

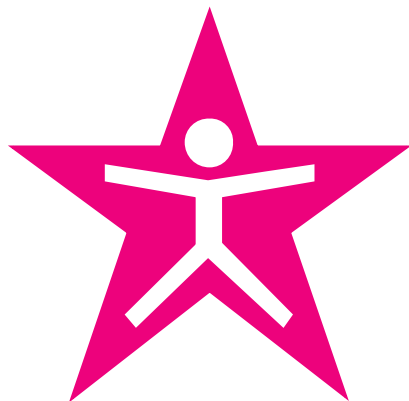


Life Education Centres

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Life Education Centres

helping children make healthy choices

Evaluation Pack 2005

Children, Teachers,
Headteachers and Parents

Life Education Centres' Mission

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

Life Education Centres Nottinghamshire Evaluation

Evaluation of the Aberdeenshire Life Education Centre

Children's Comments About Life Education Centres:
Highlights From Evaluation Questionnaires in 2004

Teachers' Comments About Life Education Centres:
Highlights From Evaluation Questionnaires in 2004

Headteachers and Others' Comments About Life Education Centres:
Highlights From Evaluation Questionnaires in 2004

Parents' Comments About Life Education Centres:
Highlights From Parenting Course Evaluation Questionnaires in 2004



Life Education Centres' Mission

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 148 studies evaluating the impact of Life Education Centres (25% 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.).





Life Education Centres

helping children make healthy choices

Evaluating Life Education Centres'

Prevention Programmes:

A Summary of Research Findings

January 2005

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 148 studies evaluating the impact of Life Education Centres – 37 of these studies (25% of all 148 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 children, teachers, Headteachers, and parents. 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 (99%, 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 (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), 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 (98%, 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 (85%, 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 54% 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 (92%, 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, 2004:

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

- **100% rated Life Education Centres' impact upon children as good or excellent.**
- **96% rated Life Education Centres' impact upon their schools as good or excellent.**
- **96% rated Life Education Centres' curriculum support/academic value as good or excellent.**
- **100% rated Life Education Centres (overall assessment) as good or excellent.**

- **96% noted that Life Education Centres' programmes/resources complement/reinforce the Curriculum.**

- **92% reported that Life Education Centres' programmes and resources complement existing educational resources** being used in their schools/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. In 2004, Life Education Centres conducted comprehensive evaluations of the delivery and impact of its Parenting Course.



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.**

Summary of Findings (Average Percentages) From Evaluations of Life Education Centres' Parenting Course, 2004

- **98% rated the quality of the presentation/training as very good or excellent.**
- **99% rated the content of the Parenting Course as very good or excellent.**
- **97% reported that the Parenting Course positively affected their attitudes and/or behaviour towards their child/children.**
- **94% would like to continue to meet as a group for ongoing support after the Course ended.**

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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helping children make healthy choices

Research Reports

January 2005

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”.





Life Education Centres Nottinghamshire Evaluation

Martha Speed and Bev Fearnley
with Brian Pearson (DEPIS Consultant)
June 2004

Background Information

After consultation, a pilot study using focus groups of school staff (teachers and PSHE Co-ordinators) 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.

Main Findings

- The active learning style used by LEC Educators was particularly highlighted by teachers. 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. 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.
- Teachers also reported greater confidence in their delivery of Drug Education, as LEC reinforced and complemented their work.
- 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.





Evaluation of Aberdeenshire Life Education Centre

David Eastwood, Kate Philip and Janet Shucksmith; The Rowan Group, School of Social Science; University of Aberdeen
August 2004

Background Information

The main objectives of the evaluation were:

- to examine the extent to which the Aberdeenshire Life Education Centre (ALEC) programme is integrated into the Health Education and PSE programmes already operating in Aberdeenshire primary schools,
- to explore the views of teachers on the ALEC experience of their pupils, including the relevance of the content, the methods of delivery, the response of the pupils and the impact on their education, and
- to explore the children's recall of the intervention and understanding of the relevant issues.

The research techniques included the use of a short 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.

Main Findings

- Overall, the response of Headteachers and teachers to the ALEC programme was extremely favourable. All surveyed Headteachers wanted the ALEC provision to continue.
- All schools made use of 'outside help' in Health Education (extensive use 24%, some use 76%) and saw the ALEC classroom as a significant component in this. In a majority of schools (70%), the ALEC provision was seen as integral or related to the school's internal Health Education programme; in other schools it was seen as a valuable additional resource.
- Only in a very few cases (5%) were there difficulties in accommodating the ALEC classroom close to the school.



- Assessing reaction to the ALEC programme, Headteachers reported that virtually all teachers were very enthusiastic (98%), and teachers reported that virtually all pupils were very interested (99%). Without exception in Headteacher and teacher interviews there was praise for the way in which the ALEC Educator conducted the classes.
- The immediate impact of the ALEC presentation was assessed as very significant. This finding is very much in line with other LEC evaluations. There is a general trend in the teacher questionnaire responses which seems to show a lesser impact for low achieving pupils and a diminishing impact as pupils get older. However, in the interviews, teachers commented on the enthusiasm and interest displayed by pupils of all abilities, although older pupils were seen as more 'street-wise' and hence a little more difficult to impress. The long term impact of the ALEC presentation was also assessed by teachers as significant although interviews indicate that 'long term' was perhaps an imprecise term as used in the questionnaire since it was open to the interpretation of 12-24 months. In interview, teachers were much more cautious when asked to consider effects "in secondary school" or "as young adults".
- Teachers assessed the ALEC programme as having considerable potential for 'follow-up' work in class (significant and fairly significant: early primary 74%, late primary 68%).
- Although Headteachers recognise the potential for staff development in the ALEC initiative (and teachers themselves are very interested), there is only limited evidence of teachers actually adopting the techniques they had seen in the ALEC presentation.
- Pupils of all ages can recall significant information about healthy living. With one exception, there appears to be very little difference in the attitudes of the children interviewed at this point. The exception is that older boys are willing to talk more openly about their experience of alcohol.
- There is little evidence of a specific impact from the ALEC programme on pupil recall or behaviour at this point. However, when prompted, pupils remember many aspects of the ALEC programme with enthusiasm, showing that its effect has been incorporated into the progressive cycle of the school's Health Education programme.
- There is evidence of participation from the parents of younger children in the ALEC programme, particularly in nursery. There seems to be a general tendency for parental contact to diminish as the children grow older. However, it would be incorrect to ascribe this entirely to a lack of interest, as there is evidence of discussion of the ALEC programme between parents and children at home without the intermediation of the school.





Children's Comments About Life Education Centres: Highlights From Evaluation Questionnaires in 2004

Bradford, West Yorkshire

"I learnt a lot from it (LEC) that would help me in future. They are very educational and they make me think more about those things like drugs or alcohol"

"I liked it because it helps you understand things. If someone wants you to do something and you don't want to do it then you say no straightaway".

"I thought about doing healthy things and making the right decisions".

"I learnt about all the systems that together work the body, and I learnt how dangerous drugs can be".

"I learnt two new techniques to stick up for myself. I will try to stick up for myself a bit more".

Keighley, West Yorkshire

"I learnt how important it was to keep my body healthy and I learnt how to make a decision about not smoking or taking drugs".

"I liked it when we talked about drugs, it made me feel safe".

Banbury, Northamptonshire

"I learnt a lot more about drugs and how bad they are. (LEC) taught us that you don't have to do what your friends do. I think about that I should eat healthy foods and not to smoke or take drugs when I'm older".

"I think about how badly smoking can damage you. I will tell my friends and family (information) about drugs".

"I think more about keeping ourselves healthy".

"I will try to make my own decisions about what I do and not let other people make me do things that I don't want to do".

Towcester, Northamptonshire

"I learnt about different body parts and eating fruit and vegetables".

"I will look after my body better".





Teachers' Comments About Life Education Centres: Highlights From Evaluation Questionnaires in 2004

Northamptonshire

Banbury

Chipping Warden Primary School

"The programme was thoroughly enjoyed by my mixed Year 1 / 2 class. They learnt and remembered a great deal".

Brackley

Syresham C of E Primary School

"The activities are different every year and the children therefore build on what they learn each year. The children also enjoy the activities and are motivated by them".

Kettering

Avondale Junior School

"Children became anti-smoking as a result (of participating in LEC)".

Northampton

Chiltern Primary School

"The children would not stop talking about it. They gave serious consideration to their future choices".

Cogenhoe Primary School

"The children returned (from the mobile classroom) with a very positive and mature attitude".

"They realised that smoking and drinking are harmful and we are in control of our bodies".

Road Primary School

"They were enthusiastic when doing follow-up work. They thoroughly engaged in tasks during and after the visit. They remember a lot of new information".

Spring Lane Primary School

"It is a valuable, worthwhile and memorable experience. The content and length of the programme were pitched exactly to the children's needs".

Wellingborough

Great Doddington Primary School

"The children are now able to talk openly (about important topics)".

Wollaston Primary School

"They thoroughly enjoyed it and retained a lot of the information".

"They remember their previous visits and look forward to the next".



Nottinghamshire

Ashfield

Leen Mills Primary School

"Parents were very impressed and appreciated the Parents' sessions. Very positive feedback from all staff and children. LEC is a very valuable resource in our teaching of PSHE and Drugs Education".

Bassetlaw

North Border Infant and Nursery School

"Children gained a great deal of knowledge and understanding about the body. They enjoyed the experience and it will give a basis for future planning and school-based activities".

Broxtowe

Banks Road Infant School

"The children were absorbed and clearly learning at the same time. The learning was suited to the age group and curriculum content".

Gedling

St Wilfrids C of E Primary School

"I was surprised at the amount the children recalled from their first visit in Year R. It had obviously made a lasting impression upon which to build this time".

Mansfield

Church Vale Primary and Nursery School

"Children remember much more when curriculum is delivered in this way".

Newgate Lane Primary School

"Addressed issues in a very sensitive way. Very child-friendly language and approach".

Newark

Oliver Quibell Infant and Nursery School

"Staff were very impressed with this year's programme and presentation. Children immediately showed increased self-esteem because of their involvement".

Rushcliffe

Redgate School (Special School)

"The children were so excited by the whole day and surprised us with their knowledge they have gained about health issues and their bodies".

Nottingham

Radford Primary School

"Children really enjoyed the experience and gained new skills and knowledge. The (Educators) dealt with the children very well and valued everyone's opinions".

Glapton Primary and Nursery

"The children always remember previous visits – by using discussion afterwards the children were aware of what is needed to be healthy and LEC clearly impacts on their learning".



West Yorkshire

Bradford

(schools not listed)

"It is an exact match to school ethos and philosophy in approaching children and issues. Furthered children's understanding of effects (of substances) on the body".

"They talk to their parents about some of the concepts that they have learnt in the Life Education Centre".

"It fits in really well with the work that we are doing and makes the learning memorable. The fact that it comes every year makes it even more special for the older children in the school".

"They were interested and related it to themselves and their families, friends".

"Every visit I have made with each year group has been successful".

"Children always remember the previous year's programme!"





Headteachers and Others' Comments About Life Education Centres: Highlights From Evaluation Questionnaires in 2004

Derbyshire

Belper

Pottery Primary School

"Another very well resourced visit. Staff and children benefited from the week in school".

"Enhances the curriculum, the learning environment, and the children's education. Brings the curriculum to life".

Buxton

Buxton County Infant School

"The parents/PTA members who visited were very impressed and will fund your next visit".

Chesterfield

Staveley Junior School

"Information is presented to the children in an exciting way and they are stimulated to learn. A yearly visit brings all the issues of a healthy lifestyle, revises them and then develops them further".

Derby

Horsley Woodhouse Primary School

"LEC's programme complements our Science and PSHE programmes perfectly".

Melbourne Junior School

"Brilliantly supports our Drugs Education programme and the general PSHE curriculum".

Shardlow County Primary School

"A wonderful day, super teacher, super resource".

Stenson Fields Primary School

"A different teaching/learning approach for the children and an opportunity for parents to see what their children will be learning".

Ilkeston

Morley Primary School

"Complements the PSHE curriculum suggested by LEA/Central Government but resources and space available are superior to what's available in schools".



Sheffield

Eckington Junior School

"Thank you – it was organised well. The staff in the mobile classroom were excellent. The children thoroughly enjoyed it and staff enjoyed it too".

William Levick Primary School

"The children are enthusiastic and many recall learning from previous visits. Obviously there has been a positive impact! The way the programme complements our work is a key strength".

Swadlincote

Woodville C.E. Junior School

"Children loved it – it was so different and really enhanced learning. Being in a different environment and seeing another teacher really made the children think".

Northamptonshire

Banbury

Chipping Warden Primary School

"It (LEC) is exciting: reinforces the Science PSHE curriculum in a novel way. The (LEC) teacher makes the event memorable, as she is charismatic and knowledgeable. It brings to life many issues and it focuses children's attention. A structured programme as LEC visits every year and the children progress through the programmes. Look forward to next year's visit".

Towcester

Silverstone Infant School

"There is a lively and focused approach. The presenter had a most energetic approach to her work. She showed all the skills of a teacher/educator at her best. A wonderful experience".

Nottinghamshire

Mansfield

The Park Infant and Nursery School

"A resource that we could not possibly duplicate. Excellent presentation given by the LEC Educator".

Nottingham

Harrington County Junior School

"Excellent. A good turn-out from parents with very positive feedback".



Other Comments

Nottinghamshire

PSHC&E Co-ordinators

"The LEC visit is an integral part of our year".

"As a part of our Drugs Education Policy we give the LEC visit as an example of what we do for Drugs Education".

Torbay, South Devon

Young Persons Substance Misuse Project Officer (Torbay Drug Action Team)

"I was very impressed with the mobile classroom and the variety of positive teaching methods you use. I also really liked your interaction with the children and how the programme covered assertive behaviour, how the body works, emotions, substances and linked these so well together. I will definitely keep LEC in mind if I hear of any funding opportunities that seem appropriate".





Parents' Comments About Life Education Centres: Highlights From Evaluation Questionnaires in 2004

Nottinghamshire

Retford

Hallcroft Infant and Nursery School

"A marked improvement became apparent in my home/family life".

"I learnt different methods of coping with bad behaviour".

Doncaster

North Border Infant and Nursery School

"Excellent course and trainer. The trainer always listened to what you had to say and was easy to get along with. Would recommend this course to anyone. Excellent, thank you".

"I used some of the skills on my children's behaviour and they worked a treat".

West Yorkshire

Bradford

Bowling Park First School

"I have found this course very helpful. I have met parents who are in the same boat as I am. I am more confident as a parent and am more able to tackle problems head on".

"The course is a valuable asset for parents. Helen (Educator) delivered it professionally and to the point, helping to break the cycle of unsatisfactory parenting and enabling the individuals to change their parenting skills for the better. I myself have worked in a school for nine years and thought my parenting was very good and that I couldn't learn much more. I was wrong. Things are much better in my home than before I attended the course".

"This course was very useful for me and one of the best courses I have been on".

Haworth First School

"My whole life has changed due to the teachings on this course. I am more positive in my outlook and the way I speak with my child. Communication has improved between me and my six year old daughter and we have a new found respect for each other which I believe will be valuable all our lives".

"I found the course very informative and helpful in dealing with children. It helped having group discussions, as they make you more aware that you're not the only one who has problems, and feedback from others gives you ideas of how to deal with problems. We also made new friends".



"It helped me cope with stressful situations. Talking to other mums made me realise I'm not the only one with problems".

"It raised my awareness to do more of the positive things I was already doing. Used the ignoring minor misbehaviours to great effect. Made me conscious of some of the things I do and gave me tools to do them better or differently".

Marshfield First School

"Despite being an experienced parent, I learnt a lot".

"I used some of the things that I learned in my daily life which did actually make a difference".

"I have learnt a lot after attending this course ... my children listen to me now and I can see a lot of changes in them, and the diet in my house has changed a lot and is much healthier".

Worth Valley School

"I really enjoyed this course. I think it will be very good if they run such courses for parents in all schools. I learned lots of things about behaviour control, health and food and especially about drugs".

"It has made me think twice about what I am doing and how I behave towards my children. I feel more positive and a better parent. I feel good inside and confident".

"It has made me evaluate how I behave towards my children and how my behaviour has a direct result on how they behave towards me. I have learnt valuable skills that I am able to use and see direct results on how my behaviour and my children's behaviour is improving".

"Feel that I have learnt a lot, can understand child's needs better. I am a lot calmer in situations. Eye opener on drug awareness. Really enjoyed the course. Would attend again".

Keighley

Eastwood First School

"The course has helped me and my children work co-operatively together. The course has given me an insight into how to react to children's positive and negative behaviours. I feel this course has widened my understanding of how to come across regarding drug awareness, health issues and their behaviour".

"I have been trying with my children what I have learned and it has all worked".

"The course has given me more confidence on how to react in stressful situations like when children are involved in drugs and how to come across with certain health problems".

Nessfield First School

"I felt that it helped me to cope better with my stress so I could cope with my kids better and be more calm and loving".

"I found the course very helpful. It has helped in a number of ways and I would recommend this course to every mum".



ShIPLEY

High CragS First School

"It made me determined to work at improving their behaviour. It gave me new strategies to use and a more positive attitude".

"I was more relaxed and patient with my children and thought about what I was doing beforehand. I also listened to my children more than before I started the course".



