

Life Education

Our Evidence Base

An Executive Summary

March 2016



Our Program

The Life Education program is a broadly focused health and drug education program delivered in preschools and schools across Australia.

Individual modules cover a range of different learning areas and issues.

Life Education program content

Pre school	Primary school	Secondary school
<ul style="list-style-type: none"> • Safety • Healthy eating • Physical activity • Hygiene • Sleep • Empathy and respect • Relationships • Positive communication 	<ul style="list-style-type: none"> • Body knowledge • Safety • Cybersafety • Nutrition • Physical activity • Puberty • Relationships • Medicines • Decision making • Tobacco • Alcohol 	<ul style="list-style-type: none"> • Tobacco • Alcohol • Cannabis and other drugs • Puberty • Relationships • Sexual health • Identity

Our specialist Educators work with schools to identify which module is most relevant and appropriate for each class or student group. Our Educators also tailor the content and delivery of the selected module to best meet the needs of the school and / or individual class.

Highly interactive and engaging educational sessions are delivered to students by our Educators, either in the school classroom or on the school grounds in our specially equipped mobile classroom. The mobile classroom is used to provide students with a distinctive, engaging, hands-on learning environment and experience. Character devices – like our mascot Healthy Harold the Giraffe – and interactive storytelling approaches are used to engage younger children and help them to connect with and explore the ideas being covered in the sessions. A range of digital and interactive tools are also used to support student learning.

The Class Teacher is provided with supporting resources relating to the module that they can use to deliver preparatory and follow up activities with their students to complement the Life Education led session. These resources include student workbooks as well as digital tools and games that students can use in the classroom and at home as part of their homework and more generally.

Life Education also makes resources available online to help parents and carers support the healthy development of their children, and facilitates information sessions for school parents and carers to assist them to increase their knowledge, provide them with an opportunity to talk with one another and develop strategies to help them to raise healthy children.

Our Evidence Base

A summary of the evidence base underpinning our program and demonstrating its effectiveness is presented in this document.

For ease of reference, we have broken down the presentation of this evidence base as follows:

Program Design	How well is our program aligned with the common features of school drug and health education programs that have demonstrated effectiveness?
Program Outcomes	What are the outcomes that our program seeks to achieve, against which its effectiveness will be assessed?
Program Logic	What is the relationship between the inputs and activities that comprise our program, and our sought after program outcomes?
Program Theory	What is the theory that explains the relationship between these activities and outcomes – both immediate and longer term?
Program Evaluation	Has the implementation of our program generated the outcomes that we seek to achieve?

Program Design

How well is our program aligned with the common features of school drug and health education programs that have demonstrated effectiveness?

There is evidence to draw upon in identifying the common features of school drug and health education programs that have demonstrated effectiveness.

It is necessary to adapt these features, where appropriate, to take account of the specific role Life Education plays in working in a partnership capacity, alongside schools, in its delivery of a discrete set of educational activities.

The features outlined in the following table are considered relevant to Life Education.

Feature	Component	Description
Context	System wide approach	Any classroom oriented program should form part of a comprehensive, community wide approach
Goals	Clear, realistic and measurable	A program's performance metrics need to be clear, realistic and relate to 'things' that the program can reasonably control or influence.
Process	Timing	A primary preventive approach would see all children targeted in their formative years, before they are exposed to the making of choices in relation to specific health behaviours.
	Continuous and sequential	Isolated and ad hoc programs that lack progression and continuity are less effective.
	Interactive and inclusive	Interactive teaching methods are important in engaging students in the learning process.
	Involves the class teacher	The classroom teacher is best positioned to tailor programs to meet the needs to the students.
Content	Holistic	A comprehensive approach is preferred that promotes health and wellbeing rather than seeking to prevent a specific poor health behaviour.
	Knowledge	While necessary, knowledge alone is not sufficient to influence behaviours.
	Resistance skill building	Programs should increase student awareness of the influence of social pressures and develop the skills to resist these influences.
	Relevant	Programs are more effective if content is based on the experiences and interests of the students, and is of immediate practical use to them.
	Normative	Programs should debunk the myths associated with poor health behaviours.
	Credible Messages	Messages should be viewed as realistic and credible, and be delivered by credible messengers.

The Appendix provides a detailed benchmarking of our program against these features. This highlights the extent to which the Life Education program has been developed and is delivered consistent with these features.

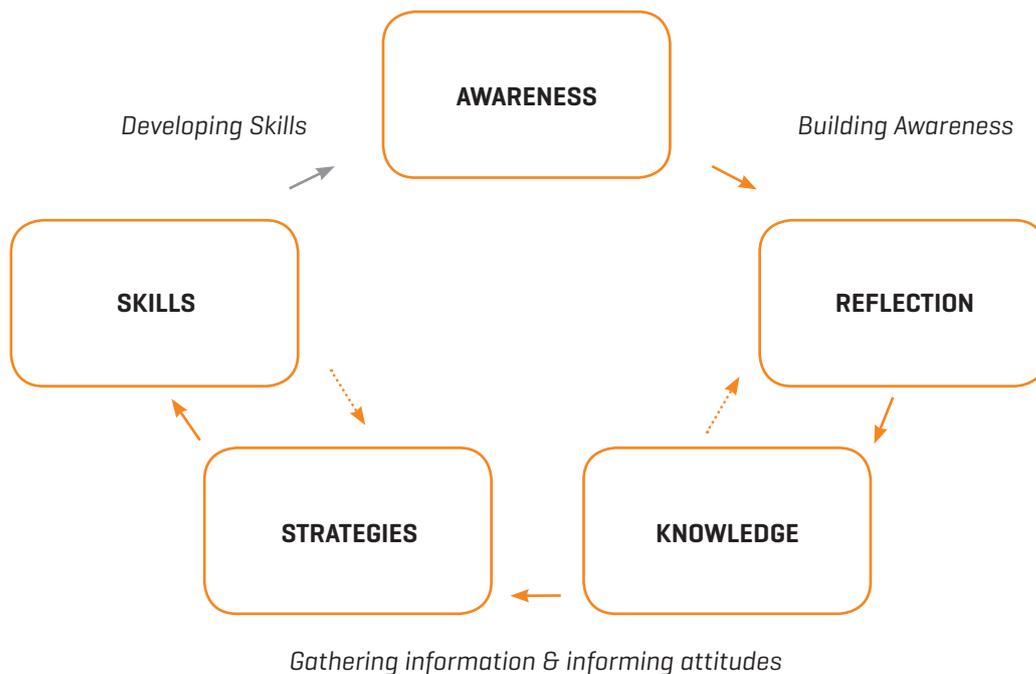
In 2006, a report was commissioned by the Australian Government Department of Health and Aging, titled 'Best Practice in Drug Education as applied to Life Education', prepared by Erebus International. Erebus concluded that our program, as it was then, "rates well overall against the best practice principles considered".

Download a full copy of the Erebus report.

Program Outcomes

What are the Outcomes that our program seeks to achieve, against which its effectiveness will be assessed?

Our program is intended to move students around a Learning Cycle.



The program seeks to –

- Build **AWARENESS** of the general topic or issue(s) being covered
- Encourage **REFLECTION** on how the topic or issue affects the students
- Provide students with the information and **KNOWLEDGE** that they need to understand and respond to the ideas and / or issue(s) being covered
- Help students to identify and develop **STRATEGIES** to apply those ideas and / or respond to those issues and
- Help students to start to develop the **SKILLS** and confidence that they need to apply those strategies on a day to day basis.

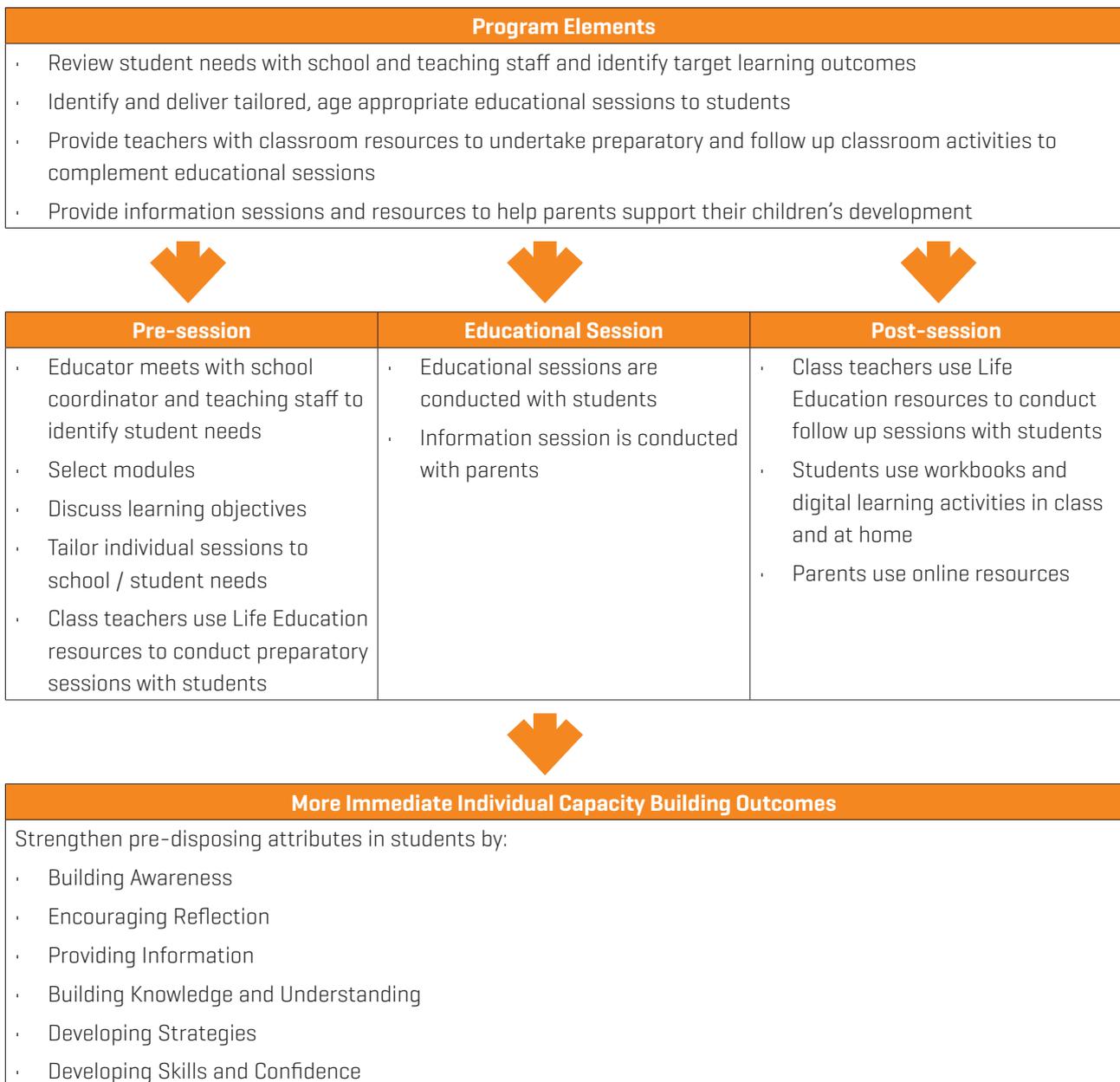
The above attributes are sometimes described in health promotion literature as ‘predisposing factors’ which can influence how individuals behave – they can lead children and young people to make safer and healthier choices.

Program Logic

What is the relationship between the inputs and activities that comprise our program, and our sought after program outcomes?

A program is a series of activities supported by a set of resources intended to achieve specific outcomes among particular individuals.

The following logic model describes how the Life Education program fits together – in a simple linear cause and effect sequence.

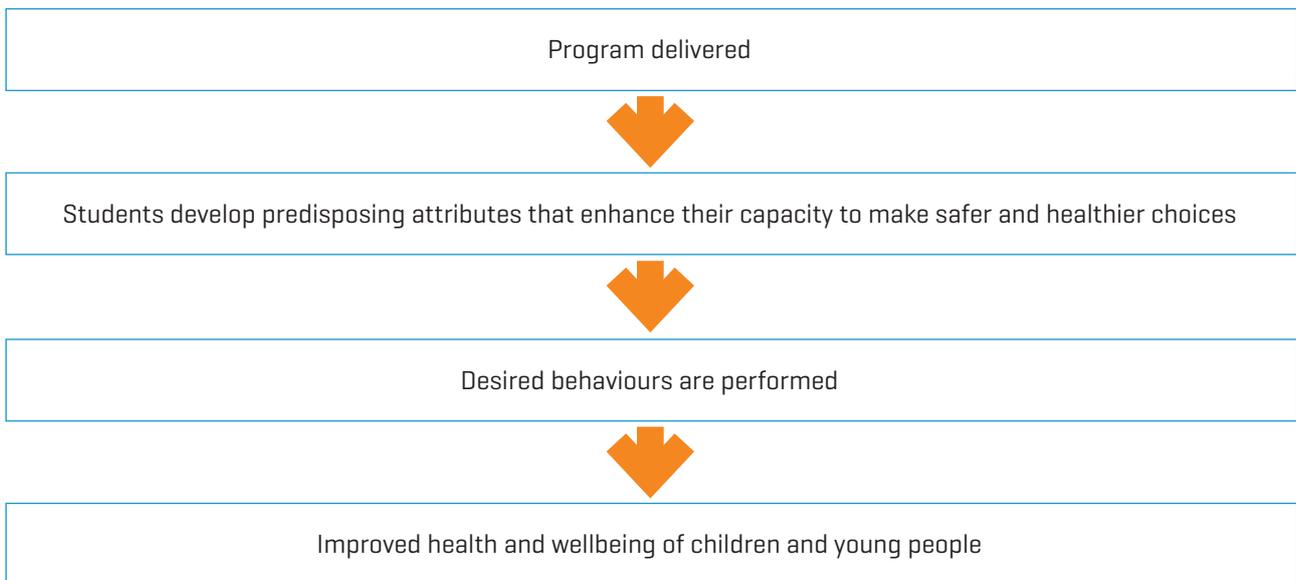


Program Theory

What is the theory that explains the relationship between these activities and outcomes – both immediate and longer term?

A program's theory is the hypothesis that explains why the program is expected to work – why the program's activities should lead to the intended outcomes. To be credible a program's theory should go deeper than common assumptions about how certain activities lead to outcomes. It should explain the theoretical basis for the program, with research evidence provided to support the causal connections being relied upon.

The following diagram provides a simple outline of the causal logic underpinning our program.



The program's more immediate outcome is to empower students by building their capacity, as individuals, to make informed, safer and healthier choices. Individual empowerment is considered in quite practical terms as a cluster of attributes, such as awareness, knowledge, attitudes, skills, beliefs and values that collectively enhance 'capacity' for making informed health choices. These attributes are sometimes described in the health promotion literature as 'predisposing factors' which, under certain conditions, influence future behavioural choices and actions.

We recognise that the relationship between individual 'capacity-building' and a behavioural outcome is not direct and linear. There are many factors outside the direct control of the individual that also influence behavioural choices and actions. Context is important. It shapes opportunities, choices and behaviours. Individual health behaviour is influenced by the social determinants of health which operate at multiple levels – at the peer level, the family level, within school and across the broader community. There are many influential factors at play within and across these levels.

The longer-term goal of achieving desired behaviour is mediated through 'behavioural intention' and 'perceived behavioural control'. These are key constructs in Ajzen's (1991) Theory of Planned Behaviour (TPB). Both constructs are widely used to understand and measure cognitive determinants of a variety of health behaviours.

According to the TPB, behavioural intention is an immediate antecedent of behaviour that provides a robust indication of an individual's readiness to perform a given behaviour. The theory holds that an individual's intention to perform a behaviour is determined by 2 factors –

- specific attitudes toward the behaviour in question – their positive or negative feelings about performing the behaviour, a function of their beliefs regarding the expected consequences arising from the behaviour, in turn a function of their assessment of both the desirability and likelihood of these consequences.
- subjective norms – their perceptions about how people they care about will view the behaviour in question, a function of whether they believe others think the behaviour should be performed or not, and how motivated they are to comply with these views.

Perceived behavioural control refers to a person's perceptions of their ability to perform a given behaviour, a function of the perceived ease or difficulty of the behaviour as well as their capacity to undertake it. The more resources and opportunities individuals believe they possess, and the fewer obstacles or impediments they anticipate, the greater should be their perceived control over the behaviour.

The latter is related to Bandura's (1986) construct of 'self-efficacy' which is central to his influential theory of social cognition. These concepts are important because behavioural intention and confidence in one's ability to pursue a behaviour are 'modifiable' and linked empirically to behaviour change.

The program's desired longer-term outcome may take one or more of the following five behavioural forms: avoidance of behaviour, maintenance of behaviour, increase in behaviour, change in behaviour, or adoption of new behaviour.

Program Evaluation

Has the implementation of our program generated the outcomes that we seek to achieve?

In 2012 we worked with The Centre for Program Evaluation at The University of Melbourne to review our program and identify options to evaluate it.

In 2013 we engaged specialist consultancy, Regina Hill Effective Consulting Pty Ltd, to build on that work and develop an evaluation system and toolset which included a suite of student, teacher and school coordinator feedback surveys designed to evaluate the quality and impact of Life Education's educational sessions and the supporting resources that Life Education provides to schools.

The system and toolset were piloted in late 2013. The pilot collected and reviewed data from 9 schools in Queensland, New South Wales and Victoria. The toolset was updated based on learnings from the pilot and rolled out on a broader basis in 2014. This saw data collected from 5,246 students in 53 primary schools from across Queensland, New South Wales, Victoria, South Australia, Western Australia and the Northern Territory. This data was collected from students one to two weeks after their participation in the educational session delivered by our Educator. Feedback was also collected from 241 teachers from 45 schools, as well as 28 school coordinators.

The key findings of this evaluation, prepared by Regina Hill Effective Consulting, were as follows -

The Life Education program works to strengthen the pre-disposing factors that can help children and young people to make safer and healthier choices. The evaluation demonstrates that the Life Education program is effective in helping students to:

- *Build their awareness and understanding of how different things can influence their safety and health*
- *Value their safety and health and that of those around them*
- *Develop attitudes that can pre-dispose them to make safer and healthier choices*
- *Identify strategies and build confidence and skills that can help them to deal with peer and community pressure and be safer and healthier.*

The evaluation demonstrates that the educational sessions delivered in primary schools by Life Education, and the supporting resources made available to class teachers, play a valuable role in supporting schools to build students' awareness, knowledge and skills so that they can make safer and healthier life choices.

Download the Executive Summary of this Evaluation (15 pages)

Download the full Program Evaluation Report dated November 2014 (150 pages)

Our system of data collection was further developed during 2015. Continuing to work with Regina Hill Effective Consulting, a pre-session survey was introduced for completion by students immediately before their participation in the educational session delivered by our Educator. This survey tested, amongst other things, student's preexisting disposition to engage in behaviours to keep themselves safe and healthy. A post-session survey was then completed by students immediately after the session to test whether, based on what they had learned in the session, they were more likely to adopt safer and healthier behaviours.

Survey data was then collected throughout Term 3 and 4 2015 from 8,658 students in 136 schools across Queensland, being students in Year 4 and over that had participated in modules covering healthy eating, physical activity, smoking, and alcohol.

This evaluation demonstrated, amongst other things, that the sessions delivered by Life Education are effective in developing students' disposition to adopt safer and healthier behaviours, with most students expressing positive attitudes towards the adoption of safer and healthier behaviours because of what they had learned in the session.

The more module-specific key findings of this evaluation were as follows -

- *In the pre-survey 71.8% of students said that they chose **healthy food** all or most of the time. After the Life Education session, 84.9% of students indicated they would choose healthy food all or most of the time. Over 90% of students said that they thought that they were more likely to think about what they eat and to eat healthy foods because of what they had learned in the session.*
- *In the pre-survey only 46.8% of students said that they participated in **physical activity** daily. After the Life Education session 64.9% indicated that they would exercise daily. Over 85% said that they thought they were more likely to be physically active because of what they had learned in the session.*
- *In the pre-survey 78.8% of students said they definitely would never **smoke**. This increased after the Life Education session to 85.2%. Over 90% of students said that they thought that they were less likely to smoke because of what they had learned in the session.*
- *The session was effective in helping students to understand the effects of **alcohol** generally and help them think about how to stay safe around alcohol and be confident to make safer decisions about alcohol in the future. More than 86% of students indicated they thought they would be likely to make safer decisions about alcohol in the future because of what they had learned in the session.*

The evaluation demonstrates that the educational sessions delivered by Life Education play a valuable role in helping schools to strengthen the understanding and disposition of students to make safe and healthy choices.

Download the Program Evaluation Report dated February 2016 [88 pages]

Appendix

Feature	Component	Description
Context	System wide approach	<p>Any classroom oriented program should form part of a comprehensive, community wide approach comprised of a series of linked and mutually reinforcing initiatives.</p> <p>While appreciated in concept, in practice any single organisation, such as a school, will be challenged to deal with the breadth of such a 'whole of community' agenda in a sustainable manner.</p> <p>Our primary partner is the school. Our role, in the main, is to support schools, and teachers, in the delivery of education to students. We seek to extend the reach of our work beyond the school and into the home, by working through the school in engaging with parents.</p>
Goals	Clear, realistic and measurable	<p>A program's performance metrics need to relate to 'things' that the program can reasonably control or influence. These metrics need to be clear, realistic and measurable.</p> <p>Our program outcomes are clear and measurable. It seeks to–</p> <ul style="list-style-type: none"> · Build AWARENESS of the general topic or issue[s] being covered · Encourage REFLECTION on how the topic or issue affects the students · Provide students with the information and KNOWLEDGE that they need to understand and respond to the ideas and / or issue[s] being covered · Help students to identify and develop STRATEGIES to apply those ideas and / or respond to those issues, and · Help students to start to develop the SKILLS and confidence that they need to apply those strategies on a day to day basis. <p>We appreciate that the relationship between more immediate program impact and longer term outcomes is complex and nonlinear, the causal patterns are not clear, and there are multiple actors and factors that cannot be easily untangled. The responsibility for long term outcomes is a shared one – crossing over agency and program lines. It is unrealistic to expect to be able to isolate and measure the specific contribution our program makes to longer term behavioural outcomes.</p>
Process	Timing	<p>A primary preventive approach would see all children targeted in their formative years, before they are exposed to the making of choices in relation to specific health behaviours. Further opportunities should be provided, targeting young people when they are engaging with these choices in their social contexts.</p> <p>Our program involves intervening early, in some communities as early as the preschool years, and sustaining our engagement with students through the primary school years and, in some communities, into the junior secondary years.</p>
	Continuous and sequential	<p>Isolated and ad hoc programs that lack progression and continuity are less effective.</p> <p>Our program is definitely not a once off intervention. As well as intervening early our program is designed to be sequential, delivered in a consistent fashion, year-on-year, throughout the primary school years and into junior secondary.</p>

	Interactive and inclusive	<p>Interactive teaching methods are important in engaging students in the learning process.</p> <p>Our program is highly interactive and involves activities such as group discussions and tasks as well as role play. We place students in situations where they need to make decisions, solve problems and interact with other students in discussing possible alternative actions to address problem situations. Students are encouraged to exchange ideas and experiences and practice new skills and receive feedback in a safe and supportive environment. These methods provide the opportunity for students to examine their personal beliefs and foster a reflection of their values, attitudes and behaviours. These techniques are used to develop a student's critical thinking, problem solving and decision making skills.</p> <p>We pay particular attention to the development of the pedagogical skills of our specialist Educators, particularly the development of their interactive teaching skills that actively engage students in the learning process.</p>
	Involves the class teacher	<p>The classroom teacher who knows the class, the students and the context of the school is best positioned to tailor programs to meet the needs to the students.</p> <p>Before we implement our program we seek the opportunity to consult with the school, and in particular the classroom teacher. This enables the adaption of the program to best meet student's developmental needs, cultural background and issues of relevance.</p> <p>Our program is designed to be delivered in part by our Educator with the support of the class teacher, and in part by the class teacher who is provided with complementary resources to support the delivery of an additional 20 hours of follow up, complementary learning.</p>
Content	Holistic	<p>A comprehensive approach is preferred that places education on specific health behaviours (eg. smoking) within a broader curriculum that promotes health and wellbeing rather than seeking to prevent a specific poor health behaviour.</p> <p>While some have suggested that Life Education delivers a narrow drug education program, the direct opposite is in fact the case. We deliver a comprehensive health education program that promotes student physical, social and emotional health and wellbeing more broadly. We recognise that drug education is best delivered as part of this broader focused approach.</p>
	Knowledge	<p>The assumption is often made that, with the benefit of relevant information, rational choices will be made. While important to provide relevant information, knowledge alone is not sufficient to influence behaviours.</p> <p>Our program empowers children and young people with the knowledge, skills and attitudes they need to make informed decisions about their health. The combination of knowledge, skill and attitude is important. We appreciate that, while relevant to provide information about poor health behaviours and their effects, such a narrow approach, in and of itself, is unlikely to be effective.</p>

	Resistance skill building	<p>Programs should increase student awareness of the influence of social pressures from a variety of sources such as peers and the mass media, and develop the skills to resist these influences in safe and supportive environments.</p> <p>Our program adopts the social influence approach. Students are provided the opportunity to make full use of their knowledge that supports healthy choice making by developing their understanding of the various counter influences they will face, the ability to recognise these influences, and the skills, the techniques and the arguments to resist them. Students are provided the opportunity to practice these skills with their peers, using real life scenarios and role playing activities, and receive constructive feedback. These resistance skills strengthen an individual's capacity to deal with the demands and challenges of everyday life. They involve the skills in decision making and solving problems, critical thinking, communication and interpersonal skills, self-awareness and dealing with stress – all important life skills.</p>
	Relevant	<p>Programs are more effective if their content is based on the experiences and interests of the students they are designed to influence, and is of immediate practical use to them. Specific account should be taken of the participating student's developmental needs as well as their social and cultural background.</p> <p>Life Education adopts an age appropriate approach to its work. Each intervention has specific educational outcomes that align with the State and Territory curriculum frameworks. Class teachers are actively engaged in consultation prior to the implementation of the program. This enables the adaption of the program to best meet the student's developmental needs, cultural background and issues of relevance.</p>
	Normative	<p>Programs should debunk the myths associated with poor health behaviours such as drug use, including common assumptions that use or risky use is the norm. Normative information provides students with an accurate indication of the extent of such behaviour in their peer group.</p> <p>We embrace the merit and worth of normative information and use it extensively in our work with students, teachers and parents and carers. Opportunities are created, invariably via a guided discussion, to sensitively challenge stereotypes and misperceptions.</p>
	Credible Messages	<p>Messages delivered should be viewed by students, teachers and parents as realistic and credible, and be delivered by credible messengers. Programs that provide biased or inaccurate information and use 'scare tactics' as a deterrent are likely to be ineffective.</p> <p>Our program readily demonstrates credibility in terms of both content and delivery. In the development of new program content we seek input and guidance from relevant external authorities from the education and health sectors. Materials are systematically reviewed and updated when necessary to reflect the latest statistics, guidelines and information. Our Educators are considered specialists in the delivery of health education. They are recruited if, amongst other things, they can demonstrate the range of skills required to effectively engage students in learning. They undertake an extensive initial training program including the provision of in-field experience which involves both observing their individual trainer in action, as well as practicing whilst being observed, guided and supported by their trainer. Once initial training is complete Educators thereafter participate in regular internal and external professional development.</p>



@ Email: admin@lifeeducation.org.au

☎ Phone: (02) 8262 4300

www.lifeeducation.org.au