

Life Education Centres

Life Education Centres has, since its foundation in the UK in 1989, grown to be a mainstream provider of community based health education programmes. Last year we worked in partnership with over 3,500 schools, with more than 25,000 teachers and with over 850,000 children.



Community

Our local voluntary management teams bring together people with a broad range of professional and business skills. The appointment of local trustees to our main board ensures we remain attuned to local needs and can adapt our policies and models of practice accordingly.

Parents

We know that involving parents and carers in children's personal, social, health and citizenship education (PSHCE) is crucial. We are therefore developing parents' programmes which promote physical and emotional health and well-being messages so that our programmes can be translated into real-life experiences.

Business

We will build on our successful partnership with business, recognising that through joint initiatives we can increase employee awareness of the importance of health education both for themselves and their families.

Government

We aim to subscribe and contribute to Government strategies, both locally and nationally, that will build on the health and safety of the community as a whole.

Media

We recognise the importance of the messages conveyed in the media and aim to establish relationships that encourage the use of appropriate and accurate information about health issues. Our communications promote consistent and realistic messages about health education.

Partnerships

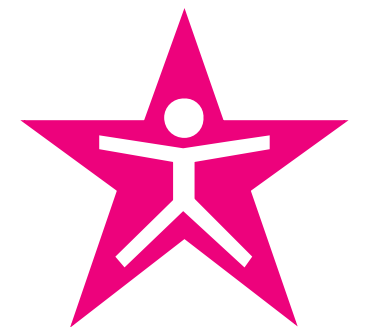
We will develop partnerships with other agencies who share our aim of improving children's ability to make healthy choices.



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Community Health: A Partnership Approach



Life Education Centres
*helping children make
healthy choices*

"Life Education is an integral part of the DAT Young People's Substance Misuse Plan. We work closely with the LEA the Northumberland Care Trust and other health education partners within Northumberland County Council. This model enables many young people to access the excellent Life Education health and drugs education programmes."
Vanessa Bainbridge Northumberland DAT Co-ordinator

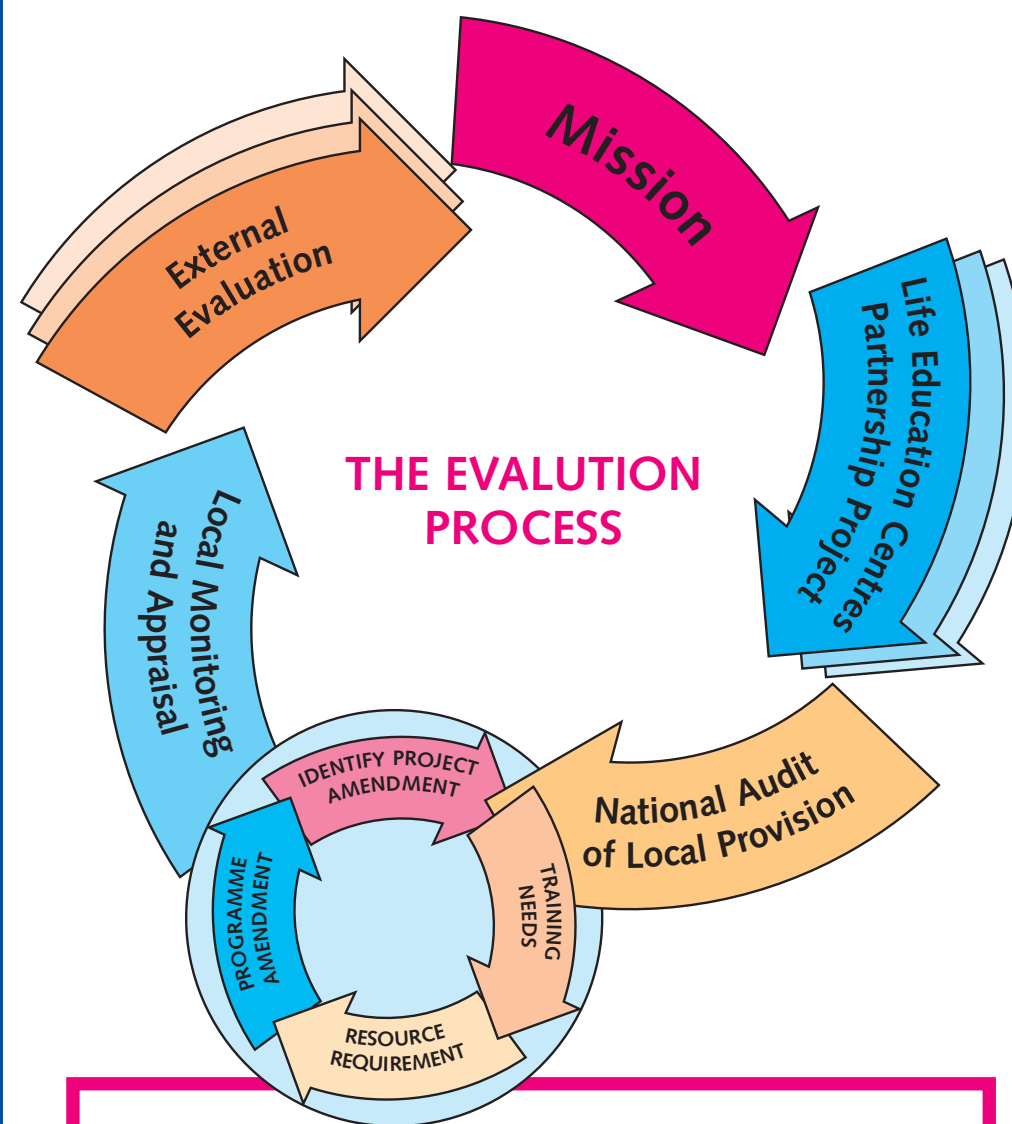
Consultation

We believe firmly in working closely with other community partners to ensure that our work can have the maximum impact possible and that it adds value to existing work in the field of health education. The ongoing improvement of our work is one of our main priorities.

Over the last 18 months we have conducted a detailed consultation exercise at both national and local level with experts in the field of health education.

As a result of this process we recognised the need to:

- ★ Demonstrate more clearly our commitment to working in partnership with national and local bodies to develop the PSHCE knowledge and skills of children, their families and carers
- ★ Work with an evidence based model that involves a multi-agency, multi-faceted, life skills approach to health education
- ★ Commission an extensive national audit of current policy and practice



Our Aims

- ★ Develop more community partnerships and by working together reach more children
- ★ Reach areas of greatest need quickly and effectively
- ★ Expand our work with parents

"My role has been to help Life Education establish a process by which it can determine the extent and quality of its work within the context of various community partnerships and evidenced best practice. The objective is to ensure that all components contribute to an effective community delivery which will stand the test of external evaluation."

Louise O'Connor,
Senior Research Fellow, University of Surrey, Roehampton

Mission

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

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

"I am pleased to see that the recent revisions to the LEC programme means there is a closer fit with personal social education and citizenship." "We would like to continue to build a positive relationship with LEC."

Ivan Lewis MP, Parliamentary Under Secretary of State for Young People and Adult Skills

FRAMEWORK

PROJECT	ACTION	TIME FRAME
Mission	Internal and external consultation. Mission revised and approved by members	June 2003
Partnership Project	Determining the scope of Life Education's contribution to local and national partnerships	September 2003
National Review	Questionnaire to determine project components, context, delivery and scope	March 2004 commenced
Literature Review	Commissioning a review of the factors influencing children's health choices	June 2004
Project refinement	Reviewing the project and developing new programmes using evidenced based research	September 2004
Monitoring & Appraisal	Reviewing local delivery against national models of good practice	March 2005 commences
Evaluation	Commissioning external evaluation	April 2005 commences

Evaluation

Once the new processes and adapted programmes have bedded down, we will fund an independent external evaluation to determine the extent to which we are fulfilling our strategy and mission, and to identify opportunities for further improvement.

"Underpinning all health education programmes I would expect to see a vigorous and objective process which informs best practice."

Eric Carlin, Chairman Drug Education Forum

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

Castle View Primary School, Matlock