



## **Life Education**

helping children make healthy choices

# **Evaluation Pack 2006**

## **Children, Teachers, Headteachers and Parents**

Life Education's Mission

The Evaluation of Life Education's Impact

Evaluation of Life Education's Effectiveness:  
Best Practice and Achievement of Programme Objectives

Evaluating Life Education's 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:  
Highlights From Evaluation Questionnaires in 2004

Teachers' Comments About Life Education:  
Highlights From Evaluation Questionnaires in 2004 and 2005

Headteachers and Others' Comments About Life Education:  
Highlights From Evaluation Questionnaires in 2004 and 2005

Parents' Comments About Life Education:  
Highlights From Parenting Course Evaluation Questionnaires in 2005



## **Life Education's Mission**

### **Life Education's 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.**





## The Evaluation of Life Education's 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 uses the proven community approach and follows the best practice guidance in drug prevention education advised by government and professional bodies [“PSHE and Citizenship including Drug Education: Support for Schools (A comprehensive guide to Life Education’s work with schools and their communities)”]. Life Education 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 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’s 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's Effectiveness: Best Practice and Achievement of Programme Objectives

1. **Life Education follows best practice guidelines in the field of Community Drug Prevention Education** – these are outlined in the document “PSHE and Citizenship including Drug Education: Support for Schools (A comprehensive guide to Life Education’s work with schools and their communities)”. This document shows how Life Education 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 contributed to the definition of drug prevention in “Tackling Drugs Together”.
2. **Life Education accomplishes its goals/measurable outcomes (increasing knowledge, affecting attitude formation and initial behavioural intentions)**. *As seen in this Evaluation Pack, there have been 156 studies evaluating the impact of Life Education (24% of these studies have been conducted by independent evaluators). Life Education 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 effectively provides and adds needed drug prevention/health education to their schools in a way that the classroom teacher could not provide. Life Education 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's Programmes: A Summary of Research Findings

January 2006

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Director of Research

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



## Introduction

### Evaluation of Life Education

Since 1982 Life Education's work has been the subject of numerous rigorously and accurately designed and conducted evaluations. As of this date, **there have been 156 studies evaluating the impact of Life Education – 37 of these studies (24% of all 156 studies) have been conducted by external evaluators outside of Life Education** (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 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, 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, classroom teachers and schools report increases in work reinforcing Life Education's programme content, which furthers the impact on children.

In addition to ongoing programme impact evaluations, **Life Education 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 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's 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.





## Summary of Findings From Studies Evaluating Life Education

### Teachers' Evaluations (2004)

- **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. 95% found Life Education's 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's 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's 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 visits. Nearly all teachers (97%) would recommend Life Education 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, 2005:

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 impact upon their schools as good (33%) or excellent (67%).
- 100% rated Life Education's curriculum support value as good (33%) or excellent (67%).
- 100% rated Life Education (overall assessment) as good (17%) or excellent (83%).
- 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.

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

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:

- All schools had limited knowledge about the effects of solvents pre-visit. **There was a significant increase in knowledge and awareness of solvents post visit.**
- Children were generally aware that it was not safe to drive after drinking alcohol but less aware of the effects of cannabis. **Awareness of both issues increased after LEC visit.**
- **There were a few areas of confusion;** e.g. the legal status of cannabis, cigarettes contain fat, that can be addressed in the programmes.
- Children **gained knowledge about the number of chemicals inside a cigarette.**
- 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 focussed 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.** One child said he/she had used it when a dealer approached him/her.



## 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 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 and 2005, Life Education conducted comprehensive evaluations of the delivery and impact of its Parenting Courses.

## Results of the Pilot Study of Life Education's 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's visit with them.**
- **93% of parents would like their children to continue to participate in Life Education.**

## **Summary of Findings - Parents' Assembly Programme Evaluation (2005)**

After participating in the programme:

- **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.**
- **98% felt welcomed into the school when they attended Life Education's Assembly Programme.**
- **81% reported that taking part in the Life Education Assembly Programme made them more likely to attend things at school in the future.** [An important element of a community drug education programme]

## **Summary of Findings – Seven Session Parenting Course Assessment (2005)**

Parents' Evaluation of the Course (content/presentation)

- **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.**
- **97% rated the course's overall evaluation as very good or excellent.**

**Parents' Evaluation of the Impact of the Course** (general impact on knowledge, attitudes, and skills)

- **86% learnt new things about parenting from the Life Education course.**
- **71% used some of the new things they learnt from the course.**
- **71% felt that attending the course had an impact on their role as a parent and/or their parenting skills.**

**Parents' Pre-Test/Post-Test Results** (measured, specific impact of the course on parents)

Parents completed a pre-test within a week before starting the course and completed a post-test at the end of the seven weeks.

**Pre-test/Immediate Post-test: Parents' Self-Confidence Ratings**

Parents were asked to rate their confidence (from ratings 1 – 10) regarding key objectives of the programmes. The following increases related to the course occurred:

- **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 giving their child/children praise and attention when they are behaving in a way the parent likes.**
- **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.**
- **62% increased their self-confidence regarding recognising the signs and symptoms of a person's drug use.**
- **57% increased their self-confidence regarding knowing about services in their local community that can support people affected by drug use.**
- **57% increased their self-confidence regarding recognising when they are stressed.**
- **76% increased their self-confidence regarding doing something to reduce the stress they feel.**



### **Pre-test/Immediate Post-test: Questions Assessing Knowledge, Attitudes, and Skills**

The increases in knowledge, attitudes, and skills related to the course's applicable key objectives included the following (please note that some parents already had achieved some of the objectives regarding knowledge, attitudes, and/or skills at pre-test level, prior to course - this has an impact on the amount of change from pre-test to post-test as it can reduce the size of the increase):

- **48% gained knowledge regarding what they can do to reduce their child's/children's undesirable behaviour.**
- **24% gained knowledge regarding rewarding their child/children when they are well behaved.**
- **24% gained skills regarding ignoring their child/children when they are misbehaving.**
- **48% gained knowledge regarding knowing the risk factors that are related to children using drugs.**
- **24% changed their attitudes regarding whether parents can help prevent their children misusing drugs.**
- **29% changed their attitudes regarding the importance of parents putting as much effort into looking after themselves as they do looking after their children.**
- **43% changed their behaviour regarding treating themselves to make them feel better.**

### **Conclusions**

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





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## Research Reports

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Director of Research

This report is issued as part of Life Education's 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:  
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: Highlights From Evaluation Questionnaires in 2004 and 2005

### 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!"*

**2005**

## Aberdeenshire

### Dyce, Aberdeen

**Hatton of Fintray Primary School**

*"Children were eager to talk afterwards. They were quite full of discussion about the fact that drugs affect children's organs".*

*"Kids really enjoyed it and all the children were focused and listened well throughout. It was very enjoyable".*





## Headteachers and Others' Comments About Life Education: Highlights From Evaluation Questionnaires in 2004 and 2005

**2005**

**Derbyshire**

### **Alfreton**

**Glebe Junior School**

*"Fitted in well with PSHE/Healthy Week. Children enjoyed it – promoted discussion. A great success!"*

### **Buxton**

**Hartington Primary School**

*"Exciting venue, new adults for children to relate to, interactive programme, well thought-out objectives. This is always a very valuable day for both pupils and staff".*

### **Derby**

**Egginton Primary School**

*"Active and interactive activities helped to reinforce learning. The delivery by the Educator was animated and packed full of interesting facts. The whole process has been extremely professional and enjoyable".*

### **Matlock**

**Darley Churchtown CE Primary School**

*"It (Life Education) suited our requirements fully".*

### **Nottingham**

**Ladycross Infant and Nursery School**

*"It is now proved that a person's emotional intelligence is important, not just IQ, therefore the (Life Education) programme supports EQ very well".*

**Harrington Junior School**

*"(Life Education) reinforces PSHE/Science learning. It is an excellent way to learn and has an impact on staff/pupils/parents".*

### **Ripley**

**Lons Infant School**

*"Closely linked to our schemes of work in PSHE and Science. Unusual surroundings/an event. Excellent presentations, age-appropriate, and the puppet involvement provided impact and empathy. LEC has impact. Our thanks for a superb presentation".*



## Sheffield

### Stonelow Junior School

*"I have attended (Life Education) many times in the past and know the value they have for PSHE – Health Education".*

### William Levick Primary School

*"The children remember previous visits and relate new work and areas covered to previous learning. There is good evidence of the children making positive links in their learning".*

## Swadlincote

### Woodville Infant School

*"It's a different approach/venue/person reinforcing messages. It has great impact".*

**2004:**

## 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: Highlights From Evaluation Questionnaires in 2005

### Parents' Assembly Programme

#### Northumberland

##### Hexham

###### Greenhaugh First School

*"I think this is a positive programme which embraces a lot of different aspects – particularly emotional health".*

##### Bradford

###### Marshfield First School

*"It's given me new useful information which I didn't know before".*

*"It has useful information and reminded me of how important it is to make sure children get enough healthy food".*

*"We understand something new and good for ourselves and our children".*

###### Woodside Primary School

*"I learnt more than I expected. I felt comfortable within the environment".*

##### Bristol

###### Novers Lane Infant School

*"(I learnt that) As parents, we need to change our lifestyles and our kids will follow".*



## Seven Session Parenting Course

### Leicestershire

#### Leicester

##### **Kibworth Primary School**

*"The Life Education visits really help to inform the children and trigger some very worthwhile discussions".*

*"(The course) made me feel more confident in dealing with bad behaviour and it was comforting to be with other parents to share experiences".*

*"(I learnt) how to put positive parenting into practice".*

### Nottinghamshire

#### Worksop

##### **Prospect Hill Infant and Nursery School**

*"I learnt lots of things about drugs, child behaviour and how to deal with situations a lot better. Also, to have more confidence in myself and to deal with stress better. Enjoy life better!"*

*"(After the Course) I can cope with various behaviour, calmly and more stress-free".*

*"I have more positive thinking towards life itself and the children have calmer behaviour. I praise them all the time and spend more time with them".*

*"I try to keep calm and change my thoughts. I praise my son more".*

*"I'm more aware of my own behaviour when I'm dealing with my children".*

#### Doncaster

##### **North Border Infant and Nursery School** and

#### Retford

##### **Hallcroft Infant and Nursery School**

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

*"Although I knew I had a short fuse and was easily stressed, I feel I have learnt to relax and to try to stay positive, ongoing".*

*"I am more tolerant and can manage their behaviour better".*

*"Gave me more of an understanding towards his (son's) behaviour".*



*"More understanding of how the child would react to situations".*

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

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

*"Changed the way I act towards negative behaviour – helped me to encourage good behaviour".*

*"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".*

## **West Midlands**

### **Sutton Coldfield**

#### **Sutton Coldfield Homestart**

*"I'm a lot more stress-free and I know a lot more about everything".*

*"(I gained) Loads – support, knowledge and loads of information that is beneficial".*





## Life Education Centres

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