

Addressing Substance Use in Canadian Schools

SCHOOL-FAMILY-COMMUNITY PARTNERSHIPS

A Knowledge Kit for School and Community Leaders

2009



This knowledge kit is part of a series of resources based on evidence drawn from published research and practical literature as well as from the experience of educators across Canada. It seeks to set out the strategies most effective in addressing substance use in schools. All of the kits are linked by a commitment to a population health perspective that underpins the comprehensive school health approach and a common conceptual frame for understanding substance use and the related risks and harms. That said, each kit in the series is designed to stand on its own and is written with a different audience in mind. As a result, some duplication of content is inevitable. This kit, as part of a series that focuses on schools, emphasises the role of education leaders. It should, however, be useful to parent and community leaders as well.

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This kit was developed for the Joint Consortium for School Health by the Centre for Addictions Research of BC. While the views expressed herein are those of the authors, the Centre wishes to acknowledge the many people who provided assistance by critiquing early drafts, drawing attention to examples of good practice or sharing their personal knowledge. The authors hope that this kit will encourage dialogue and action and result in improved outcomes for Canadian students.

The *Addressing Substance Use in Canadian Schools* series includes:

Effective Substance Use Policy

A Knowledge Kit for School Administrators

Effective Substance Use Education

A Knowledge Kit for Teachers

Responding to the Needs of Higher Risk Youth

A Knowledge Kit for Counsellors and Health Workers

School-Family-Community Partnerships

A Knowledge Kit for School and Community Leaders

Copies can be obtained from www.jcsh-cces.ca.

Up Front

Media headlines warns us about some “new” drug, with articles going on to explain how teens are destroying their lives faster and more completely than ever. And editorial sections suggest that schools ought to do something.

We are constantly confronted with messages designed to raise our fears and, at the same time, we gravitate to positions that assign the responsibility to fix the problem to someone else. But what if you are that someone else?

If you are, then it’s a good idea to start by knowing the truth. It is true that alcohol, tobacco and a wide range of other psychoactive substances are readily available to young people. But not all young people are destroying themselves; in fact, most young people do not use illegal drugs. That said, many do put themselves at risk by using alcohol or other substances in ways that might result in injury or death.

EDUCATION IS GOOD

In order to make healthy choices about substances throughout their lives, all students should be exposed to educational experiences that increase their social and emotional competence and overall health literacy. Among other things, *universal classroom education* should convey accurate information on the risks and benefits of psychoactive substance use and provide training on the practical skills necessary for applying this information in day-to-day life. Participatory education methods, which actively involve students in a skill-based learning process, provide the most effective means of generating the practical knowledge and life skills that make up health literacy.¹

EDUCATION IS NOT ENOUGH

It is easy to suggest that schools need to teach our children to avoid drugs. But addressing substance use-related issues is just not that simple. Despite big claims for drug prevention education, most scientific evaluations suggest that drug education programs have had little success. The provision of information has been ineffective in changing substance use-related behaviour. Without a doubt, this is partly a result of ineffective approaches that have been used and the propaganda-like messages that increase the likelihood of students seeing drug education as irrelevant. Substance use is a cultural reality; addressing the related risks and harms requires a comprehensive approach that is much more than classroom education.

¹ For more information, see the companion knowledge kit, *Effective Substance Use Education*.

COMPREHENSIVE SCHOOL HEALTH

Schools have been dealing with the complex issues related to adolescent substance use for decades. A body of knowledge has emerged, providing insight into what is most effective at increasing the protective factors that mitigate risk and help create health-promoting schools where students gain the knowledge and skills they need to effectively navigate a substance-using world.

This encompasses the whole school environment with actions addressing four distinct but inter-related components that provide a strong foundation for comprehensive school health: social and physical environment, teaching and learning, healthy school policy and partnerships and services.

WORKING WITH FAMILIES AND COMMUNITIES

When schools, families and communities work together to support children, the children do better in school, stay in school longer, like school more and are less likely to engage in unhealthy behaviours such as early regular or excessive substance use. Schools can succeed in engaging families from very diverse backgrounds if they focus on building trusting collaborative relationships among teachers, families and community members; recognize, respect and address the needs and diversity of families; and embrace a philosophy of partnership where power and responsibility are shared.

HELPING SCHOOLS TO CHART THEIR COURSE

The material in this knowledge kit is arranged around the 5-i model of constructivist education developed by the Centre for Addictions Research of BC.² The model moves from *identifying* what we currently know to *investigating* the evidence base and *interpreting* the findings for our context. It also asks us to *imagine* possible outcomes and alternatives and *integrate* what we have learned into our policies and practices. The goal is to provide practical and effective support to school professionals and community leaders (who are not substance use specialists) in addressing substance use from a population and environmental health perspective. This involves (a) helping Canadian students acquire the knowledge and skills necessary to make healthy choices in a society where alcohol and other substances are available and (b) helping communities create health-promoting environments. The traditional emphasis on preventing and responding to problematic substance use by school-age youth is embedded within this larger focus.

² See discussions of constructivist education and the 5-i model at www.iminds.ca.

At a Glance

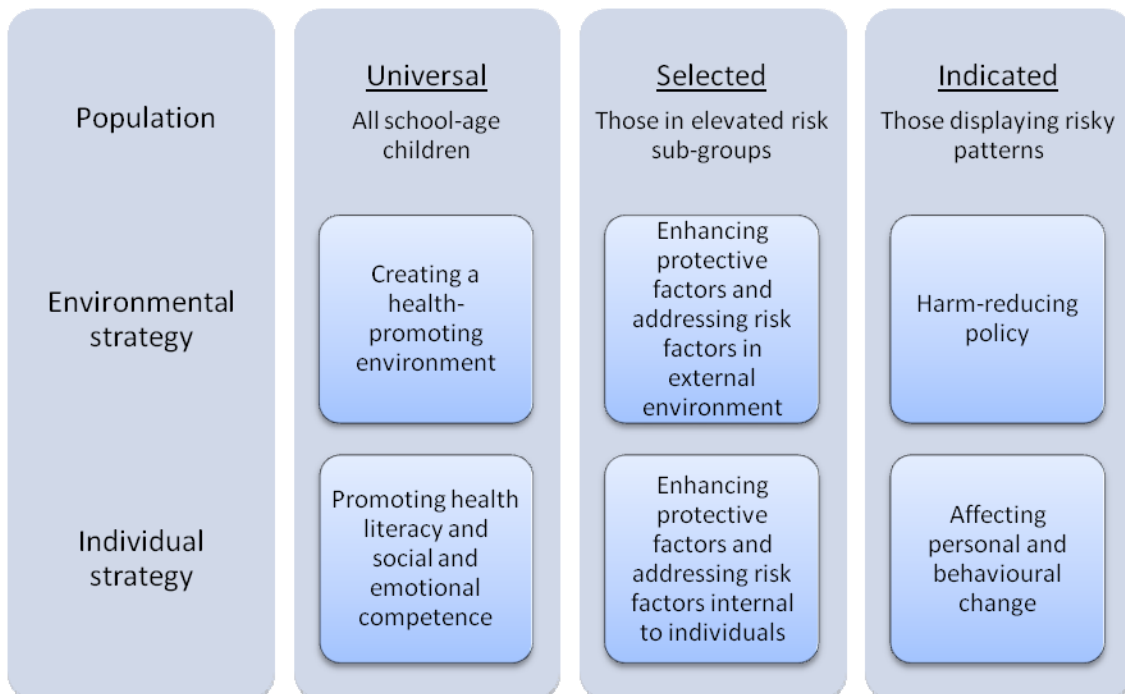
A COMPREHENSIVE APPROACH	1
<p>Substance use and substance use-related harm can best be addressed using a population health perspective that recognizes the relationship between individual risk factors and social conditions. In a school setting, this calls for attention to policy, curriculum, support services, and links to families and the broader community – some of the key elements of comprehensive school health.</p>	
IDENTIFY	4
<p>Most human beings use psychoactive substances. Knowing what they are, why people use them and the factors that contribute to the potential for this use to result in harm is an important foundation for preventing and reducing that harm. Substance use by Canadian youth is not increasing and tends to follow the pattern set by adults.</p>	
INVESTIGATE	16
<p>Substance use impacts social and educational development. Schools have an important stake in this issue but cannot handle it alone. The evidence suggests that schools, families and communities share common interests in youth development and can achieve more by working together.</p>	
INTERPRET	23
<p>Identifying good practices supported by the evidence is relatively easy. Applying good practice in a particular context requires thoughtful interpretation of both the context and the applicability of the evidence. This kit offers some probing questions to help the reader in this process.</p>	
IMAGINE	27
<p>Drawing attention to real life examples, this section demonstrates some possible ways to implement the good practices and encourages you to take action in your school.</p>	
INTEGRATE	31
<p>Using a simple change management model and a few basic tools, you can assess the current practices in your school and plan and implement change.</p>	
RECOMMENDED RESOURCES	BACK

A COMPREHENSIVE APPROACH

Population health involves complex interactions between individual risk factors and broad social conditions. The latter are themselves complex factors involving history, culture, politics and economics. Substance use and substance use-related harm must be addressed within this complexity. Recent research has demonstrated that substance use and substance use-related harm share common determinants with other complex psychosocial problems. Narrow approaches that focus only on individual behaviours or material factors are unlikely to have much impact. This has led to an emphasis on more comprehensive approaches.

POPULATION HEALTH

A comprehensive approach can be seen as involving a matrix of environmentally and individually focused initiatives at three levels of population specificity, as indicated in the model below. The tendency has been to focus on individual strategies and the needs of the indicated population even when delivering services at the universal level. The knowledge kits in this series seek to help school professionals plan and implement a balanced and comprehensive approach involving several components that together address all six areas in the matrix effectively.



COMPREHENSIVE SCHOOL HEALTH

In the school setting, this population health approach is known as comprehensive school health. Comprehensive school health is an internationally recognized framework for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and holistic way. It has grown out of the vision set out in the World Health Organization's Ottawa Charter for Health Promotion (1986). Comprehensive school health involves attention to the whole school environment with four inter-related areas for action that need to be addressed. Students need to be exposed to learning opportunities that help them gain the knowledge and skills required to maximize their health and well-being. They need to develop quality relationships with peers, teachers and other school staff in a healthy environment. This requires policies, procedures, management practices and decision-making processes that promote health and healthy environments. Comprehensive school health also requires a continuum of school- and community-based services that support and promote student and staff health and well-being as well as a culture of partnership between school, families and the community.



ADDRESSING SUBSTANCE USE IN CANADIAN SCHOOLS

The *Addressing Substance Use in Canadian Schools* series includes four knowledge kits that together support a comprehensive school health approach to substance use-related issues. Each kit provides a review of the evidence and a discussion of the issues relevant to specific school professionals operating in relevant areas of action.

SCHOOL POLICY

Policy initiatives can be designed to create a health-promoting school environment within which other interventions operate. By clearly defining universal expectations within the school environment, they provide some of the most powerful mechanisms for socialization and shaping individual behaviours. Policy effectiveness will be maximized when the policies support environmental protective factors and minimize risk factors. Clear and fair responses to non-compliance are an important part of policy. These need to reflect the evidence on effectiveness and be consistent with messages

delivered in other components. Policy issues are discussed more fully in the companion knowledge kit, *Effective Substance Use Policy: A Knowledge Kit for School Administrators*.

UNIVERSAL EDUCATION

Universal education has an important place in a comprehensive approach. However, it has to be acknowledged that much of drug education has been ineffective and maybe even damaging.³ Universal education should seek to *educate* students about drugs: their history, role in society, their advertising and the potential harms and benefits related to their use. The overall goal should be to increase the health literacy of students relative to substance use; that is, to provide them with the knowledge and skills needed to maximize their health within their environment. More details about drug education can be found in the companion knowledge kit, *Effective Substance Use Education: A Knowledge Kit for Teachers*.

TARGETED PROGRAMS AND SERVICES

Higher risk youth often come from socially or economically marginalized groups or have personal factors that contribute to real or perceived disconnection. These students require greater levels of support. Universal education programs lack sufficient focus or intensity to address their needs. Responding effectively to these youth involves helping them develop strong linkages within the school environment. This means helping them develop social and emotional competence and ensuring the school culture is supportive of their engagement. The knowledge kit, *Responding to the Needs of Higher Risk Youth: A Knowledge Kit for Counsellors and Health Workers*, provides a framework, a summary of the evidence and tools to support school professionals in developing a continuum of programs and services targeted to these students.

SCHOOL-FAMILY-COMMUNITY

Consistency between school and community is important. This does not mean, however, that the school should simply reflect community norms and common beliefs. The school has a role in influencing the community. At the same time, careful consideration of community values and norms will help in the development of effective and contextually relevant policy and educational strategies. Investments in building school-family-community partnerships can contribute to this multi-directional flow and to the effectiveness of the educational efforts of the school. The following sections of this knowledge kit seek to raise awareness of the importance of these partnerships within a comprehensive approach and to provide some evidence-informed guidance in nurturing them.

³ Cahill, H. (2006). Devising classroom drug education programs. *Drug Education in Schools: Searching for the Silver Bullet*. Ed. R. Midford and G. Munro. Melbourne, Australia: IP Communications.

IDENTIFY

In this section, we identify what we currently know about:

- substances
 - what they are
 - why people use them
- the factors that contribute to risk and harm related to substance use
 - the context in which they are used
 - the person who uses them
 - and the substance being used
 - as well as the way the substances are used
- substance use among Canadian youth

In a report to the US Congress in 1999, Alan Leshner noted, “Scientific advances have contributed greatly to our understanding of drug use and addiction, but there will never be a ‘magic bullet’ capable of making these problems disappear. Drug use and addiction are complex social and public health issues, and they require multifaceted approaches.”⁴

This observation applies well to the key role that schools can play in contributing to the prevention and reduction of substance use problems in partnership with parents and the wider community. In the high school years, young people are increasingly likely to experiment with a range of legal and illegal drugs for a variety of different reasons and across a range of different settings in the wider community. They display different patterns of use which place them at different levels of risk for negative social, educational and health consequences. While there is no “magic bullet,” the ways in which families, schools and communities shape the environment and respond to individual behaviour can have enormous impact on the outcome.

⁴ Leshner, A. (1999). *Drug Abuse and Addiction Research: 25 Years of Discovery to Advance the Health of the Public*. Washington, D.C.: National Institute on Drug Abuse. Available from www.drugabuse.gov/STRC/STRCIndex.html.

WHAT ARE DRUGS?

A drug⁵ is a substance that alters the way the body functions either physically or psychologically. The term “drug” thus applies to a wide range of different substances. Of particular concern are those that act on the central nervous system (CNS) to affect the way a person thinks, feels or behaves. These psychoactive substances include alcohol, tobacco and many other legal and illegal drugs.

Drugs are often grouped as legal versus illegal, or soft versus hard. These categories can be confusing and misleading. The legal status of substances changes over time and location, and the concepts of “hard” or “soft” are impossible to define as their effects differ from person to person.

A more useful classification relates to the impact substances have on the central nervous system (CNS):

- **Depressants** decrease activity in the CNS (e.g., decrease heart rate and breathing). Alcohol and heroin are examples of depressants.
- **Stimulants** increase activity in the CNS and arouse the body (e.g., increase heart rate and breathing). Caffeine, tobacco, amphetamines and cocaine are stimulants.
- **Hallucinogens** affect the CNS by causing perceptual distortions. Magic mushrooms and LSD are examples of hallucinogens.

Despite its usefulness, this classification is not perfect. Many substances, such as cannabis, fit in more than one category while others do not fit at all. For more information on psychoactive substances, go to www.carbc.ca/Default.aspx?tabid=202.

WHY DO PEOPLE USE DRUGS?

There is no society on Earth that does not in some way celebrate, depend on, profit from, enjoy and also suffer from the use of psychoactive substances. Like most developed countries, Canada has a long tradition with—and of legally sanctioning the use of—older substances such as alcohol and nicotine. Multinational companies manufacture, advertise and sell these products for substantial profit to a large market of eager consumers while their governments and the communities they serve reap a rich harvest from tax revenues. They also reap another kind of harvest in terms of health, legal, economic and social problems which are mostly hidden from view.

⁵ Throughout this knowledge kit, the words “drug” or “substance” are used interchangeably and primarily refer to psychoactive substances.

The last century saw an upsurge in the cultivation, manufacture and trade of other psychoactive substances, some quite ancient and others new. Some have been developed from pharmaceutical products made initially for treating pain, sleep or mental health problems (e.g., heroin, barbiturates and benzodiazepines). Others have been manufactured for recreational purposes (e.g., ecstasy), while still others, notably cannabis, are made from plants or seeds that have been cultivated and traded to new and much larger markets. As with most countries, Canada has implemented legal sanctions supported by international treaties in its attempts to control the manufacture, trade and consumption of some of these products, though their use continues in varying degrees.

Around each of these substances, with their different effects on human behaviour and emotion, cultures and rituals have grown that shape traditions and patterns of use for particular purposes. For almost every type of human activity, there are substances used to facilitate that activity in some way (e.g., religious ceremonies, sport, battle, eating, sex, study, work, dancing, public performances and socializing).

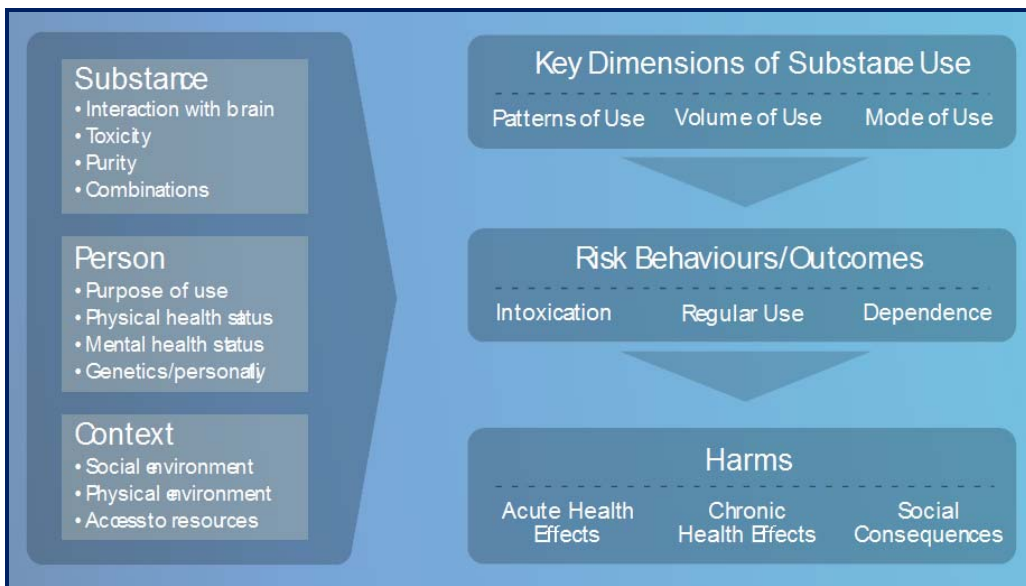
In the case of adolescents, research suggests reasons for use include: curiosity, fun, self-discovery, to fit in, coping with stress, pain or boredom, staying awake to study, alleviating depression, out of habit, rebelliousness, weight loss and to aid sleep. These different motives for use powerfully influence the pattern of use and the risk of harmful consequences. If the motive for use is fleeting (e.g., curiosity), then only occasional or experimental use may follow. If the motive is a strong and enduring one (e.g., a chronic sleep or mental health problem) then more long lasting and intense substance use, with many problems may follow. A shorter term but intense motive (e.g., to fit in, to have fun, to alleviate temporary stress) may also result in risky behaviour and harm such as injury or acute illness.

SO WHAT IS THE PROBLEM?

Unfortunately, the wrong substances, or perhaps just the wrong dose of a substances at the wrong time and administered the wrong way, can not only impair performance but also lead to serious harm. The type of substances used (e.g., a stimulant such as caffeine or a depressant such as alcohol), the dose taken, the way in which it is taken (e.g., smoked, injected or drunk) and the setting in which use occurs can all influence whether the effect enhances or impairs performance or results in actual harm. Harmful consequences, for the user and those around them in the wider community, include social problems as well as injuries, illness and death.

While the use of almost any psychoactive substance by children or adolescents may be a cause for concern, there are a number of factors that determine how probable or

serious the resulting harm may be. As shown in the model below, these factors can be categorized into those that are about the substance itself and its direct effects, those that arise out of characteristics of the individual user and those that describe the setting or context of use. These factors interact to influence the patterns and behaviours related to substances use and thereby determine levels of risk that may result in real harms.



THE CONTEXT

Too often, the media and others focus on the drug. Yet the places, times and activities associated with substance use powerfully influence patterns of use and the likelihood of harm occurring. Alcohol use by teenagers in the absence of parental supervision is particularly likely to be high risk. Being in a situation of social conflict or frustration while under the influence of depressants such as alcohol or anti-anxiety drugs (e.g., benzodiazepines) can increase the likelihood of a conflict being resolved by violent means. Using such substances before or while engaging in physically hazardous activities, such as driving, boating or hiking on dangerous terrain, also increases the risk of injuries. The overall social and cultural context surrounding substance use will also influence the extent to which a young person has different substances available to them and is encouraged or restrained from using them.⁶ The economic availability of different

⁶ For example, in the 1970s, tobacco was quite widely used both by the adult and adolescent populations while cannabis use was comparatively rare. Today, knowledge about the risks of tobacco use and a range of legal sanctions and restrictions on where people can smoke tobacco have resulted in fewer teenagers smoking tobacco. On the other hand, in almost all Canadian

substances is critically important – the cheaper they are, the more likely they are to be used. This applies not only to legal substances like alcohol and tobacco but also to illicit substances. Family and friendship networks and the degree of engagement in, and connection to, the wider community all influence the likelihood of young people engaging in substance use as well as experiencing mental health or behavioural problems. In contexts in which dialogue about substance use is common, use by youth is less common, presumably as a result of the respectful transmission of knowledge about appropriate use. The table on the following page includes some of the risk and protective factors⁷ touching on these various contextual themes.

THE PERSON

A variety of personal factors affect the probability that an individual will engage in risky substance use. These include current physical and mental health. For example, someone with anxiety or depression may try to feel better by drinking alcohol. There is some evidence that genetic inheritance and personality or temperament also have an impact. For example, tendencies towards sensation seeking (e.g., high on curiosity and need to find excitement) increase a person's risk of harm from substance use.

Environmental experience, however, shapes many of these and other factors that place individuals, and in particular young people, at increased risk. For example, personal experience of adverse life events, such as physical, sexual or emotional abuse, may impact the individual's physical or mental health. Awareness of this has led to increased emphasis on developmental pathways. The intention is to eliminate or reduce the

jurisdictions, cannabis has become increasingly available and, according to the Canadian Addiction Survey, past year use of cannabis by 17–19 year olds increased from 25% in 1994 to 44% in 2004. Use by younger teens has remained stable at just below 30%.

⁷ Considerable attention is given to risk and protective factors in the literature. As used here, *risk factors* are the social, environmental and individual factors that independently predict involvement in early and heavy drug use as well as a range of mental health and behavioural problems. *Protective factors* moderate and mediate the effect of risk factors by increasing resilience, although they do not, of themselves, directly influence the likelihood of drug use after adjusting for known risk factors. Risk factors act in a cumulative way over time. Some are present from the early years, others emerge in adolescence – but no single risk factor lies at the heart of drug-related problems. The more risk factors that persist over time, the greater the likelihood of significant impact on development. Programs should either enhance protective factors or eliminate risk factors where possible. See 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. & Sanci, L. (2004). *The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence*. National Drug Research Institute and the Centre for Adolescent Health; Derzon, J.H. (2007). Using correlational evidence to select youth for prevention programming. *Journal of Primary Prevention* 28, 421-447.

preconditions for the development of a risk factor (e.g., by reducing children’s access to alcohol to avoid early initiation; supporting families to reduce stress and the potential for trauma; or by providing early help in developing literacy skills to avoid academic failure). Not all risk factors can be eliminated, however. Neither can schools (or parents) reverse existing risk factors. In this case, the goal is to help mediate the risk impact by building resilience through increasing protective factors.

THE SUBSTANCE

All psychoactive substances have the potential to cause harm, but different substances pose different types and severity of risk. The legal classification of substances has little correlation to their potential to cause harm at the individual level⁸ or to the actual harm

	Risk Factors	Protective Factors
Community	<ul style="list-style-type: none"> • Economic disadvantage • Social or cultural discrimination or isolation • Availability of substances and high tolerance for use 	<ul style="list-style-type: none"> • Opportunities for meaningful participation in community groups and activities • Involvement with adult mentors and role models
Family	<ul style="list-style-type: none"> • Low parental expectations • Tolerant parental attitudes towards teen alcohol/substance use • Parental mental illness or substance use problems 	<ul style="list-style-type: none"> • Family nurturance and attachment • High level of participation with adults
Peer	<ul style="list-style-type: none"> • Peer rejection • Member of deviant peer group 	<ul style="list-style-type: none"> • Member of pro-social peer group
School	<ul style="list-style-type: none"> • Poor attachment to school • Poor school performance • Difficulty at transition points (e.g., entering school, transition to secondary school) 	<ul style="list-style-type: none"> • Caring relationships within school community • High but achievable expectations
Individual	<ul style="list-style-type: none"> • Temperament (sensation seeking, poor impulse control) • High levels of aggression • Early regular substance use 	<ul style="list-style-type: none"> • Ability to genuinely experience emotions and assert needs • Sense of agency and optimism • Good literacy and capacity for problem solving

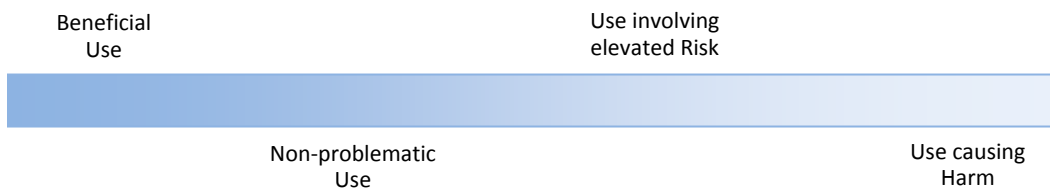
⁸ Nutt, D., King, L.A., Saulsbury, W., & Blakemore, C. (2007). Development of a rational scale to assess the harm of drugs of potential misuse. *The Lancet*, 369, 1047-1053.

measured at a population level.⁹ For example, legal substances—alcohol and tobacco—contribute far more to the burden of disease than illegal substances and cost the healthcare system much more than all illegal substances combined; therefore, they need to be the primary focus of interventions.¹⁰ Moreover, tobacco kills more of its regular users than any other substance.

On the other hand, some illegal substances—notably heroin, cocaine and methamphetamine—can have devastating consequences for a small number of individuals who use them regularly. The high prevalence of cannabis use and the cultural associations of some substances such as ecstasy may warrant particular attention even though their potential for harm is less severe. The non-medical use of pharmaceuticals appears to be growing in some jurisdictions and also needs special attention.

USE, RISK AND HARM

It is important to acknowledge that the careful use of many psychoactive substances can be harm-free and even beneficial. Nonetheless, psychoactive substance use involves risk. Substance use can be regarded as being ranged along a continuum from mainly low-risk and sometimes beneficial use (e.g., opiate use for addressing acute pain), through potentially hazardous use to clearly harmful use (e.g., opiate injection using a non-sterile needle leading to infection).



Repeated use of a substance, especially on a daily basis, may pave the way for a strong habit or dependence which can be hard to break. Some of the main signs of dependence are:

- increasing tolerance for a substance, meaning higher doses are required to get the same effect;
- increasing discomfort (psychological and physiological) when attempting or forced to abstain;

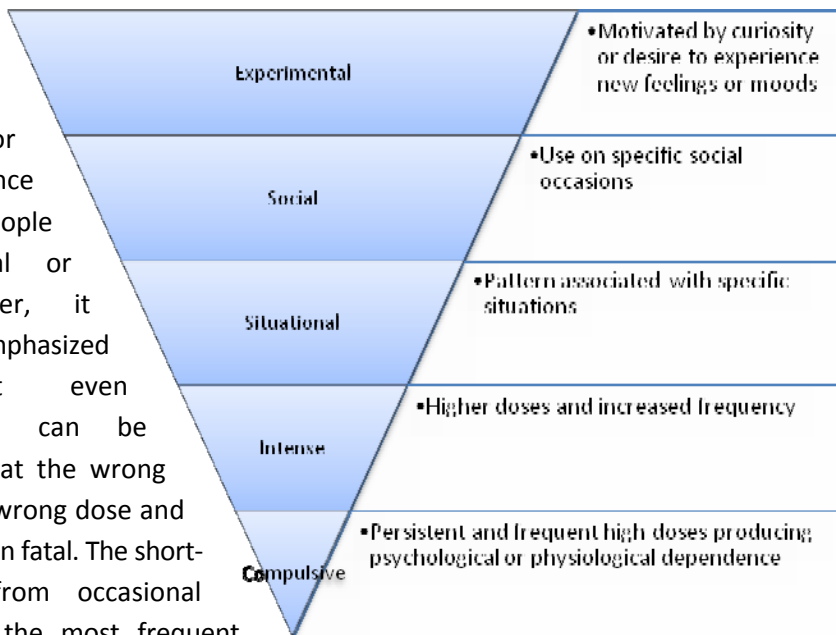
⁹ Rehm, J., Baliunas, B., Brochu, S., Fischer, B., Gnam, W., Patra, J., Popova, S., Sarnocinska-Hart, A., & Taylor, B. (2006). *The Costs of Substance Abuse in Canada 2002: Highlights*. Ottawa: Canadian Centre on Substance Abuse.

¹⁰ British Columbia Ministry of Health (2006). *Following the Evidence: Preventing Harms from Substance Use in BC*. Ministry of Health: Victoria, BC.

- increasing fixation on the substance at the expense of other activities.

Such intense patterns of use tend to require significant funds to support the habit and compete with other social demands and expectations from family, school and the wider community. There is also evidence that patterns of intense use temporarily blunt the capability of an individual to experience pleasure in other ways – the reward centres of the brain have become "hijacked" by the need to be repeatedly provided with rewards from the drug of choice, whether it be alcohol, tobacco, cannabis or some other psychoactive substance.

As shown in the diagram on the right, most alcohol or other substance use by young people is experimental or social. However, it cannot be emphasized enough that even occasional use can be hazardous and, at the wrong time and in the wrong dose and wrong place, even fatal. The short-term effects from occasional heavy use are the most frequent causes of serious harm from substance use among young people. Dependence, though serious, is much less common.



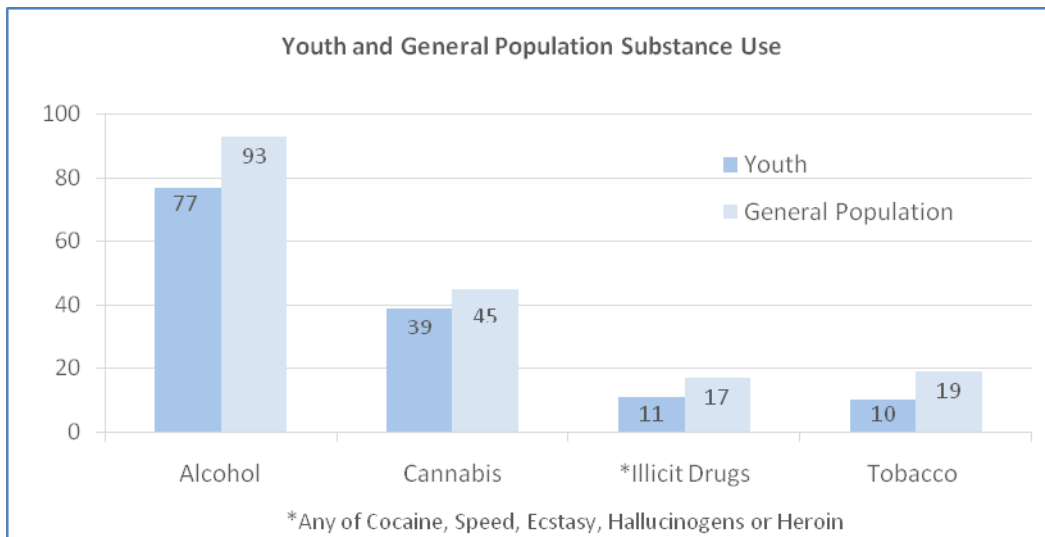
The prevention of substance use-related harm requires the identification and reduction of major patterns of risky substance use and the enhancement of a wide range of protective factors.

Some signs that substance use has become particularly risky or harmful include some or all of the following: early age of onset (especially before age 13 or 14); use to cope with negative mood states; habitual daily use; use before or during school or work; use while driving or during vigorous physical activities; use of more than one substance at the same time; and use becoming a major form of recreation.

Signs that patterns of use are less likely to be harmful include: taking precautions when using; being careful to use only in small or moderate amounts; less frequent use and only in particular contexts; and being able to stop using at any time.

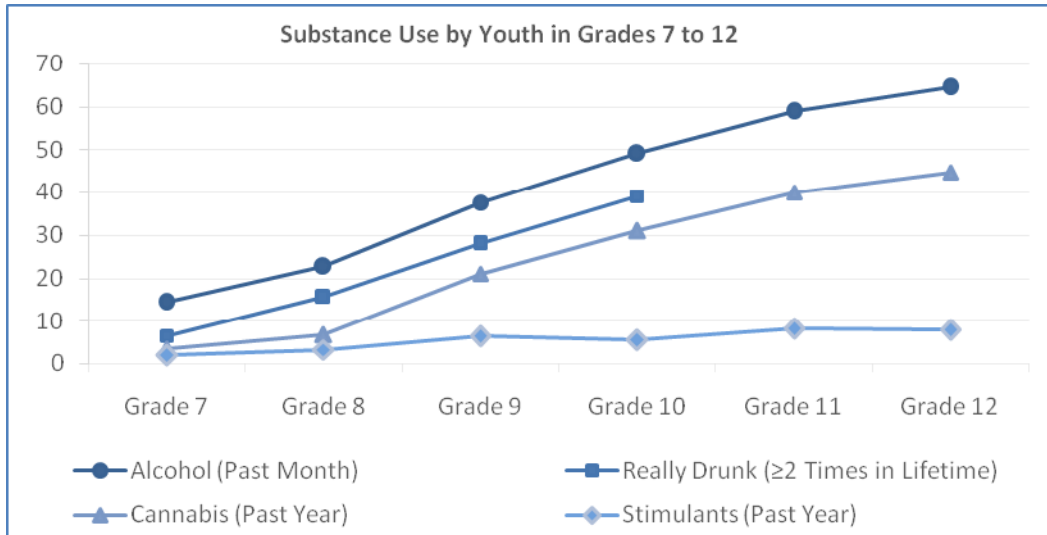
SUBSTANCE USE AMONG CANADIAN YOUTH

Youth use the same substances as adults though their rates of use are significantly lower. The 2004 Canadian Addiction Survey reports 77 percent of youth aged 15 to 17 years have consumed alcohol at least once in their lifetime. This compares with 93 percent of the general population. Similarly, 39 percent of 15- to 17-year-olds have used cannabis at some point in their life compared to 45 percent of the general population. Use of other illicit drugs by youth and the general population is much lower. Approximately 11 percent of 15- to 17-year-olds have used other illicit drugs (any one of ecstasy, amphetamines, hallucinogens, cocaine or heroin) at least once in their lifetime (compared to 17 percent of the general population). Tobacco use by Canadian youth is also lower than alcohol consumption or cannabis use and has been in steady decline for several years. The 2007 Canadian Tobacco Use Monitoring Survey reports 10 percent of 15- to 17-year-olds are current smokers, down from 18 percent in 2002. The same survey reports 19 percent of the general population as current smokers.

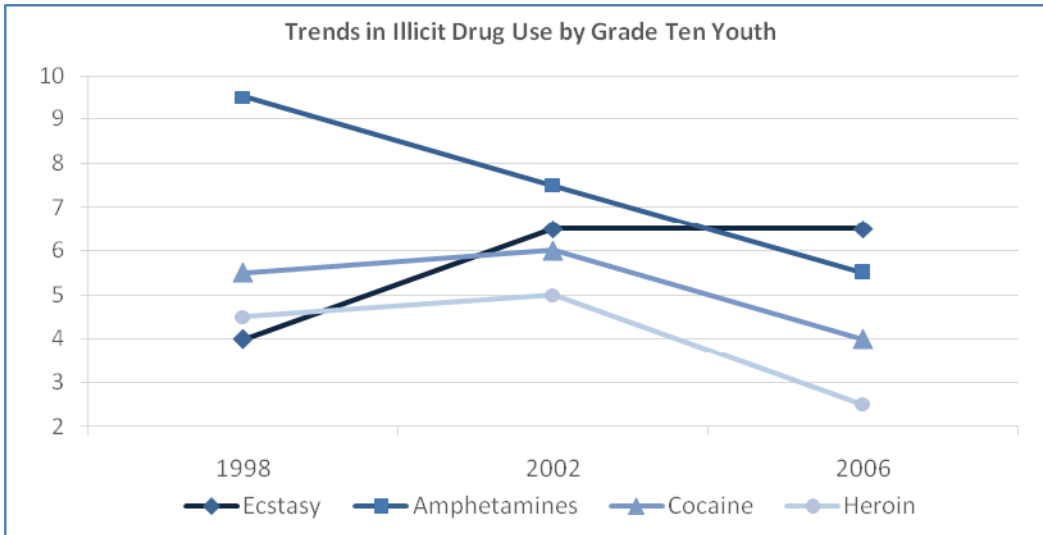


While the rates for substance use are lower for youth than for adults, these rates, particularly for alcohol and cannabis, increase rapidly as young people age. The 2007 Ontario Student Drug Use and Health Survey (OSDUHS) demonstrates this steady rise in the use of alcohol and cannabis by students in grades 7 through 12. Getting drunk also

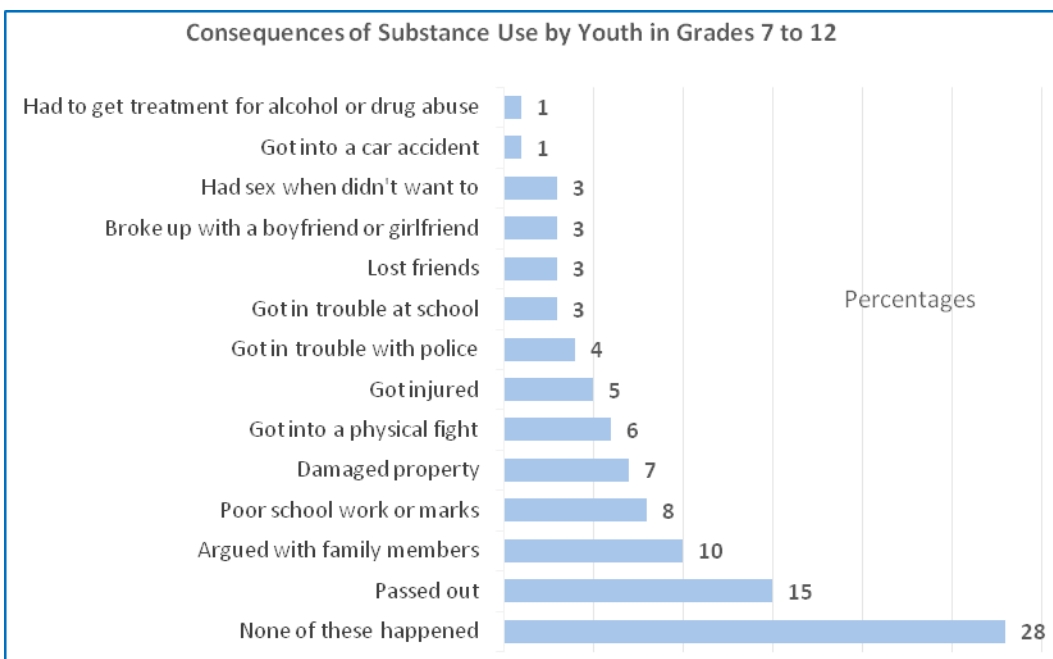
increases as youth get older. The Health Behaviour of School-Aged Children study shows drunkenness rates increase steadily by grade, with approximately 39 percent of grade 10 students reporting being really drunk at least twice in their lifetime. By comparison, use of stimulants increases for students in grades 7 through 11 but declines slightly for those in grade 12.



Overall, national data shows illicit drug use by youth is declining or remaining stable. Results from a recent World Health Organization study, the Health Behaviour of School-Aged Children, demonstrate Canadian youth rates of use of other illicit drugs such as ecstasy, amphetamines, cocaine and heroin are reasonably low and, despite common beliefs, have not increased throughout the past decade. The data also reveals the illicit use of medical drugs, glues and solvents has declined. Nevertheless, even though the national data shows use is declining for these substances, for some jurisdictions there are indications that use is increasing among youth.



When youth are asked about any negative outcomes related to their alcohol or substance use, some types of problems or consequences are reported more frequently than others. For instance, the 2003 Adolescent Health Survey of students in British Columbia found the main consequences reported were passed out (15 percent), arguing with family members (10 percent), and poor school work or marks (8 percent). Only one percent of students reported having to seek treatment for their alcohol or substance abuse or being involved in a car accident. Just over one-quarter of students reported no negative consequences at all.



Regional variations provide another aspect of the overall picture of substance use by Canadian youth. Where available, data tends to show rates and patterns of substance use vary between rural and urban communities and northern and southern jurisdictions. For instance, substance use may be higher in northern and remote communities than in southern urban communities. Communities with the greatest challenges, such as remote or northern areas, are likely to have the least access to services and some other protective factors; a disparity that, not surprisingly, is reflected in their substance use rates.

Insights into local or school-level substance use rates and patterns can be gleaned using student and/or community surveys, administrative data such as suspension rates and/or other data available at the local level.

INVESTIGATE

In this section, we investigate the evidence related to:

- how substance use is related to educational outcomes
- why schools cannot solve the issue on their own
- how everyone benefits from a partnership approach
- the keys of building effective partnerships
 - focus on relationships
 - leadership
 - professional development
 - family capacity
 - communication

Schools are expected to educate students to be knowledgeable, socially skilled, healthy and responsible citizens. Moreover, there are growing demands on teachers, principals and district officials to be accountable for the success of children of all abilities and from all backgrounds. To make genuine progress towards this lofty ideal, it is essential for school professionals to pay attention to the complex factors that influence the development of young people and impact on the learning environment. These include the child's state of physical, social and emotional health as well as factors such as family and broader community support. The complex nature of the issues suggests a comprehensive, multifaceted continuum of services and supports is required.

SUBSTANCE USE AND EDUCATIONAL OUTCOMES

To be effective, schools must focus on their primary responsibilities related to teaching and learning. The complex issues connected to substance use may seem a distraction. With a packed curriculum and many competing priorities, it can often seem more convenient to bring in an outside agency with expertise in alcohol, tobacco and other substance use problems. However, there are important reasons why addressing substance use and the related risks and harms should not be seen as extracurricular or outside of a school's instructional mandate.

The complex relationship between substance use and educational outcomes requires that schools engage directly in issues related to substance use. First, substance use can interfere with learning. This can be related to the neural impact of the substance used

or the social context of the use.¹¹ On the other hand, students who fail to do well in school are at significantly higher risk for developing harmful patterns of substance use.¹² What's more, students who develop strong connections with school and positive relationships with teachers or other school staff show less involvement with health-risk behaviours and are less likely to develop mental health or substance use problems.¹³ Finally, there is growing evidence that learning social and emotional competence contributes to both better academic performance and positive health behaviours.¹⁴

A comprehensive approach to substance use and related risks and harms needs to be integrated into the life of the school and its educational mandate. Initiatives led by outside experts may operate in relative isolation of existing school programs and services, and insufficient attention may be paid to coordinating complementary activities or integrating parallel efforts within the main instructional processes. That is not to suggest there is no need to involve community experts and agencies in delivering services to students, only that schools must integrate these issues as part of addressing their responsibilities related to teaching and learning.

WHY SCHOOLS CANNOT DO IT ALONE

“When schools, families, and community groups work together to support learning, children tend to do better in school, stay in school longer, and like school more.”¹⁵ While the school is a critical setting for addressing substance use problems, single school-based strategies implemented in isolation will not have significant effect. The best results are achieved by comprehensive programs involving school, family and community settings. Multifaceted approaches to substance use prevention reinforce a consistent message, build on a shared goal and link together the resources of school,

¹¹ Roberts, G., Krank, M., Comeau, N., McLeod, B., Paglia-Boak, A., Patton, D., Lane, J., & Naidoo, K. (awaiting publication). *School-based and School-linked Prevention of Substance Use Problems: A Knowledge Summary*. Surrey, BC: Canadian Association for School Health.

¹² Loxley, W., Toumbourou, J., Stockwell, T., et al. (2004). *The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence*. Canberra: The National Drug Research Institute and the Centre for Adolescent Health. Available from www.eprints.lis.curtin.edu.au/archive/mirror/mono_prevention.pdf.

¹³ Roberts et al. (awaiting publication).

¹⁴ Greenberg, M.T., Weissberg, R.P., O'Brien, M.U., et al. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist* 58, 466-474.

¹⁵ Henderson, A.T. & Mapp, K.L. (2002). *A New Wave of Evidence: The Impact of School, Family, and Community Connections on Student Achievement*. Austin, Texas: Southwest Educational Development Laboratory. Available from www.seidl.org/connections/resources/evidence.pdf.

home and community.¹⁶ Effective school-family-community partnerships weave together a critical mass of resources and strategies to enhance caring communities in order to support all youth and their families and enable success at school and beyond. This requires more than mobilizing resources to respond to incidents of substance use. It involves a clear vision and cohesive policy that builds and nurtures a network of relationships that addresses risk factors and enhances protective factors to achieve the best academic and social outcomes for students. This needs to be a natural and regular part of the school's operation.

HOW EVERYONE BENEFITS

The benefits of investing in school-family-community partnerships have been demonstrated. Family involvement in school is linked to positive academic and social outcomes for students, including better marks, more challenging course selection, improved behaviour at home and school and improved social competence.¹⁷ Family involvement must be developmentally appropriate and, in particular, respectful of adolescent development, including the drive for independence, expanding cognitive abilities and widening social networks.¹⁸

Teachers and parents also benefit from involvement with each other. Through connectedness with teachers and other parents, parents gain access to information they need in order to provide appropriate support for their children's development.¹⁹ In addition, when families from diverse cultural, social and economic backgrounds become involved with the school, teachers gain awareness of cultural and community issues that help them engage students and parents more effectively.²⁰

Community programs linked to learning outcomes have demonstrated effectiveness.²¹ Engagement between schools and community programs aimed at developing social and emotional competence should also be effective for students, and communities should

¹⁶ Adelman, H. & Taylor, L. (2003). Creating school and community partnerships for substance abuse prevention programs. *The Journal of Primary Prevention, Vol. 23, No. 3, Spring 2003*.

¹⁷ Henderson & Mapp (2002).

¹⁸ Krieder, H., Caspe, M., Kennedy, S., & Weiss, H. (2007). *Family Involvement Makes a Difference: Family Involvement in Middle and High School Students' Education*. Cambridge, MA: Harvard Family Research Project.

¹⁹ Cooper, H., Jackson, K., Nye, B., & Lindsay, J.J. (2001). A model of homework's influence on the performance evaluations of elementary school students. *Journal of Experimental Education, 69(2)*, 181–199.

²⁰ Marschall, M. (2006). Parent involvement and educational outcomes for Latino students. *Review of Policy Research, 23(5)*, 1053–1076.

²¹ Henderson & Mapp (2002).

reap the benefits of more effective pathways between services and more efficient use of resources.

THE KEYS TO BUILDING EFFECTIVE PARTNERSHIPS

Connections between schools, families and communities can function at many different levels with different goals.²² No matter what level of collaboration is desired, building and maintaining effective school-family-community partnerships requires the development of policies and processes to ensure such connections are well developed and institutionalized. Evidence suggests the need to give particular attention to each of the following.

FOCUS ON RELATIONSHIPS

Evidence points to the importance of building the strongest possible sense of community around the student. Connectedness with family, school and community are central protective factors. Substance use should never be seen as an isolated negative issue but within the context of a network of relationships that values the individual. Schools can create the conditions and structures that enable such relationships to be built and maintained. Teachers who understand that education is more than imparting information and invest in building mentoring relationships can play a turnaround role for many students. Non-teaching school professionals (e.g., counsellors, administrative and janitorial staff) can also provide mentoring relationships to students who may be at risk of disconnecting from school. Valuing and nurturing an environment in which all staff, students, families, community agency personnel and other community members interact and engage in a natural and regular way will provide the healthiest foundation for addressing substance use.²³

LEADERSHIP

Leadership happens at many levels. Formal leadership within the school may involve the superintendent, the principal or departmental heads. Attention should also be given to various opinion leaders both within and outside the school context. These are people whose opinions are respected by their peers and who can influence perceptions and practices.

²² Franklin, C. & Streeter, C.L. (1995). School reform: Linking public schools with human services. *Social Work, 40*, 773–782. The authors discuss five alternative approaches for linking public schools and human services: informal relations, coordination, partnerships, collaboration and integration.

²³ Australian Government (2003). *Schools Can't Do It Alone*. Innovation and Good Practice in Drug Education, Monograph 3. Canberra, Australia: Department of Education, Science and Training.

Initiating partnerships with families and community members involves understanding, responding to and influencing the larger context. This requires a whole range of knowledge and skills that are often not provided in the pre-service education of school administrators. School principals suggest they need training that helps them understand the structure, function and politics of communities as well as providing them with skills related to communication strategies, collaboration and negotiation techniques as well as data collection and analysis methods. They also emphasize that these topics should be grounded in project-based work and involve interdisciplinary instruction—combining faculty and expertise from schools of education, business and communication.²⁴

The task of promoting the success of all students involves creating a welcoming-honouring-partnering culture within the school. When school staff engage in caring and trusting relationships that recognize parents as partners in the educational development of children, these relationships enhance parents' desire to be involved and influence how they participate in their children's academic and social development.²⁵ School administrators need to lead by example by building partnerships with other staff and by being mentors in reaching out to parents and community members. Administrators can also help guide the development of expectations and put in place mechanisms of accountability that help nurture this culture.

The task of promoting the success of all students also requires access to sufficient resources. To some extent, this means maximizing the effectiveness of existing resources through partnerships and collaboration. But governance bodies need to ensure the provision of adequate funds for capacity to carry out systemic change and to support the system over time. Without careful planning implementation and capacity building, collaborative efforts will rarely live up to the initial hope.

PROFESSIONAL DEVELOPMENT

Addressing substance use issues from a comprehensive whole-school approach means that all staff, not just specialist teachers, need to be involved. Furthermore, building partnerships with families and communities in order to achieve effective health promotion involves developing skills and competencies within the school staff.²⁶ This

²⁴ Berg, A.C., Melaville, A., & Blank, M.J. (2006). *Community & Family Engagement Principals Share What Works*. Washington, DC. Coalition for Community Schools. Available from: www.communityschools.org/CCSDocuments/CommunityAndFamilyEngaqement.pdf

²⁵ Mapp, K. L. (2002). Having their say: Parents describe how and why they are involved in their children's education. Paper presented at the Annual Meeting of the American Educational Research Association, New Orleans, LA. Available from: www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/1a/09/31.pdf.

²⁶ National Staff Development Council. (2001). *Standards for Staff Development (Revised)*. Oxford, Ohio: National Staff Development Council.

does not mean that everyone must become a “drug expert” or a “public health expert.” It does, however, require that all staff understand and share in the school’s vision to build and constantly reinforce student connectedness and resilience, and that this is best achieved through relationship skills and school-family-community partnerships. Professional development opportunities should be provided to allow school staff to develop the desired knowledge and skills.²⁷ But professional development opportunities can also be used to engage parents and community members.²⁸ Professionals in the community might provide professional development opportunities. School staff and community agency staff might attend joint learning opportunities, family members could be invited to attend training opportunities provided for school staff, and parents might be engaged to provide social understanding of substance use and related problems from different cultural perspectives (particular attention should be given to the Aboriginal experience). Maximizing opportunities for joint learning and mutual knowledge exchange is an important strategy in building partnerships.

BUILDING FAMILY CAPACITY

Adolescents do better in school when their parents provide adequate nurturance.²⁹ In fact, the family is the single most significant factor in shaping a student’s attitudes, behaviours and achievements. Moreover, families, regardless of race, ethnicity or income, want to be involved and contribute to their children’s success. Adolescents need family nurturance and guidance, but they also need opportunities to develop independence and competence as they form their own identities. Schools are well positioned to help facilitate a match among adolescent developmental needs, parental attitudes and practices, and school expectations to achieve positive educational and social outcomes.³⁰ Building on the common goal of promoting youth performance allows schools to provide information on youth development and engage parents in discussions on effective parental support. Communicating about school policy and disciplinary procedures provides opportunity to engage parents around issues of how school and home can work together with respect to discipline and control. Nurturing this sense of shared responsibility is more likely to be effective in building family

²⁷ Australian Government (2003). *Schools Can’t Do It Alone*.

²⁸ Bouffard, M. & Stephen, N. (2007). Promoting family involvement. *Principal’s Research Review* 2(6), 1-8.

²⁹ Steinberg, L., Lamborn, S.D., Dornbusch, S.M., & Darling, N. (1992). Impact of parenting practices on adolescent achievement: Authoritative parenting, school involvement, and encouraging to succeed. *Child Development*, 63(5), 1266–1281.

³⁰ Krieder, Caspe, Kennedy, & Weiss (2007). Cf., Caspe, M., Lopez, M.E. & Wolos, C. (2007). *Family Involvement Makes a Difference: Family Involvement in Elementary School Children’s Education*. Cambridge, MA: Harvard Family Research Project.

capacity than providing feedback only when responding to problems. It is also more likely to create an environment in which parents feel free to discuss issues about their children with school professionals, and to lead to cooperative efforts when incidents do arise. Working with other community-based organizations and faith-based groups can help schools extend their involvement with families.³¹

COMMUNICATION

Partnerships involve shared ownership. Communication can help build trust between all the partners and stakeholders to promote shared responsibility and ownership. Good two-way communication creates the foundation for all other engagement.³² Schools can encourage and facilitate communication between school professionals and parents in a number of ways and can create environments that are welcoming to families. Mechanisms such as school newsletters, reports and local media should be used as effectively as possible to communicate goals, policies and programs and celebrate achievements. But more interactive mechanisms involving dialogue and direct contact are also essential. Schools can even facilitate dialogue between other partners, for example, by organizing events where students can present ideas and lead discussions for parents. Strategies should be developed to address at least three different issues:

- Communicating information to students, families and the community about the school's policies and programs and involving them in the ongoing development of these.
- Communicating information to parents about their child's individual performance and experience.
- Engaging families and community members to increase their capacity to enhance student development and address substance use issues.

³¹ Bouffard & Stephen (2007).

³² Australian Government (2003). *Effective Communication, Innovation and Good Practice in Drug Education*, Monograph 6. Canberra, Australia: Department of Education, Science and Training.

INTERPRET

Emerging from the evidence is a series of good practices:

- Good practice recognizes the partnership between the school and the family as a key element in student academic achievement and social development;
- Good practice sees schools develop and maximize internal resources to increase family and community capacity to support student achievement and development;
- Good practice sees schools identify and harness community resources to support student achievement and development;
- Good practice facilitates effective communication and mutual knowledge exchange between students, families, school professionals and community members in the pursuit of healthy, learning communities; and
- Good practice involves checking regularly to ensure that investments in communication and partnership are leading to shared understandings and supportive efforts by all stakeholder groups.

These good practices can be implemented at the school level to encourage the creation of effective school-family-community partnerships. These practices apply irrespective of the specific type of partnership envisioned, and they impact a wide range of issues, including academic performance and substance use behaviour. The following focus questions may assist you in interpreting how these good practice guidelines apply in your particular context. The questions are not intended as a formal assessment but as a means of prompting you to reflect on, and engage with, the evidence presented above.³³

³³ For a formal assessment tool that examines family and community involvement, see *Creating a Healthy School Using the Healthy School Report Card* by the Association for Supervision and Curriculum Development. Available at: www.healthyschoolcommunities.org/HSRC/pages/navigationcontent/Resources.aspx?display=ResourcesLink6.

PARTNERSHIPS AS A KEY ELEMENT

- Does your school value and promote partnerships with families and the community?
- In what ways does it demonstrate this commitment?
- What common interests are promoted through the partnerships?
 - Academic achievement
 - Social development
 - Reduced harm related to substance use
 - Other _____
- Who benefits from the partnerships? In what ways?
 - Students _____
 - Parents _____
 - Teachers _____
 - Community _____
 - Other _____

FAMILY AND COMMUNITY CAPACITY

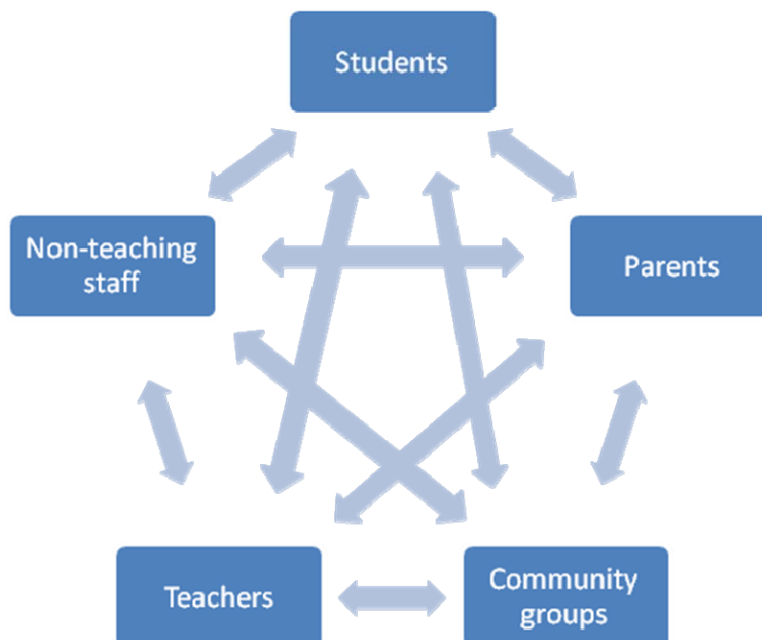
- Is your school involved in building family capacity to support student academic achievement and social development?
- What programs or activities are currently offered?
- Are these programs or activities strength-based (family seen as an asset) or deficit-based (family seen as a problem)?
- Are there groups or types of families who are not served by these existing programs and activities?
- How does your school contribute to building community capacity to support student achievement and development?
- How are substance use and the related risks addressed?

HARNESSING COMMUNITY RESOURCES

- What resources in your community (other than school resources) currently contribute to student academic achievement or social development?
 - Health and social services
 - Business community
 - Faith communities
 - Ethnic or cultural communities
 - Other _____
- How could the school better engage with these groups?
- What current contributions may not be positive? How could the school address these issues?

COMMUNICATION AND KNOWLEDGE EXCHANGE

- How does your school facilitate two-way communication and the exchange of knowledge along any of the pathways indicated in the illustration below?
- Which pathways are most developed? Which pathways are least developed?



MONITORING AND EVALUATION

- How does your school know if existing partnerships or pathways for communication and knowledge sharing are effective?
- Does your school have a formal mechanism to assess effectiveness?
- How are the perspectives of all stakeholders reflected in the assessment?
- How could the assessment be improved?

IMAGINE

In this section, we encourage you to imagine what could be. The following examples provide illustrations of how good practice related to school-family-community partnerships has been applied in Canadian and international contexts. The list is by no means comprehensive, nor is it implied that all of the evidence referenced in this kit is being applied in any given example cited.

FAMILY ENGAGEMENT STRATEGY, SACRAMENTO CITY

Illustrates a partnership that aims to:

- *promote student academic achievement and social development*
- *increase family and community capacity*
- *facilitate effective communication and knowledge exchange*
- *identify and harness community resources*

The Sacramento City Unified School District created the Office of Parental Support Services to strengthen links between schools, families and community organizations throughout the district. The Office offers schools, families and community-based organizations information, technical assistance and training to encourage effective partnerships and collaboration. Examples of specific projects and programs include:

- the District Advisory Committee provides parents with the opportunity to participate in the planning, development and evaluation of programs and services in the district, including programs and strategies for encouraging parent involvement;
- Parent Information Exchange, which provides parents and schools with opportunities to learn about and connect with community-based agencies offering services and supports to families and students;
- a Parent/Teacher Home Visit Project, which provides training and resources to schools to organize effective home visit programs;
- Parenting Classes, which provide parents with skills and attitudes needed to promote healthy child development and enhance family communication; and
- a Family Involvement Day that is held once a year to raise awareness among parents of the importance of being engaged in their children's education and to thank parents who have demonstrated leadership in helping to improve the educational experience of their children.

For more information: www.scusd.edu/parentportal/index.htm

SEATTLE SOCIAL DEVELOPMENT PROJECT

Illustrates a partnership that aims to:

- *promote student academic achievement and social development*
- *increase family and community capacity*
- *facilitate effective communication and knowledge exchange*

This multi-component, school-based intervention for grades 1 to 6 (and now being extended into middle school) is designed to reduce childhood risks for delinquency and substance use problems by enhancing protective factors. It simultaneously works with teachers and parents. The intent is to increase pro-social bonds to school and family, strengthen attachment and commitment to schools, decrease delinquency by enhancing opportunities, skills and rewards for pro-social behaviour and increase commitments to not use substances. With teachers, the emphasis is on how to use active classroom management, interactive teaching strategies and cooperative learning in classrooms. In addition, first-grade teachers are involved in teaching communication, decision-making, negotiation and conflict resolution skills, while sixth-grade teachers offer refusal skills training. Parents are offered optional training programs throughout their children's schooling. Results from the SSDP indicate improved school performance and family relationships and reduced substance involvement at various grades.

For more information: www.depts.washington.edu/ssdp/

BC DRY GRAD PROGRAM

Illustrates partnership that aims to:

- *identify and harness community resources*

For a week in February/March, customers of BC Liquor Stores are invited to donate \$1 to support dry grad celebrations for public high school students in their community. During the 2008 Support Dry Grad campaign, BC Liquor Stores customers donated a total of \$625,587 which was distributed among 55 participating school districts. Money raised at each liquor store stays in the local community. Since the first annual Support Dry Grad campaign in 2001, \$2.3 million has been raised by BC Liquor Stores customers and staff for alcohol-free events in communities across British Columbia. High school Parent Advisory Committees apply for these funds to plan and run alcohol/drug-free post-graduation events. Civic groups, volunteers and community police often participate in the planning and implementation. These "All Nite Grads" aim to prevent the risks associated with drunk driving and intoxication, and also demonstrate fun in a drug-free environment.

For more information: www.bcliquorstores.com/en/about/community/drygrad

STRENGTHENING FAMILIES FOR THE FUTURE (SFF) PROGRAM

Illustrates a partnership that aims to:

- *increase family capacity*

Strengthening Families for the Future is a prevention program for families with children between the ages of seven and 11 who may be at risk for substance use problems, depression, violence, delinquency and school failure. The program is based on the Strengthening Families Program developed in Ohio and has been modified for use in Canada by the Centre for Addiction and Mental Health. The goals of the program are to:

- reduce children's or adolescents' intention to use alcohol and other drugs, and reduce other behaviour problems
- increase children's resilience and life skills
- increase positive and effective parenting
- increase family communication

The SFF program consists of 14 consecutive weekly sessions plus one session offered several months later. At the beginning of each session, parents and children meet together to share a meal. This is followed by separate one-hour sessions for parents and children. Afterward, the families come back together which allows them time to practise new communications and relationship skills. The activity-based approach of the SFF program helps families make real and sustained changes in their interactions.

For more information:

www.camh.net/Publications/Resources_for_Professionals/Strengthening_Families/

“NEMI'SIMK, SEEING ONESELF” INTERVENTION PROGRAM

Illustrates a partnership that aims to:

- *identify and harness community resources*
- *facilitate culturally informed communication and knowledge exchange*

This project developed and pilot tested an early intervention for alcohol problems tailored for use among high-risk First Nations youth in Nova Scotia. Through partnership and collaboration between university-based researchers, two Mi'kmaq schools and the Royal Canadian Mounted Police, an existing brief intervention program was tailored for use among Mi'kmaq youth by incorporating traditional knowledge and teachings so as to make the intervention as meaningful and relevant as possible. Pilot results were encouraging, with the youth participating in the intervention drinking less alcohol and drinking in less hazardous ways after the intervention.

For more information:

www.fncfcs.ca/pubs/vol3num2/Mushquash_Comeau_Stewart_pp17.pdf

CHICAGO COMMUNITY SCHOOLS INITIATIVE

Illustrates a partnership that aims to:

- *promote student academic achievement and social development*
- *increase family and community capacity*
- *facilitate effective communication and knowledge exchange*
- *identify and harness community resources*

With 150 community schools, Chicago Public Schools (CPS) is home to the largest community schools initiative in North America. To date, these schools have formed over 400 partnerships with non-profit organizations across the city. Not only are students attending classes at these schools, but parents are receiving job training courses, families are able to access medical and dental care on site and children have the option to take music and art lessons. Participating schools have been transformed into the centres of their communities, with campuses open mornings, afternoons, evenings, weekends and into the summer. Each CPS Community School:

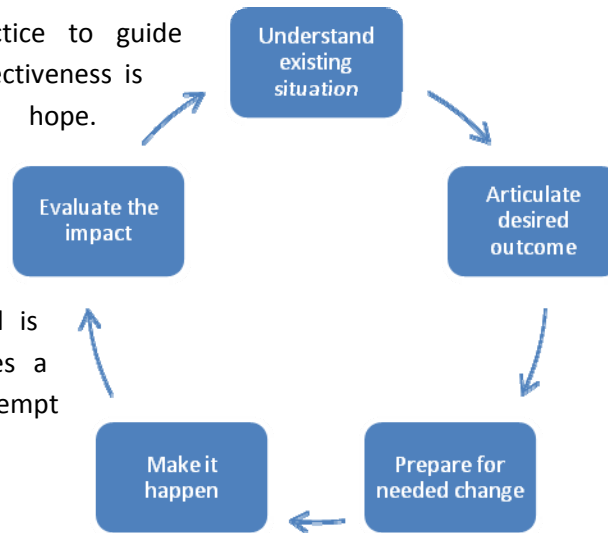
- partners with at least one non-profit organization with a minimum of three years experience of implementing after-school programs and/or a demonstrated track record of providing successful educational and related activities that enhance academic performance and positive youth development;
- hires a full-time resource/site coordinator at the local level to oversee programs, help identify and engage additional resource providers, perform necessary administrative duties and act as the critical communication bridge between all community school stakeholders, including students, parents, teachers, school personnel and leadership, external partners, and community members;
- establishes an advisory committee that includes teachers, parents, the school principal, community members, a representative from the partner agencies and other key school and community stakeholders that oversee program planning, needs assessment and asset mapping to determine the types of programs and services that are needed and to identify resources that currently exist; and
- ensures that all out-of-school-time programs relate to and support the school's academic program.

For more information: www.cpsafterschool.org/home.html

INTEGRATE

The earlier sections of this knowledge kit introduced some of the evidence related to the importance and value of building relationships that connect families and the community as partners in promoting student performance and development, and in addressing substance use issues. The last two sections encouraged you to think about how this evidence might relate to your context and illustrated how others have used it in different situations.

Using evidence-based good practice to guide change and achieve increased effectiveness is not as simple as one might hope. Nonetheless, using a simple change management model like the one on the right can increase our chance of success. Change is incremental; therefore, the model is cyclical. One small change creates a new context from which we can attempt further change.



STEP 1 – UNDERSTAND THE EXISTING SITUATION

One way to assess the existing situation is to prepare a report card on how your school is doing relative to the good practices identified earlier. Ideally this report card should be prepared using feedback from a variety of stakeholders.

Using Worksheet #1, you can prepare such a report card by:

- collecting qualitative information on current strengths and possibilities by having several stakeholders complete the worksheet
- collating the information into one report
- discussing the results with stakeholders

STEPS 2 – ARTICULATE A DESIRED OUTCOME

Based on the report card prepared in Step 1, you can identify priority areas for action. Again, these should represent a shared vision among the key stakeholders.

Record recommended actions in the second column of Worksheet #2. It is not necessary to articulate actions for all areas of good practice at once as this worksheet can be continually updated.

STEP 3 – PREPARE FOR NEEDED CHANGE

Many activities fail because of insufficient planning. At this point, there are several important questions to ask. Record relevant information in the appropriate columns of Worksheet #2.

- What activities are needed to bring about the recommended action? What training will be needed? How will this be provided? What resources are needed? Are they available? If not, how can you get them? Who might be impacted if the change succeeds? Will they welcome the change? What needs to be done in order to prepare them? What needs to happen to make the change sustainable? How will it get institutionalized? (Column 3)
- Who will be responsible for implementing the change? (Column 4)
- When should the change happen? (Column 5)
- What will be the indicators of progress and success? (Column 6)

STEP 4 – MAKE IT HAPPEN

Change actually happens one step at a time as you implement your work plan. Some factors are critical to the success of the process.

- Support from appropriate leaders
- Clarity concerning responsibility and accountability
- Good communication to keep all partners informed of progress
- Clear mechanisms for partners to monitor and modify the work plan as needed

STEP 5 – EVALUATE THE IMPACT

Evaluation is an important part of learning and is also an important part of the change process. This does not need to be overly complicated. Two ways that you can keep track of progress are:

- constantly revisit and revise your work plan (Worksheet #2)
- periodically reassess the situation by collecting feedback from your partners and stakeholders and produce a report card (Worksheet #1)

WORKSHEET #1 – PARTNERSHIP REPORT CARD

Area of Good Practice	Stage	Current Strengths	Possibilities for Improvement
Our school recognizes the partnership between school and family as a key element in student academic achievement and social development			
Our school develops and maximizes internal resources to increase family and community capacity to support student achievement and development			
Our school identifies and harnesses community resources to support student achievement and development			
Our school facilitates effective communication and knowledge exchange between students, families, school professionals and community members in the pursuit of healthy, learning communities			
Our school checks regularly to ensure that investments in communication and partnership are leading to shared understandings and supportive efforts by all stakeholder groups			
<p style="text-align: center;">Stage of Implementation: I=Implemented P=Partially implemented N=Not implemented</p>			

WORKSHEET #2 – PARTNERSHIP WORK PLAN

Good Practice	Recommended Actions what needs to be improved	How activities, training, resources, etc.	Who person/team	When complete by	Indicators progress/success
Our school recognizes the partnership between school and family as a key element in student academic achievement and social development					
Our school develops and maximizes internal resources to increase family and community capacity to support student achievement and development					
Our school identifies and harnesses community resources to support student achievement and development					
Our school facilitates communication and mutual knowledge exchange between students, families, school professionals and community members in the pursuit of healthy, learning communities					
Our school checks regularly to ensure that investments in communication and partnership are leading to shared understandings and supportive efforts by all stakeholder groups					

RECOMMENDED RESOURCES

The following are readily available resources that provide further information or tools of a practical nature. The studies that support the content presented in this knowledge kit are provided in the footnotes throughout the document.

Berg, A.C., Melville, A. & Blank, M.J. (2006) *Community & Family Engagement Principals Share What Works*. Washington, DC. Coalition for Community Schools. Available from:
www.communityschools.org/CCSDocuments/CommunityAndFamilyEngagement.pdf

Cahill, H., Murphy, B. & Hughes, A. (2005). *A Toolkit of Interventions to Assist Young People to Negotiate Transitional Pathways*. Canberra, Australia: Department of Health and Ageing. Available at:
[www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/499247D1160777C0CA2571A20021F1FB/\\$File/toolkit-interventions.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/499247D1160777C0CA2571A20021F1FB/$File/toolkit-interventions.pdf)

Henderson, A.T. & Mapp, K.L. (2002). *A New Wave of Evidence: The Impact of School, Family, and Community Connections on Student Achievement*. Austin, Texas: Southwest Educational Development Laboratory. Available at www.sedl.org/connections/resources/evidence.pdf.

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