

# Working together

## Families, services, schools and young people

All the papers in this issue of *Youth Studies Australia* demonstrate very clearly how young people's wellbeing depends on families, services, schools and young people working and learning together. Rather than seeking 'solutions' to 'fix' young people, these papers focus on what adults can do to improve their interactions with young people and the services they provide for them.

For example, in the first paper Karen Brooks suggests that it is the responsibility of parents, educators and caregivers to educate themselves about young people's culture, their use of technology and their media exposure before they educate young people to be discerning in their pop culture consumption. Similarly, the RRISK program – a harm minimisation program based in schools – aims to provide young people with the skills to make informed decisions in regard to drug and alcohol use, driving and celebrating.

The next three papers describe important parenting programs that vary in their focus, emphasis and strategies, but which share some similar approaches. The first program, the BEST Plus approach, was originally designed to assist families to address youth substance abuse issues, but has been expanded to include addressing challenging and antisocial

behaviours. The second program, Resilient Families, focuses on parenting during the transitional phase from primary to secondary school, when a number of health-compromising behaviours escalate. The final program, 'Teen Triple P', targets parents whose children develop antisocial/conduct behaviour problems in early adolescence. One theme common to these programs seems to be that many of the requirements for effective parenting apply to both parents and adolescents; for example, good family communication, self-respect, respect for other family members, and responsible and appropriate behaviour.

In the final paper, researchers from the NSW Centre for the Advancement of Adolescent Health use seven principles as reference points and develop six models of primary health care to establish a comprehensive framework for the exploration of models of primary health care delivery to young people.

It is, as always, a privilege to publish such useful and well-researched work and we hope that these papers and the other sections of this issue are a source of information and inspiration to our readers.

Sue Headley

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