Foreword

Foreword

Road fatalities, injuries and trauma have enormous impacts on individuals, families and communities from a physical, social, emotional, psychological, health and economic perspective.

Research indicates that school based Road Safety Education programs and resources are key elements of an integrated approach to reducing road fatalities, casualties and trauma, particularly if they have a clear structure, are sustained over a period of time, are assessed, and provide practical opportunities for skill development and positive attitudinal change.

The Early Years of Schooling are also regarded as important in providing a foundation for forming lifelong values, skills, behaviours and attitudes. Hence, the Northern Territory is building on the Safer Roads Early Childhood and Primary Years resources with this Safer Roads education resource for the Middle Years of schooling.

Road Safety Education in the Northern Territory has the potential to:

- · increase road safety awareness for students
- empower students to make safer choices and decisions as road users
- improve safer road use behaviour amongst drivers, riders, pedestrians and passengers
- reduce fatalities and casualties on Northern Territory roads.

The Safer Roads Middle Years Teacher Resource highlights the importance of Road Safety Education as a vital part of student learning, in relation to personal safety and the safety of others in the community, through social skill development, resilience, problem-solving strategies and decision-making skills that focus on factors affecting health and well-being such as Alcohol and Other Drugs.

Acknowledgements Acknowledgements

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The Department acknowledges the research, writing and consultation role undertaken by the SDERA manager, consultants and original writers of Challenges and Choices: early adolescence resource for resilience, drug and road safety education.

Following approval from the SDERA Board in Western Australia the *Challenges and Choices:* early adolescence resource for resilience, drug and road safety education has been reviewed and edited by Dr Maria Marriner with support from the following people and organisations:

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troduction Introduction

ROAD SAFETY EDUCATION IN THE NORTHERN TERRITORY

In November 2006 the Northern Territory Government approved 21 road safety recommendations from the NT Road Safety Taskforce report: Safer Road Use -A Territory Imperative. This report recommended developing a road safety education curriculum as part of the Northern Territory Curriculum Framework (NTCF).

The Safer Roads Middle Years Teacher Resource has been developed for students in Years 7-9 as part of the middle years of learning phase in Northern Territory schools. The resource builds upon the Safe System approach to road safety through previous teaching and learning strategies provided in the Early Years (Transition – Year 3) and Primary Years (4-6) via the Safer Roads Early Childhood and Primary Years Teacher Resources.

The Safer Roads Middle Years Teacher Resource is based on the Western Australian, School Drug Education and Road Aware (SDERA) Challenges and Choices resource for early adolescence which combines drug and road safety information, with opportunities for students to enhance their problemsolving and decision-making skills through a focus on resilience, safety and well-being strategies.

This Road Safety Education resource is underpinned by the Health Promoting School Model, which acknowledges the importance of the whole schoolcommunity (students, teachers, parents, community) working together to support students in developing their knowledge, skills, values and attitudes in making informed and safer decisions, in a range of traffic related environments.

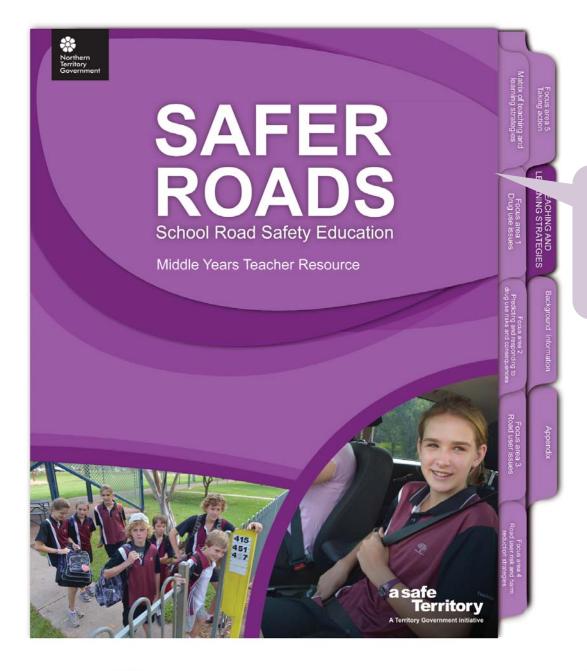
AIM OF SAFER ROADS

The Safer Roads Middle Years Teacher Resource has been developed to assist teachers to plan and implement Health and Physical Education programs in the context of drug and road safety education.

This resource aims to promote safer and healthier lifestyles in students by:

- Developing an understanding of the importance of health and safety issues and practices
- Developing the skills required to make safe and healthy decisions
- Fostering positive health and safety attitudes and behaviours that can inform and enhance the quality of their own and other people's lives
- Reinforcing health and safety messages by involving parents and community members.

COMPONENTS



The teacher resource provides a range of learning experiences in the contexts of resilience, drug and road safety.



The **DVD** includes footage of trigger videos that focus on the effects of drugs and several road safety campaigns.

The CD includes resources and parent and student information sheets, and website links.



OUTLINE OF THE TEACHER RESOURCE

The Safer Roads Middle Years Teacher Resource has been divided into the following sections:

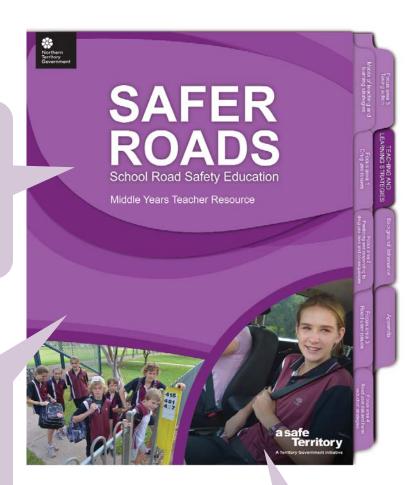
1. Introduction (p4-25)

Provides an overview about *Safer Roads Middle Years* including the significance of Road Safety Education within the context of a Health Promoting School Framework; links to the NT Curriculum Framework; and Principles for School Drug Education and Road Safety Education.



The content is divided into the following focus areas:

- · Drug use issues
- Predicting and responding to drug use risks and consequences
- · Road user issues
- Predicting and responding to road use risks and consequences
- · Taking action
- · Teaching and learning strategies
- · Background information
- Appendix



3. Teaching and Learning Strategies (p265-306)

This section describes a range of teaching methodologies to provide students with a variety of learning experiences to enhance their learning and skill development.

Teachers are encouraged to use their professional judgement to review the suggested learning strategies and decide on the most developmentally and culturally appropriate choice for students' needs.

OVERVIEW OF THE NORTHERN TERRITORY CURRICULUM FRAMEWORK (NTCF)

NTCF LEARNING OUTCOMES

The learning experiences included in the *Safer Roads Middle Years Teacher Resource* will assist students in Years 7-9 to meet the Learning Outcomes and requirements of the NTCF at Band 2 to 5 as follows:

Key Learning Area: Health and Physical Education (HPE)
Strand: Promoting Individual and Community Health
Element: Individual and Community Health and Safety

Band/s: 2 – 5 (Year 7 to 9 onwards)

HP 2.1 Demonstrate ways in which health and well-being can be enhanced and maintained, including

investigating products, services and information.

HP 3.1 Analyse images of health, develop strategies to promote personal safety and well-being and

investigate the health services available to different groups in the community.

HP 4.1 Evaluate behaviours, situations and programs that recognise community health needs, including

substance use and lifestyle choices, and explain their influence on personal and community safety

and well-being.

HP 5.1 Develop and act on a personal health and safety plan and evaluate community initiatives to promote

health and safety.

Key Learning Area: Health and Physical Education (HPE)

Strand: Enhancing Personal Development and Relationships (PD)

Element: Human Development

Band/s: 2 – 5 (Year 7 to 9 onwards)

PD 2.1 Identify the changes in growth and development that occur throughout life and identify factors that

enhance personal relationships.

PD 3.1 Identify the physical, social and emotional changes that occur during puberty and plan actions to

manage these changes; explain how taking on different roles affects relationships and behaviours.

PD 4.1 Describe the stages of development in terms of sexual maturation, and develop and explain self-

management skills that will assist in coping effectively in a range of situations, including changes in

development and relationships.

PD 5.1 Demonstrate self-management skills that enable students to make informed decisions for healthy

living, and exhibit attitudes and values that promote personal health and well-being within family,

personal and community relationships.

Key Learning Area: Studies of Society and Environment (SOSE)

Strand: Social Systems and Structures (SOC)

Element: Civics, Governance and Social Justice

Band/s: 2 – 4 (Year 7 to 9 onwards)

SOC 2.3 Make informed decisions and choices about immediate local issues and define social justice and its

relevance to societies.

SOC 3.3 Research and describe features, such as decision making of familiar political and law systems and

analyse how choices, opportunities and conflict affect people's life chances.

SOC 4.3 Explain the roles, rights and responsibilities of citizens on the existing structure of Australia's political

and legal systems, and their formation; evaluate how these structures protect the rights of individuals

and societies.

A **Strand** is a key organiser for the **Learning Area**.

The **Band** represents the developmental level of

student achievement.

OVERVIEW OF CONTENT IN EACH FOCUS AREA

Focus area 1: Drug use issues (Year 7 and 8)

This area focuses on normative education about student drug use highlighting that most students do not use tobacco and that, other than cannabis use, illicit drug use is rare. Students will explore a range of myths surrounding drugs that can impact on decisions related to drug use. Students will identify the harms and consequences of tobacco, alcohol, cannabis and other illicit drug use and devise and practise strategies to avoid and reduce harm in a range of drug related situations. The *Five skills of resilience* (helpful and positive thinking; resourcefulness; understanding emotions; relationship skills and self-understanding) will be explored and practised.

Focus area 2: Predicting and responding to drug use risks and consequences (Year 8 and 9)

This area focuses on students predicting situations and patterns of use which are likely to be of lower or higher risk in a range of drug related situations. Students will identify and assess responses and actions to minimise harm in drug related or stressful situations and practise harm reduction strategies and the five skills of resilience. Students will evaluate the range of sources of information, people and agencies available to assist in drug related and stressful situations. They will practise first aid procedures in drug related emergencies and other help seeking skills.

Focus area 3: Road safety issues (Year 7 and 8)

This area focuses on the issues for young people when travelling as a driver, passenger, pedestrian, cyclist and rider of other wheeled recreational devices, such as skateboards and scooters. Students will explore road safety statistics and analyse contributing factors to crashes. Road safety technologies and protective devices, such as seat belts, airbags and bicycle helmets will also be investigated and considered in relation to minimising harm for road users.

Focus area 4: Predicting and responding to road use risks and consequences (Year 8 and 9)

This area focuses on defining risk factors and behaviours in a range of traffic-related situations for young drivers, passengers, pedestrians, cyclists and riders of other wheeled recreational devices. The impact of crashes and resulting consequences will be investigated, along with road rules and responsibilities. Students will identify and assess responses and actions to minimise harm in risk situations and practise skills, such as problem-solving, decision-making and assertive communication.

Focus area 5: Taking action (Year 9 onwards)

This area focuses on students using the knowledge and skills learnt from previous drug education and road safety focus areas and applying them to their own lives and their own communities. Students examine the range of environmental and cultural factors that promote binge drinking and contribute to a school community plan to change the culture of binge drinking. Marketing strategies of both drug companies and public health campaigns are critically analysed in this focus area. Students will explore the benefits of 'planning ahead' and 'damage control' when they are socialising and will practise implementing these skills.

UNIT FORMAT

Each unit provides a range of learning experiences that reflect the content of the focus area. The format of each unit is shown below.

The key understandings and key skills describe what students need to know, understand and be able to do.

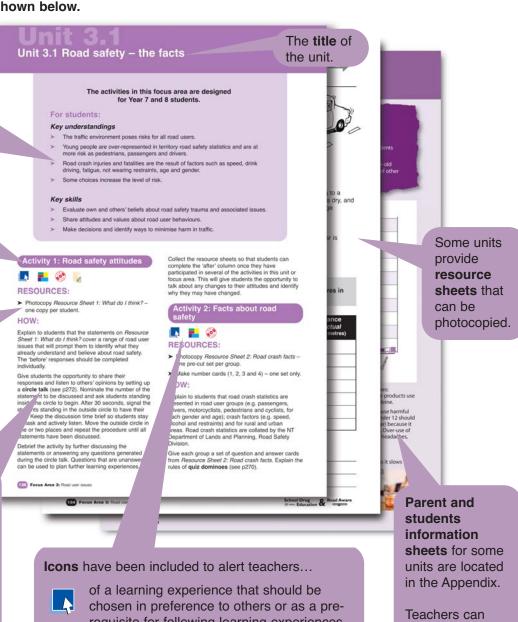
> The activity title indicates the nature of the learning experience.

Teachers should check the list of resources required before commencing an activity.

Learning strategies are used to engage students in the content.

These are shown in **bold** and are further explained in the Teaching and learning strategies section.

Some strategies have resource sheets that can be photocopied. They are included in the Teaching and learning strategies section.



requisite for following learning experiences or units



that it is necessary to collect or make teaching aids; have students bring in materials; and/or photocopy resource or parent and student information sheets



of learning experiences that may be appropriate assessment tasks



that the resource sheet; parent and student information sheet; or website link is available on the Safer Roads CD



that relevant viewing material or website links are available on the Safer Roads DVD photocopy and send the sheets home to encourage families to discuss information and strategies aimed at reducing risks for young people in drug and trafficrelated situations.

NTCF AND ASSESSMENT

Monitoring

The developmental milestones presented as outcomes at each NTCF Band/Level are broad descriptions which represent significant growth and learning. Teachers can use a range of formative, summative and diagnostic assessment tasks to ascertain a student's progress throughout the Safer Roads Middle Years learning continuum, as described below.

Teachers make judgments about how well each student is achieving the relevant outcomes. Judgments are made from monitoring students' progress and accumulating evidence of learning.

When monitoring student progress in an early adolescence setting, teachers should:

- use a wide variety of approaches
- · observe and interact with students
- · collect a range of evidence
- · value the evidence of their own observations and professional judgment
- · discuss evidence with other teachers, parents and caregivers
- · allow students to engage in self and peerassessment
- · be mindful that students develop from different starting points and at different rates.

Assessment

Assessment is the process of describing performance in relation to learning outcomes. The Curriculum Framework describes the assessment principles that teachers need to consider to make informed and accurate decisions about students' progress. Teachers using these guiding principles will ensure that assessment practices enhance students' achievement of the outcomes.

By assessing and giving students feedback, they are given the necessary information required to move onto the next stage of their learning. Assessment can also be used to make decisions on a student's level of performance for reporting.

Assessment also makes a positive contribution to future learning when students are:

- provided with useful feedback from peers, teachers and parents
- recognise gaps in their learning
- · assume responsibility for their own learning
- · reflect on and monitor their own learning.

Gathering evidence of student achievement

Evidence of student achievement can be gathered in a number of ways, including:

- · direct observation and anecdotal records, when students are actively engaged in a range of interactive learning experiences in the classroom and responding to different individuals (e.g. peers, teachers and parents)
- reflection portfolios and student journals that show how students' knowledge and ability to apply skills in a range of situations which reflect their attitudes and beliefs. They also actively involve students in assessment and are more comprehensive
- self-assessment where students make decisions about their own performance, based on explicit criteria
- student-teacher conferences, involving discussion about current performance and future action between the teacher and student
- parent observations where parents/caregivers provide information about their child's interpersonal or self management skills, either on an informal level or as a checklist
- · assessment tasks in which students' understanding, skills and attitudes can be determined at a particular point in time.

Assessment opportunities in Safer Roads Middle Years

Assessment should be integrated into teaching and learning strategies.

Many activities in this resource have the potential to be used for assessment opportunities. Some of these have been identified with the 'assessment icon'.



Opportunities for assessment happen in every teaching and learning activity. Within these activities questions are asked that can draw out student response which allows them to demonstrate what they know and what they can do. Other activities might draw out even more. Students may display rich, holistic responses that indicate how they are working towards achievement of the outcomes.

Assessment tasks

Assessment tasks have been included in the focus area units. These require students to draw on information and skills covered within a focus area unit and to complete a task for a drug or road safety concept. Teachers should note that these are a suggestion only. These assessment tasks can be found at the end of most focus area units, following the resource sheets.

SCHOOL DRUG EDUCATION IN EARLY ADOLESCENCE

Why a resilience approach to school drug education?

- **Traditional approaches** to school drug education often focused simply on providing information about drugs, on the assumption that somehow this will guard against experimentation and use. This resource encourages students to also look at the pressures and influences that can affect people's choices and gives them opportunities to plan and develop the skills they need to handle these pressures.
 - While most young people do not smoke, use cannabis or other illicit drugs, the frequency and amount of alcohol consumed by 12-17 year-old students is of concern. Delaying the onset of experimentation of all drugs is a protective factor against future problematic drug use.
- Problematic drug use derives from a complex range of factors associated with the individual's temperament, family, peers, school, community and broader social and economic environment. The more risks a young person experiences the more likely that drug problems and related issues may occur. These risks interplay with the protective factors a person has available. An understanding of the risk and protective factors impacting on patterns of youth drug use can assist schools to work effectively at both prevention and intervention levels.
- The following tables provide further information about risk and protective factors for substance use/misuse:

Peer and school	ol risk and protective factors for substance use	
Risk	Protective	
Academic failure	Opportunities and rewards for positive social involvement	
Low commitment to school	Realistic expectations by teachers	
Friends use of drugs		

Family risk ar	nd protective factors for substance use
Risk	Protective
Poor family management	Family attachment
Negative communication patterns	Opportunities and rewards for positive social involvement
Parental attitudes favourable to drug use and antisocial behaviour	High but realistic family expectations
Harsh or inconsistent discipline	Extended family support

Individual risl	k and protective factors for substance use
Risk	Protective
Rebelliousness	Social skills and competence
Early initiation of drug use	Conflict resolution and negotiation skills
Impulsiveness	Capacity for humour and empathy
Interactions with antisocial peers	Having an interest/hobby
Sensation seeking	Positive attachments

Training Frontline workers: Young people, alcohol and other drugs Young people at risk learners workbook, 2004, Department of Health and Ageing, Canberra

- The development of resilience in young people has been linked to the prevention of substance abuse, violence, bullying and suicide, as well as academic and life successes. Focussing on the protective factors that foster stronger connectedness to family and school fosters resilience which gives young people more resources to support them in 'bouncing back' from stress and adversity.
- Three key protective factors that contribute to resilience in young people are (Howard and Johnson 2000):
 - · a sense of belonging and connectedness
 - · meaningful participation and contribution
 - · high but achievable expectations.

Teachers can enhance students' resilience by providing a class environment that promotes these factors.

There is little evidence that resilience-based prevention programs reduce the rate of experimentation with alcohol and other drugs. However, research does suggest that they are effective in reducing the number of young people who will become involved in long-term problematic alcohol and other drug use. The school environment is an ideal setting to develop these protective factors.

What does drug education in early adolescence look like?

The research on resilience suggests that at various stages in life, individuals go through particular types of transitions that they may negotiate, more or less successfully, depending on their resilience skills and support.

Early adolescence can be a particularly vulnerable time when making the transition from primary to secondary school. It is a time that is associated with lowered self-esteem, especially among girls; lowered academic achievement; poor body image and poor peer relationships; lack of family connectedness and lack of positive or clear expectations about school.

With this research in mind, schools needs to provide opportunities for early adolescent students to:

- · establish and consolidate friendships with peers
- develop meaningful connectedness with a smaller number of teachers
- · develop a sense of identity
- engage in experiential, interactive and inclusive strategies
- engage in programs that encourage family and community involvement.



- Safer Roads Middle Years addresses the above issues by providing opportunities for students to practise five key skills that have been identified to promote resilience:
 - · helpful and positive thinking skills by providing students opportunities to normalise instead of personalise stressful events; use humour; and practise positive self talk
 - · resourcefulness by providing students opportunities to practise persistence; decision making; goal setting; problem predicting; problem solving and organisational skills
 - understanding emotions by providing students opportunities to recognise and manage their own emotions and develop skills for reading and responding empathetically to others' emotions
 - relationship skills by providing students opportunities to practise group social skills; manage challenges with friendships, peers and others; and practise help seeking and self disclosure skills
 - **self-understanding** by providing students opportunities to self-reflect; know what they value; manage impulses; develop confidence and courage.
- Classroom strategies should encourage a harm reduction approach to drug education. This approach does not encourage or condone drug use by students. It promotes non-use and delayed use of all drugs and supports young people who have drug use issues. Safer Roads Middle Years aims to include all students in classroom activities by suggesting strategies and developing their skills to reduce the harm they may experience as a result of their own or other people's drug use.
- To make informed decisions, students in early adolescence need reliable information and scenarios about analgesics, tobacco, alcohol, cannabis and other illegal drugs. While many of the learning experiences of effective school drug education do not focus explicitly on drugs, it is important for students to practise the skills outlined above, within drug related scenarios, as this is how these skills can be applied beyond the classroom.

- ➤ The most important normative education message for students is, that apart from analgesics (drugs used to relieve pain) and alcohol, most young people do NOT use drugs. The assumption that everyone is 'doing it' can put pressure on students to take up such activities in order to fit into a perceived norm.
- Another traditional approach to drug education has been to educate particular Year groups about particular drugs (e.g. Year 8 students 'do' tobacco, Year 9 students 'do' alcohol, Year 10 students 'do' cannabis).
 Programs that are not placed alongside other related health issues or those that are conducted as 'one off' programs, have limited scope to create a change in student drug use behaviour. Safer Roads encourages students to consider drugs as they may be experienced in a social setting, rather than in isolation. Students are also encouraged to consider drugs in a sex education and road safety context.
- ➤ Students in early adolescence may be in one of two critical phases when drug education is likely to be optimised. The inoculation phase is prior to students being first exposed to certain drugs. The early relevancy phase is when information and skills may have practical application. The scenarios developed in Safer Roads Middle Years cater for students in both of these optimal phases, for a range of drugs.
- Recent research suggests that drug education booster sessions over a number of years, that develop and reinforce knowledge and skills, can lead to greatest behaviour change. It is for this reason that the activities relating to tobacco, alcohol and cannabis use have been included for all year groups.

The following texts were used in the preparation of this section:

W. Loxley et al, *The Prevention of Substance Use, Risk and Harm in Australia, Monographs*, NDRI and Centre for Adolescent Health, Canberra. 2004.

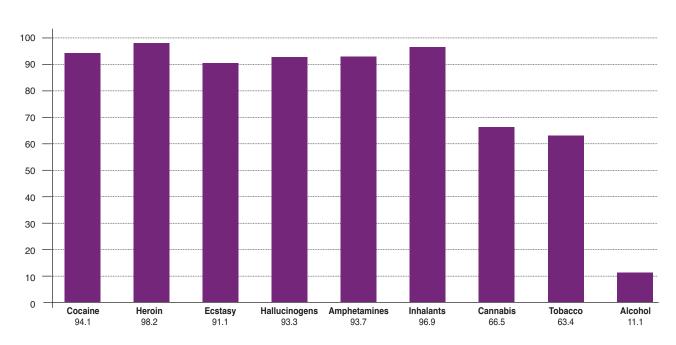
Prevention Review of School Based Programmes, World Health Organization, 2004.

REDI for School Communities - A Resilience Approach to Drug Education, Commonwealth Department of Education, Science and Training, Canberra, 2003.

School Health and Alcohol Harm Reduction Project: Teacher's Manual, National Drug Research Institute, Perth, 2002.

Life time non-use 14 years +

This graph reports the proportion of the population, aged 14 years or older in Australia, who reported never using a drug (including alcohol and tobacco)



PRINCIPLES FOR SCHOOL DRUG EDUCATION

The following principles reflect best practice in drug education and should be considered when planning whole school drug education strategies.

Comprehensive a	nd evidence-	-based practice
School practice based in evidence	Principle 1	Base drug education on sound theory and current research, and use evaluation to inform decisions. This resource presents drug education information consistent with research, legislation, and the territory drug and alcohol strategy.
A whole-school approach	Principle 2	Embed drug education within a comprehensive whole-school approach to promoting health and well-being. This resource is based on the Health Promoting School Framework and supports a collaborative approach involving schools, parents and the community.
Clear educational outcomes	Principle 3	Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimising drug-related harm. This resource provides a wide variety of scenarios based on the harm reduction approach to drug education.

Positive school of	limate and r	elationships
Safe and supportive environment	Principle 4	Promote a safe, supportive and inclusive school environment, as part of seeking to prevent or reduce drug-related harm.
Positive and collaborative relationships	Principle 5	Promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education. The interactive and inclusive strategies and the parent information sheets in this resource aim to foster collaborative relationships.

Targeted to need	s and conte	ct
Culturally appropriate and targeted drug education	Principle 6	Provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and priorities. Teachers are encouraged to choose those learning strategies from the resource that attune to the circumstances, people and contexts of drug use behaviour most likely to be encountered by their students.
Recognition of risk and protective factors	Principle 7	Acknowledge that a range of risk and protective factors impact on health and education outcomes, and influence choices about drug use. The resilience approach to drug education in this resource aims to promote the protective factors of young people.
Consistent policy and practice	Principle 8	Use consistent policy and practice to inform and manage responses to drug-related incidents and risks.

Effective pedagog	ЭУ	
Timely programs within a curriculum framework	Principle 9	Locate programs within a curriculum framework, thus providing timely, developmentally appropriate and ongoing drug education. The learning strategies in this resource are designed to integrate into other health contexts and are developmentally appropriate.
Programs delivered by teachers	Principle 10	Ensure that teachers are resourced and supported in their central role in delivering drug education programs. Teacher training accompanies this resource.
Interactive strategies and skills development	Principle 11	Use student-centred, interactive strategies to develop students' knowledge, skills, attitudes and values. The activities developed in this resource are interactive and focus on skills development. Further interactive strategies may be found in the Teaching and Learning section of this resource.
Credible and meaningful learning activities	Principle 12	Provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real life contexts and challenges. The normative student statistics in the resource are based on the Australian School Students Alcohol and Drug Survey (NT) 2005. Realistic scenarios have been provided, however, teachers should encourage students to develop their own if these are not appropriate.

Reproduced in part from the Overview and Summary of the Principles for School Drug Education published by the Department of Education, Science and Training, 2004. © 2004 Commonwealth of Australia.

ROAD SAFETY EDUCATION IN EARLY ADOLESCENCE

While the majority of young people are not involved in road crashes, transport-related crashes remain the leading cause of death and serious injury for young people in the Northern Territory.

Road crashes are one of the leading causes of injuryrelated deaths for young people aged between 0 and 16 years.

Young people in road crashes are more likely to be:

- injured than killed
- killed when not wearing a restraint. (In the 0–16 age group involved in NT car crashes, 32% were found not to be wearing a restraint. (Source: The George Institute (2009)
- · killed as a passenger or pedestrian
- · seriously injured as a cyclist or rider of wheeled recreational devices such as skateboards, scooters and rollerblades.

More males are represented in the NT 0-16 road user groups (1999-2008) in fatalities and severe injury, from road crashes under the following categories (driver, passenger, motorcyclist, cyclist, pedestrian, other) than females. Males total 304 and females 216.

The issues for young road users

The learning experiences in Safer Roads Middle Years have been developed to focus of the ways in which 12-15 year olds interact with traffic as passengers, pedestrians, cyclists and riders of other wheeled recreational devices, in order to assist students to become safer road users.

Passengers

Passengers travelling unrestrained in a car are ten times more likely to be killed in a road crash than those wearing a seatbelt. (Source: Data Analysis Australia 2000).

In the Northern Territory, between 1999 and 2008, 44 passengers aged between 0-16 years of age were killed and 476 were hospitalised. (Source: George Institute 2009.)

Passengers sometimes travel in the back of a utility or open load space. This is illegal and passengers travelling in this way are much more likely to suffer injury or death in a crash or roll over if unrestrained.

In a crash, children carried in another passenger's arms are more likely to be propelled forward as the

person may not be able to hold onto the child due to the forces of impact.

Crash studies indicate that the force of a crash at 40 kph with a power pole or parked car is equivalent to being dropped from a two storey building onto concrete. The force at the point of impact will be equivalent to 20 times the child's weight (i.e 600 kg if the child weighs 30 kg).

Of children and adolescents aged 0-16 years killed or injured in car crashes, 32% were found not to be wearing a restraint in the Northern Territory (The George Institute, 2009).

> Pedestrians

Being hit by a car, bus or other moving vehicle is still an issue for young NT pedestrian road users.

Between 1999 and 2008, 16% of pedestrians aged between 0-16 years of age were fatally injured or hospitalised in the NT.

More male than female pedestrians between 0-16 years, are killed or injured on NT roads. Between 1999-2008, 51 males and 32 females in this age group were killed or injured on NT roads and the majority of 0-16 year olds are fatally injured or hospitalised in urban areas (66) as opposed to rural areas (17).

➤ Bicycles and other wheeled recreational devices

Between 1999 and 2008, 57 cyclists in the 0-16 year old age group were killed or hospitalised in the NT. (Source: The George Institute 2009).

It is important for all bicycle riders to wear an Australian Standard approved, properly fitted and fastened helmet when riding a bicycle on a road or road-related area. In the NT this rule does not apply if you are 17 years of age or older and riding in a public place or on a path which is separated from the road.

Bike helmets protect a rider's head in a fall or crash and can reduce the possibility of injury to the head and brain by approximately 85%.

In Australia, injuries through scooter riding are on the increase. Two out of three injuries are to young people, under 14 years of age, and the most common injuries are to arms and wrists, due to the rider putting a hand out as they fall (Kidsafe NT, Bicycle Safety, 2003).

Injuries to the face and head are less frequent but are potentially more serious (Kisdsafe NT, Bicycle Safety 2003).

Research on skateboard injuries suggests that head injuries are more common amongst younger children (under 12 years), and extremity injuries are more common amongst children older than 12 years of age.

> Young drivers

Alcohol is also an issue for Northern Territory road users. Recent NT statistics, over a 5 year period, show that 40% of road fatalities were alcohol related. 66% of alcohol related fatalities occurred in rural area and 26% were under the age of 25.

In the NT there is an elevated risk for night-time driving and driving with other young people. Drivers aged 16-19 in the NT comprised 5% of all drivers, but were involved in 24% of all crashes after 10.00pm at night. In 15.6% of crashes involving 16-year-old drivers, there were three or more passengers in the car - compared with 3.8% for drivers of all ages (Source: NT Road Safety Taskforce Report 2006).

Between 1999-2008 13% of 0-16 year old drivers were involved in fatal or hospital admitted road crashes in the NT.

In the Northern Territory 17 to 20 year old drivers are three times more likely to be involved in a serious crash than drivers aged 21 years and over. They are also over 11 times more likely to be killed in a crash than drivers aged 40 to 44 years.

Reasons for young and inexperienced drivers having far higher rates of road crashes, injuries and fatalities than older drivers, generally and in the NT, include:

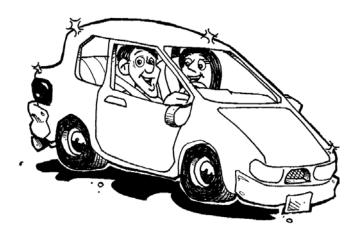
- · cognitive and perceptual skills not sufficiently developed for managing all driving situations
- · lack of ability to perceive and respond to risks and hazards
- · over-confidence
- · limited experience driving under more hazardous conditions (e.g. driving at night and with passenger
- · 'risky' driving behaviour (e.g. speeding, close following distance, impaired by fatigue or alcohol).

Motorcyclists

In the NT, 51 males and 32 females, aged between 0-16 years of age, were involved in fatal or hospital admitted road crashes in the NT under the motorcycle road use group.

Quadbikes

Extra care and caution needs to be exercised when riding a quad bike to avoid serious injury or death. Protective clothing, including helmets, should be worn and lessons undertaken before using a quad bike.



Adolescents and traffic

- Overall, young males are at a much greater risk of fatality and injury, as a result of road trauma, than females.
- · Listed are a number of factors that may contribute to the over-representation of young people in road crashes, with all of these factors being accentuated in males:
 - increase in personal independence with young people less likely to be driven or accompanied to school by parents and generally allowed much greater freedom on the streets
- more opportunities to socialise than younger or older people
- often travel with inexperienced drivers
- assert their individuality in various ways
- are highly influenced by their peers, at times in a negative way
- have a fearless attitude and tend to take more
- are easily distracted when they are travelling with friends
- are over-confident in their ability to drive
- believe that it won't happen to them.
- Although adolescents are generally healthy, they experience certain health risks and are more likely to be injured in motor vehicle crashes, misuse alcohol and other substances, have inadequate diets and require mental health support or interventions (Seifert et al, 2000).
- Shapiro et al (1998) quote Furby and Beyth-Marom (1992) suggest that all decisions involve a degree of risk and the difference between adults and adolescents, is not that adolescents take risks and adults do not, but rather the types of choices made by each vary.

- · Adolescents become more capable of examining their own thoughts, other's thoughts and what others are thinking about them and are therefore more likely to interpret and monitor the social world (Santrock 1999). They develop a personal morality or sensitivity and knowledge of what is right and wrong, which could involve making decisions about using the roads and vehicles in an unsafe or illegal way, or in a conforming and conservative way.
- Adolescents tend to overestimate their competence relative to what measure of skill they show and their real competence (Tolmie et al, 2000).
- Adolescents do not usually exhibit positive attitudes towards road safety or show particular approval of traffic behaviours that are dangerous. They do, however, express a negative attitude towards what they consider over-caution in traffic, but will not necessarily approve of deliberate dangerous behaviour (Tolmie et al, 2000).
- · Adolescent's sense of their own group identity, as standing in opposition to that of drivers, may lead to risky behaviours in certain traffic situations, such as deliberately walking very slowly across the road or forcing vehicles to slow down. These behaviours are not so much impulsive or risky behaviours, as aggressive and pre-emptive or retaliatory actions, and are more common in males than females (Lupton & Bailey, 2001)
- Adolescents may be strongly affected by what they perceive the attitudes and values of their peers to be. Therefore those who believe that their peers consider risky behaviour more desirable may make more risky decisions (Tolmie et al, 2000).
- · Late maturing boys may partake in higher risk behaviours to keep up with their more developed peers (Walker et al, 2000). In terms of road use and risk taking behaviours, Sarigiani et al (1999) reported late maturing boys are more likely to be caught up in the 'car culture' and ultimately participate in risky behaviours. They see it as one domain in their life where they feel they can dominate their peers and become recognised for their skills.

Early maturing girls tend to be more represented in road crash statistics as they socialise with older friends (Muth & Alvermann 1999, Santrock 1999).

- · Early adolescence may be an opportune time to commence tasks that will ultimately automate some of the cognitive and perceptual driving tasks that are slow in developing, such as risk assessment, hazard perception and management and decisionmaking.
- · While in early and middle childhood, a child is vulnerable as a pedestrian due to their limited skills and traffic experience. It may be that attitudinal and other social psychological factors play a significantly greater role in adolescence. This should not be taken to imply that pedestrian skills require no further enhancement. In fact, young people are now required to deploy these skills in a more complex and demanding traffic environment, which can be expected to push their existing skill levels to the limit. Moreover, they have to take full responsibility for these more difficult crossing decisions most of the time (Di Pietro, 2004).
- · An inherent belief in the safety of self and others contributes towards a young person becoming a safer road user. Developing attitudes of respect and tolerance towards other road users and a commitment to personal safety and the safety of others, while travelling as a passenger, pedestrian or cyclist, are key aspects of being a safer road user. By valuing safety for all, a young person is more likely to participate in road safety practices, avoid risk and comply with road rules.
- How road safety education is taught is as important as what is taught

Adolescence is a time when young people exert their individuality and independence, and risktaking is a normal part of this stage of development. Risk and risk-taking have a significant impact on the health and well-being of young people. Within the traffic environment, young people of secondary school age and young drivers are among the highest risk groups.

Many lower secondary students will already have experienced high-risk traffic situations as a passenger, pedestrian and rider of a bicycle or wheeled recreational device. They may feel that safety is a lower priority than thrills and peer demands. If young people are to make informed

decisions about road safety and act responsibly they need to be aware of the effects of unsafe road-user behaviour and of peer and social influences on their decisions. Practising assertiveness, decision-making and communication skills may minimise risk in trafficrelated situations.

The behaviour of young people in the traffic environment may be influenced by other issues that affect the well-being of young people. These include mental health, physical activity, personal safety, drug use and gender roles. Road safety education should not be treated in isolation and the interrelationships of these areas should not be ignored.

Road safety education is an important strategy for changing the behaviour of young people in trafficrelated situations and reducing the extent of casualties.

Students need time and many opportunities to:

- · explore their own beliefs and values
- · engage in learning experiences that develop self-management and interpersonal skills
- · rehearse possible responses to challenges and risks in a supportive environment

- · consider appropriate sources of help, both in and beyond the school community
- consider strategies for coping in difficult situations.

This resource presents challenging tasks that will provoke debate, questions, explanation, justification and elaboration. These tasks are the basis for developing important skills necessary for modifying risk behaviours.

The use of fear or shock tactics to influence behaviour

There is evidence to suggest that approaches using graphic images of road crash scenes and victims can be ineffective or even harmful for young people. Students may want to discuss a serious road crash example in the context of a lesson. Shock/horror road crash examples probably won't change road user behaviour. In fact, graphic examples may cause students to become:

- · uncomfortable and 'tune out' and not accept the road safety message
- distressed because the stories bring back bad memories
- · too fearful to drive.

GUIDELINES FOR ROAD SAFETY EDUCATION

When working to assist young people to become safer road users, there is a need to consult the evidence for what works and what doesn't work. It is important to go beyond doing things simply because they feel right or because young people enjoy them or find them interesting.

Evidence exists of the effectiveness of some common approaches to road safety for young people. The following table presents this evidence for what works and is based on a review of contemporary education and road safety education research (including Catchpole, J. et al, 2000, Elkington, J., 2003, Elliott, B., 2000 and Newman, S.et al 2001.) The Safer Roads Middle Years Teacher Resource is underpinned by this research.

1 Emphasis on practising road-user skills (or empowering young people to make safer choices).

Road safety education should focus on practising road user skills.

This resource highlights the importance of practising road user skills in helping to keep children safer and provides strategies for involving parents and carers.

2 Relevant and interactive teaching and learning strategies.

Road safety education learning strategies and experiences that are student-centred, interactive, collaborative, locally relevant and where young people can relate to activities that are relevant to their life experiences are recognised as best practice.

Young people need to be involved in activities where they personally discuss, debate or role-play the issues around safer driving, passenger, pedestrian and riding choices.

This resource supports teachers to plan road safety education programs that meet students' developmental needs, learning styles and local area needs. To enable this, a selection of strategies that enhance learning for all students is provided in the Teaching and Learning section.

3 Development of knowledge, skills and attitudes and values.

Road safety education should provide opportunities for students to develop knowledge, skills, attitudes and behaviours. To do this effectively, road safety education needs to be conducted in frequent regular sessions over an extended period of time.

It is important to focus on activities that aim to help young people assess their attitudes and behaviour in traffic. Road safety education should seek to prepare young people to make responsible decisions in the traffic environment.

The learning outcomes in this resource describe the knowledge, skills and attitudes to be developed in order to assist students to become safer passengers, pedestrians, cyclists, and drivers of the future.

4 Classroom, simulated and real-world learning.

Road safety education should be presented through a balance of classroom, simulated and real-world learning experiences. This combination can be more effective in achieving behaviour change than a classroom-based strategy.

This resource is designed to help teachers plan a balanced road safety education program, which incorporates classroom, simulated and real-world learning experiences.

5 Collaborative approach.

Road safety education can be most effective when reinforced and supported by parents, community programs, policy and legislation.

One-off activities, performances, events, presentations or activities that are not linked to the learning experiences of school or community programs may not assist young people to develop a deeper understanding of road safety issues.

This resource is based on the Health Promoting School Framework and supports a collaborative approach involving schools, parents and the community.

6 Consistent and evidencebased content.

The content of road safety education programs must be consistent with contemporary research findings and broader territory and community road safety messages.

Activities that complement or support existing road safety laws and are delivered in the context of a school or community road safety education program have been shown to be much more effective in achieving lasting behaviour change than those delivered in isolation of other initiatives.

This resource presents road safety information that is consistent with research, policy, legislation, the territory road safety strategy and community-based road safety programs.

Road safety terminology

Safety, safe and safer

The concept of safety is somewhat ambiguous in relation to the concept of road safety. While the usual meaning of 'safe' is 'free from harm', in the context of road safety, safety belts, safety helmets and safety procedures, is more variable, and includes meanings such as 'avoiding harm', 'making harm less likely', or 'lessening the degree of harm'. It is recommended that the word 'safer' be used, as there are few traffic-related situations that could be regarded as completely safe and free from possible harm.

Crash and accident

The word 'crash' should be used instead of accident. An accident could be due to a chance happening, but more often in the case of a road 'accident' it is an incident that is not intentionally caused, but where there has not been enough care exercised by one or more of the people involved.

> Risky versus unsafe

It is recommended that 'unsafe' is used as the term 'risky' may encourage students to become involved in a behaviour that has possible harm.

Restraints

As the selection of restraints is determined by weight and size, not age, the use of the term 'restraint' in this resource can refer to a:

- · rearward facing child restraint
- · forward facing car seat
- · booster seat
- · safety harness
- · lap-sash belt
- · seat belt.

HEALTH PROMOTING SCHOOL FRAMEWORK

The Health Promoting School framework or wholeschool approach offers a practical framework within which schools can design or review policy, practices and curriculum for fostering resilience, promoting health and safety and managing drug related issues.

The three main domains of:

- · safe, supportive and inclusive school ethos and environment
- · engagement with parents and community
- · meaningful and student centred interactive curriculum

help strengthen a student's sense of connectedness and belonging, not only to the school, but to family and the community.



The role of parents*

The role of parents in influencing young people's behaviour through experience and observation is increasingly documented. As role models, parents' behaviour and actions can influence and build foundations for adult behaviours, attitudes and beliefs, so the modelling of healthy and safer behaviours by parents is critical to long term health outcomes.

To optimise these outcomes for young people, parents need to be effectively involved in the delivery of health education, both informally and formally, and also need to be well informed about and use effective strategies that can contribute to the health and safety of their teenager. In addition, research shows that young people view parents as an important part of any drug prevention strategy and open communication between parents and their teenagers has been shown to influence the extent of adolescent drug use.



Information for parents

This resource includes information sheets that focus on resilience, drug and road safety issues for young people. The sheets provide parents and students with relevant information and strategies that can be discussed and put in place to help teenagers manage stressful, drug and traffic-related situations where their health and safety may be at risk.



* Note: The use of the term 'parent' refers to parents, carers and other significant adults in a young person's life.

Other ideas to involve parents in a health program include:

- · promoting ongoing awareness of drug and road safety issues in the school through newsletters, meetings, school notice board and social activities
- ensuring parents are aware of school drug policies or school road safety rules
- · conducting health forums focusing on a drug or road safety issue
- · inviting guest speakers to provide insight into the issues facing young people and effective strategies to reduce their risk in drug-related and traffic-related situations.

Involving the wider school community

To encourage the whole school to be involved in health activities and to reinforce classroom programs, the following ideas may be used to promote parent and community involvement:

- · establish links with local drug and road safety agencies
- · establish or link into the school health committee to encourage parents and other community members to take active roles in reducing traffic hazards and keeping young people safer in the local community
- · invite the local newspaper to take a photograph of health activities happening in the school
- · incorporate drug and road safety into school-based health policies
- · invite community representatives to participate in a school assembly or information evening.

Handling sensitive issues

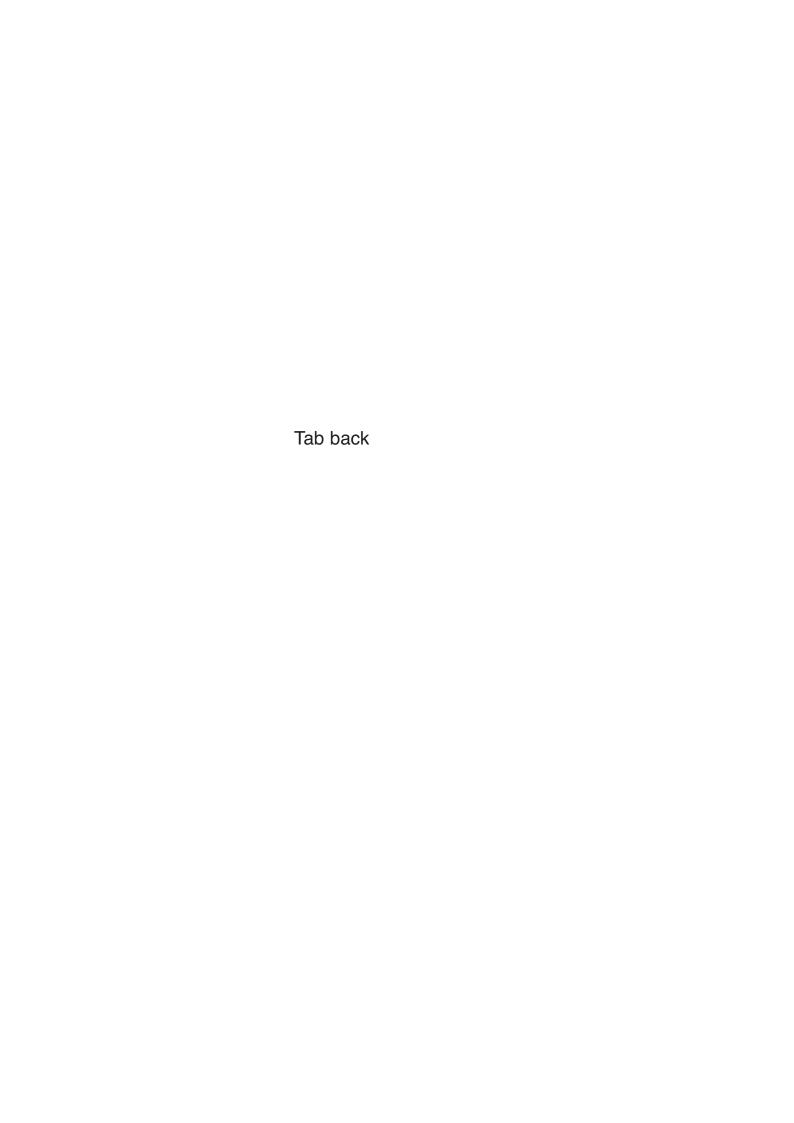
It is important for teachers to recognise that there may be students within any group that have been directly or indirectly involved in drug or road-related trauma and its consequences. Talking about drug and road trauma with young people can raise a range of issues, concerns and/or emotions. Students may disclose information about:

- · personal problems or experiences with drugs and road trauma
- · the need for trauma counselling and support services
- dangerous or harmful situations they have been exposed to or involved in.

When dealing with sensitive issues, teachers need to be proactive and know their students' backgrounds and experiences and also reactively and protectively interrupt students who are about to disclose this information and divert attention from the student by using redirecting statements. If issues arise that are beyond the teacher's knowledge or level of expertise, they should refer students to appropriate professionals.

The drug and road safety content of this resource has been designed to support teachers to effectively plan and deliver developmentally appropriate lessons to support students to progress towards achievement of the Health and Physical Education, and Studies of Society and Environment Learning Outcomes from the Northern Territory Curriculum Framework (NTCF).

insert tab



Matrix of Teaching and learning strategies included in focus area units.

The matrix featured on the following pages has been provided as a planning tool for teachers.

By ticking the teaching and learning strategies they plan to use, teachers can see at a glance whether they have provided students with the opportunity to progress their achievments at the relevant Band Level specified in their program.

Teachers can also ensure they have planned a range of classroom, real world and simulated strategies by using this matrix.

Teachers collaboratively planning a whole-school approach to road safety education may find the matrix a useful tool.

FOCUS AREA Passenger Safety Pedestrian Safety Road User Issues Road User Risks and Taking action Strategies	S19virG Drivers																		
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Passenger Safety Road User Issues Road User Risks and Harm Reduction Strategies	Unit 5.1 Changing the culture of alcohol and other drug use																		
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	Teaching and Learning Strategies	Tuning In							Finding Out										
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Sorting Out Mind maps	90 degree thinking	T and Y charts	Venn Diagram	Written responses	Developing Choose a corner	Values My attitude my actions	Oxford style debate	Values continuum	Values voting	Making Decision-making model	Decisions Fortune teller	Helpful & positive thinking	Hypothetical	PNI	Problem predicting	Role-play	Send a problem	Snap decisions	Speaking Out Chook house speeches	Health promotions	Think-pair-share	Toss a die	Vox pop interviews	Reflecting Reflective questions	Thought shapes	3-2-1 reflect	

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