitations include the lack of ongoing funding (there is a program management cost associated with running the program and administering training, advocacy and support and a school-based cost to undergo training and to buy the curriculum materials). In addition, as the program is not part of core curriculum or workload, but rather is provided for those with indicated needs, it requires and relies on an extra time commitment from teaching staff or community volunteers.

This program is discussed in more detail in Part 3.

## Sportconnect Leadership Program

*Sportconnect* is one of a collection of South Australian programs involving trained elite athletes working with at-risk Aboriginal and Torres Strait Islander young people. The *Sportconnect* project identifies and trains local role models and young people to deliver a training program focusing on team-work, goal setting, resilience, decision making, leadership and mentoring, positive behaviour, and overcoming hurdles. The local role models and the young people work together to identify and work on a project that runs for approximately eight to twelve weeks and culminates in an event or celebration of some form. The athletes attend the celebration and reinforce the learnings. A review of what worked and what didn't is used to inform participants' development, program design and the potential for ongoing activities. The program is offered through a supported environment including schools, sports groups, community groups and church groups. Young people are referred to the program through these host groups. A local athlete is employed to co-ordinate each program.

Promising characteristics include the localised nature of the project and the opportunities for positive participation with peers within a purposeful environment. The activity-based focus provides opportunities to generate positive relationships whilst providing opportunities for participation and contribution. Evaluation of the program indicates that the investment in employing local leaders and training them in promoting well-being contributes to the success of the program.

Program limitations include the lack of ongoing funding associated with the need for investment in on-going co-ordination of a project that by design has a high turn over of participants and leaders. Additional vulnerabilities are associated with the fact that implementation of the program is strongly dependent on the facilitation skills of the local athlete-leader and there are challenges encountered in locating appropriate athletes, volunteers, and role models. Other limitations include that the project timeframe (8-12 weeks) does not provide for a continuing participatory focus for young people whose needs are ongoing.

## SMART –Skills, Mentoring and Resilience Training

The *SMART* project developed by the Australian Drug Foundation together with the Department of Education and Training operates with schools in the Knox Council area (Melbourne). The program has two key strands. The first is the development and delivery of school-based life skills workshops (anger management, communication and life skills) with school students in Years 5-10 who are identified to be at risk. This part of the program is delivered by the project worker along with teachers. The second strand is the mentoring aspect of the program in which students identified by the school as at-risk are linked to a community member for a six-month mentoring project.

Manuals for both the mentoring and the curriculum aspects of the project have been developed and are available from the Australian Drug Foundation (partners in the development of the manual).

Promising characteristics include the combination of the curriculum and mentoring strategies, and the development of a set of manuals to assist in replication of the process.

Program limitations include that the project is human resource intensive so would be difficult for a school to implement or sustain without additional project staff. As with all projects which group young people who are identified to be at risk there is the potential to label or stigmatise young people in the process which must be balanced by the strength of the intervention.

## Wilderness, sports, arts and leisure activities

Youth sport, cultural, arts and recreation activities may be the only point of active community engagement for young people who are neither in education nor in work. They can certainly be understood to be a positive way to bring young people into participation with each other and may offer a diversion or alternative to risk-taking behaviours such as drug taking. There is a lack of evidence however in the more formal evaluation literature about the effectiveness of these programs (Loxley et al 2004:130). The sports, leisure and arts programs included in this paper all have an overt focus on the promotion

of healthy choices in relation to drugs and alcohol, thus seeking to promote positive norms as well as providing opportunities to participate.

Participation takes place in a social context and there is now an increasing awareness of the need to establish healthy social norms around the activities provided. The activities themselves are no longer understood to be sufficient in their own right to promote healthy choices in relation to drugs and alcohol. Thus playing football is not sufficient to protect against a high consumption of alcohol. Indeed, many football clubs have a poor track record in relation to the management of alcohol consumption, with high levels of use being the norm for adults and easy access to consumption not uncommon for young people. In other settings, taking a break to smoke cigarettes might be common, and whilst the main tasks or activities might be health promoting, the surrounding norms may place young people in an environment in which use is modeled and normalised.

In addition there is a body of literature that identifies that the grouping of high-risk young people together for the purpose of health promotion runs the risk of being counter-productive with higher levels of risk-taking a possible outcome (Dishion and Andrews 1995). Despite the fact that the intent and conscious design of the intervention is one of health promotion, this may not in fact be the outcome. This is theorised to occur when the higher-risk patterns of behaviour are normalised or become a benchmark simply because they are common in that group, or when a 'contagion' effect occurs as 'knowledge' is passed on from the initiated to the uninitiated. Participation with an anti-social peer group is a risk factor for young people, as is participation with peers who use drugs (Loxley et al 2004: 83). One of the tensions for those designing targeted interventions is how to balance the opportunity which the project holds (to enhance protective factors) with the possible risk associated with any stigmatising, labelling, normalising or 'contagion' that may occur and contribute to the enactment of a risk identity.

The tensions and challenges associated with this potential for negative outcomes, associated with the lack of investment in evaluation of such programs, means that practitioners need guidance about how best to balance these needs.

## Examples: Wilderness, sports, arts and leisure activities

### Natural High Project

The *Natural High* project is a Queensland Alcohol and Drug Foundation prevention program aimed at young people between 12-25 years. It promotes the value of participation with friends in sports, leisure, arts and cultural activities as an alternative to drug use. It is based on research that suggests that if young people are engaged in something they enjoy, they are less likely to use drugs. The campaign involves the Queensland Alcohol and Drug Foundation endorsing clubs and associations and supporting them to promote their participatory services at a number of youth events and festivals. *Natural High* also holds its own events. The aim of these events is to get young people to join clubs and activities and to get them involved in healthy alternatives by giving them a 'taste' of what's on offer. The project has a webpage that young people can access for information about youth groups, clubs, organisations and coming events that have been endorsed as promoting a *Natural High*.

Promising characteristics include that the *Natural High* promotional badging is available to a range of community agencies and therefore the message can be promoted in a great variety of contexts. In addition, the project is set up to promote community connectedness and to normalise safer choices and pro-social attitudes and behaviour. The focus on awareness and capacity building through local agencies shows good potential for sustainability. Evaluation is in process, but as this is a broader health promotion strategy it is difficult to measure outcomes.

Program limitations include the likelihood that the activities would be less accessible to young people from lower socio-economic background as there are costs associated with participating in many of the clubs and organisations (some of the larger events offer free entertainment). It is also less likely to attract marginalised young people as involvement depends on the capacity to make some level of community connection in the first place.

### The Outdoor Experience (TOE)

*The Outdoor Experience* (TOE), run by Jesuit Social Services, provides a number of wilderness programs for young people. The program is

targeted at 15-24 year old marginalised young people with mental health and/or drug-related problems. TOE is a six-week program that involves the participants in two weeks of preparation, two weeks in the bush and two weeks of debriefing. The participants set their own goals for what they would like to achieve in this time. During the program they learn outdoor education and survival skills as well as to address issues such as drug use, mental health, relationships, goals, self-harm and coping strategies. The program encourages a strong team-work approach and a sense of community. Workers say it provides young people with the opportunity to experience themselves differently and to consider future possibilities in a neutral and unique environment. Although this has a significant impact, the difficulty in following up or providing additional support after the six weeks often leads to relapse in behaviour. Unless the young person elects to participate in other activities run by the organisation the provision of ongoing support is difficult.

Promising characteristics include the provision of a longer process with a strong focus on therapy combined with physical adventure, and the development of social competencies.

Program limitations include that this process is still not sufficient to address the ongoing needs of this high-risk group and there is a need for ongoing connection to a program that offers a combination of therapeutic and educational support along with opportunities for rewarding and engaging experience. In addition, it is difficult to gain commitment and ongoing participation when working with high-risk groups, which in turn may have an impact on results.

The program, though supported by a three-year funding cycle, is nonetheless vulnerable as it is a high cost program dependent on a high staff to young person ratio and funding constraints diminish the ability to provide necessary follow up and support of the young people.

### Living Skills Program

*Living Skills*, run by the South Australian Police Community Programs Section, is designed for students between the ages of 10 and 14 years who are identified as at-risk by their school. The main aim of the program is to break down the barriers that so often exist between marginalised young people and police, to develop trust, break down the stereotypes young people have of police, and to make a positive connection

between the two groups. The program runs for ten weeks with police spending four hours a week with a group of approximately ten to twelve students. It is run as a single sex program and covers a range of social issues facing young people. The group also visits the Police Academy, the Barracks and Sturt Police Centre to gain an understanding of how police operate. The program aims to build and develop team spirit and finishes with a two-day camp at the Echunga Police Reserve. Young people are challenged to put into practice all that they have worked on. Activities include abseiling, orienteering, completing the obstacle course at Woodhouse, and going on a night hike and mine walk.

Promising characteristics include the opportunity for purposeful participation with peers and members of the Police force and the development of pro-social attitudes and behaviour. The use of adventure activities promotes a sense of engagement and develops confidence and self-esteem.

Program limitations include the uncertainty related to dependency on funding that needs to be sourced from year to year. The program is a one-off intervention and there is a lack of scope to follow up or to offer ongoing support or involvement with participants after they have completed the course. As with all interventions that group high-risk young people together, there is the potential for stigma and for compounding a 'risk' identity as well as the potential risks associated with participating with high-risk peers.

### PEPPARY Project

The *PEPPARY* project (Peer Education for Primary Prevention of illicit drug use for At Risk Youth) is run as part of the Open Youth Project in Townsville. Open Youth is a service that provides counselling, referral, advocacy and health care services for young people. Located in the youth centre, the program aims to engage young people aged 15-19 years in a youth participation activity which offers an alternative to drug use. The program provides two staff who work with young people to produce a radio show in which young people conduct talk-back, do interviews, music and competitions related to drug use and harm minimisation strategies. The young people undergo a significant amount of training that equips them with skills to conduct the show and enhances their own understanding and knowledge of drug related issues.

The program put the show on CD using young people as facilitators. The forty-minute CD, called “Let’s Talk About It”, uses a documentary style format to present information about drugs. The CD can be listened to in full, or sections can be selected. The content includes information about a range of licit and illicit drugs, their effects and strategies for staying safe around these drugs. Facilitators who wish to use the CD as a tool for discussion are provided with prompts and suggested session outlines. Five young people who appear on the CD tell their own stories. They also include stories describing the use of illicit drugs and the harms and tragedies they have experienced as a result of their own or a friend or family members abuse of drugs. These short stories are quite distressing and the CD suggests debriefing after listening to them. The CD also features guest speakers from justice and health settings in Townsville and provides details of local agencies and services that can provide help with drug-related problems. This CD is now available for schools to purchase.

Promising characteristics include the creative and empowering involvement of young people in making the program and the skills and sense of purpose and value that this is likely to contribute. Young people involved in making the program also increase their knowledge about drugs and their effects and have the opportunity to consider more carefully how best to stay safe around drugs.

Program limitations include the need to explore more fully the concept of peer education. It should not be assumed that simply because the resource is made by one group of young people (high-risk) that it is suited to an audience of all young people. The CD resource does not indicate who the target audience is. It was developed with, and appears to be more targeted towards, a high-risk group of young people. It uses a combination of information, user or ex-user testimonials and stories of extreme harm, including death, incarceration and brain damage. Whilst it may be a useful targeted harm minimisation tool for a group already using or already in contact with those with risky drug use patterns, it may not be so appropriate for use in universal settings such as schools.

The current research base around school drug education does not recommend an approach based purely on information and personal stories, but rather places an emphasis on student involvement in the development of refusal and harm minimisation skills alongside the provision

of information. This evidence base could be used to review the development of education tools such as this one, so as those making the resources can consider who is their target audience as well how to equip them to stay safe around drugs. It should not readily be assumed that a product developed within an inclusive process such as that used with the participants in the *PEPPARY* project will travel well in its own into other settings.

## Your Shoes, My Shoes

The *Your Shoes, My Shoes* project, operating in Moree, NSW, is based on a partnership between NSW Police and Big hART to address Aboriginal and Torres Strait Islander juvenile substance abuse and policing practices. Applying a community cultural development approach, the project uses art (including photography and video) as the vehicle to focus on drug and alcohol issues in the community. Police officers and Aboriginal and Torres Strait Islander youth work together to develop arts products, which are also used as educational tools for police awareness about issues relating to young Aboriginal and Torres Strait Islander people in their community. The project also uses a reverse mentor role as the young people have been mentored in art skills in prior Big hART projects, and share their film making skills with their police ‘buddies’. Each team has trained Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander mentors to develop their artistic skills, and to deal with interpersonal challenges as they arise.

Program strengths are identified as the use of the one-on-one mentor process as a means through which to generate positive relationships. The product focus of developing the art works is seen as one that promotes a purposeful participation with peers, adults and a sense of contribution to the community.

Promising characteristics include the higher costs associated with providing the support of arts workers and in-kind support from the police. Lack of ongoing funding creates uncertainty about the sustainability of the project. There are also challenges associated with gaining commitment and ongoing participation from high-risk young people.

This program is discussed in more detail in Part 3.

# PROGRAMS THAT FOCUS ON SERVICE PROVISION/TREATMENT

There is a range of programs that provide services or treatment to those young people already exhibiting high-risk drug use behaviours. They include direct service provision such as case management, housing services, primary health care, treatment programs and rehabilitation and withdrawal units. Of particular interest are those programs that aim to provide young people with life skills and counselling that will allow them to take responsibility for their lives once they leave the treatment service.

Promising programs attempt to find a balance between addressing the risk factors in young people's lives (for example, addiction, homelessness, trauma and mental illness) whilst at the same time build resilience by increasing protective factors. This is done through personal development programs, providing a safe and supportive environment, developing positive relationships with adults and other young people, connecting to community and learning life skills that they will need to operate in society. Promising treatment services are likely to be multi-modal and address the learning and participation needs of the young people as well as their treatment. Learning may consist of linking young people back into the education system or alternative education options, or it may involve the development of social competencies and life skills.

## Examples: Programs that focus on Service Provision/Treatment

### Central Australia Youth Link Up Service (CAYLUS)

CAYLUS is a drug prevention program that works toward minimising the harms associated with drug use (mainly inhalants) in remote communities in Central Australia through supporting community initiatives. A major focus is on the reduction of petrol sniffing which is a serious youth health problem in this locality. It services a range of communities which are spread across a geographic area of over 600,000 square kilometers. It is the only service that provides support in relation to inhalant abuse to remote communities in the Central Australia region.

Governed by a consortium of agencies and based in Alice Springs, the service employs two workers to travel to remote communities and work with them to develop strategies to reduce inhalant use. Based on community development principles, CAYLUS aims to educate and support community members with influence (elders, administrators) in using strategies to reduce drug related harm in young people. This includes support in employing secondary supply strategies, law enforcement, case

management, community events, recreational activities, parent education and bush trips.

The workers provide training as well as assistance with strategy development. Training includes a focus on community petrol sniffing workshops, school retention programs school holiday programs and regular recreational programs. CAYLUS also makes communities aware of the other services that are available to them and helps them to make contact with these agencies.

CAYLUS also has a media strategy using the local radio programs to run advertisements in local languages and producing a weekly show featuring community actions against petrol sniffing.

Promising characteristics include the multi-modal and community development approach to strategy development and the focus on empowering the development of localised solutions.

Program limitations include the need to distribute a small staff and limited resources across a large area with high needs. They also include the challenge of prioritising advocacy and community development approaches in a context of high-demand for direct service.

This program is discussed in more detail in Part 3.

## Lowana

*Lowana* is an ACT Supported Accommodation and Assistance Program (SAAP) service for young women aged 13 to 18 years. It provides 24 hour supported accommodation for eight young women for crisis, medium and long-term periods up to twelve months. It has a feminist philosophy within a framework of harm minimisation and works in a therapeutic way regarding homelessness and health. This includes working with young women who are using drugs, self-harming and with mental health diagnoses. They do not exclude or ban young drug users and instead use interventions that provide safe accommodation and address drug issues as a secondary issue. They have a number of Aboriginal and Torres Strait Islander young people and employ Aboriginal and Torres Strait Islander workers as a way to encourage partnerships with the community. They also work in partnership with Tedd Noffs Foundation and where possible connect young people back to school.

Promising characteristics include the multi-modal and holistic approach to dealing with young people with multiple risks and problems. Also promising is the emphasis on providing longer-term security and therapeutic support.

Program limitations include the necessary limitation on the number of young people who can be in care at any given time and the possibility that one year may not be long enough to establish these young people in ongoing employment or education pathways. The young people may also be at risk through spending the majority of their time with other at-risk young people.

## Hangin' in, not Hangin' out

*Hangin' in, not Hangin' out* is a Canberra, peer-based project run by the Australian Illicit and Illegal Drug Users League. The program is targeted at Aboriginal and Torres Strait Islander young people who use drugs. The project offers a peer support network and opportunities to engage in activities that connect young people to community and gives them a political voice through youth participation strategies and creative projects involving performance. Participants are required to remain drug free during the program. Participating in the process raises levels of self-esteem, provides a sense of accomplishment and develops awareness of harm minimisation strategies. Following initial success with the project, a Foundation for Young

Australians Grant facilitated the employment of two members of the group to develop a three-year strategy for the group.

Promising characteristics of the program include the peer support model and the opportunity to engage in alternate activities which provide an opportunity for skill development and community service.

Program limitations include the high level of human resources and volunteer labour needed to make the project work along with the challenge of working with a client group with multiple risk factors. Lack of on-going funding creates uncertainty about the capacity to continue the work.

## Youth Substance Abuse Service (YSAS) Day Program

The *YSAS Day Program* is a Melbourne-based program aimed at young people aged 18-21 years who have complex needs including drug-related problems. The clients are commonly dis-engaged from the community and are dealing with a range of physical and mental health problems. They attend the program five days a week on a volunteer basis. They participate in a range of activities, including life skills education, recreation activities, arts and cultural activities. The aim is to offer young people a positive experience in working with both other adults and peers so that their connections with people are not centered around their drug use. Funding is from State Government and the length of the project is three years. The day program attracts about twenty young people.

Promising characteristics of the program include the capacity to respond on a daily basis to the needs of the participants, the high staff to client ratio, and the provision of diversionary and educative activity for young people who are not participating in training or work.

Program limitations include the challenge of working with and gaining the ongoing involvement of a difficult client group with multiple risk factors. In addition, the three-year funding cycle places an additional burden on the organisation as energies must go into applying for the next round of funding. Competitive funding structures makes inter-agency collaboration difficult. Evaluation is ongoing and thus far indicates that the program is succeeding in getting young people to attend and participate.

## Darwin Youth Beat

The *Darwin Youth Beat* (DYB) is an initiative provided by Mission Australia that provides an outreach service to support young people in Darwin's northern suburbs with substance abuse problems. It is a mobile outreach service employing four youth workers and a service coordinator who engage with young people where they gather in the community and public space at night. After consultation with youth, Department of Health and Community Services, the Northern Territory Police and the DYB outreach workers, it was decided that a mobile support space would provide a more equitable access to youth on the streets at night. The youth workers operate from a bus, concentrating on particular locations. They generally work at these locations from 4pm to 4am as this is considered to be the time of peak need. The bus has a private space for provision of counselling, tea and coffee making facilities and desks and chairs to accommodate clients. The bus also carries a display of brochures relating to many relevant services.

Many of the clients are Aboriginal and Torres Strait Islander young males between the ages of 10 to 20. Program data indicates that approximately 96% of clients are Aboriginal and Torres Strait Islanders, and about two thirds are male. Around half the clients are in the 13 to 15 years age bracket.

The workers engage and connect with young people and assist with crisis referrals, referrals to services and providing information to young people and families.

Promising characteristics of the program include the capacity to deliver the program directly at the site of greatest need and the focus on finding additional support from families and services.

Program limitations are those associated with the reactive nature of the contact and the difficulty of engaging young people in more sustained programs.

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## APPENDIX 1: PROGRAM CONTACT INFORMATION

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2. Hangin' in, not hangin' out	Carrie Fowlie	Coordinator	ACT Youth Coalition	PO BOX 5232 Lyneham ACT 2602	02 6247 3540 02 6249 1675 <a href="mailto:carrie@youthcoalition.net">carrie@youthcoalition.net</a>
3. Making a Difference	John Alford	Project Officer	Drug Education Network	34 Paterson Street, Launceston 7250	03 6334 0445 <a href="mailto:johnalford@den.org.au">johnalford@den.org.au</a>
4. In Touch	Bruno Faletti	Project Officer	Manager, WA School Drug Education Project	151 Royal Street EAST PERTH	08 9264 4136 08 9264 4903 <a href="mailto:Bruno.Faletti@eddept.wa.edu.au">Bruno.Faletti@eddept.wa.edu.au</a>
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7. Sportconnect Leadership Program	Kraig Grime	Chief Executive Officer	Athlete Development Australia ADA	PO Box 450 Nth Melbourne VIC 3051	0419816722 <a href="mailto:kraig@ada.net.au">kraig@ada.net.au</a>

<b>Program name</b>	<b>Contact</b>	<b>Title</b>	<b>Organisation</b>	<b>Address</b>	<b>Phone/ fax / email</b>
8. Living Skills Program	Janet Kemplay-Hill		SA Police		janet.kemplayhill@policesa.gov.au
9. Learning Assistance Program	Penny Penhall	Student Welfare Teacher	SA Department of Education	540 Fullarton Rd Springfield SA 5062	08 8372 3200 p.penhall@mercedes.catholic.edu.au
10. School Based Policing Program	Greg Gray	Sergeant Crime Prevention Unit	Queensland Police	Level 6, 40 Tank Street Brisbane 4001	07 3234 2111 07 3234 2100 GrayGregP@police.qld.gov.au
11. Your Shoes, My Shoes	Susie Low	Senior Policy Officer, Aboriginal Drug and Alcohol Unit	NSW Police	Level 6 1 Charles St Parramatta 2124	02 88358652 lowzsus@police.nsw.gov.au
12. Primary Connect	Sharon Perkins	Manager, Primary Education and Early Childhood Directorate	NSW DEET	GPO Box 33 Sydney NSW 2001	02 9246 5550 0411 621 440 02 9246 5563 sharon.perkins@det.nsw.edu.au
13. The Plan-It Youth Mentoring	Leslie Tobin	Manager	Dusseldorp Skills Forum	1 Glebe St NSW 2037	02 95718347 02 95719703 Leslie.tobin@dsf.org.au

<b>Program name</b>	<b>Contact</b>	<b>Title</b>	<b>Organisation</b>	<b>Address</b>	<b>Phone/ fax / email</b>
14. Natural High Project	Bob Aldred	CEO	Queensland Drug Foundation	C/- ADFQ, PO Box 332 Spring Hill QLD 4004	07 3834 0213 07 33832 5625 b.aldred@qdf.com.au
15. PEPPARY Project	Jane Worrel	Manager	Queensland Youth Services	311 Sturt St Townsville 4810	07 4771 3648 manager@qldyouthservices.org.au
16. YSAS Day Program	David Murray Youth Substance Abuse Service	Executive Officer	Youth Substance Abuse Service	131 Johnston Street Fitzroy Vic 3065	03 9415 8881 dimurray@ysas.org.au
17. Wheels Project	Sharon Fisher	Manager- Education Employment Training Support Unit	Melbourne City Mission	214 Nicholson Street Footscray Victoria 3011	0396808237 03 9687 5740 sfisher@mcm.org.au
18. Resilient Families	Dr Allison Shortt	Family Research Manager	Centre For Adolescent Health	2 Gatehouse Street Parkville 3052	039345 4783 03 9345 6543 ashortt@unimelb.edu.au
19. Connectus	Julie Rolfe	Manager of the Secretariat	Premier's Drug Prevention Council	DHS 120 Spencer St Melbourne 3000	03 96374229 julie.rolfe@dhs.gov.au
20. Community based VCAL Programs	Michael Murphy	Executive Officer	Gippsland LLEN Local Learning and Employment Network	PO Box 415 Trafalgar Vic 3824	03 56332868 03 56331945 bblillen@dcsi.net.au

<b>Program name</b>	<b>Contact</b>	<b>Title</b>	<b>Organisation</b>	<b>Address</b>	<b>Phone/ fax / email</b>
21. ABCD	Judy Cain	Education Coordinator	Mary of the Cross	7 Brunswick St Fitzroy 3065	03 94956967 03 9495 6166 JCain@melbourne.catholic.org.au
22. The Outdoor Experience	Adam Dickinson	Project Officer	Jesuit Social Services	2 Langridge St Collingwood	03 9415 8700 a.dickinson@jss.org.au
23. SMART	Carolyn Bolton	Manager, Youth & Family Services	Knox Community Health Centre	1063 Burwood Highway Ferntree Gully 3156	03 97576277 03 9756 0144 Carolyn.Bolton@kchs.org.au
24. Creating Conversations	Robyn Ramsden	Senior Policy Officer: Targeted Initiatives	Vic DE&T	GPO Box 4367 East Melbourne	03 9637 2029 ramsden.robyn.l@edumail.vic.gov.au
25. Gatehouse Project	Helen Butler	Manager Professional Learning	Centre for Adolescent Health	2 Gatehouse Street Parkville 3052	03 9345 7925 03 9345 6502 helen.butler@mcri.edu.au
26. Seasons For Growth	Clare Kosh	Program Coordinator	Mary McKillop Foundation	Box 1023, North Sydney, NSW, 2059.	02 8912 4844 02 8912 4840 info@goodgrief.aust.com
27. Big Brothers Big Sisters	David White	Executive Director	Big Brothers Big Sisters	87 Queens Parade Clifton Hill 3068	03 9489 4511 03 9489 4577 David.white@bbbs.org.au

# PART THREE



# INTRODUCTION

This is the third of three parts prepared by the Australian Youth Research Centre for the Department of Health and Ageing as part of the development of *a toolkit of interventions to assist young people to negotiate transitional pathways*.

It should be read in combination with the first and second parts. The first part provided the research methodology, a discussion of the rationale informing the criteria used to identify promising programs and the criteria themselves. The second part presented an overview of research into twenty-seven programs of interest, including a summary of the promising characteristics and limitations of the programs, and program contact details.

This third part provides a more detailed description of ten promising programs drawn from this set of twenty-seven and a set of recommendations to inform the development of tools or principles for consideration in the selection, design and implementation of drug prevention initiatives for youth.

This section of the study reports in greater detail on a number of projects worthy of greater attention. These projects have demonstrated success in development of programs, resources and training models. Others may find these useful in developing their own initiatives.

Also included is a discussion and set of criteria to guide consideration of promising features and likely limitations worthy of consideration in planning or review of programs of a similar nature. These criteria have been informed by the review of the programs in this study together with a review of the literature relating to similar programs. They provide an addition to the *Evidence-based Criteria* provided in Part 1.

# PROMISING PROGRAMS

The project descriptions below outline the programs and give a sense of the strategies used and the resources available. Additional notations about key characteristics of these programs are contained in Appendix 1. Here the *Promising Programs Review Tool* (presented later in this report) has been completed for each of the programs described. Program contact details are available in Appendix 2.

## School-based universal prevention programs

The three school-based universal prevention programs below (The *Gatehouse* project, the *Resilient Families* project and the *In Touch: Managing Drug Issues in Schools* project) have all taken an evidence-based approach and have received significant investment in terms of development and review or evaluation. Each has developed resources and tools which can be made available to others who wish to use or model an initiative on the project.

Both the *Gatehouse* project and the *Resilient Families* project have been supported by significant research and evaluation funding and have published papers in academic journals. Given that most projects will not receive this level of resourcing for either the project development or evaluation phases, it makes sense to utilise the learnings from these projects. Similarly, given the attention to systematic development and delivery of drug education support for schools conducted as part of the Western Australian strategy against drug abuse, it makes sense for others to be informed by the resources developed within the *In Touch* project.

### The Gatehouse Project

The *Gatehouse* Project is designed to build the capacity of schools to promote emotional well-being. The program assists schools to develop strategies for reducing risk factors and enhancing protective factors in the school environment. The focus of curriculum and policy responses is on enhancing students' sense of connectedness to school and increasing individual coping skills (Glover et al 1998).

The program supports schools to take action around three key priorities: building a sense of security and trust, enhancing communication and social connectedness and building a sense of positive regard through valued participation in aspects of school life.

The *Gatehouse* Project uses both an individual-focused approach, using curriculum strategies to enhance understanding and skills for dealing with difficult situations, and an environment-focused approach, using whole school strategies to address risk and protective factors in the school environment.

The *Gatehouse* Project provides a five-step evidence-based process, through which schools work to build on existing policies, programs and practices and develop new programs that promote connectedness to school. This involves establishing an Adolescent Health Team to co-ordinate the planning, implementation and evaluation of strategies; reviewing policies, programs and practices to identify priorities for action; planning strategies to address areas identified in the review; training and implementation to equip staff to implement the chosen strategies; and monitoring and evaluation of the process of implementation, with a view to informing future cycles of review, planning and change. A critical friend and support staff from the Centre for Adolescent Health provide training and assistance with data collection and review of school programs. Project outcomes in pilot schools showed a reduction in students' cigarette, alcohol and cannabis use. Data collection, training, curriculum and strategic planning tools are available to assist schools in this process (Patton et al 2000).

Promising characteristics include the focus on school-based organisational and pedagogical change and the potential for achieving enhanced behavioural and social health of the students. As connectedness to school is a significant protective factor, achievement of a reduction in bullying or victimisation can be theorised to have a protective effect.

Program limitations are those associated with the significant and ongoing commitment of staff time required to research, plan and implement change and the likelihood of limited results if training or support is insufficient. A considerable

commitment is required from the school leadership and school staff to take on a project of this nature.

## Resilient Families

The *Resilient Families* program is run by the Centre for Adolescent Health in Melbourne. It aims to build healthy family relationships and thus to contribute to the prevention of a range of health and social problems in youth including substance use and mental health problems. The program has a prevention focus and is designed for Year 7 students and their parents or caregivers. It is a multi-modal program with both a classroom education component and a parent education component.

The education program has five key components. Component one is a 10-week student curriculum delivered to all Year 7 students by their class teachers. This curriculum focuses on conflict resolution, communication, emotional awareness, peer influences and changes that occur in families. Teachers receive a two-hour training before delivering the course. Each session includes a homework component that is to be completed by the student with their parent or caregiver.

The second component is an evening for parents publicised as The Parenting Adolescents Quiz (PAQ). It is designed to be a fun two-hour event for parents in the school community. It covers a range of topics including youth culture, adolescent development, alcohol and substance use, depression, communication, problem solving, and sibling rivalry. At this event parents are recruited to join the third component of the program which is an 8-week course that brings parents together in a small group format to discuss issues they are facing in parenting their adolescents. The curriculum for this component is the PACE (Parenting Adolescents: A Creative Experience) program.

The PACE program was the subject of an earlier study (Toumbourou and Gregg 2002) which showed that parents and students (Year 8) in the intervention group reported a reduction in family conflict. Adolescents reported improved experiences of maternal care, less delinquency and a halved rate of poly-drug use compared to those in the control group. The Resilient Families project was designed to build upon experiences of the PACE study (Shortt and Toumbourou 2005).

The PACE program and the quiz event are run by staff from the Centre for Adolescent Health. The fourth component of *Resilient Families* is an emphasis on building a community of parents within the school and the fifth component is the capacity to refer parents for family counselling upon request.

Program leaders describe recruiting parents to the program as a major challenge, with around 10% of parents of the Year 7 cohorts attending the quiz nights at which recruitment takes place for the PACE program, and approximately 5% of parents taking on the PACE program (Shortt and Toumbourou 2005).

The National Health and Medical Research Council has funded a randomised controlled trial of the *Resilient Families* program to evaluate its effectiveness in preventing health and social problems in adolescents. Twenty-four government and catholic secondary schools in Melbourne and surrounding areas have been selected for random assignment to either the intervention or a comparison condition. Twelve schools have been assigned to receive the *Resilient Families* program, which will be implemented with all Year 7 students and offered to their parents. The other twelve schools in the comparison condition will complete annual student and parent surveys.

Promising characteristics of *Resilient Families* include the combination of a universal curriculum intervention for students and the opportunity for their parents to engage in an ongoing program. Other strengths include the evidence-based and comprehensive nature of the students and parenting curriculum, and the capacity to assist with referral. The ongoing nature of the participation with others is also a promising feature in that it can enhance a sense of connection to the school and its community and contribute to the social capital and social support available in the parent community.

Limitations include the difficulty in attracting more than around 5% of parents to attend the parenting course. Additional limitations will include the need for the school (or parents) to have funding to run the parent component of the program and for the school to fit the student program into the curriculum. Schools wanting to run similar programs will have to fund professional development support for the teachers and for the specialists required to run the parenting program (currently the program funding means that the trial schools do not have to pay for the program).

## In Touch: Managing Drug Issues in Schools

The *In Touch: Managing Drug Issues in Schools* project supports schools across the state in providing support for students and families experiencing problems related to drug use. Since 1997 the SDEP has supported drug education across the state by providing curriculum materials, professional development programs, policy support, grants and programs to support schools in involving parents and local communities.

In 2000 the SDEP developed the *In Touch: Managing Drug Issues in School* program as a collaborative partnership between the Education and Health Departments and drug agencies including *Next Step Drug and Alcohol Services*. The program aims to assist school staff to use school pastoral care programs to assist students dealing with alcohol and other drug issues.

The *In Touch* teacher education program builds on the prior focus on classroom drug education and focuses on the organisation of interagency support for students with drug-related problems. Training focuses on equipping staff to help students with drug-related problems, to communicate with parents about available support programs, and to establish effective referral and case management approaches to managing students with drug-related problems.

The *In Touch* training is delivered via a cascade model. Initially trainers (from *Next Step* specialist alcohol and drug services with assistance from SDEP staff) deliver a five-day training to regional trainers. Participants for this phase are nominated by the school system and have experience in counselling roles and/or expertise in the area of alcohol and other drugs. Many are also experienced trainers.

In the second phase of the cascade model, the regional trainers (in association with SDEP regional organising committees) deliver a three or four-day trainer course for nominated school-based trainers in their geographic regions. These school-based trainers, selected by their schools, work in the area of student pastoral care.

In the third phase of the cascade training model, these school-based trainers disseminate information to fellow staff through professional development sessions held in their schools. Each school designs this process to fit their needs. Commonly all school staff are trained

in identification of students with drug-related problems, whilst those in pastoral care roles may be trained in additional aspects of the program including awareness and management. Staff in counselling roles are likely to be trained in the entire *In Touch* program.

Follow up support for schools is available through the *In Touch* Project Officer, School Drug Education Project Officers, the 16 Regional Organising Committees and Community Drug Service Teams.

The Regional Organising Committees assist school staff to implement school drug education, policy and intervention programs through provision of professional development, networking services and through links with other agencies and services.

The *In Touch* program is subject to ongoing evaluation. This has informed development and modification of the program and the dissemination strategy. Formative evaluation conducted during the development of the project indicated that the program was relevant, realistic, comprehensive and that the resources were user-friendly. Upon participants recommendations however, some adjustments were made to the resource to encompass advice to equip teachers to deal with primary students.

Evaluation of the pilot program validated the design of the training course. A need was identified for additional support and advice in working with Aboriginal and Torres Strait Islander students and families and a group began work in this.

The writers of the resource liaised with Aboriginal and Torres Strait Islander representatives from all education sectors in Western Australia and with a reference group of representatives from Aboriginal and Torres Strait Islander community agencies. Feedback from the group guided the development of *In Touch: Working with Aboriginal and Torres Strait Islander Students*. This resource was launched in 2002 at a five-day training program attended by twenty-two Regional Aboriginal Trainers from across the state. These Regional Aboriginal Trainers then went on to link with the Regional Trainers in their geographic areas to present a combined *In Touch* course that looks at issues for both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander students and examines similarities and differences in working with these students.

As the program was disseminated, a challenge that presented itself to the program was the obvious attrition of Regional Trainers. To address this challenge additional people were trained and some school-based trainers were up-skilled to become Regional Trainers. A two-day up-skilling program was devised and subsequently run yearly to address the need to maintain the presence of skilled Regional Trainers.

Promising characteristics of this school support strategy for students with indicated needs include the fact that it builds on prior strong initiatives in the provision of universal school-based prevention initiatives which focused on curriculum, policy and professional development for school staff. Of particular import is the fact that the *In Touch* initiative complements and builds upon other initiatives by the School Drug Education Project including building on the learning from the Western Australia School Health Project. The school health project identified the need for school structural responses such as the formation of school committees, the development of school policies and strategic plans and the support of school leadership. Earlier provision of school curriculum and policy materials through the SDEP was supported by training and dissemination processes that utilised the regional committees and local trainers. This systematic approach meant that there was a series of structures already in place through which to implement the *In Touch* program.

The inter-sectoral focus of a three-way partnership between the Education and Health sectors and specialist health agencies (*Next Step*) facilitates the development of appropriate training for assisting those students and families in need of specialist support. The pilot process and formative evaluation enabled the modification of the program between development and full dissemination, including the development of materials and processes which were more attuned to meeting the needs of those dealing with primary students and Aboriginal and Torres Strait Islander students.

A responsiveness to the practical challenges of attrition of trainers meant that an additional and timely investment was made to equip new trainers and to set a structure in place to ensure that trainers continued to be available.

Program limitations include the need for funding for management and delivery of on-going training and program support needs to

be ongoing in order for the program to be sustained in the face of staff turnover. Additional challenges are those associated with fidelity of implementation, possible dilution of the quality and content of the training, reliance on the quality of the trainer, the turn over of trainers and trained school staff, and the reliance on school-based responses to cues for action.

## Learning Support Programs

A number of the mentoring programs are oriented towards re-connecting or supporting young people who are at risk of failure, truancy or early school-leaving. Support in these programs takes a one-on-one model and one of the aims is to maintain the young persons participation at school. In contrast, learning support programs, such as the one described here (*Community-based Victorian Certificate of Applied Learning*), set out to provide a work-based learning program for those who can not function well in the mainstream school setting, either because their learning needs are not well met due to their literacy problems, and/or because their high welfare needs or difficult behaviours are difficult to manage in the school setting. The program described here provides a useful model because it features a regionalised and inter-agency approach that recognises the need for co-delivery of health and education services. Also of particular promise is the focus on applied learning and training pointed at work-place entry.

### Community Based VCAL Programs (Victorian Certificate of Applied Learning)

Community based VCAL, offered in the Gippsland region of Victoria, offers young people at risk of early school leaving the opportunity to complete their secondary schooling in a community-based setting outside the regular school location. The students who are participating in these programs have been selected on the basis that they have either left school early or are at risk of leaving and have needs beyond the capacity of a regular school environment.

The students are enrolled, or re-enrolled, in regular schools and this contributes to the program budget. In most cases there is some additional funding or in-kind support provided

by government or community agencies in order to make the program possible. The programs rely heavily on local community partnerships, some of which pre-existed the project and some of which have been developed in order to strengthen the project.

Most classes in this program are conducted within the Victorian Applied Certificate of Learning (VCAL) mode, thus ensuring that students are working towards a recognised award. Classes are provided away from regular school locations with most occurring in community settings. Students are entitled to re-enter the regular school system at a later date, though most are aiming to find employment or a training pathway through TAFE or an apprenticeship.

The programs are pathways focused in that they are designed to re-engage participants with learning and may facilitate their return to regular schools, other education and training opportunities or employment. Young people receive an accredited certificate upon course completion.

The Gippsland region began involvement with the delivery of VCAL in 2002. The project is distinctive in that it involves an inter-school partnership which was set up across the region with support from the Local Learning and Employment Network (LLEN) and the staff from the regional office of the Department of Education and Training (DE&T).

The project was set up in recognition of the risks associated with early school leaving and an awareness of the multiple challenges faced by many of the local young people who had left or were at risk of leaving the school system.

These young people were identified as likely to be encountering a number of the following challenges including unstable home lives, poverty, drug-related problems, poor literacy and learning skills, involvement with the justice system, negative social behaviours, victims or perpetrators of bullying and victims of racial intolerance.

The programs are delivered through a number of partnerships between five secondary colleges from across the Gippsland geographic area including Orbost, Warragul, Lakes Entrance and Bairnsdale, and a number of welfare agencies including Berry Street, Youth Education for All (YEA), School Focussed Youth Service, Local Learning and Employment Network (LLENs),

Moogi Aboriginal Cooperative, Regional Health Centres, and Gippsland TAFE.

Programs offered include literacy and numeracy, personal development and industry specific skills. Each year around 12 to 20 young people associated with each school centre complete the program. Whilst these numbers may seem small, these young people are successfully retained and re-engaged in learning, with the project contributing to a 7.5% increase in retention for the Gippsland region.

Key findings of a locally administered review show that there is a picture of increasing demand, with many students now on waiting lists to join the Program. There are restrictions on numbers of participants as the agencies involved could easily be swamped if restrictions on numbers were lifted. The review also indicated that more work is needed to recruit at-risk Aboriginal and Torres Strait Islander students to the program who are under-represented in the program proportionally to need.

The review also shows the need to preserve and build local partnerships. These are essential in offering flexible and responsive programs suited to the high needs of the students.

Funding problems are a key limiting factor for the program. Currently, due to school education funding requirements, students not enrolled by the end of February each year are not funded and therefore must wait a whole year for entry to the program. There is a need for more flexible funding that takes account of the special nature of the service and the demand for it.

Additional challenges relate to the burden on staff who deal with significant and consistent challenges in teaching these particular students. The impact on these staff should be factored into the program when sustainability is considered. These students need a high staff to student ratio and currently budgets do not allow for the specialised needs of these students, meaning that the courses operate on shoestring budgets, on good-will or on volunteer labour. This increases the risk of staff burnout and turnover and places the sustainability of the program at risk. There is an additional risk that pressure on the programs will mean that they end up eliminating those most challenging students in order to be able to serve more of those with lesser needs.

Promising characteristics include the use of a locally developed, targeted and responsive

curriculum, assistance with literacy and numeracy skills and the development of connections with community members and local employers.

## Mentoring Programs

Four mentoring programs have been included because they have promising characteristics worthy of particular attention. They are *Plan-it Youth*, *Big Brothers Big Sisters*, *Learning Assistance program (LAP)* and *Seasons for Growth*.

Though very different in design and focus, each of these programs has developed resources and models that can be replicated or used in future initiatives. In addition, each has been subject to evaluation and intensive review and refinement. *Plan-it Youth* has a distinctive focus on supporting early school leavers and assisting them to make a good transition to work or to further training. It has quite a strong task focus as well as a relational focus. It is well connected to an institution which can provide accredited training (the local TAFE) and to schools as the site for the intervention. In contrast, the *Big Brothers Big Sisters (BBBS)* program takes a relational focus, setting up long-term supportive friendships. BBBS has a rigorous screening program for mentors and this could be useful to inform other programs. The *LAP* focuses across a wider age group and has more of an emphasis on supporting students with academic needs. The *Seasons for Growth* model is distinctive in the provision of a guided peer support curriculum and a rich training curriculum. It is useful as an early intervention model which focuses on dealing with change and loss as a normal part of life, rather than focusing more on those who find it difficult to engage or to learn at school.

### Big Brothers Big Sisters

The *Big Brothers Big Sisters (BBBS)* program is a national mentoring program that has been operating in Australia since 1982. It is currently operating in Melbourne, Sydney, Adelaide, Perth, Central Queensland and Geelong. The program also operates in many other locations including USA, Canada, New Zealand, U.K, South Korea, Japan, and Northern Europe.

The program matches young people to carefully screened, trained and supervised adult volunteers. Each friendship match is managed,

supervised and screened by trained project staff. The rigorous screening of volunteers conducted in this program includes a police check, a psychological assessment, an interview, a home visit, four referee checks and participation in three training sessions. Ongoing support for mentors is provided with regular consultation and supervision conversations.

The focus is the prevention of negative behaviour in at-risk young people through the provision of a long-term (three year) and regular (weekly) contact with a mentor. The young people referred to the program are aged 7 to 17 years. Mentors commit to spending from two to six hours a week with their mentee for a minimum of twelve months and ideally for around three years.

The Australian program screens and trains approximately 300 mentors each year and each family with a mentor receives support and follow up from the BBBS program.

It costs about \$1,500 to select, train, support and match a mentor to a young person. There are significant waiting lists for mentors as young people wait to join the program.

Royse (1998), conducting a review of mentoring programs and including a study of previous evaluations of the BBBS programs in the US and UK, identifies that there is a lack of conclusive evidence about the outcomes of mentoring projects. He points to the fact that some evaluations have shown improvement in attitudes and behaviour of the participating children, including improved attendance at school and reductions in drug use, whereas others have failed to demonstrate improved outcomes for intervention versus control groups. He argues that one problem may be that mentoring is a variable intervention with the quality of mentoring relationships varying greatly. Some mentors focus more on relationship and spending quality time with their mentee and others focus more on the accomplishment of skills or tasks. He also refers to other researchers who suggest that mentoring may be too weak an intervention to show results with high-risk young people and may be better applied to lone-parents, parents of troubled children or to young people presenting a lesser risk profile.

Promising characteristics include the capacity to generate positive relationships over a longer term and the focus on enhancing the social competence of the young people. Potentially,

the relationship assists in the process of normalising pro-social attitudes and behaviour and contributes to young people's sense of optimism and purpose.

Program limitations include the difficulties in attracting an appropriate volunteer group, particularly male mentors, to work with these high-risk young people. Around 90% of referrals to the program are for males while of the volunteer enquiries around 80% are females. Additional challenges are those associated with the program's lack of embeddedness within other organisations, the time and energy that must be spent chasing funding and advocating for the program. It is expensive to provide the extensive screening process and to provide training and support for mentors across multiple school settings, especially as it is not school-based personnel who do this work.

### **Plan-it Youth Mentoring Project**

*Plan-It Youth*, conducted on the NSW Central Coast, an initiative of the Dusseldorp Skills Forum, recruits mentors from the community and provides mentor training through a local TAFE before establishing one-on-one relationships with potential early school leavers. The program is structured to enable mentors (commonly retirees) to spend time with the students and assist them with their transition from school to work.

The program began in 1999 at Berkeley Vale Community High School and in less than two years grew to include five high schools and two TAFE campuses. The TAFE program, developed by Wyong TAFE Outreach, provides a 30-hour training course for the mentors involving lectures, discussions, group activities, excursions and practical sessions. There is a strong emphasis in the training on the development of active listening skills and on pooling the wisdom and experience of those on the mentor team. The mentors have one-on-one relationships with potential early school leavers (commonly year nine or ten students) for a period of six months or more. The program is structured to enable mentors to spend time with the students out in the community where they talk to employers and TAFE colleges.

The aim is to give students a realistic picture of the options that are available on leaving school at the end of year ten. The mentors help the young person with goal setting and relevant research into areas of interest.

Program data indicates that in the first two years of the program over 80% of the young people participating chose to stay in some form of education including TAFE, traineeships or apprenticeships.

The youth participants are selected through a survey administered to all Year 9 or 10 students. Those with indicated needs then join the program as volunteers. A one-day program is used to collect all mentors and students together and introduce them for the first time. Named "Jitters Day" it is designed to help overcome the initial anxieties that mentors and mentees are likely to have. The program for this day includes get-to-know-you games and social activities. After this day mentors and mentees nominate confidentially those they would be comfortable to work with and this guides the matching process. A ten-week program follows in which students and mentors meet at the school each week for an hour. After each session the mentors meet with the supervising teacher where problems, strategies and opportunities are discussed. During the ten weeks, mentors assist students to talk to potential employers and further education providers such as TAFE colleges.

At the end of the ten-week period all mentors and students participate in a presentation night, also attended by parents and teachers, at which the mentees present reports on their experiences.

An evaluation of the Plan-It Youth mentoring program (Bull 2001) surveyed and interviewed participants from the 1999-2001 phase of the program. This study identified that as a result of participating in the program, students had more knowledge about prospective career paths and about what they had to do to attain that career, and were more confident about their ability to pursue their goals. Male students responded more favourably to the program than females, including feeling more positive about being at school and feeling more positive about working at school.

The program has been taken up the NSW Department of Education and Training to expand to other areas.

Promising characteristics include the substantial investment in the training of the mentors, the development of the training course for mentors, and the provision of this course through an accredited education provider. Additional promising features include the potential for connecting the participants to the TAFE and

local community. Strategies that maintain young people's participation in education or assist them to make the transition to paid work are protective against the multiple risks associated with early school leaving.

Limitations include the reliance on the goodwill and continued commitment of volunteers and the difficulties associated with recruiting appropriate volunteers. Ongoing funding is also necessary. Currently the program is supported by sponsorship and this may not be a model replicable in other settings. Ideally this type of program is funded and supported through core budget allocations in school and TAFE settings. Resources are needed to recruit, train, manage and support the mentors. Where these tasks must occur superabundant to workload, the program's sustainability is placed at risk.

### Seasons For Growth

*Seasons For Growth* is a national grief and loss education program developed and managed by the McKillop Foundation (Sydney). It aims to provide young people with the knowledge, skills and attitudes to understand change, loss and grief. It is based conceptually on the work of Worden, who framed the process of grief as a series of tasks. The program uses the imagery of the seasons to assist in understanding the cycle of loss and adjustment. Children and young people dealing with family break up or raised in a single parent family, are at increased risk for depression, anxiety and for more frequent drug use in adolescence.

Community members or teachers receive an intensive three-day professional development course to equip them for the role of 'companion' or mentor-facilitator. The companions work with small groups of six to eight students who have been identified due the fact that they have experienced family break up or bereavement. The companions conduct a ten-week support program with the small group. The program is a series of 'lessons', published in a collection of manuals. Six levels of curriculum are provided with a specific program for junior primary school, middle primary school, upper primary school, junior secondary school, senior secondary school as well as a program for adults. Program resources include a trainer's manual and a site manager's manual. Participating students are volunteers.

The curriculum intervention is designed around the use of personal narrative, journals, visual arts,

interactive games and group activities.

The metaphor of seasonal change is used to help students learn about change and loss and to talk about how they can cope with the inevitable cycles of change, loss, distress and re-adjustment that occurs in life.

Two evaluations of the program have been conducted; one in 1998 and another in 2004. The earlier study (Muller and Saulwick 1998) investigated issues of access, efficacy, scope, personnel and resources. This study found that the program met a critical need, provided high quality materials, and was beneficial in improving young people's sense of support and access to others. Additional findings of this evaluation included that *Seasons for Growth* has a strong, positive effect on young people. The participants said that the program had removed their sense of isolation; allowed them to express their feelings without being ashamed of them; and helped them to develop trust in others. Participants identified that they were more able to seek support and form friendships; communicate better with their parents or siblings; understand that life moves on and that changes do happen; and cope better with their emotions. This study highlighted the need to improve the accessibility of the program and recommended that resourcing be sought to assist with a broader dissemination of the program.

The 2004 study conducted by Frydenberg and Muller investigated more fully the impact of the program on participants. This evaluation entailed a series of interviews and pre and post-testing surveys. Results indicated that as a result of participating in the program, students are less likely to use negative coping strategies and more likely to use positive coping strategies (Frydenberg and Muller 2005). They are less likely to blame themselves for what has happened or worry about what will happen in their future. They are more likely to seek social support, to think optimistically, to work out a plan for dealing with problems and to use positive diversion or recreational coping strategies. This evaluation also demonstrated that the program decreases participants' sense of isolation and increases their capacity to seek support, form friendships and use support networks and communicate with their parents or siblings. Promising characteristics of the program are those associated with enhanced protective factors and coping skills.

Promising characteristics include the impact on coping strategies and the possibility that these capacities may be protective against a range of future life challenges. Also promising is the relevance and efficacy of the program in a broad range of schools and the fact that the largely oral and activity-based curriculum makes it accessible with both academically strong children and children who have learning difficulties.

Program limitations include the lack of ongoing funding (there is a program management cost associated with running the program and administering training, advocacy and support and a school-based cost to undergo training and to buy the curriculum materials). In addition, as the program is not part of core curriculum or workload, but rather is provided for those with indicated needs, it requires and relies on an extra time commitment from teaching staff or community volunteers.

### Learning Assistance Program (LAP)

The LAP originated at Banksia Park High School, South Australia in 1976. It is now a state and nation-wide support program administered through a non-profit incorporated association formed in 1994. The LAP provides a structure for students of all ages and abilities to spend one hour a week with a volunteer mentor. The focus is on friendship, communication, the building of self-esteem as well as academic extension or support.

Mercedes College (a Catholic Secondary School) provides a home for this program and a project officer provides LAP services and training to other government and non-government schools in South Australia as well as interstate. The LAP publishes and sells a number of resources including the Volunteers Guide and the Co-ordinators handbook as well as selling professional development and training and providing a newsletter to members.

The LAP is run in participating schools by a coordinator who is either a volunteer from the community or a staff member allocated this duty. This person manages the program, recruits volunteer mentors and runs orientation sessions for new volunteers.

Promising characteristics include the support for students to develop a positive connection to school and to staff as well as raising their confidence and ability to engage in school-based activities and relationships. The program

increases the likelihood of these students remaining in the school system and is thus protective against some of the risks associated with early school leaving and truancy. An additional promising aspect of this program is that tutors are volunteers from the community. The mentorship process also provides students with a sense of connection to community, enhancing an additional protective factor.

Program limitations include the challenge of recruiting and managing a large volunteer team and of equipping them to provide appropriate assistance to the students. Additional limitations occur around the fact that the initiative is likely to occur super-abundant to workload in most schools, meaning that the program is vulnerable should staff commitment to it change over time due to staff attrition or staff burnout.

## Activity-based Interventions

Interventions which are based around sports, arts, leisure or wilderness activities present challenges relating to the need to balance the protective nature of the participation with the possible risks or limitations associated with grouping at-risk young people in short-term interventions. Those programs that provide opportunities for skill development and the building of connections to the broader community along with the building of a sense of purpose and optimism are of particular interest. The program described here (*Your Shoes, My Shoes*) is of particular interest because of the emphasis on skill development and on positioning the young people as contributors to their community. The involvement of young people in training workshops for police and the purposeful development of art works, which will contribute to the training, adds a protective layer which potentially assists to balance the limitations associated with the shorter life of the project and the grouping of at-risk young people together.

### Your Shoes, My Shoes

The *Your Shoes, My Shoes* project, operating in Moree, NSW, is based on a partnership between NSW Police and Big hART to address Aboriginal and Torres Strait Islander juvenile drug-related problems and policing practices. The project builds upon existing Police and Community

Clubs (PCYC) programs. The target group for the intervention is young Aboriginal and Torres Strait Islander people who are either considered to be at-risk or who are already involved with the justice system.

Applying a cultural development approach, the project uses art as the vehicle to focus on drug and alcohol issues in the community and to develop better relationships between police and young people. Small groups of Police officers and Aboriginal and Torres Strait Islander youth (around six from each group) work in one-to-one partnerships together to develop arts products that tell the stories of the young people. These products, including videos and photographic displays dealing with issues related to drug use, are then used as educational tools for police and community training. The notion is that the young people develop the tools that they believe will best inform police about their lives and needs and thus help to equip police to respond appropriately to people such as themselves. The young people are also trained to contribute to the running of cultural awareness workshops for police in which these tools are used. They develop positive relationships with police as a result of working with them on these tasks.

The aims include increasing protective factors for the young people involved as they develop a sense of purpose and contribution and learn skills associated with the art making process. An additional aim is to promote the notion of police as carers for the community. The project also uses a reverse mentor role as the young people have been mentored in art skills in prior Big hART projects, and share their film making skills with their police 'buddies'. Each team has trained Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander mentors to develop their artistic skills, and to deal with interpersonal challenges as they arise. These in the main are people who have worked on prior Big hArt projects as artists and mentors.

The *Your Shoes My Shoes* concept is explored as the young people and police accompany each other for a day and develop photographic essays that tell this story.

Promising characteristics include the use of the one-on-one mentor process as a means through which to generate positive relationships. The product focus of developing the art works is seen as one that promotes a purposeful participation with peers, adults and a sense of contribution to the community. The concept of partnership with

the young people in which they are allocated roles of service and value is also a strong feature of this project.

Program limitations include the need for funding to make the project sustainable and to re-create the experience for new cohorts of young people and police. There are also challenges associated with gaining commitment and ongoing participation from high-risk young people. A program evaluation was not available at the time of writing this report.

## Direct Service and Treatment

The program described here (*Central Australia Youth Link Up Service*) is of interest because it takes a multi-modal approach, combining direct service with advocacy, education, community development and referral. This is of particular interest as the focus on addressing environmental as well as individual factors has the potential to contribute towards longer term prevention of the problem of inhalant use.

### Central Australia Youth Link Up Service (CAYLUS)

*CAYLUS* is a drug prevention program that works toward minimising the harms associated with the use of inhalants in remote communities in Central Australia through supporting community initiatives. A major focus is on the reduction of petrol sniffing which is a serious youth health problem in this locality. The program services a range of communities that are spread across a geographic area of over 600,000 square kilometres.

Governed by a consortium of agencies and based in Alice Springs, the service employs two workers to travel to remote communities and work with them to develop strategies to reduce inhalant use. Based on community development principles, *CAYLUS* aims to educate and support community members with influence (elders, administrators) in using strategies to reduce drug related harm in young people. This includes support in employing secondary supply strategies, law enforcement, case management, community events, recreational activities, parent education and bush trips.

The workers provide training as well as assistance with strategy development. Training includes a focus on community petrol sniffing workshops, school retention programs school holiday programs and regular recreational programs. *CAYLUS* also makes communities aware of the other services that are available to them and helps them to make contact with these agencies. *CAYLUS* also has a media strategy using the local radio programs to run advertisements in local languages and producing a weekly show featuring community actions against petrol sniffing.

A review of the project indicates that promising characteristics include the regional approach to addressing petrol sniffing and the multi-modal and community development approach that combines community development and advocacy with a smaller component of direct service. The *CAYLUS* program encountered pressure from stakeholders to engage chiefly in direct service provision and note that this can be a common pressure in circumstances such as their own, making it difficult to commit energies and resources to advocacy or community building strategies in the face of an unresolved community need for case work intervention. Energies targeted entirely at direct provision benefit a small number of individuals however, and there is a need for strategies that mobilise the community.

Promising characteristics include success in obtaining additional funding from other bodies to do things such as run holiday programs, night patrols, and training programs and support for a number of communities to commence the use of Avgas and the initiation of a 'Responsible Sale of Solvents' campaign in Alice Springs.

Program limitations include the need to distribute a small staff and limited resources across a large area with high needs. The initial establishment phase of a community development project can be difficult because community development work is long term and negotiations and strategy building with stakeholders is time-consuming. Other limitations relate to the historic difficulty in maintaining programs developed in remote communities. This is because turnover of staff is high, new staff are hard to recruit, and many projects are funded only for short periods meaning that these projects finish when the funding dries up.

# TENSIONS AND CHALLENGES

There are a number of tensions and challenges to address in the provision of targeted programs for those young people with indicated needs. These can be summarised as including:

- The use of short-term programs or interventions when participants need an *ongoing base* for participation, support with learning or welfare or therapeutic support.
- The *clustering* of high-risk young people together for the purpose of the intervention when these young people also need to form bridging relationships with the broader community.
- The use of *single strand* programs when multi-modal programs are indicated due to the clustering of risk factors.
- Program *vulnerability* due to short-term or one-off funding cycles or to lack of a home or embeddedness within an ongoing service or institution.
- Lack of familiarity with an *evidence-base* to guide practice and lack of access to well-tested models of practice.

## Recommendations Relating to Tensions and Challenges

**The use of short-term programs or interventions when participants need an *ongoing base* for participation, support with learning or welfare or therapeutic support.**

There is a potential for intervention projects to be largely adult driven and provider-centric. This can manifest in short-term projects that provide a temporary arena for engagement or a sense of support, but which can not be maintained or are available only in short rotations. These short experiences may add to young people's experience of impermanence, instability and abandonment. Short intensive interventions may on occasion do more to address the provider's need for action than the client's need for ongoing support.

**Recommendation:** When short-term programs are offered, it is preferable that they operate out of an organisation that offers an ongoing home for participation, learning or therapeutic support so the young person has some continuing point of connection.

**The *clustering* of high-risk young people together for the purpose of the intervention when these young people also need to form bridging relationships with the broader community.**

Whilst this grouping of young people with indicated needs is necessary for service provision,

and may have additional benefits in the form of peer support, there is also the risk that the process of clustering these young people together may inadvertently stigmatise them or compound a risk identity, thus diminishing a sense of hope or entitlement about a better future. In addition, there is the possibility that associating with high-risk peers may place young people at additional risk, if harmful drug use practices or behaviours are transmitted or normalised by peers. The challenge is for projects to make a greater contribution to the protective factors than to the risk factors.

**Recommendation:** One way to address this challenge may be to imbue programs with a developmental as well as a therapeutic process. In this case, participatory projects would focus on the development of skills and capacities for positive connection with others and would maintain or build connection to employment or education.

**The use of *single strand* programs when multi-modal programs are indicated due to the clustering of risk factors.**

When young people have multiple high-level needs, there is a need for multi-modal programs or a holistic approach to addressing their needs. Community support approaches as well as individual support approaches are more likely to assist in addressing problems in high needs communities. Health and education sectors need to align the delivery of services for those with high levels of need.

**Recommendation:** Inter-agency approaches are useful, but partnerships take time to develop and administer and this should be factored in when resourcing programs for high needs young people.

**Program vulnerability due to short-term or one-off funding cycles or to lack of a home or embeddedness within an ongoing service or institution.**

Of greatest concern is that almost all of the programs identified in this study are burdened by lack of ongoing funding or a foreseeable and continuing future. The short life-cycle means there is little opportunity for a systematic approach to meeting the needs of those most at risk. The opportunity to participate in many of these programs seems to be haphazard and more a matter of luck than of any systematic approach to early identification and support.

The uncertain futures (or certainly short future) of many of these programs limits the building of sustainable partnerships and the likelihood of dissemination of successful practice. A lack of ongoing funding means that much energy goes in to reinventing interventions as program knowledge is lost when short funding cycles remove workers and expertise.

What can be distinguished is the vulnerability of many of these programs. Most face an uncertain future due to structural factors that are likely to affect their sustainability. Many run either on short term funding, and/or with a significant component of volunteer labour. This volunteer labour may be in the form of community volunteers (as in mentoring or community development programs) but more commonly in education or welfare settings the volunteerism occurs in the form of staff conducting many element of the project as superabundant to their workload. Problems associated with burnout and turnover are then more likely to occur.

**Recommendation:** While it is recognised that it is not always possible, it is preferable for programs to have long-term or ongoing funding.

**Lack of familiarity with an evidence-base to guide practice and lack of access to well-tested models of practice.**

This investigation found that at the level of the grassroots worker, there was a poor level of recognition of the evidence-base available to guide practice. This indicated a lack of professional development support and/or a lack of access to useful evidence-based tools.

**Recommendation:** There is a need for evaluation of effective programs and for well-tested models, based on these studies, to be disseminated to others. This will assist in minimising duplication of effort around program design. It may also assist in minimising the replication of problems or the perpetuation of programs that are not evidence-based or are inherently similar to those that have been shown to be detrimental.

# PROMISING PROGRAMS REVIEW TOOLS

The following section contains a collection of checklists for use in the process of identifying, reviewing or planning a range of programs designed to address the prevention of drug-related harm in Australian youth.

They build on the Evidence-based Criteria provided in Part 1 and are informed by a review of additional theme-specific literature provided in this report (see sections relating to programs using learning and participation as key strategies).

The Review Tools address the following:

- School Programs
- Parenting Programs
- Mentoring Programs
- Activity-Based Participatory Programs
- Direct Service or Treatment Programs.

## Review Tool: School Programs

### Promising Characteristics:

- Promotes positive relational climate around learning and activity
- Is responsive to the cultural and contextual needs of the participants
- Promotes cultural understanding, respect and inclusion
- Enhances a sense of connectedness to school and to learning
- Offers ongoing opportunities for participation with others in arts, leisure, sports, civics, environment, education or cultural activity
- Enhances norms associated with help-seeking or peer support
- Promotes success in learning for all students
- Promotes retention in the schooling system
- Informed by evidence-base about effective health promotion, drug education or prevention of drug-related harm
- Uses engaging and interactive pedagogy to direct learning and exploration of social, health and wellbeing issues
- Provides learning activities appropriate to the developmental stage and context of the young people involved
- Actively debunks myths about risky drug use as a norm for young people
- Promotes critical thinking about influences conducive to risky drug use
- Promotes active development of harm minimisation strategies
- Diminishes norms or favourable attitudes towards risky drug use

### Challenges or Limitations:

- Negative school relational or learning environment
- Culture of low expectation in relation to learning or behaviour
- Stigmatising or marginalisation of minority groups
- Didactic approaches positioning learner in passive roles
- Use of information-only approaches to drug education
- Use of scare tactics
- Lack of rigour or fidelity in teaching of evidence-based program
- Insufficient allocation of time to teaching the health promotion, drug education or learning support curriculum

## Review Tool: Parenting Programs

### Promising characteristics:

- A longer engagement with the development of parenting skills, including effective communication and conflict resolution and the capacity to promote healthy norms and clear expectations in the family
- An evidence-based curriculum
- Training and support for facilitators in delivering an interactive curriculum which focuses on skill development
- Strong recruitment of those families most in need of additional support in parenting (including single parent families and low SES families)
- Access to those with specific cultural, religious or linguistic needs
- Sufficient project funding and resourcing to maintain the project needs including recruitment, training and management
- Sufficient reflexivity and feedback mechanisms to ensure the fit and workability of the parenting program to the parents in that community

### Challenges or Limitations:

- Difficulty in recruiting parents of adolescents
- Particular difficulty in recruiting parents of high-risk young people
- Difficulty in recruiting parents to longer courses
- Difficulty in providing the program for minority groups with particular needs
- Resources needed to train, manage and provide ongoing support for facilitators
- Cost of providing the program
- Lack of embeddedness or an ongoing and funded 'home' in a larger institution such as a school or community group
- Short funding cycles or uncertainty regarding funding
- Lack of funding for evaluation

## Review Tool: Mentoring Programs

### Promising characteristics:

- Longer relationships between mentor and mentee, avoiding the attachment and abandonment cycle that may be familiar to young people at risk
- Use of a task as well as a relationship focus (via a curriculum or activity base) which forms a purposeful focus for the time spent together
- Substantial screening, training and ongoing support for the mentors equipping them to meet both task and relational challenges
- Connection to or location within a home-base, such as a school or ongoing community group
- Positive relationships which offer support for and an expectation of attainment in learning
- A sense of connectedness and valued belonging to community, school or family
- Care in matching mentees to mentors and to tasks such that the young person engages in a project or process that is relevant to their needs
- Opportunities for mentees as well as mentors to make meaningful contributions to the project and their community on an ongoing basis
- Sufficient project funding and resourcing to maintain the project needs including recruitment, training and management
- Sufficient reflexivity and feedback mechanisms
- A culture of respect and expectation of attainment sufficient to counteract any potential stigma associated with participating in a targeted program

### Challenges or Limitations:

- Difficulty in recruiting appropriate volunteers
- Adequate resourcing to train, manage and provide on going support for volunteers
- Challenges associated with working with young people with high needs
- Lack of embeddedness or an ongoing and funded 'home' in a larger institution such as a school or community group
- Short funding cycles or uncertainty regarding funding
- Lack of funding for evaluation

## Review Tool: Activity-based Participatory Programs (sports, leisure, arts)

### Promising characteristics:

- Provision of ongoing opportunities for participation, avoiding the attachment and abandonment cycle that may occur in short-lived projects
- Provision for skill development or learning opportunity as well as an 'entertainment' or 'diversionary' focus
- Generating a sense of connectedness to community, school or family
- Opportunities for initial recipients to move on towards making a meaningful contribution to others
- High expectations in relation to teamwork and social competency skills
- Positive relationships which offer an expectation of care for others in the community and a positive regard for the need to maintain one's own health
- Sufficient project resourcing to maintain the project needs
- Culture of respect and expectation of attainment and contribution sufficient to counteract any potential stigma associated with participating in a targeted program
- Promotion of positive social norms within the broader culture of the group
- Avoidance of any glamorising or normalising of risky use of alcohol or other drugs

### Challenges or Limitations:

- Difficulty in recruiting those who can most benefit from the activity
- Insufficient resources to provide ongoing activities for the target group
- Challenges associated with working with young people with high needs
- Lack of embeddedness or an ongoing and funded 'home' in a larger institution such as a school or community group
- Short funding cycles or uncertainty regarding funding
- Cost of access to the program, particularly for disadvantaged groups
- Lack of funding for evaluation
- Inadvertently promoting anti-social or high-risk norms as a result of grouping high-risk young people together
- Confirming a 'risk-identity' and thus contributing to a dis-empowered stance in relation to a personal future

## Review Tool: Direct Service or Treatment Programs

### Promising Characteristics:

- A holistic approach to young people's health needs, providing drug treatment as well as life skills, links to housing, education and recreation opportunities
- A long term approach to treatment
- A "strength perspective" –focusing on young people's strengths and innate resilience rather than their problems
- An attempt to reintegrate young people back into their families and communities
- A structure to connect young people to learning and employment pathways
- A harm minimisation philosophy
- A multi-faceted approach to addressing drug use by building resilience through a variety of strategies

### Challenges or Limitations:

- Difficulty in recruiting or retaining appropriate staff
- Adequate resourcing to train, manage and provide on-going support for staff
- Challenges associated with working with young people with high needs
- Lack of embeddedness or an on-going and funded 'home' in a larger institution or service
- Short funding cycles or uncertainty regarding funding
- Lack of funding for evaluation of service
- Negative relational environment
- Culture of low expectation in relation to a return to learning, or the possibility of re-engagement with education or employment
- Lack of capacity to respond to multiple needs of clients (eg drugs, mental health, housing)

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# APPENDIX 1: PROGRAM REVIEWS

The following section shows a review of each of the ten promising programs included in this report, using the Program Review Tools. The 'x' indicates that the program shows strength in relation to this criteria.

<b>School Program: <i>The GATEHOUSE Project</i></b>	
<b>Promising Characteristics:</b>	
<ul style="list-style-type: none"> <li>• Promotes positive relational climate around learning and activity</li> <li>• Is responsive to the cultural and contextual needs of the participants</li> <li>• Promotes cultural understanding, respect and inclusion</li> <li>• Enhances a sense of connectedness to school and to learning</li> <li>• Offers ongoing opportunities for participation with others in arts, leisure, sports, civics, environment, education or cultural activity</li> <li>• Enhances norms associated with help-seeking or peer support</li> <li>• Promotes success in learning for all students</li> <li>• Promotes retention in the schooling system</li> <li>• Informed by evidence-base about effective health promotion, drug education or prevention of drug-related harm</li> <li>• Uses engaging and interactive pedagogy to direct learning and exploration of social, health and wellbeing issues</li> <li>• Provides learning activities appropriate to the developmental stage and context of the young people involved</li> <li>• Actively debunks myths about risky drug use as a norm for young people</li> <li>• Promotes critical thinking about influences conducive to risky drug use</li> <li>• Promotes active development of harm minimisation strategies</li> <li>• Diminishes norms or favourable attitudes towards risky drug use</li> </ul>	<ul style="list-style-type: none"> <li>x</li> <li>x</li> <li>x</li> <li>x</li> <li>x</li> <li>x</li> <li>x</li> <li>x</li> <li>x</li> <li>x</li> <li>x</li> <li>x</li> <li>x</li> <li>x</li> </ul>
<b>Challenges or Limitations:</b>	
<ul style="list-style-type: none"> <li>• Negative school relational or learning environment</li> <li>• Culture of low expectation in relation to learning or behaviour</li> <li>• Stigmatising or marginalisation of minority groups</li> <li>• Didactic approaches positioning learner in passive roles</li> <li>• Use of information-only approaches to drug education</li> <li>• Use of scare tactics</li> <li>• Lack of rigour or fidelity in teaching of evidence-based program</li> <li>• Insufficient allocation of time to teaching the health promotion, drug education or learning support curriculum</li> </ul>	

**School Program: *Resilient Families***

**Promising Characteristics:**

- Promotes positive relational climate around learning and activity x
- Is responsive to the cultural and contextual needs of the participants x
- Promotes cultural understanding, respect and inclusion x
- Enhances a sense of connectedness to school and to learning x
- Offers ongoing opportunities for participation with others in arts, leisure, sports, civics, environment, education or cultural activity
- Enhances norms associated with help-seeking or peer support x
- Promotes success in learning for all students x
- Promotes retention in the schooling system
- Informed by evidence-base about effective health promotion, drug education or prevention of drug-related harm x
- Uses engaging and interactive pedagogy to direct learning and exploration of social, health and wellbeing issues x
- Provides learning activities appropriate to the developmental stage and context of the young people involved x
- Actively debunks myths about risky drug use as a norm for young people x
- Promotes critical thinking about influences conducive to risky drug use x
- Promotes active development of harm minimisation strategies x
- Diminishes norms or favourable attitudes towards risky drug use x

**Challenges or Limitations:**

- Negative school relational or learning environment
- Culture of low expectation in relation to learning or behaviour
- Stigmatising or marginalisation of minority groups
- Didactic approaches positioning learner in passive roles
- Use of information-only approaches to drug education
- Use of scare tactics
- Lack of rigour or fidelity in teaching of evidence-based program
- Insufficient allocation of time to teaching the health promotion, drug education or learning support curriculum

<b>Parenting Program component of School Program: <i>Resilient Families</i></b>	
<p><b>Promising Characteristics:</b></p> <ul style="list-style-type: none"> <li>• A longer engagement with the development of parenting skills, including effective communication and conflict resolution and the capacity to promote healthy norms and clear expectations in the family</li> <li>• An evidence-based curriculum</li> <li>• Training and support for facilitators in delivering an interactive curriculum which focuses on skill development</li> <li>• Strong recruitment of those families most in need of additional support in parenting (including single parent families and low SES families)</li> <li>• Access to those with specific cultural, religious or linguistic needs</li> <li>• Sufficient project funding and resourcing to maintain the project needs including recruitment, training and management</li> <li>• Sufficient reflexivity and feedback mechanisms to ensure the fit and workability of the parenting program to the parents in that community</li> </ul>	<p>x</p> <p>x</p> <p>x</p> <p></p> <p></p> <p></p> <p>x</p>
<p><b>Challenges or Limitations:</b></p> <ul style="list-style-type: none"> <li>• Difficulty in recruiting parents of adolescents</li> <li>• Particular difficulty in recruiting parents of high-risk young people</li> <li>• Difficulty in recruiting parents to longer courses</li> <li>• Difficulty in providing the program for minority groups with particular needs</li> <li>• Resources needed to train, manage and provide ongoing support for facilitators</li> <li>• Cost of providing the program</li> <li>• Lack of embeddedness or an ongoing and funded 'home' in a larger institution such as a school or community group</li> <li>• Short funding cycles or uncertainty regarding funding</li> <li>• Lack of funding for evaluation</li> </ul>	<p>x</p> <p></p> <p>x</p> <p></p> <p></p> <p>x</p> <p></p> <p></p> <p></p>

**School Programs: *The In Touch Project***

**Promising Characteristics:**

- Promotes positive relational climate around learning and activity x
- Is responsive to the cultural and contextual needs of the participants x
- Promotes cultural understanding, respect and inclusion x
- Enhances a sense of connectedness to school and to learning x
- Offers ongoing opportunities for participation with others in arts, leisure, sports, civics, environment, education or cultural activity
- Enhances norms associated with help-seeking or peer support x
- Promotes success in learning for all students
- Promotes retention in the schooling system x
- Informed by evidence-base about effective health promotion, drug education or prevention of drug-related harm x
- Uses engaging and interactive pedagogy to direct learning and exploration of social, health and wellbeing issues
- Provides learning activities appropriate to the developmental stage and context of the young people involved
- Actively debunks myths about risky drug use as a norm for young people
- Promotes critical thinking about influences conducive to risky drug use x
- Promotes active development of harm minimisation strategies x
- Diminishes norms or favourable attitudes towards risky drug use

**Challenges or Limitations:**

- Negative school relational or learning environment
- Culture of low expectation in relation to learning or behaviour
- Stigmatising or marginalisation of minority groups
- Didactic approaches positioning learner in passive roles
- Use of information-only approaches to drug education
- Use of scare tactics
- Lack of rigour or fidelity in teaching of evidence-based program
- Insufficient allocation of time to teaching the health promotion, drug education or learning support curriculum

### School Programs: *Community-based VCAL*

#### Promising Characteristics:

- |  |   |
|--|---|
| • Promotes positive relational climate around learning and activity  | x |
| • Is responsive to the cultural and contextual needs of the participants   | x |
| • Promotes cultural understanding, respect and inclusion   | x |
| • Enhances a sense of connectedness to school and to learning  | x |
| • Offers ongoing opportunities for participation with others in arts, leisure, sports, civics, environment, education or cultural activity | x |
| • Enhances norms associated with help-seeking or peer support  | x |
| • Promotes success in learning for all students  | x |
| • Promotes retention in the schooling system   | x |
| • Informed by evidence-base about effective health promotion, drug education or prevention of drug-related harm                            | x |
| • Uses engaging and interactive pedagogy to direct learning and exploration of social, health and wellbeing issues                         | x |
| • Provides learning activities appropriate to the developmental stage and context of the young people involved                             | x |
| • Actively debunks myths about risky drug use as a norm for young people   |   |
| • Promotes critical thinking about influences conducive to risky drug use  |   |
| • Promotes active development of harm minimisation strategies  |   |
| • Diminishes norms or favourable attitudes towards risky drug use  |   |

#### Challenges or Limitations:

- |   |  |
|---|--|
| • Negative school relational or learning environment  |  |
| • Culture of low expectation in relation to learning or behaviour   |  |
| • Stigmatising or marginalisation of minority groups  |  |
| • Didactic approaches positioning learner in passive roles  |  |
| • Use of information-only approaches to drug education  |  |
| • Use of scare tactics  |  |
| • Lack of rigour or fidelity in teaching of evidence-based program  |  |
| • Insufficient allocation of time to teaching the health promotion, drug education or learning support curriculum |  |

### Mentoring Programs: *The Learning Assistance Program*

#### Promising characteristics:

- |  |   |
|--|---|
| • Longer relationships between mentor and mentee, avoiding the attachment and abandonment cycle that may be familiar to young people at risk           | x |
| • Use of a task as well as a relationship focus (via a curriculum or activity base) which forms a purposeful focus for the time spent together         | x |
| • Substantial screening, training and ongoing support for the mentors equipping them to meet both task and relational challenges                       |   |
| • Connection to or location within a home-base, such as a school or ongoing community group  | x |
| • Positive relationships which offer support for and an expectation of attainment in learning  | x |
| • A sense of connectedness and valued belonging to community, school or family   | x |
| • Care in matching mentees to mentors and to tasks such that the young person engages in a project or process that is relevant to their needs          | x |
| • Opportunities for mentees as well as mentors to make meaningful contributions to the project and their community on an ongoing basis                 |   |
| • Sufficient project funding and resourcing to maintain the project needs including recruitment, training and management                               |   |
| • Sufficient reflexivity and feedback mechanisms   | x |
| • A culture of respect and expectation of attainment sufficient to counteract any potential stigma associated with participating in a targeted program | x |

#### Challenges or Limitations:

- |  |   |
|--|---|
| • Difficulty in recruiting appropriate volunteers  | x |
| • Adequate resourcing to train, manage and provide on going support for volunteers                                 | x |
| • Challenges associated with working with young people with high needs   |   |
| • Lack of embeddedness or an ongoing and funded 'home' in a larger institution such as a school or community group |   |
| • Short funding cycles or uncertainty regarding funding  |   |
| • Lack of funding for evaluation   | x |

## Mentoring Programs: *Big Brothers Big Sisters*

### Promising characteristics:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Longer relationships between mentor and mentee, avoiding the attachment and abandonment cycle that may be familiar to young people at risk</li> </ul>           | x |
| <ul style="list-style-type: none"> <li>• Use of a task as well as a relationship focus (via a curriculum or activity base) which forms a purposeful focus for the time spent together</li> </ul>         |   |
| <ul style="list-style-type: none"> <li>• Substantial screening, training and ongoing support for the mentors equipping them to meet both task and relational challenges</li> </ul>                       | x |
| <ul style="list-style-type: none"> <li>• Connection to or location within a home-base, such as a school or ongoing community group</li> </ul>  |   |
| <ul style="list-style-type: none"> <li>• Positive relationships which offer support for and an expectation of attainment in learning</li> </ul>  | x |
| <ul style="list-style-type: none"> <li>• A sense of connectedness and valued belonging to community, school or family</li> </ul>   | x |
| <ul style="list-style-type: none"> <li>• Care in matching mentees to mentors and to tasks such that the young person engages in a project or process that is relevant to their needs</li> </ul>          | x |
| <ul style="list-style-type: none"> <li>• Opportunities for mentees as well as mentors to make meaningful contributions to the project and their community on an ongoing basis</li> </ul>                 |   |
| <ul style="list-style-type: none"> <li>• Sufficient project funding and resourcing to maintain the project needs including recruitment, training and management</li> </ul>                               |   |
| <ul style="list-style-type: none"> <li>• Sufficient reflexivity and feedback mechanisms</li> </ul>   | x |
| <ul style="list-style-type: none"> <li>• A culture of respect and expectation of attainment sufficient to counteract any potential stigma associated with participating in a targeted program</li> </ul> | x |

### Challenges or Limitations:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Difficulty in recruiting appropriate volunteers</li> </ul>  | x |
| <ul style="list-style-type: none"> <li>• Adequate resourcing to train, manage and provide on going support for volunteers</li> </ul>                                 | x |
| <ul style="list-style-type: none"> <li>• Challenges associated with working with young people with high needs</li> </ul>   | x |
| <ul style="list-style-type: none"> <li>• Lack of embeddedness or an ongoing and funded 'home' in a larger institution such as a school or community group</li> </ul> | x |
| <ul style="list-style-type: none"> <li>• Short funding cycles or uncertainty regarding funding</li> </ul>  | x |
| <ul style="list-style-type: none"> <li>• Lack of funding for evaluation</li> </ul>   |   |

### Mentoring Programs: *Plan-it Youth*

#### Promising characteristics:

- Longer relationships between mentor and mentee, avoiding the attachment and abandonment cycle that may be familiar to young people at risk
- Use of a task as well as a relationship focus (via a curriculum or activity base) which forms a purposeful focus for the time spent together
- Substantial screening, training and ongoing support for the mentors equipping them to meet both task and relational challenges
- Connection to or location within a home-base, such as a school or ongoing community group
- Positive relationships which offer support for and an expectation of attainment in learning
- A sense of connectedness and valued belonging to community, school or family
- Care in matching mentees to mentors and to tasks such that the young person engages in a project or process that is relevant to their needs
- Opportunities for mentees as well as mentors to make meaningful contributions to the project and their community on an ongoing basis
- Sufficient project funding and resourcing to maintain the project needs including recruitment, training and management
- Sufficient reflexivity and feedback mechanisms
- A culture of respect and expectation of attainment sufficient to counteract any potential stigma associated with participating in a targeted program

#### Challenges or Limitations:

- Difficulty in recruiting appropriate volunteers
- Adequate resourcing to train, manage and provide on going support for volunteers
- Challenges associated with working with young people with high needs
- Lack of embeddedness or an ongoing and funded 'home' in a larger institution such as a school or community group
- Short funding cycles or uncertainty regarding funding
- Lack of funding for evaluation

## Mentoring Programs: *Seasons for Growth*

### Promising characteristics:

- Longer relationships between mentor and mentee, avoiding the attachment and abandonment cycle that may be familiar to young people at risk
- Use of a task as well as a relationship focus (via a curriculum or activity base) which forms a purposeful focus for the time spent together
- Substantial screening, training and ongoing support for the mentors equipping them to meet both task and relational challenges
- Connection to or location within a home-base, such as a school or ongoing community group
- Positive relationships which offer support for and an expectation of attainment in learning
- A sense of connectedness and valued belonging to community, school or family
- Care in matching mentees to mentors and to tasks such that the young person engages in a project or process that is relevant to their needs
- Opportunities for mentees as well as mentors to make meaningful contributions to the project and their community on an ongoing basis
- Sufficient project funding and resourcing to maintain the project needs including recruitment, training and management
- sufficient reflexivity and feedback mechanisms
- A culture of respect and expectation of attainment sufficient to counteract any potential stigma associated with participating in a targeted program

### Challenges or Limitations:

- Difficulty in recruiting appropriate volunteers
- Adequate resourcing to train, manage and provide on going support for volunteers
- Challenges associated with working with young people with high needs
- Lack of embeddedness or an ongoing and funded 'home' in a larger institution such as a school or community group
- Short funding cycles or uncertainty regarding funding
- Lack of funding for evaluation

### Activity-based Participatory Programs: *Your Shoes, My Shoes*

#### Promising characteristics:

- Provision of ongoing opportunities for participation, avoiding the attachment and a bandonment cycle that may occur in short-lived projects
- Provision for skill development or learning opportunity as well as an ‘entertainment’ or ‘diversionary’ focus
- Generating a sense of connectedness to community, school or family
- Opportunities for initial recipients to move on towards making a meaningful contribution to others
- High expectations in relation to teamwork and social competency skills
- Positive relationships which offer an expectation of care for others in the community and a positive regard for the need to maintain one’s own health
- Sufficient project resourcing to maintain the project needs
- Culture of respect and expectation of attainment and contribution sufficient to counteract any potential stigma associated with participating in a targeted program
- Promotion of positive social norms within the broader culture of the group
- Avoidance of any glamorising or normalising of risky use of alcohol or other drugs

#### Challenges or Limitations:

- Difficulty in recruiting those who can most benefit from the activity
- Insufficient resources to provide ongoing activities for the target group
- Challenges associated with working with young people with high needs
- Lack of embeddedness or an ongoing and funded ‘home’ in a larger institution such as a school or community group
- Short funding cycles or uncertainty regarding funding
- Cost of access to the program, particularly for disadvantaged groups
- Lack of funding for evaluation
- Inadvertently promoting anti-social or high-risk norms as a result of grouping high-risk young people together
- Confirming a ‘risk-identity’ and thus contributing to a dis-empowered stance in relation to a personal future

**Direct Service and Treatment: CAYLUS**

**Promising Characteristics:**

- |   |   |
|---|---|
| • A holistic approach to young people’s health needs, providing drug treatment as well as life skills, links to housing, education and recreation opportunities | x |
| • A long term approach to treatment   | x |
| • A “strength perspective” –focusing on young people’s strengths and innate resilience rather than their problems   | x |
| • An attempt to reintegrate young people back into their families and communities   | x |
| • A structure to connect young people to learning and employment pathways   |   |
| • A harm minimisation philosophy  | x |
| • A multi-faceted approach to addressing drug use by building resilience through a variety of strategies  | x |

**Challenges or Limitations:**

- |  |  |
|--|--|
| • The authors are not in a position to provide comment on the program limitations for this service |  |
|--|--|

## APPENDIX 2: PROGRAM CONTACT DETAILS

Program name	Contact	Title	Organisation	Address	Phone/ fax / email
1. Gatehouse Project	Helen Butler	Manager Professional Learning	Centre for Adolescent Health	2 Gatehouse Street Parkville 3052	03 9345 7925 03 9345 6502 <b>helen.butler@mcri.edu.au</b>
2. Resilient Families	Dr Alison Shortt	Family Research Manager	Centre For Adolescent Health	2 Gatehouse Street Parkville 3052	039345 4783 03 9345 6543 <b>ashortt@unimelb.edu.au</b>
3. In Touch	Bruno Faletti	Project Officer	Manager, WA School Drug Education Project	151 Royal Street EAST PERTH	08 9264 4136 08 9264 4903 <b>Bruno.Faletti@eddept.wa.edu.au</b>
4. Community based VCAL Programs	Michael Murphy	Executive Officer	Gippsland LLEN Local Learning and Employment Network	PO Box 415 Trafalgar Vic 3824	03 56332868 03 56331945 <b>bbillen@dcsi.net.au</b>
5. Learning Assistance Program	Penny Penhall	Student Welfare Teacher	SA Department of Education	540 Fullarton Rd Springfield SA 5062	08 8372 3200 <b>p.penhall@mercedes.catholic.edu.au</b>
6. The Plan-it Youth Mentoring	Leslie Tobin	Manager	Dusseldorp Skills Forum	1 Glebe St NSW 2037	02 95718347 02 95719703 <b>Leslie.tobin@dsf.org.au</b>

<b>Program name</b>	<b>Contact</b>	<b>Title</b>	<b>Organisation</b>	<b>Address</b>	<b>Phone/ fax / email</b>
7. Seasons For Growth	Clare Kosh	Program Coordinator	Mary McKillop Foundation	Box 1023, North Sydney, NSW, 2059.	02 8912 4844 02 8912 4840 <a href="mailto:info@goodgrief.aust.com">info@goodgrief.aust.com</a>
8. Big Brothers Big Sisters	David White	Executive Director	Big Brothers Big Sisters	87 Queens Parade Clifton Hill 3068	03 9489 4511 03 9489 4577 <a href="mailto:David.white@bbbs.org.au">David.white@bbbs.org.au</a>
9. Your Shoes, My Shoes	Susie Low	Policy Officer	NSW Police Aboriginal Drug & Alcohol Unit	Level 6 1 Charles St Parramatta 2124	02 88358652 <a href="mailto:lowzsus@police.nsw.gov.au">lowzsus@police.nsw.gov.au</a>
10. CAYLUS	Tristan Ray	Project Manager	Central Australia Youth Link-Up Tangentyere Council	PO Box 8070 Alice Springs, NT	08 8951 4236 <a href="mailto:tristan.ray@tangentyere.org.au">tristan.ray@tangentyere.org.au</a>