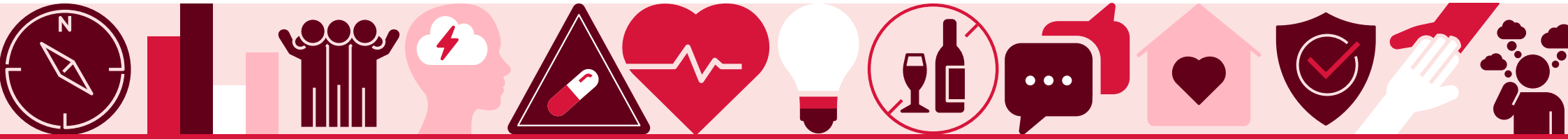
Principles of drug education for schools

Implementation guide

26 March 2026



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Contents

Effective drug education relies on coordinated, sustained action across every layer of the education and health systems.

The following levels of the education and health systems each play distinct yet interconnected roles in bringing the 'Principles of drug education for schools' to life:

- government
- school leaders
- school environment
- teachers
- community partners
- curriculum structures
- students.

Government, school leaders, school environment, teachers, community partners, curriculum structures and students each play distinct yet interconnected roles in bringing the 'Principles of drug education for schools' (the Principles) to life. Action at one level cannot replace action at another. For drug education to be meaningful and have a lasting impact, all levels must work together in a coordinated, mutually reinforcing system that supports evidence-informed, inclusive and student-centred practice.

About the Guide

How has this implementation guide been developed?

This guide is informed by a comprehensive evidence base, including:

- an international umbrella review and implementation scoping review
- national survey data from educators
- a co-design initiative with teachers and students
- The School Implementation Strategies, Translating ERIC Resources (SISTER) framework[1].

Together, these sources identify the actions most likely to enhance school readiness, strengthen implementation quality, improve cultural responsiveness and support long-term sustainability of the Principles.

Why is the implementation guide essential?

Despite the availability of evidence-informed approaches, schools often experience an implementation gap, where high-quality practices are not consistently embedded or sustained.

This implementation guide provides a rigorous, clear and context-relevant set of actions across all system levels to support effective planning, adaptation, implementation and continuous improvement. It is designed to help schools tailor the Principles to their local context while maintaining what works.

Cross-system enablers

Effective implementation of the Principles depends on a set of core enablers that operate across all levels of the education and health systems. These enablers create the conditions for high-quality, consistent and culturally responsive drug education:

- **Strong cross-sector partnerships** between education, health, community organisations and families ensure coordinated support and consistent messaging.
- **Planning and evaluation are embedded within continuous improvement cycles** (P1 and P3), integrating needs assessments and process evaluation.
- **Visible leadership commitment** at both system and school levels (P3), with policies, resources and modelling, reinforce the importance of evidence-based drug education.
- **Consistency and fidelity**, supported by clear expectations and quality-assurance processes (P1 and P3), ensure that evidence-based messages and practices are reinforced across curriculum, policy and school culture.
- **Adaptability with guidance** allows for flexible implementation within clearly defined parameters (P1 and P2), allowing schools to tailor approaches to local needs while maintaining what works.
- **Equity and inclusion** ensures the following are prioritised:
  - access
  - cultural safety
  - support for diverse learners and communities, including those most affected by health inequities (P3 and P5).

System-level implementation actions

Level 1 – government policies and resourcing

Create enabling conditions for evidence-based, teacher-led drug education by:

- developing a clear communication strategy to support the release and implementation of the newly revised Principles
- developing a system map that identifies existing policies, workforce capabilities, available resources and key providers in the field
- identifying enablers and barriers across schools and targeting support to strengthen the local implementation capacity (for example, funding and funding schemes, training frameworks and data systems)
- embedding the Principles within national and state wellbeing and learning frameworks to ensure integration (not isolation)
- strengthening students' health literacy and core capabilities (for example, refusal skills, boundary setting and help-seeking behaviours) (P1 and P3)
- providing a central online hub of quality-assured, adaptable teaching programs and materials as well as evaluation tools for screening external providers and resources (P1 and P2)
- funding professional learning (PL) for the school health workforce and teacher-led delivery, focusing on interactive and engaging pedagogies that can develop health literacy (P1 to P3)
- supporting ongoing research, including policy partnerships for monitoring, translation and continuous improvement (P1 and P3).

Resource funding priorities

- Building the capacity of school leaders, wellbeing staff and teachers (P3)
- Training and educating all stakeholders within the school ecosystem, including external partners (for example, conduct educational outreach visits)[2,3]
- Ensuring equitable access to high-quality resources for rural or remote and priority schools (P1, P3 and P5)
- Developing culturally responsive resources that are aligned with the curriculum propositions and reflect community diversity and needs (P1, P3 and P5)

Level 2 – school-level implementation actions

School governance, policy and leadership

Assess for school readiness to implement the 'Principles of drug education for schools'

- Examine school governance structures, policies and leadership capacity to determine the school's readiness for implementation[4]
- Identify any policy gaps, staff capability needs and systemic or general school barriers that may hinder implementation
- Identify key enablers (for example, strong leadership support, clear governance processes, aligned school policies and opportunities for whole-school implementation)
- Identify implementation of professional development, peer learning and supervision in drug education[5]
- Conduct a local school-needs assessment.[6] This can involve collecting and analysing data related to the specific drugs of concern within the school for the current year (P1)

Embed drug education within school planning cycles

- Integrate drug education into school improvement and wellbeing plans, or into specific implementation plans dedicated to drug education, ensuring alignment with the school ethos (P1 and P3)
- Design and deliver drug education in a way that promotes adaptability using cyclical planning (assess, plan, implement, embed, monitor and review)
- Ensure cyclical reviews on specific drugs of concern are conducted and embedded into the school to ensure drug education is relevant to the current cohorts of students (P1 and P3)
- Establish a cross-stakeholder action group (for example, staff, students, families or community partners) to guide implementation and evaluation (P3 to P5)[7]
- Include drug education in annual improvement and reporting cycles (P1 and P3)[8]

Promote safe, consistent, harm-minimisation-aligned policy

- Implement a multitiered system of supports
  - **Tier 1:** universal and prevention focused
  - **Tier 2:** targeted support for small groups or selected students'
  - **Tier 3:** individualised or specialised support, intervention or treatment
- Implement harm-minimisation and non-punitive policies (for example, referral to support services instead of suspension for drug use or possession). This should include
  - clear referrals to internal pathways (for example, psychology, counselling, wellbeing staff, pastoral care and WHIN nurses)
  - external pathways (for example, general practitioners, psychologists, psychiatrists or mental health organisations) (P1, P3 and P4).
- Enact non-punitive responses to alcohol and drug incidents (for example, referral to support services, counselling or support) (P1, P3 and P4)
- Ensure the policy and staff conduct reflect the values taught in the curriculum (for example, no alcohol served at events where students are present) (P2 and P3)

Enable consistent practice

- Develop an ongoing communication plan (for example, regular email prompts or visual reminders) to help school personnel recall key information and consistently deliver the core components of the Principles[9]
- Set up mechanisms to ensure messages and approaches are consistent across classrooms
- Model message consistency across staff conduct and school events in relation to alcohol and other drug use (for example, no alcohol served at parent school events when students are present) (P2 and P3)

School environment – physical and social

Create conditions where prevention, safety and belonging can thrive

- Build a positive, inclusive school climate that normalises wellbeing and open dialogue (P3 and P5)
- Provide youth-friendly and confidential help-seeking spaces and platforms (P3 and P4)
- Reinforce relevant curriculum and health literacy through consistent messages and visual communication in the school environment (P2 and P3)
- Implement peer mentoring and student leadership programs that strengthen belonging and pro-social behaviour (P3 and P5)
- Align behaviour frameworks with wellbeing principles and harm-reduction or harm-minimisation approaches (P1 and P3)

School health services and community partnerships

Strengthen collaboration with families and community partners

- Formalise partnerships with the community, organisations and health services, clarifying roles which complement drug and alcohol education delivered in the school (not replace) (P3 and P4)[10]
- Engage parents and carers through co-learning sessions and consistent communication between home and school (P3 to P5)[11]
- Use local data to inform teaching and correct misperceptions about peer norms (P1 and P4)[12]
- Co-host community events with community and health services that reinforce curriculum learning and amplify youth voices' (P3 to P5)
- Connect students with health services through structured referral pathways
- Support and connect student learning opportunities with health services, including clear referral pathways
- Screen all external presenters to ensure their content is evidence-based, consistent with the Principles and avoids fear-based or testimonial-heavy approaches (P1 to P3)

Level 3 – classroom-level implementation actions

School teachers and wellbeing staff

Build teacher capability and confidence

- Provide sustained professional learning on interactive, developmentally sequenced pedagogy (P1 and P2)[13]
- Develop professional learning that is accessible, free or low-cost, time-efficient and available on demand
- Offer teachers mentoring and coaching in the facilitation of skills, managing sensitive topics and effective classroom management (P2 and P3)

Embed collaborative and reflective practice

- Embed collaborative planning and peer-coaching structures to reduce workload (P3 and P4).[14] This can involve the development of a professional learning community[15]
- Include student feedback in reflective teaching cycles to guide improvement (P2 and P5)
- Recognise and reward excellence in wellbeing and drug education practice by sharing illustrations of practice and including student assessment work (P2 and P3)

Curriculum and resources

Create coherent, sequenced and evidence-based learning

- Develop a scope and sequence curriculum plan that scaffolds learning progressively across year levels to build skills and knowledge (P1 and P2)[16]
- Provide curriculum-consistent online and downloadable resources with adaptable lesson plans, along with clear guidance on which elements are core and which are optional (P1 and P2)[15]
- Integrate drug education across curriculum areas where possible to enhance learning and relevance, and to build critical knowledge and skills (for example, media, civics, science and numeracy) (P2 and P3)[15]
- Incorporate varied formative and summative assessments that assess curriculum achievement standards as well as other relevant communication skills, research skills, media literacy and help-seeking skills (P1, P2 and P5)
- Review and update resources regularly to reflect emerging trends and local needs (P1 and P2)

Level 4 – student-level implementation actions

Students as active partners

Empower students as co-creators of learning and school culture

- Establish student advisory or action groups to co-design, evaluate and implement drug education initiatives (P3 and P5)[11]
- Use participatory learning and peer-led campaigns to amplify youth voices and increase relevance (P2, P4 and P5)
- Safeguard confidentiality and psychological safety in classroom dialogue (P3 and P5)
- Collect student reflections, assessments and feedback (for example, student surveys) to inform and guide program refinement (P1 and P5)
- Support student-led wellbeing, partner or community projects, translating classroom learning into meaningful and local action (P2, P4 and P5)

Conclusion

The ‘Principles of drug education for schools’ can only be brought to life through coordinated, multi-level implementation. When school and the community or health services each contribute to a shared effort, drug education becomes more relevant, inclusive and effective. This collective approach strengthens health literacy, reduces harm and promotes wellbeing, benefiting not only individual students but also the broader school community.

Level 1 – government policy and resourcing

P1: understand community and local needs	P2: curriculum and evidence-based resources	P3: teacher leadership	P4: K–12 sequenced learning	P5: interactive teaching approaches to build health literacy
Embed the Principles within national and state wellbeing and learning frameworks to strengthen students' health literacy and core capabilities	Embed the Principles within national and state wellbeing and learning frameworks to strengthen students' health literacy and core capabilities	Embed the Principles within national and state wellbeing and learning frameworks to strengthen students' health literacy and core capabilities		Ensure equitable access to high-quality resources for rural or remote and priority schools
Provide a central online hub of quality-assured, adaptable teaching programs and materials as well as evaluation tools for screening external providers and resources	Provide a central online hub of quality-assured, adaptable teaching programs and materials as well as evaluation tools for screening external providers and resources	Fund professional learning for the school health workforce and teacher-led delivery, focusing on pedagogies that develop health literacy		Develop culturally responsive resources that are aligned with the curriculum propositions and reflect community diversity and needs
Fund professional learning for the school health workforce and teacher-led delivery, focusing on pedagogies that develop health literacy	Fund professional learning for the school health workforce and teacher-led delivery, focusing on pedagogies that develop health literacy	Support ongoing research, including policy partnerships for monitoring, translation and continuous improvement		
Support ongoing research, including policy partnerships for monitoring, translation and continuous improvement		Build the capacity of school leaders, wellbeing staff and teachers		
Ensure equitable access to high-quality resources for rural or remote and priority schools		Ensure equitable access to high-quality resources for rural or remote and priority schools		
Develop culturally responsive resources that are aligned with the curriculum propositions and reflect community diversity and needs		Develop culturally responsive resources that are aligned with the curriculum propositions and reflect community diversity and needs		

Level 2 – school governance, policy and leadership

P1: understand community and local needs	P2: curriculum and evidence-based resources	P3: teacher leadership	P4: K–12 sequenced learning	P5: interactive teaching approaches to build health literacy
Conduct a local school-needs assessment Integrate drug education into school improvement and wellbeing plans, or into specific implementation plans dedicated to drug education, ensuring alignment with the school ethos Ensure cyclical reviews on specific drugs of concern are conducted and embedded into the school to ensure drug education is relevant to the current cohorts of students Include drug education in annual improvement and reporting cycles Implement a multitiered system of supports Enact non-punitive responses to alcohol and drug incidents (for example, referral to support services, counselling or support)	Ensure policy and staff conduct reflect the values taught in the curriculum Model message consistency across staff conduct and school events related to alcohol and other drug use	Integrate drug education into school improvement and wellbeing plans, or into specific implementation plans dedicated to drug education, ensuring alignment with the school ethos Ensure cyclical reviews on specific drugs of concern are conducted and embedded into the school to ensure drug education is relevant to the current cohorts of students Include drug education in annual improvement and reporting cycles Establish a cross-stakeholder action group (for example, staff, students, families or community partners) to guide planning and evaluation Implement a multitiered system of supports Enact non-punitive responses to alcohol and drug incidents (for example, referral to support services, counselling or support) Ensure policy and staff conduct reflect the values taught in the curriculum Model message consistency across staff conduct and school events related to alcohol and other drug use	Establish a cross-stakeholder action group (for example, staff, students, families or community partners) to guide planning and evaluation Implement a multitiered system of supports Enact non-punitive responses to alcohol and drug incidents (for example, referral to support services, counselling or support)	Establish a cross-stakeholder action group (for example, staff, students, families or community partners) to guide planning and evaluation

Level 2 – school governance, policy and leadership

School environment (physical and social)

P1: understand community and local needs	P2: curriculum and evidence-based resources	P3: teacher leadership	P4: K–12 sequenced learning	P5: interactive teaching approaches to build health literacy
Align behaviour frameworks with wellbeing principles and harm-reduction or harm-minimisation approaches	Reinforce relevant curriculum and health literacy through consistent messages and visual communication in the school environment	Build a positive, inclusive school climate that normalises wellbeing and open dialogue Provide youth-friendly and confidential help-seeking spaces and platforms Reinforce relevant curriculum and health literacy through consistent messages and visual communication in the school environment Implement peer mentoring and student leadership programs that strengthen belonging and pro-social behaviour Align behaviour frameworks with wellbeing principles and harm-reduction or harm-minimisation approaches	Provide youth-friendly and confidential help-seeking spaces and platforms	Build a positive, inclusive school climate that normalises wellbeing and open dialogue Implement peer mentoring and student leadership programs that strengthen belonging and pro-social behaviour

Level 2 – school governance, policy and leadership

School health and community partnerships

P1: understand community and local needs	P2: curriculum and evidence-based resources	P3: teacher leadership	P4: K–12 sequenced learning	P5: interactive teaching approaches to build health literacy
Use local data to inform teaching and correct misperceptions about peer norms Screen all external presenters to ensure their content is evidence-based, consistent with the Principles and avoids fear-based or testimonial-heavy approaches	Screen all external presenters to ensure their content is evidence-based, consistent with the Principles and avoids fear-based or testimonial-heavy approaches	Formalise partnerships with the community, organisations and health services, clarifying complementary roles (not replacing) Engage parents and carers through co-learning sessions and consistent communication between home and school Co-host community events that reinforce curriculum learning and amplify youth voices Screen all external presenters to ensure their content is evidence-based, consistent with the Principles and avoids fear-based or testimonial-heavy approaches	Formalise partnerships with the community, organisations and health services, clarifying complementary roles (not replacing) Engage parents and carers through co-learning sessions and consistent communication between home and school Use local data to inform teaching and correct misperceptions about peer norms Co-host community events that reinforce curriculum learning and amplify youth voices	Engage parents and carers through co-learning sessions and consistent communication between home and school Co-host community events that reinforce curriculum learning and amplify youth voices

Level 3 – teachers and wellbeing staff

P1: understand community and local needs	P2: curriculum and evidence-based resources	P3: teacher leadership	P4: K–12 sequenced learning	P5: interactive teaching approaches to build health literacy
Provide sustained professional learning on interactive, developmentally sequenced pedagogy	Provide sustained professional learning on interactive, developmentally sequenced pedagogy Offer teachers mentoring and coaching in the facilitation of skills, managing sensitive topics and effective classroom management Include student feedback in reflective teaching cycles to guide improvement Recognise and reward excellence in wellbeing and drug education practice by sharing illustrations of practice and student assessment work	Offer teachers mentoring and coaching in the facilitation of skills, managing sensitive topics and effective classroom management Embed collaborative planning and peer-coaching structures to reduce workload Recognise and reward excellence in wellbeing and drug education practice by sharing illustrations of practice and student assessment work	Embed collaborative planning and peer-coaching structures to reduce workload	Include student feedback in reflective teaching cycles to guide improvement

Level 3 – teachers and wellbeing staff

Curriculum and resources

P1: understand community and local needs	P2: curriculum and evidence-based resources	P3: teacher leadership	P4: K–12 sequenced learning	P5: interactive teaching approaches to build health literacy
Develop a scope and sequence curriculum plan that scaffolds learning progressively across year levels to build skills and knowledge Provide curriculum-consistent online and downloadable resources with adaptable lesson plans, along with clear guidance on which elements are core and which are optional Incorporate varied formative and summative assessments that assess curriculum achievement standards as well as other relevant communication skills, research skills, media literacy and help-seeking skills Review and update resources regularly to reflect emerging trends and local needs	Develop a scope and sequence curriculum plan that scaffolds learning progressively across year levels to build skills and knowledge Provide curriculum-consistent online and downloadable resources with adaptable lesson plans, along with clear guidance on which elements are core and which are optional Integrate drug education across curriculum areas where possible to enhance learning and relevance, and to build critical knowledge and skills Incorporate varied formative and summative assessments that assess curriculum achievement standards as well as other relevant communication skills, research skills, media literacy and help-seeking skills Review and update resources regularly to reflect emerging trends and local needs	Integrate drug education across curriculum areas where possible to enhance learning and relevance, and to build critical knowledge and skills		Incorporate varied formative and summative assessments that assess curriculum achievement standards as well as other relevant communication skills, research skills, media literacy and help-seeking skills

Level 4 – students

P1: understand community and local needs	P2: curriculum and evidence-based resources	P3: teacher leadership	P4: K–12 sequenced learning	P5: interactive teaching approaches to build health literacy
Collect student reflections, assessments and feedback (for example, student surveys) to inform and guide program refinement	Use participatory learning and peer-led campaigns to amplify youth voices and relevance Support student-led wellbeing, partner or community projects, translating classroom learning into meaningful and local action	Establish student advisory or action groups to co-design, evaluate and implement drug education initiatives	Use participatory learning and peer-led campaigns to amplify youth voices and relevance Support student-led wellbeing, partner or community projects, translating classroom learning into meaningful and local action	Establish student advisory or action groups to co-design, evaluate and implement drug education initiatives Use participatory learning and peer-led campaigns to amplify youth voices and relevance Collect student reflections, assessments and feedback (for example, student surveys) to inform and guide program refinement Support student-led wellbeing, partner or community projects, translating classroom learning into meaningful and local action

Draft example 1 – school drug education implementation checklist

How to use this checklist

Tick each item as Completed, In progress, or Not yet started. Use the responses to identify priorities for the year ahead.

1. Understanding our school community (Principle 1)		Completed	In progress	Not yet started
Needs assessment and local context	We have reviewed our student demographic, community context and local alcohol and other drugs data.	☐	☐	☐
	We understand current patterns of alcohol, vaping and drug-related issues relevant to our school year.	☐	☐	☐
	We have identified priority groups who may require tailored support.	☐	☐	☐
Engagement and communication	We regularly gather input from students, families, staff and community partners.	☐	☐	☐
	We use culturally responsive and inclusive approaches when planning drug education.	☐	☐	☐
Resource selection	We use evidence-based, age-appropriate and well-tested resources.	☐	☐	☐
	We avoid untested programs, scare tactics and anecdotal or moralising approaches.	☐	☐	☐

2. Curriculum design and alignment (Principle 2)		Completed	In progress	Not yet started
Curriculum planning	We have a scope-and-sequence plan for drug education from Kindergarten to Year 12.	☐	☐	☐
	Drug education is integrated into relevant subjects (for example, Health or PE, Science, English or Civics).	☐	☐	☐
	Learning builds progressively across year levels.	☐	☐	☐
Consistency and coordination	Staff collaborate to agree on shared outcomes and consistent messaging.	☐	☐	☐
	We reinforce key skills (for example, help-seeking, refusal or safety) across subjects.	☐	☐	☐
School policies	Our behaviour and wellbeing policies reflect harm-minimisation principles.	☐	☐	☐
	Responses to incidents are non-punitive, supportive and clearly documented.	☐	☐	☐

3. Teacher leadership and capability (Principle 3)		Completed	In progress	Not yet started
Teacher-led delivery	Classroom teachers (not external speakers alone) lead drug education.	☐	☐	☐
	Teachers receive support to facilitate sensitive discussions safely.	☐	☐	☐
Professional learning	Staff have access to training on interactive, developmentally sequenced pedagogy.	☐	☐	☐
	We have peer-coaching, PL communities or supervision to support implementation.	☐	☐	☐
Use of external contributors	External providers complement (never replace) teacher-led learning.	☐	☐	☐
	All presenters are screened to ensure they are evidence-aligned and non-fear-based.	☐	☐	☐

4. Developmentally sequenced learning (Principle 4)		Completed	In progress	Not yet started
Early years (F–6)	Students learn core social–emotional skills (for example, self-regulation or conflict resolution).	☐	☐	☐
	Students learn the safe use of medicines and engage with age-appropriate content on alcohol, smoking and vaping.	☐	☐	☐
Secondary years (7–12)	The curriculum covers alcohol, vaping, tobacco, cannabis and emerging drug trends.	☐	☐	☐
	Students learn refusal skills, help-seeking, harm reduction and critical thinking.	☐	☐	☐
	Content remains relevant to the developmental stage and lived experience of the students.	☐	☐	☐
Wellbeing alignment	Drug education supports physical, social, emotional, spiritual and intellectual wellbeing.	☐	☐	☐

5. Interactive learning and health literacy (Principle 5)		Completed	In progress	Not yet started
Learning methods	Classes include group activities, role-plays, media analysis, debates and peer-led engagement.	☐	☐	☐
	Students practise skills such as boundary-setting, saying no and seeking help.	☐	☐	☐
Media literacy	Students critically evaluate advertising, online content and social norms.	☐	☐	☐
	Teaching corrects misperceptions about how common substance use actually is.	☐	☐	☐
Assessment of learning	We assess knowledge, skills and attitudes – not just factual recall.	☐	☐	☐
	Student feedback informs ongoing improvement.	☐	☐	☐

6. School leadership and governance		Completed	In progress	Not yet started
Planning and alignment	Drug education is included in school improvement or wellbeing plans.	☐	☐	☐
	Leadership provides visible support for implementation.	☐	☐	☐
Readiness and monitoring	We assess school readiness annually.	☐	☐	☐
	We monitor fidelity, ensuring consistent delivery across classrooms.	☐	☐	☐
Action group	A cross-stakeholder group (students, staff, families or community) helps plan and review implementation.	☐	☐	☐

7. School environment	Completed	In progress	Not yet started
Our school climate promotes belonging, safety and open dialogue.	☐	☐	☐
We provide youth-friendly, confidential pathways for help-seeking.	☐	☐	☐
Visual communications reinforce core messages consistently.	☐	☐	☐

8. Partnerships with families and community	Completed	In progress	Not yet started
Families receive clear, accessible information about curriculum and key messages.	☐	☐	☐
We partner with local health services to support referral pathways.	☐	☐	☐
Community events reinforce consistency between school learning and broader community values.	☐	☐	☐

9. Students as co-creators	Completed	In progress	Not yet started
Students have opportunities to co-design lessons, campaigns or wellbeing initiatives.	☐	☐	☐
We have student advisory or action groups contributing to planning and evaluation.	☐	☐	☐
Student reflections and surveys directly inform curriculum refinement.	☐	☐	☐

10. Continuous improvement	Completed	In progress	Not yet started
We review our program annually using data, student feedback and teacher reflection.	☐	☐	☐
We update resources regularly based on emerging trends and evidence.	☐	☐	☐
We track progress against clear indicators (for example, health literacy, wellbeing or engagement).	☐	☐	☐

References

1. Cook CR, Lyon AR, Locke J, Waltz T and Powell BJ (2019) 'Adapting a compilation of implementation strategies to advance school-based implementation research and practice', Prevention Science, 20:914-935, doi:10.1007/s11121-019-01017-1, accessed 27 February 2026.
2. SISTER Adapted Strategies 60 and 64: 'Access new funding' and 'Fund and contract for new practices' (Table 8, Cook et al. 2019).
3. SISTER Adapted Strategy 38: 'Conduct educational outreach visits' (Table 5, Cook et al. 2019).
4. SISTER Adapted Strategy 1: 'Assess for readiness and identify barriers and facilitators' (Table 1, Cook et al. 2019).
5. SISTER Adapted Strategies 13 and 14: 'Peer-Assisted Learning' and 'Provide practice-specific supervision' (Table 2, Cook et al. 2019).
6. SISTER Adapted Strategy 4: 'Conduct local needs assessment' (Table 1, Cook et al. 2019).
7. SISTER Adapted Strategy 8: 'Obtain and use student and family feedback' (Table 1, Cook et al. 2019).
8. SISTER Adapted Strategy 9: 'Monitor the progress of the implementation effort' (Table 1, Cook et al. 2019).
9. SISTER Adapted Strategy 53: 'Remind school personnel' (Table 6, Cook et al. 2019).
10. SISTER Adapted Strategy 21: 'Build partnerships (i.e., coalitions) to support implementation' (Table 4, Cook et al. 2019).
11. SISTER Adapted Strategies 56, 57 and 58: 'Intervene/communicate with students, families, and other staff to enhance uptake and fidelity', 'Involve students, family members, and other staff' and 'Prepare families and students to be active participants' (Table 7, Cook et al. 2019).
12. SISTER Adapted Strategy 23: 'Conduct local consensus discussions' (Table 4, Cook et al. 2019).
13. SISTER Adapted Strategies 39 and 43: 'Conduct ongoing training' and 'Make training dynamic' (Table 5, Cook et al. 2019).
14. SISTER Adapted Strategies 44, 45 and 46: 'Provide ongoing consultation/coaching', 'Shadow other experts' and 'Use train-the-trainer strategies' (Table 5, Cook et al. 2019).
15. SISTER Adapted Strategy 40: 'Create a professional learning collaborative' (Table 5, Cook et al. 2019).
16. SISTER Adapted Strategies 41 and 42: 'Develop educational materials' and 'Distribute educational materials' (Table 5, Cook et al. 2019).

NSW Department of Education

We recognise the Traditional Custodians of the lands and waterways where we work and live. We pay respect to Elders past and present as ongoing teachers of knowledge, songlines and stories. We strive to ensure every Aboriginal and/or Torres Strait Islander learner in NSW achieves their potential through education.

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