

LIFE EDUCATION: RESEARCH AND EVALUATION

March 2008:

An overview of the underpinning rationale, and the content, delivery and outcomes of Life Education programmes in their support of primary schools' provision of PSHE and Citizen Education, and related parent education.

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On behalf of Life Education



Life Education Centres
Helping children make healthy choices

INTRODUCTION

Life Education is an international federation of voluntary sector organisations dedicated to improving the health and welfare of children, families and communities by delivering effective health and drug/alcohol education in school and community settings. Life Education works in partnership with schools and other public and voluntary providers to provide evidence-based programmes and interventions designed to involve participants in life choices around lifestyles and behaviour, through using trained educators familiar with schools' health education provision, and parent education.

Its origin was in Sydney Australia during the 1970s as an early example of knowledge and life skills-based education. It has been best known for the delivery of health and drug interventions within mobile classrooms set up with visual aids to complement the teaching programmes. These mobile classrooms¹ have been utilised within primary school grounds nationally, and have been supported by voluntary, public and private bodies in the UK, including the Rotary Club of Great Britain. Life Education now reaches well over two million children in 16 countries on five continents and in nine different languages.

In the UK, it is organised as a national charity with some 43 local communities, operating charitable trusts employing about 140 professional teaching staff reaching almost a million children and parents in and through nearly 4,000 primary schools.

This briefing paper focuses on this work in the UK. It providing an overview of the key research informing the current state of knowledge relating to the impact and effectiveness of Life Education programmes and provision.

The importance of research and evaluation was set out within a strategy for review and development in 2003, following an extensive consultation with Government, LEAs, schools and Voluntary Bodies (amongst others) which identified the need for a national review of programme provision, with a view to adapting programmes in line with research, evidence-based best practice, schools' needs analysis and best value. The strategy was formulated with the support of Roehampton University, and its development monitored at each stage, with advice and support given on a continuous basis. The process for the strategy is set out below in Figure 1:

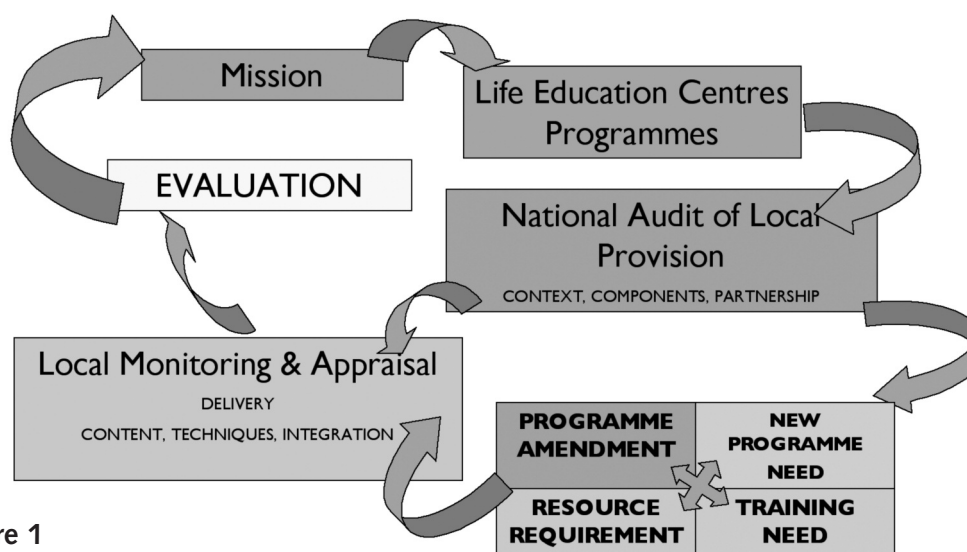


Figure 1

¹This briefing paper describes how Life Education's provision and support to schools and communities has developed beyond mobile classrooms, although they remain an important part of their work.

At the time of writing, Life Education has conducted the national audit of provision, and commissioned and published a wide-ranging literature review into the health-related decisions of young people² and has amended its programme and provision accordingly. (see also Appendix 1)

Along with the development and adaptation of programmes in schools, parent education programmes have become a core component of Life Education provision, supporting and complementing the work in schools.³ This reflects a key finding of the Literature Review and emerging Government policy which is that parents are central to the success of health education provision in schools, as both teachers and parents need to give coherent and corresponding messages about healthy lifestyles to children/young people.

Life Education recognises the importance of building monitoring and evaluation into all their programmes, and this is reflected in the enhanced emphasis on local monitoring and evaluation by local Life Education Trusts, Life Education Educators and teachers. Life Education is currently piloting the measurement of more focused, specific learning outcomes within new programmes (see Appendix 2). This increased emphasis on local monitoring and evaluation is designed to improve local practice and provide on-going data to add to the national data on programme effectiveness compiled centrally.

In addition, Life Education analyses relevant Government policy documents on an on-going basis to ensure its provision is complementing and supporting the current advice to schools. An example of this can be found at (Appendix 3) – *Holistic Health Education, Supporting the National Healthy School Standard* and ⁴ below.

Following the adaptation and development of programmes, the next stage in Life Education's cyclical development, is to commission a larger scale evaluation (Figure 1) of overall programme provision, to ensure that the mission objectives are being achieved ⁵.

² Louise O'Connor (Editor) *Children, Young People and Health-Related Decisions: A Review of the Research Literature and Discussions of the Implications for Health Education of Children and Young People*, educari and Roehampton, University of Surrey, London: Life Education, 2004.

³ See *An Introduction to Life Education's Parent Education Programmes: Development, Delivery and Outcomes, Guidance Booklet for Consultation Event*, BMA, London, 24th June 2004.

⁴ Life Education Centres, *PSHE & Citizenship including Drug Education: Support for Schools. Edition 4* revised to include links with the Every Child Matters outcomes, framework and OFSTED self-evaluation form.

⁵ See *Community Health: A Partnership Approach* (undated).

Life Education's Mission

To work in partnership with schools and engage with others in the community to help children make healthy choices by:

- Contributing to life-skills and health education programmes utilising models of best practice
- Educating children about the effects and risks associated with the use of drugs, including alcohol and tobacco
- Working with and supporting parents, carers, teachers and others in the community in communicating healthy lifestyles messages effectively

The following review provides some more detail on a range of specific evaluations relating to Life Education's work, which can be read in the context of the developing strategy.

Historical Development of Life Education and Evaluations of its Work

The original Life Education Charity was conceived in Australia in the late 1970s and was established in the UK in 1986. There have been many developments within Life Education programmes throughout the thirty years both in Australia, and particularly within the UK, as research has informed the understanding of effectiveness in health education provision.

In current terms, evaluations of Life Education's programmes reflect the measurable objectives that are appropriate for its level of community-based drug education – impact on children's knowledge, initial attitude formation, and initial behavioural intentions (which are precursors of any future behaviour change, as long as they are encouraged and reinforced by the family, community, and society). For teachers/schools, measurable objectives focus on integration of content into classroom and school work, and with parents, the measurable objectives include knowledge, attitude formation and skills with regard to parenting and the integration of health/drug education in the home. In addition to impact measures, Life Education's programme evaluations include content and process assessment (evaluating the components and delivery of programmes).

The Life Education approach has previously been questioned by the drug education community, particularly since the publication of research in Victoria, Australia⁶ in the mid-1990s. This evaluation was critical of some aspects of Life Education both in Australia and in the UK. It is important to note that current programmes are very different to those discussed in this report, as the current Guidance for schools demonstrates (see again footnote 3).

⁶ *An Evaluation of Life Education Victoria*; Hawthorn, Garrard and Dunt; NH and MRC; Victoria: National Centre for Health Programme Evaluation; 1993.

As referred to in the Introduction, the process of adaptation and change accelerated in 2004 when Life Education in the UK, commissioned Roehampton, University of Surrey, to undertake a literature review of the research and present a discussion paper based on the findings and implications for the health of children and young people. This paper was used to assist in the revision and adaptation of Life Education UK's strategy, programme rationale, content, delivery and evaluation.

All Life Education programmes are now in line with the findings from the Roehampton (2004) report on effective practice in health education, and evaluations are based on achievable outcomes for the school, and parent education work.

In 2006 the Australian Government commissioned a review (the Erebus Report) to look at the current Australian Life Education practice in order to review and refine the programmes in line with identified best practice.

The key findings from Erebus identified significant achievements in a range of areas:

- Life Education principles are based on sound theory and effectiveness research principles
- Life Education adopts a holistic approach by focusing on overall health issues
- Life Education offers interactive skills-based activities to students
- The links the programme makes to curriculum frameworks are sound and helpful to schools
- Life Education works through partnerships and strategic alliances to achieve common goals
- Life Education builds the capacity of classroom teachers to undertake their role as health educators.

Within the UK, Life Education continues to utilise certain aspects of the Australian model whilst adopting a rigorous approach to evaluation and using research findings to develop existing programmes to be more effective and more in line with their own national priorities and national best practice guidance.

At present Life Education UK reaches nearly one million primary school children in almost 4,000 primary schools. The programmes reach 30,000 teachers and have had over 10,000 parents attending parent programmes.

Other Evaluation of Life Education Programmes:

Since 1982, Life Education's work has been the subject of numerous evaluations. There have been over 150 studies evaluating the impact of Life Education – 37 of these studies have been conducted by external evaluators which include universities, medical schools, public health, local authorities and others.

External Evaluations: UK

Through their studies, external evaluators have consistently and independently found that Life Education is a programme that it meets its objectives of increasing awareness and knowledge, changing attitudes and affecting initial behavioural intentions. Four key studies noted the following (see examples in Appendix 4):

- Teachers and Headteachers value highly the contribution that Life Education makes to the curriculum
- Teachers appreciate the opportunity to observe a range of interactive teaching styles
- Pupils showed a high level of engagement and enjoyment
- Pupils demonstrate a high level of knowledge change on all health education matters covered by the programmes.

Internal Evaluations: UK

The following is a summary of key research findings from children, teachers, Headteachers, and parents (see Appendix 5). Full copies of the papers are held by Life Education offices in London. The internal evaluations allow Life Education as an organisation to determine whether the stated mission objectives are being met, in terms of programme consistency, partnership and collaborative working, needs analysis fulfillment, and impact on knowledge, skills and behavioural intent. A selection of internal evaluations are listed below, together with a brief summary of the key findings

A: Teacher Evaluations 2004

B: Headteachers' Evaluations 2005

C: Summary of Findings from a Pre-Test/Post-Test Evaluation of Children, 2005

D: Research Conducted With Parents 2005

Overall, the internal studies show that as a community programme, Life Education serves as a catalyst and has an impact on classrooms, schools and parents. For example:

- Teachers see Life Education as a complement to their health education curriculum
- Programmes meet identified pupil need
- A significant change occurs in pupil knowledge on all aspects covered by the programmes
- Parents attending their own courses found all the content relevant and useful and had used many of the strategies with their children.

Life Education Evaluation Methods: Methodological Approaches:

Life Education employs a range of evaluation techniques:

- Pilot studies
- Impact evaluations
- Quantitative questionnaires
- Qualitative questionnaires
- Pre and post testing
- 'Draw and Write' techniques
- Focus groups
- Classroom observations

Sampling procedures are tailored to the needs of each study in terms of sample sizes and sampling methods. For all studies, samples include a replication of the demographic factors that comprise the regional/school population being assessed to ensure that the findings can be readily applied.

Life Education UK employs a Research Director in the London Office with a remit to design evaluation programme for ongoing and specialised studies, support Educators to develop their own effective evaluation tools and to review national and international research to identify those that are of use to improve current practice.

Needs assessments are used in the design of new programme elements, together with an analysis of relevant research and evaluation. New programmes are piloted and rigorously evaluated prior to the incorporation of any changes. The use of pilot studies to inform programme content and delivery are now well-embedded into Life Education practice as a part of the process of continuous evaluation. The recent changes to Life Education programmes delivered in primary schools with teachers, without the use of mobile classrooms, is a recent example of this (and see on the next page).

Conclusion: Current and Future Evaluations:

As a community-based learning organisation Life Education puts research and evaluation at the heart of its work.

Current and planned research at this date include:

- Piloting a new means of providing the Years 5 and 6 programmes – using a menu-driven curriculum model in which schools can tailor the programme to their needs more closely (using space within the school and new technology are also being studied as part of this)
- Piloting a nutrition DVD-ROM and lessons
- Studying the impact of the programme in a new area (Tower Hamlets) in London
- Assessing parents who participated in the “Tough Issues” programme to address drug education issues (including risk factors) with their children
- Assessing children’s knowledge and understanding of drug issues/use/risks and alternatives
- Examining Healthy Schools’ outcomes to which Life Education has contributed.

In addition Life Education is putting together a research and evaluation development group comprising the Chief Executive and other key staff, Ruth Joyce, Drug Prevention Consultant, and the former Roehampton University adviser, Louise O’Connor, to formulate a research strategy which will meet the needs of the organisation in terms of evidence-based practice, training needs, dissemination and collaborative partnerships. The intention is to enhance best practice locally and nationally, sharing emerging evidence of effectiveness with all those concerned with the health and welfare of children, parents, schools and communities.

Ruth Joyce MA OBE

Louise O’Connor MA BEd

On behalf of Life Education Centres UK

CHILDREN, YOUNG PEOPLE AND HEALTH-RELATED DECISIONS

Positive influences on health-promoting decisions of young people

Family and Parenting

- Good parenting skills including setting clear boundaries for behaviour
- Secure and stable family environment
- Good models of constructive social and educational values including high aspirations for personal fulfilment and good citizenship
- Intellectual stimulation
- Loving and supportive relationships
- Good communication between parents and children
- Parental involvement throughout pre-school and school experience
- Responsible Parental modelling around alcohol, smoking and illicit drug use

School

General *School-specific Health Education*

- School health programmes which incorporate research findings on effectiveness namely:
- are evidence based, effectively teacher managed and co-ordinated, supported by coherent policies (Healthy Schools, Drugs, Citizenship, Anti-bullying, Behaviour management)
 - are developed through pupil involvement and needs-analysis, incorporating both primary and secondary prevention as appropriate in the case of drugs and sex education
 - use well trained, credible and competent educators, who empathise with pupils, and send coherent messages aligned to pupil needs
 - use life skills approaches based on the effectiveness literature
 - start before experimentation with drugs and sexual behaviour, and provide sustained, developmentally appropriate provision throughout school career
 - use interactive teaching approaches which address normative perceptions of drug and sexual behaviour
 - are culturally sensitive, for example, incorporating needs analysis/consultations with BME pupils
 - provide targeted interventions for at risk pupils appropriate to their needs
 - engage parents in school and health education initiatives
 - have effective partnerships with parents, agencies and individuals in the community, to support positive values around health
 - use Media interventions to support school and community messages around young people's health
 - include evaluations which inform on-going programme provision
- General**
- Positive attitudes towards school
 - Academic achievement
 - Regular attendance
 - School effective at supporting academic, social and emotional development, including those pupils with special needs
 - School engages parents in children's progress
 - Schools provide a safe and orderly environment for children to engage in learning
 - Safer School Partnerships (SSP) and/or similar initiatives to promote school safety

Communities

- Strong social cohesion
- Clear behaviour expectations of young people within neighbourhood communities
- Buoyant local economy
- Few (and controlled) alcohol outlets
- Low levels of crime in local area
- Illegal drugs not easily available
- Good housing
- Low tolerance of anti-social behaviour, street drinking, graffiti, criminal damage, intimidating (bullying) behaviour
- Majority of peer and friendship groups engaged in legitimate recreational activities as opposed to - legal/illegal drug use, vandalism, neighbourhood disturbance, gang memberships
- Positive engagement by police with young people and communities through Safer School Partnerships and Public Reassurance schemes in addition to other social controls exerted

Life Education: Class Needs Analysis for *Friends* Programme

School _____

Teacher _____

Class _____

The selection table opposite shows the outcomes for the Life Education session 'Friends'. To assist us in meeting the particular needs of your class please tick the outcomes you would like the Educator to focus on in the session. **Please choose one outcome from each area** - these will form the main focus of the session. The Educator will plan the session according to expressed specific school / class needs.

NB: If this form is not returned the Educator will present a general session.

Further information: please list any other special consideration your class may require so that the Life Education session maximises your students' understanding and learning.

Thank you for taking the time to plan ahead for the Life Education visit.

Please return form to:

PHYSICAL AND EMOTIONAL NEEDS

(choose one)

Recognise basic emotional needs and understand that they change according to circumstance

Know the basic functions of the 4 systems covered and know they are inter-related

Explain the function of at least one organ

Understand the importance of food, water and oxygen, sleep and exercise for the human body and its health

DRUGS

(choose one)

Know that all medicines are drugs but not all drugs are medicines and understand issues of safety and responsibility.

Consider different ways of categorising drugs

Develop critical thinking skills in relation to smoking, alcohol and medicines.

Know some of the reasons why most people do not use tobacco /alcohol and why some people do.

Know 3 harmful effects of smoking / alcohol

IDENTIFYING AND ASSESSING RISK

(choose one)

Identify risk factors in given situations

Consider outcomes of risk taking

Identify risk factors in a given situation involving smoking and consider outcomes of risk taking in this situation

Consider the reasons why most people do not use tobacco /alcohol and why some people do.

ASSERTIVENESS SKILLS

(choose one)

Identify characteristics of passive, aggressive and assertive behaviours

Rehearse assertiveness skills

Life Education: Class Needs Analysis for *Decisions* Programme

School _____

Teacher _____

Class _____

The selection table opposite (below) shows the outcomes for the Life Education session 'Decisions'. To assist us in meeting the particular needs of your class please tick the outcomes you would like the Educator to focus on in the session. **Please choose one outcome from each area** - these will form the main focus of the session. The Educator will plan the session according to expressed specific school / class needs.

NB: If this form is not returned the Educator will present a general session.

Further information:

Please list any other special consideration your class may require so that the Life Education session maximises your students' understandings and learning.

Thank you for taking the time to plan ahead for the Life Education visit.

Please return form to:

PHYSICAL AND EMOTIONAL NEEDS

(choose one)

Recognise basic emotional needs and understand that they change according to circumstance

Know the basic functions of the 4 systems covered and know they are inter-related

Explain the function of at least one organ

Understand the importance of food, water and oxygen, sleep and exercise for the human body and its health

DRUGS

(choose one)

Know that all medicines are drugs but not all drugs are medicines and understand issues of safety and responsibility.

Know 3 harmful effects of legal / illegal drug use

Consider different ways of categorising drugs

Develop critical thinking skills in relation to legal / illegal drug use

PEER DYNAMICS

(choose one)

Identify risk factors and possible outcomes of risk taking in given situations

Identify risk factors in a given situation involving alcohol and consider outcomes of risk taking in this situation

Recognise / empathise with patterns of behaviour in peer group dynamics

NORMATIVE BEHAVIOUR / ASPIRATIONS

(choose one)

Understand that both legal and illegal drug use is a minority activity within society

Identify popular recreational activities that *most* young people enjoy

Identify aspirational goals and actions which would help achieve those goals

Holistic Health Education

Supporting the National Healthy School Standard

"This paper demonstrates Life Education's flexibility and desire to work with schools to provide a tailor-made programme"

Becky Woollett, CPSHE Consultant (Primary), Gloucestershire Healthy Schools Partnership

The National Healthy School Standard is a key part of the government's focus on reducing health inequalities, promoting social inclusion and raising educational standards.

Its key aims are:

- to support children and young people in developing healthy behaviours
- to help raise pupil achievement
- to help reduce health inequalities
- to help promote social inclusion

It has four core themes:

1. Personal, Social and Health Education, including sex and relationship education and drug education (including alcohol, tobacco and volatile substance abuse)
2. Healthy eating
3. Physical activity
4. Emotional health and well-being

These themes, alongside the National Curriculum PSHE & Citizenship guidelines, emphasise the importance of key principles on which the Life Education programmes and their delivery are based. These include looking at health issues within a broad, holistic framework, as well as the need to create and support learning and teaching environments and incorporate ways of addressing children's preferred learning styles.

The Benefits of Being a 'Healthy School'

The publication [National Healthy School Status: a guide for schools](#) (DfES, 2005) states that:

"A Healthy School promotes the health and well-being of its pupils and staff through a well-planned, taught curriculum in a physical and emotional environment that promotes learning and healthy lifestyle choices".

It also details links to other policies and programmes: *"Achieving national Healthy School status enables schools to demonstrate their contribution to the five national outcomes for children and supports the targets within the following national priorities:*

- Improving behaviour and attendance [the NHSP is working closely with the Secondary Strategy; Social, Emotional and Behavioural Skills (SEBS) and Social and Emotional Aspects of Learning (SEAL)];
- Improving performance in national Standard Attainment Tests;
- Reducing and halting the increase in childhood obesity;

- Promoting positive sexual health and reducing teenage pregnancy; and
- Reducing young people's drug, alcohol and tobacco use".

Life Education's work has also been mapped against the five outcomes of the Every Child Matters framework to show how programmes support schools in meeting these outcomes (see Life Education Centre's [PSHE & Citizenship including Drug Education: Support for Schools](#), Edition 5, 2006).

Schools are required to adopt a whole-school approach, involving the entire school community, including consulting and encouraging participation of all within the school community. Involving the community is one of the strengths of Life Education's work.

The following table details how Life Education programmes for schools and parents/carers can help support schools in achieving the National Healthy Schools Status.

The NHSS Criteria: Supporting the Four Core Themes

This section shows the criteria within the four core themes and how our work supports schools in meeting these.

To become a Healthy School, individual schools have to provide evidence of how they meet the criteria. They are also required to show evidence of how the whole-school approach has been used in the process.

The numbered sections on the left hand side of the table below are the Healthy Schools' criteria that Life Education programmes specifically support. The right hand column describes how our programmes do this.

Schools must demonstrate they have met the criteria for all sections. They also need to show evidence of the impact of the work they've done.

1. Personal Social and Health Education, including sex and relationship education and drug education (including alcohol, tobacco and volatile substance abuse) **PSHE provides pupils with the knowledge, understanding, skills and attitudes to make informed decisions about their lives.**

A Healthy School:

How Life Education programmes support schools in meeting the criteria:

1.1 uses the PSHE framework to deliver a planned programme of PSHE in line with DfES/QCA guidance;

Our programmes deliver a spiral curriculum that supports and enhances schools' existing PSHE provision. Programmes were developed within a curriculum framework that follows QCA and DfES good practice guidance. See pages 15-31 of our booklet: [PSHE & Citizenship including Drug Education: Support for Schools](#) (5th Edition) for details of how our programme learning objectives link with those of the National Curriculum guidelines for PSHE.

1.3 assesses pupils' progress and achievement in line with QCA guidance;

Teachers are encouraged to assess and record changes in children's knowledge, understanding, attitudes and skills during their observations of their class during the programme.

1.5 has up-to-date policies in place – developed through wide consultation, implemented, and monitored and evaluated for impact – covering sex and relationship education, drug education and incidents, child protection and confidentiality;

Our curriculum can be used to support schools in developing their drug education curriculum. Educators can provide information, advice and guidance about other support agencies and resources that can help in their development and implementation of effective teaching and learning strategies.

1.7 involves professionals from appropriate external agencies to create specialist teams to support PSHE delivery and to improve skills and knowledge: such as a school nurse, sexual health outreach workers and drug education advisors;

A visit from us can provide evidence of a school's ability to involve and integrate appropriate external agencies. We follow DfES guidance in relation to effective integration of our programmes within schools' existing PSHE provision.

1.9 uses local data and information to inform activities and support important national priorities such as reducing teenage pregnancies, sexually transmitted infection and drug/alcohol misuse.

Educators are trained to have up-to-date knowledge of health-related issues, including trends in drug use, in their local area.

2. Healthy Eating Pupils have the confidence, skills and understanding to make healthy food choices. Healthy and nutritious food and drink is available across the school day.

A Healthy School:	How Life Education programmes support schools in meeting the criteria:
2.4 involves pupils and parents in guiding food policy and practice within the school, enables them to contribute to healthy eating and acts on their feedback;	The Key Stage 1 Assembly Programme workshop with parents/carers has a strong focus on promoting healthy eating habits. It provides schools with a starting point for beginning a consultation process with parents/carers by developing their confidence and increasing their understanding of food choices, nutrition and how to encourage healthy eating choices in their children.
2.9 ensures that pupils have opportunities to learn about different types of food in the context of a balanced diet, understanding the need to avoid the consumption of food high in salt, sugar and fat and increase the consumption of fruit and vegetables.	Our programmes are based on a holistic approach to drug education which includes the importance of eating a balanced diet. This is a strong focus in our early programmes and, if required, can be given a stronger emphasis in others. Please discuss your needs with your Educator.

3. Physical Activity Pupils are provided with a range of opportunities to be physically active. They understand how physical activity can help to be more healthy and how physical activity can improve and be a part of their everyday life.

A Healthy School:	How Life Education programmes support schools in meeting the criteria:
3.4 provides opportunities for all pupils to participate in a broad range of extracurricular activities that promote physical activity;	The importance and benefits of physical activity – including its impact on emotional health and well-being – are discussed in our programmes. This can be given a stronger emphasis in your chosen programmes, if required. Please discuss your needs with your Educator. Pupils participate in physical activities in some programmes in order to reinforce the positive aspects discussed.
3.8 gives parents/carers the opportunity to be involved in the planning and delivery of physical activity opportunities and helps them to understand the benefits of physical activity for themselves and their children.	The workshop for parents/carers, which is a key component of our Key Stage 1 Assembly Programme, can be used to raise awareness and understanding of the benefits of physical activity. Please discuss this with your Educator if you are using this programme.

4. Emotional Health and Well-Being **Promoting positive emotional health and well-being to help pupils understand and express their feelings, and build their confidence and emotional resilience and, therefore, their capacity to learn.**

A Healthy School:

How Life Education programmes support schools in meeting the criteria:

4.1 identifies vulnerable individuals and groups and establishes appropriate strategies to support them and their families;

There is a strong theme throughout all our programmes about developing pupils' assertiveness skills and emotional resilience.

The transition from primary to secondary school presents many challenges for children. The Life Education Transition Assembly Programme provides support for children and their parents/carers and specifically addresses issues that children and parents have identified as important for them at this time. These include: bullying, self-esteem and drugs. Please ask your Educator for information about the Transition Assembly Programme.

4.2 provides clear leadership to create and manage a positive environment which enhances emotional health and well-being in school – including the management of the behaviour and rewards policies;

Educators model good practice in positive behaviour management techniques and effective teaching and learning strategies. The specific techniques have been developed in close consultation with a range of expert educational practitioners [see page 8 of our booklet PSHE & Citizenship including Drug Education: Support for Schools (5th Edition) for details of this].

Our Staff Inset session offers opportunities to learn more about these strategies and the rationale behind their development. We can also provide observation sheets for teachers to use whilst participating in the programme with their class. These can help focus teachers' observations on particular techniques and strategies of positive learning and teaching styles and behaviour management.

4.3 has clear, planned curriculum opportunities for pupils to understand and explore feelings using appropriate learning and teaching styles;

Recognising and managing feelings is a strong theme that runs through our programmes. See pages 15-31 of our booklet PSHE & Citizenship including Drug Education: Support for Schools (5th Edition) for details of specific programme objectives that relate to this.

4.5 has explicit values underpinning positive emotional health which are reflected in practice and work to combat stigma and discrimination;

Educators are trained in techniques that enable them to deliver programmes which are inclusive and positively challenge stigma and discrimination, and celebrate diversity and individuality. Educators explicitly create a positive and safe learning environment where sensitive issues can be raised and explored safely within the group.

A Healthy School:	How Life Education programmes support schools in meeting the criteria:
<p>4.6 has a clear policy on bullying, which is owned, understood and implemented by the whole school community;</p>	<p>Programmes develop in children and their teachers an awareness of peer dynamics and strategies for operating effectively within the peer group. Pupils have the opportunity to build on and practise skills in relation to these issues.</p> <p>Educators can provide information, advice and guidance about other support agencies and resources that can help in the development and implementation of policy in relation to this.</p> <p>Some Educators offer anti-bullying Inset. This looks at the research that informed the bullying behaviours and developing assertiveness elements of our programmes. It also gives staff an opportunity to explore how these themes relate to their particular context. Please ask your Educator for details of this.</p> <p>In the Transition Assembly Programme workshop for parents/carers we explore the issue of bullying behaviour. This is within the context of developing children's self-confidence and assertiveness skills. Please ask your Educator for details of this programme.</p>
<p>4.8 provides opportunities for pupils to participate in school activities and responsibilities to build their confidence and self-esteem.</p>	<p>The development of pupils' confidence and self-esteem is one of the central aims of our work. This is reflected in both the content of our programmes and the positive learning and teaching techniques that are used to deliver them.</p> <p>Educators are specifically trained to use a range of positive techniques that promote individual pupils' self-confidence and self-esteem.</p> <p>Educators have also been trained to deliver Inset for schools that explore these techniques, including how they were developed and their impact on children's abilities to learn effectively.</p>

A: Nottinghamshire Evaluation: Speed, Martha and Fearnley, Bev with Brian Pearson (DEPIS Consultant): Life Education Centre; 2004

After consultation, a pilot study using focus groups of school staff (teachers and PSHE Coordinators) was conducted to get detailed responses to assess the effectiveness of Life Education Centres' (LEC) visits, including specific benefits to teachers. There were 6 – 10 participants from each of the two schools in the pilot study. Discussions were based upon a series of questions that were distributed to participants at the start of the sessions. Verbal and non-verbal communication patterns were noted, and sessions were audio-taped (with permission and assurance of confidentiality beforehand) and transcribed.

Findings:

- Teachers clearly stated that LEC's teaching style had influenced their teaching
- LEC programmes stimulated useful discussions, including topics the teachers themselves have difficulty raising
- The impact of LEC was seen to be lasting, beyond the immediate experience of the programme. In addition, the pupils' excellent recall of what they had covered was widely noted; teachers described learning more about their pupils as they participated in the LEC programme
- Teachers reported positive effects of the LEC visit, especially regarding their planning of Drug Education and PSHCE; and also reported greater confidence in their delivery of Drug Education
- PSHCE Co-ordinators noted an effect upon the development/review of schools' drugs policies, primarily that LEC is incorporated into and an integral part of the school year/policy.

B: *Evaluation of Aberdeenshire Life Education Centre: Eastwood, David; Philip, Kate and Shucksmith, Janet; The Rowan Group, School of Social Science; University of Aberdeen; 2004.*

The research techniques included the use of a questionnaire survey of Headteachers and teachers in Aberdeenshire primary schools included in the ALEC area of operation, and semi-structured interviews with individual Headteachers and teachers, and group interviews with pupils, in eight representative Aberdeenshire primary schools which had received a visit from the ALEC mobile classroom. The questionnaire survey achieved a return of 50% and the analysis was based on 60 responses from Headteachers and 136 responses from teachers of classes which had attended the ALEC presentation. The teacher responses were allocated into a group of 61 responses for early primary and 75 responses for older primary classes.

Findings:

- Headteachers wanted LEC to continue, and saw LEC as a significant component of Health Education, and in a majority of schools (70%), LEC was seen as integral or related to the school's internal Health Education programme (other schools saw it as a valuable added resource)
- Assessing reaction to the LEC programme, 98% of Headteachers reported that teachers were very enthusiastic and 99% of teachers reported that virtually all pupils were very interested. Without exception in Headteacher and teacher interviews there was praise for the way in which the LEC Educator conducted the classes. The immediate impact of the LEC presentation was assessed as "very significant"
- Pupils of all ages could recall significant information about healthy living. In general, pupils remember many aspects of the LEC programme with enthusiasm.

C: *Evaluation of the Impact of a Life Education Centre in the Ulster Community and Hospital Trust Area:* Fleming, Paul and Casson, Karen: University of Ulster; 2002.

The objective was to understand the impact of an LEC intervention on the lives of students, teachers, school governors, and parents in three primary schools of varying sizes and profiles. An in-depth qualitative study was the method used to achieve these aims. The sample included three different types of primary schools and two specific year groups: P5 (59 8/9 year olds) and P7 (64 10/11 year olds). Principals, teachers, and parents were questioned using semi-structured interviews. Children were assessed through the use of the "Draw and Write" technique in which they reflected upon their learning (recall was used as a measure of the impact of the LEC programme).

Findings:

- In general, LEC was appropriate to the age and stage of the students; used Educators with excellent skills; had preparatory visits for school teachers that were considered to be "indispensable", and used role play scenarios and direct drug education that teachers found "particularly helpful"
- Programme 5 children had greatest memories of strategies used to work on cigarette and alcohol use
- The researchers noted in their summary that LEC made a highly positive impact on the schools.

D: *An Evaluation of Life Education Centres Mobile Classroom Project (Year 4):* Community Action Research Group, University of Nottingham, 2000.

In order to assess the effects of Life Education Centres on Year 4 pupils, this study used two groups: a subject group (208 children who participated in LEC) and a control group (156 who did not participate in LEC). Each group's pre- and post-test results were compared in the data analysis. The study focused on LEC's learning objectives as its basis for evaluation of the programme.

Findings:

- Increased LEC children's knowledge of the body and they had a deeper understanding of body functions and confidence of this knowledge when compared with the control group
- LEC children also increased their awareness of substances that are drugs (including types of alcohol), while the control group did not show this increased awareness. These children were considering their lifestyles more carefully after participating in LEC when compared with the control group
- The researchers concluded that the subject (LEC) group had shown a significant increase in the proportion of positive responses to the questions throughout the study. There were quite dramatic improvements in all of the areas that were being tested. The fact that the control group did not mirror these increases, and they were quite large in most cases, suggests that this is a direct consequence of the subject (LEC) group's participation in the sessions. The continued inclusion of this project in the Year 4 teaching curriculum would appear to be an asset to the schools, an important resource for supporting parents and a vital source of information at an early age for the pupils.

A: Teacher Evaluations (2004)

Standardised evaluation questionnaires assessing the usefulness of Life Education's programmes for teachers and schools, delivery, content and impact were completed by 124 teachers in 34 schools after visits in Bradford (response rate unknown) and Northamptonshire (97% response rate).

Findings included:

- 80 – 100% of teachers (99%, average percentage) stated that Life Education's programmes complemented their curricula. The majority of these teachers (92%) found Life Education's programmes helpful as a tool for planning and implementing health studies. The majority of teachers (97%, average percentage) believed that local needs and interests were being addressed through the programme
- 60 – 100% of teachers (89%, average percentage) cited positive programme impact on children. Most frequently mentioned were children's interest and participation in the programme, gains in knowledge (especially regarding the body), and the positive and interactive teaching style
- 85 – 100% of teachers (98%, average percentage) believed programme questions and content were suited to children's needs and interests
- As a result of Life Education's visits, an average of 79% of teachers said that drug/health education was incorporated into their classrooms and an average of 51% of teachers stated that drug/health education was incorporated into their schools
- An average of 54% of teachers reported that they picked up useful teaching techniques by observing Life Education's Educators' teaching style, primarily noting the interactive nature and use of lively learning activities and objects.

B: *Headteachers' Evaluations 2005:*

Twelve representative schools receiving Life Education visits in Derbyshire were selected and their Headteachers received standardised evaluation questionnaires to complete assessing the content, delivery and impact of Life Education's programmes.

Using a rating scale (poor, below average, average, good, or excellent):

- 100% rated Life Education's suitability to the needs and interests of children as good (25%) or excellent (75%)
- 100% rated Life Education's impact upon children as good (50%) or excellent (50%)
- 100% rated Life Education's curriculum support value as good (33%) or excellent (67%)
- 100% reported that Life Education's programmes/resources complement/reinforce the curriculum
- 100% indicated that Life Education's programmes/resources complement/reinforce other educational resources being used by the school/community.

C: *Summary of Findings from a Pre-Test/Post-Test Evaluation of Children, 2005*

This study used standardised pre-testing and post-testing (immediate - after the Life Education visit and delayed – one month later) with a class of Year 6 children from three different schools in the same demographic area. A control group could not be used from the same area as all schools were receiving Life Education. A total of 73 children participated in the study.

This research detailed in "Evaluation of West Midlands Life Education Centres" (Angela Eason, June 2005) aimed to establish the levels and type of knowledge about drugs of children aged 10 - 11 years old. The knowledge of three groups of children from three schools was assessed before a visit by Life Education, immediately after the visit, and around a month later.

Some of the main findings include:

- There was a significant increase in knowledge and awareness of solvents post-visit
- In most cases, children were aware of a realistic person whom to contact if they needed help with health decisions. Some children were made more aware of Helplines, e.g. Childline
- Children had a realistic understanding of the many reasons why people use drugs and they focused on the negative side of drug taking
- 90% of children said they had learnt something new after their visit to LEC
- 52% of children, when tested a month later, said they had used the information to help them in a decision.

D: *Research Conducted With Parents 2005*

Summary of Findings – Assembly Programme Assessment 2005

After participating in the Assembly Programme, 113 parents from seven schools in Bristol, Northumberland and West Yorkshire (response rates ranging from 71% - 100%) completed standardised evaluation questionnaires assessing the impact of the programme on their knowledge regarding the specific objectives and engagement with schools.

Main findings included:

- 81% learnt something new about encouraging a healthier lifestyle for their child/children
- 78% learnt something new about positively managing the behaviour of their child/children
- 81% reported that taking part in the Life Education Assembly Programme made them more likely to attend things at school in the future.

E: Summary of Findings – Seven Session Parenting Course Assessment (2005)

58 parents from six schools in Leicestershire, Nottinghamshire, and the West Midlands (response rates ranging from 50% - 100%) completed standardised evaluation questionnaires assessing the delivery, content and impact/usefulness after participating in the Seven Session Parents' Course.

Main findings included:

- 97% rated the course's content as very good or excellent
- 92% rated the course's suitability to their needs/interests as very good or excellent
- 90% rated the course's presentation as very good or excellent
- 86% learnt new things about parenting
- 71% used some of the new things they learnt from the course.

21 of these parents took part in a pre-test/post-test study – completing a pre-test before the start of the Seven Session Course and completing a post-test at the end of the seven weeks. The findings included:

- 76% increased their self-confidence regarding getting their child/children to stop doing a behaviour the parent does not like, without the parent shouting or smacking
- 67% increased their self-confidence regarding ignoring their child/children's negative behaviour
- 62% increased their self-confidence regarding knowing about drugs (what they are, their effects on the body and behaviour)
- 57% increased their self-confidence regarding talking to their child/children about drugs
- 57% increased their self-confidence regarding knowing about services in their local community that can support people affected by drug use.