

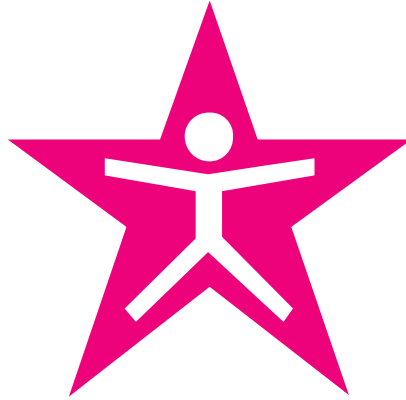


Life Education Centres

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Life Education Centres

**Drug Prevention Education:
helping children make healthy choices**

Evaluation Pack 2004

**Children, Teachers,
Headteachers and Parents**

The Evaluation of Life Education Centres' Impact
Evaluation of Life Education Centres' Effectiveness:
Best Practice and Achievement of Programme Objectives
Evaluating Life Education Centres' Prevention Programmes:
A Summary of Research Findings
Research Reports [List]

An Evaluation of Life Education Centres Mobile Classroom Project [Year 4]
Evaluation of the Impact of a Life Education Centre on Primary Schools in the
Ulster Community and Hospital Trust Area

Children's Comments About Life Education Centres:
Highlights From Evaluation Questionnaires in 2003

Teachers' Comments About Life Education Centres:
Highlights From Evaluation Questionnaires in 2003

Headteachers and Others' Comments About Life Education Centres:
Highlights From Evaluation Questionnaires in 2003

Life Education Centres' mission is:

To work in partnership with schools and 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 risks associated with the use of drugs, including alcohol and tobacco.
- educating and supporting parents, carers, teachers and others in the community to communicate healthy lifestyles messages effectively.

Within the context of its mission, Life Education Centres provides **drug education** programmes, which are designed to support and enhance **community drug prevention education**.

Life Education Centres defines **Community Drug Prevention Education** as:

An integrated, multi-faceted and developmental approach to drug prevention and education, which is evidence-based and set within a health promotion framework.

The aim is to unite individuals, in their various roles within communities, in conveying consistent messages about drugs and their detrimental effects and in disseminating messages of the benefits derived from healthy lifestyles.



The Evaluation of Life Education Centres' Impact

Effective drug prevention education needs to start when children are young and it requires ongoing and long-term active participation from families, schools, communities, society, and the media. Life Education Centres uses the proven community approach and follows the best practice guidance in drug prevention education advised by government and professional bodies [“PSHCE and Drug Education: Support for Schools (A comprehensive guide to Life Education Centres and its work with schools)”]. Life Education Centres has *objectives that are appropriate for its level of community-based drug prevention education* - knowledge, initial attitude formation, and initial behavioural intentions. Changes in knowledge, attitudes, and behavioural intentions occur over time and need to be reinforced on an ongoing basis in order to become the foundations for any behaviour change that could occur much later. Therefore, widespread, immediate behaviour change cannot be expected at this level, nor if families, schools, communities, society, and the media are not *actively* promoting drug prevention on an ongoing and long-term basis.

The processes of effective community drug prevention and evaluation are complex. As a community drug prevention programme, Life Education Centres does not and cannot work in isolation, especially with the great impact that families, peers, schools, and the broader community have upon children. Research shows that Life Education Centres' programmes are *effective for its level of service provision* – the programmes have a positive impact upon children's knowledge, initial attitude formation, and initial behavioural intentions, which are the precursors of any future behaviour change, as long as they are encouraged and reinforced by the family, community, and society.





Evaluation of Life Education Centres’ Effectiveness: Best Practice and Achievement of Programme Objectives

- 1. Life Education Centres follows best practice guidelines in the field of Community Drug Prevention Education** – these are outlined in the document “PSHCE and Drug Education: Support for Schools (A comprehensive guide to Life Education Centres and its work with schools)”. This document shows how LEC has adhered to the *researched and proven directives (standards) for effective drug prevention programmes that have been prescribed by the National Curriculum*. In addition, Life Education Centres contributed to the definition of drug prevention in “Tackling Drugs Together”.
- 2. Life Education Centres accomplishes its goals/measurable outcomes (increasing knowledge, affecting attitude formation and initial behavioural intentions).** *As seen in this Evaluation Pack, there have been 137 studies evaluating the impact of Life Education Centres (24% of these studies have been conducted by independent evaluators). Life Education Centres does have a positive effect by increasing knowledge about the body and drugs and affecting initial attitude formation and initial behavioural intentions.* Research also shows that teachers believe that Life Education Centres effectively provides and adds needed drug prevention/health education to their schools in a way that the classroom teacher could not provide. Life Education Centres also does extensive research (needs assessments and pilot studies) regarding any new programmes or programme resources (publications, videos, etc.).





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Evaluating Life Education Centres' Prevention Programmes: A Summary of Research Findings

January 2004

Susan Kaplin
Director of Research

This report is issued as part of Life Education Centres' ongoing commitment to research that furthers the understanding, theory and practice of community drug education.



Introduction

Evaluation of Life Education Centres

Since 1982 Life Education Centres' work has been the subject of numerous rigorously and accurately designed and conducted evaluations. As of this date, **there have been 137 studies evaluating the impact of Life Education Centres – 33 of these studies (24% of all 137 studies) have been conducted by external evaluators outside of Life Education Centres** (including researchers from universities, medical schools, health/public health and education government departments and local authorities, health education co-ordinators, a university research and statistics department, drug information centres, and a market research company).

Through their studies, these **external evaluators have consistently and independently found that Life Education Centres is a successful drug prevention programme in that it meets its objectives of increasing awareness and knowledge, changing attitudes and affecting initial behavioural intentions.** Studies also show that **Life Education Centres, being a community programme, serves as a catalyst and has an impact on classrooms and schools.** As a direct result of participating in Life Education Centres, classroom teachers and schools report increases in work reinforcing Life Education Centres' programme content, which furthers the impact on children.

In addition to ongoing programme impact evaluations, **Life Education Centres conducts needs assessments before designing new programmes or materials,** as well as **pilot studies evaluating their content, delivery and effects.** The findings from these pilot studies are **used to create the most effective final programmes and materials.** Life Education Centres also has an ongoing system of operational evaluation to assess, for example, its Educator training and annual national conferences.

The research, practice and theory of drug prevention, as well as the evaluation of other drug prevention programmes, support Life Education Centres' research findings and, fundamentally, its objectives. [For a more detailed description, see "Life Education Centres and Drug Prevention Directives From The Government and Professional Groups," Susan Kaplin, 1999]. Drug prevention is indeed a **successful strategy** in addressing the drug problem. **Drug prevention programmes decrease drug use when they are ongoing, comprehensive, family-oriented, community-based and delivered within social systems that are supportive of the prevention of drug use.**

The following is a summary of important research findings from teachers, children, parents and LEC Educators. Further, more detailed information is available through Life Education Centres.





Summary of Findings From Studies Evaluating Life Education Centres

Teachers' Evaluations

- **80 – 100% of teachers (97%, average percentage) stated that Life Education Centres' programmes complemented their curricula.** The majority of these teachers (92%) found Life Education Centres' programmes helpful as a tool for planning and implementing health studies. 95% found Life Education Centres' programmes helpful in reinforcing classroom 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 (93%, 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), the positive and interactive teaching style, the stimulating and thought-provoking programme content, and the audio-visual aids and effects that aided learning.
- **85 – 100% of teachers (97%, average percentage) believed programme questions and content were suited to children's needs and interests.** When rating children's understanding of concepts, **75 – 100% of teachers (91%, average percentage) reported that it was excellent or good.**
- **Follow-up activities were conducted by 55 – 100% of teachers.** Most follow-up work included discussions and relevant activities (writing, art, displays, group activities – including role play).
- As a **result of Life Education Centres' visits, an average of 79% of teachers said that drug prevention/health education was incorporated into their classrooms** and an **average of 51% of teachers stated that drug prevention/health education was incorporated into their schools.**
- **An average of 40% of teachers reported that they picked up useful teaching techniques** by observing Life Education Centres' Educators' teaching style, primarily noting the interactive nature and use of lively learning activities and objects.
- **99% of teachers noted the lasting effect of the programme** (eg increases in knowledge and decision- making skills).
- **76 – 100% of teachers (93%, average percentage) wanted annual Life Education Centres' visits. Nearly all teachers (97%) would recommend Life Education Centres to their colleagues,** primarily because they believed it was a beneficial programme for children.



Headteachers' Evaluations

Summary of Findings (Average Percentages) From Headteachers' Evaluations in the UK, 2003:

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

- **100% rated Life Education Centres' impact upon children as good or excellent.**
- **90% rated Life Education Centres' impact upon their schools as good or excellent.**
- **92% rated Life Education Centres' curriculum support/academic value as good or excellent.**
- **90% rated Life Education Centres (overall assessment) as good or excellent.**

- **89% reported that Life Education Centres' programmes and resources complement existing educational resources** being used in their schools/communities.

- **100% believed that Life Education Centres is a valuable resource** for their schools and communities.

Children's Evaluations

Summary of Findings (Average Percentages) From Children's Evaluations in the UK, 2003:

- **80% understood the entire programme** they attended.
- **85% learnt something new** as a result of participating in Life Education Centres.
- **83% thought more about how to keep healthy** as a result of participating in Life Education Centres.
- **47% tried something new to keep healthy** as a result of participating in Life Education Centres.
- **81% would like to participate in Life Education Centres again.**
- **66% would talk to their parents about their Life Education Centres' visit.** (This broadens the impact of the programme.)

Results From a National Study Completed in the UK

This study described in "Evaluating Life Education Centres Programming: An Assessment of Children, Teachers and Educators in the UK" further examined how the programme meets participants' prevention needs, as well as the programme's impact on children and teachers. Some of the main findings include:

- **99% of teachers stated that Life Education Centres' programmes had a positive impact on children. 93% of children gave the highest possible rating** when evaluating LEC.



- **89% of children reported learning new things as a result of Life Education Centres' programmes**, primarily about the body and drugs. **47% of children said they would do or try something new after participating in Life Education Centres**, most reporting that they would not use drugs.
- **All Educators indicated that children's discussion trends focused on drugs and their effects.**
- **51% of teachers stated that they picked up useful teaching techniques** by observing the Life Education Centres' Educators' teaching style.
- **69% of teachers believed that Life Education Centres' programmes complemented their curricula and approaches in the classroom.**
- **83% of teachers indicated that drug prevention/health education was incorporated into their classrooms as a result of Life Education Centres' visits and 48% reported that drug prevention/health education was incorporated into their schools as a result of Life Education Centres' visits.**
- **70% of Educators reported that the schools they work in had increases in the levels of drug prevention/health education since Life Education Centres started visiting these schools.**
- **71% of children would discuss Life Education Centres' visits with their families**, 65% would discuss it with their teachers and 65% would discuss it with their friends.
- **95% of teachers would like annual visits. 89% of children would like to visit LEC again.**

Research Conducted With Parents

As stated previously, prevention programmes need additional sources of active involvement. The support of parents in primary prevention work is a major factor that needs to be used much more than it is currently. Because of the important and continual influence of parents, Life Education Centres has conducted extensive needs assessments of parents and professionals in the field of prevention. [For example, "Prevention Programming for Parents: Research, Services and Needs Assessments of Key Informants and Parents" in 1992, to develop the resulting parents' video and book; and "Parents' Knowledge, Attitudes and Experiences Regarding Drug Prevention: Results From Life Education Centres and Barclays' Parents Fact Sheet Questionnaire (Report 2)" in 1999.]



Results of Parent Questionnaires (1999 study cited above)

- **73% of surveyed parents were worried that their children will try drugs.** 15% were unsure and 12% were not worried that their children will try drugs.
- **94% of surveyed parents believed that drug prevention programmes should cover legal drugs (cigarettes, alcohol) as well as illegal drugs.** 3% felt that legal drugs do not need to be included and 3% were unsure.
- **96% of surveyed parents believed it was their responsibility to prevent their children using drugs** (this percentage was the same as it was in the 1992 study). 2% were unsure and 1% believed it was not their responsibility.
- **96% did not believe that only experts** (teachers, health workers) **could prevent children using drugs.** 1% believed that only experts could prevent drug use and 2% were unsure.
- **Many parents were unsure about how to handle drug prevention issues:** 32% were unsure about how to get information, 40% were unsure about what to do to prevent the chance that their children may use drugs, 31% were not sure about the types of drugs available and 24% were unsure about the effects of drugs available to young people.
- **54% of surveyed parents reported that there was not enough assistance given to parents** to help prevent their children's possible drug use. 32% were unsure and 14% believed there was enough assistance.
- **58% of surveyed parents believed that if there were more drug prevention programmes for young people, there would be fewer drug problems in society.** 36% were not sure and 7% did not think this is true.

Results of the Pilot Study of Life Education Centres' Parents' Video

After a single viewing of the video:

- **89% of parents believed the video was very or somewhat helpful to them.**
- **89% reported that they understood the content of the entire video.**
- **83% would recommend this video to other parents.**
- **54% reported that they learned new things from the video** (primarily how they could help their children resist drug use and how to assess children's behaviour changes). (Others who reported that they did not learn new things stated that the video reinforced things they already knew).
- **54% felt more confident in dealing with drug prevention with their children.**



Results of the Three Month Follow-up Study of the Impact of the Parents' Video

- **54% of parents remembered information they learned about different types of drugs and their effects. 31% of parents remembered what they learned about parenting information** (primarily communication).
- **54% of parents reported that the video helped show them how they could prevent children's drug use and that they learned new skills to do so.**
- As a result of viewing the video, **69% of parents had talked with their children about drug prevention issues and would continue to do so.** (The remaining 31% had not had discussions at this time, but had plans to do so.)
- **54% of parents stated that they felt more confident about handling drug prevention with their children** (the same percentage as in the previous study conducted immediately after viewing the parents' video, showing that the effects on confidence did not dissipate after the three month interval).

Results From Parents' Questionnaire (Fridge Magnet Promotion)

- **81% of the surveyed 1,219 parents across the UK reported that their children discussed Life Education Centres' visit with them.**
- **93% of parents would like their children to continue to participate in Life Education Centres.**

Conclusions

Effective drug prevention needs to start early, be continual and cover a variety of topics for children to learn new information, change their attitudes and, thus, ultimately change behaviour. Life Education Centres' programmes have been designed with those requirements in mind. Research into similar prevention programmes has shown positive results when assessing behaviour change with regard to drug use. **Evaluation of Life Education Centres has shown that its programmes are a needed resource, complement school and classroom curricula, stimulate further prevention work in the classroom, increase children's knowledge and affect their attitudes and initial behavioural intentions, and help parents provide effective drug prevention in the home.** These are appropriate objectives to meet at this stage of drug prevention within the UK at present.





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Research Reports

January 2004

Susan Kaplin
Director of Research

This report is issued as part of Life Education Centres' ongoing commitment to research that furthers the understanding, theory and practice of community drug education.



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An Evaluation of Life Education Centres Mobile Classroom Project (Year 4)

Community Action Research Group
University of Nottingham
November 2000

Background Information

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

- Knowledge of the body
- Understanding of bodily functions
- Awareness of drugs
- Attitude to lifestyle

[The study assessed the results of a *single* LEC session, so the findings are viewed in this context. For example, regarding attitudes, attitude change would be unlikely after only one session of LEC. In the process of change, using the community drug prevention education model, knowledge is most likely to increase, while attitudes (especially regarding lifestyle) are often ingrained and influenced by the family and would be less likely to change after only one session of a programme. Further sessions would be needed and ongoing follow-up by families and teachers.]

Main Findings

- **Knowledge of the Body:**
 - Regarding knowledge of organs in the body, the subject (LEC) group had an average increase of over 15% compared to less than a 3% change in the control group. (The control group finding shows that the control group's knowledge of the body did not significantly change).
 - When asked to give the correct names to certain major bodily systems, all of the systems were named more accurately by the subject (LEC) group in the post-test



than in the pre-test, showing an increase in knowledge.

The increases in the proportion of pupils participating in LEC who were able to answer questions correctly suggest that the LEC pupils have in fact acquired more knowledge. This, combined with the consistency of the increases in knowledge, suggests that pupils are now more confident of their knowledge.

• **Understanding of Bodily Functions:**

- While the control group displayed inconsistency regarding their understanding of bodily functions (for example, unclear responses increased by 35% for the question that asked pupils to name three things the body needs to stay fit and healthy), the subject (LEC) group decreased their unclear responses by roughly 30%.
- Regarding the location and names of systems and organs in the body, the control group continued to vary their answers, suggesting they were maintaining their incorrect view of the human body, or answering in a more random fashion (this is supported by an average 4% *decrease* in correct responses from this group). However, on average, 11% more pupils from the subject (LEC) group could respond correctly to the question after their session than could before.
- In response to the question relating to how smoking can damage a person's health, the "No Answer" response accounted for a third of subject (LEC) group responses *before* the session, but only 14% afterwards.

Overall, this section suggested that the control group pupils were not sure of their answers. However, the subject (LEC) group pupils have developed an understanding of the human body, rather than the basic grasp of the idea that the control group appears to show.

• **Awareness of Drugs:**

- After the LEC session, the subject (LEC) group showed a large increase in their awareness of which common items contain drugs. All seven items had a significant increase in positive responses, with the responses for beer and cigarettes both increasing to over 98% of respondents indicating that these items contained a drug. The control group were aware of the commonly acknowledged items that contain drugs, but showed little or no awareness that the other items they frequently use also contain drugs.
- The subject (LEC) group also had an increase of over 12% of respondents indicating that their parents are the best source of advice on health. This follows LEC's ethos of being a community drug prevention education programme that actively encourages parental participation in the education of their children about the dangers of drugs.

After the LEC session, the subject (LEC) group increased their awareness of which common items contain drugs and they showed an increase in viewing their parents as the best people to turn to regarding health advice.



- **Attitude to Lifestyle:**

Although the changes in attitude to lifestyle are less obvious than other markers, this is expected due to the longer-term nature of attitude development and change.

- When asked to give two decisions that they had made on the day of the test, the response that increased in frequency the most for subject (LEC) pupils was “Not to smoke”.
- In examining the pupils’ attitudes towards staying healthy, there was a significant increase in the response “So I live longer” that is more positive in motivation than the “So I don’t die” response given by a similar proportion of the control group.
- There was also an increase in the proportion of subject (LEC) pupils giving clear answers. They also responded to the question “Why are you special?” with a greatly increased proportion of the group expressing individuality (an LEC programme objective).

The results from the examination of pupils’ attitudes to their lifestyles are highly encouraging, as they suggest that the pupils are considering their lifestyles more carefully after participating in LEC. There were no negative responses from the subject (LEC) group, and on two of the questions there were very positive results.

Summary

The subject (LEC) group has 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 taught by Life Education Centres.** The project appears to **encourage the pupils to discover more about the functions of their bodies and to raise awareness of their surrounding environment in a constructive and supporting way.** 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.





“Evaluation of the Impact of a Life Education Centre on Three Primary Schools in the Ulster Community and Hospital Trust Area”

Paul Fleming and Karen Casson,
University of Ulster, 2002

Background Information

The objective of the independent evaluation assessing the effect of LEC 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 (8/9 year olds) and P7 (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).

Main Findings

- **Impact of LEC:**
 - The LEC visit was considered to be well organised and administered: All three schools found the administrative and practical arrangements surrounding the LEC visit to be acceptable.
 - The LEC programme was, in general, appropriate to the age and stage of the students.
 - The LEC Educator had excellent communication and class management skills, which were appropriate across all seven year groups of the primary school.
 - The preparatory visit for schoolteachers was considered to be indispensable and pitched at the appropriate level in terms of time and teacher engagement.
 - Teachers tended to find the role play scenarios and direct drug education particularly helpful.



- P5 students had the greatest memory of Harold the Giraffe, a puppetry strategy used for work on cigarette and alcohol use; followed by the brain, Planet Zog and the Aliens (conformity/uniqueness), the body, the mobile unit and its audio-visual technology, and the video which focused on cigarette and alcohol issues.
- P7 students most frequently remembered the tactile experience of the human model (TAM) which illustrated information about the body/its organs; followed by the mobile unit and its audio-visual technology, and drugs that were discussed during the session.

Summary

- **The researchers concluded:**

“This evaluation has shown that LEC is regarded favourably by the case-study schools as having made a positive impact on the life of each school. The forward strategy for the current LEC provision from this evaluation point would seem to be based on a ‘making good things better’ approach. Expansion of the service must be seen in the wider context of developments in health education, the current drugs strategy in Northern Ireland, and the needs of individual schools in the catchment area. This can only be for the good of the primary school population in the North Down and Ards areas”.

“The overall impression is that the LEC has, largely due to the performance of the LEC Educator, made a highly positive impact on the schools studied, thus laying down a firm foundation for ongoing development of the LEC concept”.





**Children's Comments About Life Education Centres:
Highlights From Evaluation Questionnaires in 2003**

Dorset

Weymouth

"I now think about whatever goes into your body affects your health."
"We learnt that it's important to look after our bodies and health".

Poole

"I will not be tempted to do unhealthy things that"

West Sussex

Bognor Regis

"I liked all of it, because it was all interesting and fun to learn".

Chichester

"I liked it when he (Educator) showed us all the parts of the body"

"When I see somebody smoking or drinking I now think of all the things happening to their bodies".

"Acting things out really helped me learn the things they (LEC) were"

West Ashling

"I think they (LEC) are really good and"

West Yorkshire

Bradford

"I learnt about all the body parts. I also learnt what can harm your body".

"I learnt a lot from it that would help me"

"I would like to (visit LEC again) because they are very educational and they make me think more about these things like drugs or"

Keighley

"I learnt how to make a decision about not smoking or taking drugs".





Teachers' Comments About Life Education Centres: Highlights From Evaluation Questionnaires in 2003

Dorset

Boscombe

Bethany C of E Junior School

"The children understand how dangerous drugs are".

Dorchester

St Osmund's Middle School

"(Children had a) greater understanding of how the body works, peer pressure and ways to counteract adverse peer pressure, and to think about the issues of drugs/alcohol – providing them with facts to help them make informed decisions".

Weymouth

Wyke Regis C.E. Junior School

"The children became aware of how to keep healthy".

Newcastle-Upon-Tyne

Belsay County First School

"It is an integrated approach permeating through all subjects".

"Children now realise how bad drugs are for your body".

Northamptonshire

Northampton

Earls Barton Junior School

"Children enjoyed the experience and multi-sensory approach to learning about the body".

Northumberland

Bedlington

Whitley Memorial C of E First School

"Children talked about the visit with their parents".

Berwick-Upon-Tweed

The Grove Special School

"Very worthwhile – at their level of needs".

Hexham

Slaley First School

"Brings greater detail and depth of learning to some areas I cannot cover to this extent. Adds audio-visual aids which are harder to provide. Gives links for work at home with parents".



West Sussex

Bognor Regis

Nyewood C.E. Junior School

"It (LEC) made them think about situations they might find themselves in and so encouraged questions".

Bartons County School

"There are strong PSICHE links".

Chichester

Lavant House (Rosemead) Primary School

"Children all enjoyed it and learned about the body and drugs".

Midhurst

Conifers School

"(LEC) extended their decision making skills by giving them strategies to say no to peer pressure (Year 6 particularly). Children realise that they can all make choices that affect their health/well being".

Rustington

Georgian Gardens C.P. School

"The children were totally focused throughout the delivery of the programme and from the feedback in the classroom and from parents, they obviously enjoyed every part of it".

West Ashling

Funtington Primary School

"(LEC) fulfils aspects of Science and PSHE National Curriculum".

West Yorkshire

Bradford

Buttershaw Primary School

"Reinforces fact-based teaching, develops group/team working amongst children, and enhances personal and emotional skills".

Westwood Park Primary School

"Children enjoy the experience and it is of benefit to them. Encourages many children who don't normally participate. Teaches them useful things in a fun way and tackles serious issues".

Bradford Moor Community Primary School

"Reception children wanted to talk about what they did and could discuss all the teaching points made".

Keighley

St Joseph's R.C. Primary School

"I have visited the LEC on four different occasions with different age groups and the children have always responded enthusiastically".

Ingrow Primary School

"Complements our social care of children who have many special needs. Helps to integrate home/school".





Headteachers and Others' Comments About Life Education Centres: Highlights From Evaluation Questionnaires in 2003

Headteachers Derbyshire

Alfeton

Glebe County Junior School

"Children are much more self-aware. It was good to have a self-contained, different environment. It was good for the morale of the school and there was active interest by parents".

Chesterfield

Speedwell Infant School

"[LEC has] relevant material, a lively delivery and presentation, and children relate well to the materials and content. Excellent response from staff".

Derby

Ashbrook County Junior School

"Pace and content (were) well suited to children's age and ability. A different approach/perspective stimulates children and teachers. Teachers are informed of areas for follow-up, etc. and there are opportunities to observe interaction. The children are always keen to re-visit and greatly enjoy the experience. The ideas/activities stay with them. The message gets through!"

Melbourne Junior School

"Drug Education units are planned to include LEC visits. LEC programmes contribute at an appropriate level to PSHE curriculum. The delivery of information – novel, motivating. Highly skilled/knowledgeable teacher. Multi-sensory – visual, auditory, kinaesthetic".

Ilkeston

Hallam Fields Junior School

"Fits in very well with the programme of work for PSHE/Drugs, Substance Misuse; and Science".

Matlock

Castle View Primary School

"Reinforced PSHE programme, a dynamic/visual teaching programme, enabled parents to discuss issues – with which they wouldn't normally have come to school. It is a real community asset – a fantastic experience and learning opportunity for the primary age range".



Swadlincote

Springfield Junior School

"(LEC gets) the message of a healthy lifestyle across to children in a positive and practical way. Thanks for a very valuable experience for the school".

West Sussex

Chichester

Lavant House Rosemead Primary School

"PSHE topics are taught in a fun way to enhance learning, resources are available that we don't have in school, and a different adult and approach often have more impact. (LEC) complements the Science programme and PHSE course".

Liphook

Hollycombe Primary School

"LEC supports the teaching in the school by varying teaching styles and strategies".

Midhurst

Conifers School

"The fact that it is its own learning environment with its own delegated teacher means that issues can be discussed openly and without embarrassment, it is specifically geared to different communities, and it stresses that there are choices in life".

West Yorkshire

Bradford

Bradford Moor Community Primary School

"(The main benefits of LEC are) support for PHSE, Healthy School Award, and R.E. Topics consolidate these programmes and support the school council".

St Luke's C of E Primary School

"A multi-sensory approach to learning, an enthusiastic vibrant educator, something very different. The programmes tie in with what is being taught in all the classes, which we link with our resources (we don't have an over-abundance of resources) and 'boost up' the said resources. It is exciting, very different, new educator – visually and mentally stimulating/challenging. It's lots of fun. What a great way to learn. A brilliant three days for staff and pupils".

Other Comments

Derbyshire

Ilkeston

Health Promoting Schools Co-ordinator, Smalley Richardson Endowed Primary School

"(LEC) is completely in line with our Drug Policy and developing PSHE policy and develops very important life skills. Resources and presentation were excellent".



Northern Ireland

North Down and Ards

J B Fitzsimons, Chief Executive, SEELB (South Eastern Education and Library Board)

"A very important initiative".

Lady Sylvia Hermon, MP for North Down

"...prevention is better than cure and clearly there are great social and economic benefits to such a project. ...it is important to ensure that the children of North Down and Ards are able to visit a mobile unit once a year and I would wish to add my support to your campaign".

Iris Robinson, MP for Strangford

"I have taken it upon myself to write to the NI Drugs and Alcohol Strategy Directorate encouraging them to support your initiative".

West Yorkshire

Bradford

Key Stage 1 Manager, Copthorne Primary School

"(LEC) is an affirmative, choice-based positive educational experience".

