

Engaging parents in drug education in schools and in the community

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OF
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'ENGAGING PARENTS IN DRUG EDUCATION IN SCHOOLS AND IN THE COMMUNITY'

This briefing paper is **part of a series** produced by the Drug Education Forum, for schools and others involved in drug education or informal drug prevention.

The Drug Education Forum

The Drug Education Forum was funded by the Department of Education between 1995 and 2012 to inform and improve drug education in England. The DEF has been a reference hub of best policy and practice, analysing complex data and providing expert analysis and commentary for smaller and non-specialist organisations, as well as national members.

The DEF contributed extensively to government consultations, and was involved in key developments in drug education. As a free expert resource for practitioners nationwide, it also had significant impact at local level.

This briefing paper is one in a series of six published in March 2012; author Claire James. The series comprises:

- The principles of good drug education
- Principles for supporting school drug education
- Beyond the lesson plan: Drug prevention and early intervention
- Engaging parents in drug education
- Learning from life skills programmes in drug education
- Legal highs

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For convenience the term 'parents' is used in this paper to refer to all carers of children and young people, including where children and young people are in local authority care.

What parents do

Parents have a strong influence over young people's decisions regarding drugs and alcohol, perhaps more than they realise. Protective factors against misuse of drugs include young people spending time with their family; parents knowing where they are when they are out (in particular young people disclosing this to their parents); clear rules which include limiting direct access to alcohol; close family relationships and good family communication (including parents listening to their children).^{1,2}

Children also draw their understanding of social norms, for example on alcohol use, from observing adult behaviour from a young age. Parents generally would like their children to grow up to have a 'sensible attitude' towards alcohol: able to enjoy it socially, but drinking only moderately. They hope to model such behaviour themselves.³ Given a widespread tendency to underestimate one's own drinking, it may not always be the case that parents are such healthy role models as they believe.



Parents may find it difficult to determine where the boundaries should be set for teenagers. In a national survey, over half of 14 year olds and over two in five 13 year olds agreed with the statement “My parents don’t mind me drinking if not too much.”⁴ Parents may not realise how early many young people start drinking, or, as their children grow older feel that parental influence is replaced by that of the peer group. However, research shows that parenting can limit peer influence, and there is also an indirect effect where the friendship group that young people choose is shaped by their parents. The behaviour of older siblings is also influential.¹

On the subject of illegal drugs, parents may also lack confidence in communicating with their children, because they are conscious of their knowledge gaps, and may worry that opening up discussion will encourage young people to experiment.

“I’ve had the drug talk from my parents, but it wasn’t really a talk, more of a threat.”
Young person aged 15.⁵

However, young people do want to talk to their parents about these issues. Three in five 11-15 year olds surveyed saw their parents as a useful source of information about drugs. Three-quarters thought parents were a helpful source of information about alcohol. These figures stayed consistent or increased at the older end of the age range.⁶

Protective factors against misusing drugs⁷

- Strong family bonds
- Experiences of strong parental monitoring with clear family rules
- Family involvement in the lives of children
- Successful school experiences
- Strong bonds with local community activities
- A caring relationship with at least one adult

This list clearly demonstrates the central role of the family in drug prevention

Supporting parents

There are a range of ways in which schools and other services can help parents to deal with these issues, from simple information leaflets to courses focusing on parenting skills. Each of these can have a different function, and may be appropriate at different stages. One of the best opportunities for engaging parents may be before their children start secondary school. At this stage, children have yet to start drinking and parents are still a primary point of social attachment. The idea of talking about ‘drugs’ may be less threatening at this stage since the possibility of children’s involvement seems more remote. For school-based projects, parents are generally more closely involved with their children’s primary school than they are during secondary education.

It is of course possible to work with parents independently of their children, but when one of the aims is to open up conversations, many successful projects have found that the best way of doing this is to integrate work with parents with their children’s activities and learning.

Courses / parent support groups

Programmes that work with parents need to equip parents with three sorts of skills:

- parenting skills, giving parents the skills to develop family cohesion, clear communication channels, high-quality supervision and the ability to resolve conflicts;
- substance-related skills, providing parents with accurate information and highlighting the need to model the attitudes and behaviours they wish to impart; and
- confidence skills, to enable parents to communicate with their children about drugs.⁸

As is the case for young people, parents seem to get the most out of sessions where learning is interactive, with a variety of activities.⁹ Small courses of no more than ten parents may be the most effective, encouraging more open communication

Orebro: Combining classroom work with parent discussion

Orebro, a universal alcohol prevention programme originating in Sweden, has shown positive effects from working with parents. In a trial in Holland, school alcohol education (4 lessons from a trained teacher and a further booster lesson a year later) was combined with a parenting element. There was a brief presentation from an alcohol expert at the first parents’ meeting at the start of each school year on the adverse effects of youth drinking and the negative effects of permissive parental attitudes towards children’s alcohol use. After this parents of children from the same class were meant to meet to agree a shared set of rules about alcohol use. Three weeks later a letter was sent to the parents summarising the presentation and setting out what they had agreed.

Neither the parenting intervention nor the alcohol education on its own had a statistically significant effect on the young people’s drinking behaviours. However, when they were both combined, for every four pupils allocated to parenting plus alcohol education, one was prevented from drinking weekly and also one from drinking heavily each week at age 15.¹⁴

and involvement.¹⁰ ‘Parenting’ courses are often used as a targeted intervention for families who may be referred on to them, but they can also have a preventative role, as the case studies in this paper demonstrate.

An additional benefit, particularly for parents of teenagers is that conversations with their children’s classmates’ parents can give them confidence in setting clear rules and boundaries. Parents have an opportunity to discuss what rules are reasonable and find out how others approach this (which may be very different from what young people themselves tell their parents).

Messages for parents

- Having a ‘big talk’ about alcohol and drugs isn’t the best way – make it a continual conversation and listen to your children too.
- Begin young, before they start experimenting.
- Be prepared to set rules.
- Get to know their friends’ parents if you can, so you can present a united front.
- You should know about alcohol units, for example, and where to find out about drugs if you are worried, but you don’t need to be a ‘drugs expert’ to talk to your child about making sensible decisions.
- Make sure you are setting a good example of sensible decision-making.

Strengthening Families 10-14

Strengthening Families 10-14 has seven two hour sessions for parents and young people who attend separate skill-building groups for the first hour, then spend the second hour together in supervised family activities. Four booster sessions are designed to be used six months to a year later. Youth sessions focus on strengthening goal setting, dealing with stress and strong emotions, communication skills, increasing responsible behaviour and improving skills to deal with peer pressure. Parents discuss the importance of nurturing their youth whilst setting rules, encouraging good behaviour and using consequences.

In an evaluation of the programme in Iowa, where it originated, at the four year follow-up 26% of students who received the intervention reported having ever been drunk, compared with 44% of control group students. Smoking and cannabis use were also significantly reduced. At the six-year follow-up, no students who received the intervention reported using methamphetamine, whereas 3.2% of the control group reported using it.¹⁵ Evaluation in the UK is ongoing.¹⁶



Getting parents to attend events

The best starting point is a conversation with parents about what they want. Where this is presented as a completely open question for parents to discuss and the issue of drugs and alcohol arises naturally, parents are engaged already by their participation in decision-making. This can also avoid the reputational fear some schools have that parents will think there is a problem if they offer drug and alcohol awareness sessions.

More specifically, parents might want factual information or perhaps advice about talking to their children about drugs and managing situations that might arise as their children grow up and want more independence. At the beginning of the process, parents' views of their 'needs' may be quite limited. However, these discussions will help shape both the content and the 'marketing' of any events.

For example, consulting with parents will help clarify whether a specific focus on drugs or alcohol will attract parents or put them off attending. In some cases a generic label such as 'Living with Teenagers' has been found to be better since parents may feel that a course about drugs is unnecessary for them or that they will be stigmatised if they go. Others have found that a course focus on drugs is a positive selling point.

The label 'parenting skills' should also come with a health warning. As set out above, parents need a range of skills to help their children grow up safely in a drug-using world. However, an invitation to a 'parenting skills course' may seem patronising or imply to parents that the course is intended only for those whose parenting is not good enough.

Some parents are less likely to attend than others: fathers are generally less likely to turn up than mothers and some parents face practical barriers or lack confidence. There are some obvious things that can be done to help with practical barriers, such as providing a crèche, but it is important to be able to find out informally from parents what other barriers they face and whether it is possible to help with these.

How to Drug-Proof Your Kids

Care for the Family train facilitators, from schools, churches, police forces or simply local parents, to run this six-session parenting course. Around a quarter of the attendees have been men, which is higher than many similar programmes. They suggest that one reason for this may be the title, which implies a focus on solutions, or even a quick fix, compared to something labelled as a 'parenting course'. However, once on the course men are happy to engage with the parenting skills content.

Attracting parents is largely down to the skills and contacts of the facilitator, and attendance can build up over time by word of mouth, but there are some recommendations to facilitators: making it a universal offer, not a targeted course; holding an information session first so parents know what to expect if they sign up; and charging parents a small amount to attend. The last of these may seem counter-intuitive, but making a payment can give a sense of ownership and commitment. To avoid discouraging less well-off parents from attending, discounts for individual circumstances can be made, or even refunds for attending a certain proportion of the course.

Schools can be effective venues for reaching parents. However, where it is thought that a significant proportion of parents would not feel comfortable coming into the school for an event relating to drug education (or a broader topic such as 'healthy living'), sessions held in community venues may be more successful.

Combining drug awareness sessions with existing activities for children, a performance or assembly, or parents and children learning together can significantly raise parents' attendance. Another way of reaching parents is through giving children homework which involves them. Where children are enthusiastic about a particular activity, this greatly increases the chances of parents attending.

Parents within schools

When schools want to engage parents in drug education, the success of this work is going to depend on the wider culture of the school and how it relates to parents. The arguments as to why schools should want to engage parents are generally focused on the huge impact that parental involvement in at-home learning has on child achievement.¹¹ Good relationships with parents can also help ensure that children are supported through their problems (both personal and academic) with which will have a positive impact on their wellbeing, behaviour and attainment.

Parental involvement generally reduces as children move into secondary education since there are fewer activities for parents, the school is larger with fewer opportunities to talk to teachers informally and there is less parental input into homework. Young people themselves may shift from welcoming their parents visiting school to discouraging their involvement.

Getting the basics right

Good two-way communication is key: moving away from the ‘letter in the schoolbag’ and annual parents’ evening towards reliable, regular channels of communication through which parents can find out general school information and how they can support their child’s learning. It is important that schools remember to celebrate successes, even small ones: some parents can come to feel that they are only contacted by the school to be told off.

Parents must be able to contact the school easily and know who they can talk to and when. There should be a clear and effective procedure for responding to complaints, and parents should also know how to offer suggestions.

Participation

Schools may wish to involve parents in, for example, reviewing the school’s drug education programme and policy but fall far short of meaningful

Learning Together Working with Parents

This programme has been running in Suffolk for around ten years and has proved very successful at getting parents into schools to talk about issues around drugs with their children in a non-threatening, enjoyable way. Parents are invited into schools during curriculum time, and with their children go round three or four activities aiming to open up discussion. There is a very high take-up from parents; generally 90% or higher, as children are eager for their parents to come in and the programme has a well-established reputation. The few children who don’t have a parent or other relative coming in carry out the activities with another adult such as a teaching assistant. Teachers are trained to deliver the programme, which covers from Foundation Stage to KS3 and also includes modules on healthy eating, sex and relationships education and e-safety.

participation. A well-known concept is the ‘ladder of participation’, moving upwards from ‘informing’, to ‘consulting’ (“This is what we want to do, what do you think?”) to ‘participation’ (making decisions together). As well as advancing up the ladder, each level can be made more effective by employing best practice (see National Healthy Schools Programme guidance, listed at the end of this briefing). Ongoing review is also necessary, covering which parents were reached, what they said, what changed as a result and how the process could be improved.

Only a very small number of parents will want to be actively involved in formal mechanisms like PTAs, but it is possible to involve more parents more often in decision-making, using other mechanisms, e.g. a welcome event with food and drink to consult parents; a parents’ section of the school website. A key principle is to keep telling parents what you are doing, and why, and let them know how their input has made a difference: ‘you said, we did’. Senior management leadership is important but it is also essential to get teachers on board so they don’t feel that unrealistic demands will be made of them.



Blueprint

The experience of the Blueprint programme, implemented in 23 schools in England in 2003-2005, demonstrates that engaging parents in drug education is not always easy or straightforward.

As well as lessons in schools, the programme had a ‘parent component’ with several elements, the core of which was the offer of a series of parenting skills workshops. Both launch events and parenting workshops were very poorly attended. Difficulty recruiting community consultants meant that there was a dependence on letters and sometimes follow up phone calls. As a result, only a minority of parents afterwards said that they had been aware of the events, and even amongst these only a small proportion signed up to attend the workshops.

A much higher proportion of parents (around half) received the Blueprint information booklets, which the majority felt to be useful, especially those who did the activities in them with their children. However, the low turn-out for events underlines the importance of recruiting for events through personal contact: a trusted member of school staff, parent or other well-known member of the community

When parents’ own substance use is a problem

It is not known exactly how many children are seriously affected by parents’ use of alcohol or illegal drugs, but estimates are between one million and 1.5 million or even more. Drug misuse by parents does not automatically indicate child neglect or abuse, but children may be exposed to risks including a higher probability of experimenting with drugs or alcohol themselves.

Schools and other services should have a policy in place to support these children. This is covered in more detail in the briefing ‘Out of Class...’ also in this series. The policy should cover identifying children who may be acting as young carers, keeping them in school and providing support as well as initiating safeguarding procedures when appropriate. Any drug education work with children and their families should be careful to avoid a judgemental attitude, and avoid distressing ‘real life stories’.¹³ It is important to understand the role of relevant adult and family services locally as well as child protection procedures so that appropriate action can be taken to support families.

Problem-solving

Many schools have found a non-teaching family link worker to be key to unravelling difficulties. Perhaps the most obvious benefit is that they can work with families on improving attendance (truancy also happens to be one of the risk factors for substance misuse). The Parent Support Adviser (PSA) pilot showed that the proportion of persistent absentees decreased by almost a quarter in secondary schools with a PSA. Family link workers can also help solve a wide range of other problems which affect parents and ultimately children. PSAs provided emotional and also practical support to parents, for example helping with housing problems.¹²

Resources on working with parents

- Department of Health / Department for Children, Schools and Families (2008) Engaging Parents and Carers: Guidance for Schools. National Healthy Schools Programme. <http://bit.ly/whclNv>
- Page, A., and Millar, C. (2009) School-parent partnerships – a short guide. Family and Parenting Institute <http://bit.ly/wlElmD>

Sources of information for parents

Many organisations have produced information for parents and advice is increasingly available online.

- Drugs and alcohol: what parents need to know – a leaflet produced by the Royal College of Psychiatrists. <http://bit.ly/yLICcd>
- <http://prevention-smart.org/> comprehensive advice for parents on substance abuse prevention
- http://parentingstrategies.net/guidelines_introduction/ – detailed guidelines for parents on alcohol produced by Australian experts in the field.
- www.parentchannel.tv – videos for parents on a range of subjects including talking about alcohol, drugs and smoking.
- Family Lives Parentline 0808 800 2222 (calls free). Parents can also access email support or online chat at <http://familylives.org.uk/>

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