

# **Life Education – Making a difference**

## **An evaluation for the Life Education Trust (June 2008)**

### **Summary of main findings**

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#### **What is Life Education?**

In 2007, the Life Education Trust contracted NZCER to evaluate the Life Education programmes they deliver. Life Education is a health resource comprising 19 modules designed to support teachers to address the Health and PE curriculum and, in particular, *Strand A: Personal health and physical development*, and *Strand C: Relationships with other people*. Life Education is delivered by an educator (a registered teacher) who visits schools annually or biennially to deliver the modules to class groups in a mobile classroom. The content areas the modules cover are: self-esteem; social relationships; body systems; food and nutrition; and use of substances such as alcohol and tobacco. Educators are trained in a range of interactive teaching strategies that link to current NZ teaching practice, and are encouraged to work with school staff to ensure that Life Education is integrated into classroom practice.

#### **What was the focus of the NZCER study?**

This study aimed to provide information about: why and how schools use Life Education resources and modules; the impact Life Education has on students and schools; and how Life Education practice compares to contemporary views concerning health education and promotion in schools. We used a mixed-methods approach to gather data, with four main methods: a literature review on good practice in health education and promotion; interviews; case studies of five schools that use Life Education; and a survey of staff at 158 primary schools.

This summary tells you some of the key findings from the report “*Life Education – Making a difference*”, which summarises the information we collected.

#### **Why and how did schools use Life Education?**

The information we collected from school staff and students painted a picture of Life Education as a much valued resource that supports teachers to address aspects of the Health and PE curriculum. School leaders, teachers, and students were nearly unanimous in their positive view of Life Education. The four main reasons for these views were that:

- students find Life Education and Harold the Healthy Giraffe motivating and engaging
- Life Education supports students to make healthy choices
- Life Education reinforces key messages that are also focused on at school
- Life Education offers high-quality teaching and resources

The majority of survey respondents (87 percent) used Life Education. Of these, 91 percent considered it to be either effective or very effective in supporting them to deliver the Health and PE curriculum. The majority also considered there was a good match between Life Education and school values and practices. Most teachers (88 percent) integrated Life Education into their classroom programme by selecting modules that fitted with curriculum plans. Only a very small number (3 percent) reported using Life Education as a stand-alone programme. Over half (57 percent) of the survey schools used Life Education in a way that conforms to good practice in the use of external providers, that is, they organised related classroom activities before, during, and after the Life Education visit. The majority found Life Education resources such as the student booklets and *Teacher's Resource Folder* useful for this. The most common approach was for teachers to plan activities to follow a visit, indicating that Life Education tends to be mostly used as a “starter” activity. Therefore, although schools are generally using Life Education in ways that align with good practice, an area that could be further developed is the organisation of prior learning activities that connect to visits.

Along with the health topics in curriculum plans, some schools had “just-in-time” approaches to addressing health, such as regular class discussions about topical issues. Staff noted they made connections to Life Education during these times. Most schools (94 percent) also used Life Education to reinforce schoolwide practices. This happened when links were made between Life Education and whole-school focuses such as healthy eating policies or relationship management strategies.

## What impact did Life Education have on students and school staff?

From students, we gained a clear sense that Life Education’s engaging and student-centred delivery supported their learning. Students and teachers reported three main short-term outcomes that were connected to students’ participation in Life Education. These outcomes were increases in students’:

- health content knowledge and understandings about making informed choices
- sense of self-worth and self-esteem
- knowledge, and use, of a range of strategies to improve their health and wellbeing

At the case study schools, the majority of students were able to describe health content knowledge or “facts” they had gained during Life Education, and how the activities and educators’ approaches made them feel valued as individuals. Many also described recent or past changes to their behaviour that they attributed to Life Education or to a combined school and Life Education focus. Commonly mentioned changes included using ideas and strategies from Life Education to: improve friendships and interactions with peers; make healthy lifestyle changes (e.g., by eating more fruit and vegetables); or address peer pressure around smoking or smoking behaviour.

Although school staff were aware of all the three outcomes of Life Education mentioned above, improvement in health content knowledge was the outcome most often prioritised by teachers. This was also the aspect of Life Education practice that was most likely to be noticed and

reinforced in classrooms. Teachers appeared to focus less on the self-esteem and strategy components of Life Education. The literature, on the other hand, suggests that all three are important for students' health and wellbeing.

The findings from the case studies suggest that there were two ways in which the value of Life Education could be maximised. One was if school staff made connections between classroom learning and *all three* components of Life Education: health content knowledge; strategies that could improve health and wellbeing; and practices that supported self-esteem. The other was if the school had strong connections between Life Education and *schoolwide approaches*, as well as classroom learning. Having these connections in place led to school and Life Education approaches reinforced each other. This reinforcement was strong at schools that had schoolwide approaches to healthy choices, such as, strategies for managing social interactions or a schoolwide focus on healthy eating or physical activity.

Some schools approached the WITS framework in a way that illustrates this reinforcement. WITS offers students four strategies to deal with situations such as bullying: Walk away; Ignore; Tell an adult; and Say an "I" statement. At these schools, WITS strategies were taught in the classroom and during Life Education, and were promoted schoolwide by all staff (often within a wider framework of healthy choices). Building on this base, students were supported to develop new strategies. As a result of this synergy, students appeared to be more aware of the WITS framework and made more active use of the strategies. This type of synergy was not occurring at all schools, particularly those that were more focused on students learning health content. This suggests there is potential for some schools to increase the value they get from Life Education.

As well as impacting on student learning, teachers also found Life Education to be a valuable source of informal PD. Teachers perceived educators' teaching practice to be of a high standard, and nearly all survey respondents and teachers at the case study schools noted they gained health content knowledge or a range of new ideas about teaching from watching Life Education sessions.

## How does Life Education fit with good practice?

Another aspect of this study involved exploring Life Education's fit with good practice in health education and promotion. The literature about health education and promotion categorises models and theories on an *individual–interpersonal–group* continuum. Underpinning each of these three levels are different assumptions about what it means to be healthy, and how change occurs.

- **Individual** theories assume that people have control over their health behaviours and therefore focus on addressing the behaviour of individuals. These theories are underpinned by the assumption that supporting people to "learn about" health by providing information will result in behaviour change.
- **Interpersonal** theories assume that individuals' health behaviours are affected by interactions with others, and therefore address these interactions by, for example, skill and strategy teaching.

- **Group (or societal)** theories assume that the social and physical environments within which groups and individuals are located have a powerful impact on health behaviours. Therefore these theories acknowledge the impact of the wider determinants of health, such as poverty. Their target population is a group of people, such as those located within a community or school. Underpinning **group** theories is the idea that there are different levels of interaction within a group, therefore different strategies are needed to address these levels. The Health Promoting Schools model is an example of an approach used in NZ and internationally that draws on **group** theories. One common **group** strategy is the use of processes that empower a community to take action to address health concerns. In schools, this could take the form of supporting students to actively “learn *for* health” as well as “about health” by “learning by doing” health promotion. Common examples include students being supported to: improve the social environment by developing strategies such as WITS to address classroom or playground incidents; or redesign an aspect of the school food or physical activity culture to make it healthier.

In general, Life Education educators aim to model an approach to teaching that: is inclusive and promotes wellbeing; emphasises health content knowledge; and aims to support students to develop a range of interpersonal strategies they can use to improve their health and wellbeing. Some of the main features of Life Education that align with effective practice in health education, and current NZ teaching practices are:

- Rather than viewing health as primarily being about physical health, Life Education has a focus that incorporates physical, emotional, social, and spiritual health and wellbeing.
- Educators are trained to use wellbeing- and student-centred teaching practices that appear to enhance students’ sense of empowerment and self-esteem (for example, peer sharing).
- Life Education contains a mix of **individual** and **interpersonal** approaches that have been shown to be effective in tobacco and drug education, such as the use of interactive strategies to teach social influence resistance skills (for example, role plays about peer pressure).
- Educators have a focus on adapting modules to support school needs and connect with classroom and schoolwide practices. This enables different types of connections to be made to Life Education (and thus supports schools to address health at a **group** level).
- Educators make connections to teaching strategies common in NZ that encourage the process of learning to be made more explicit to students, such as the use of learning intentions.
- Life Education offers a range of modules including those that cover health content with which teachers are less comfortable, such as alcohol, tobacco, and substance use.
- Life Education uses resources that students find engaging (for example, models and DVDs).

Life Education in its current form is highly valued by many in the school community, is generally in line with current curriculum practice in NZ schools, and has a number of components that align with effective health education and promotion at the **individual** and **interpersonal** level. However, in recent years there has been a shift in emphasis towards the **group** perspective, and viewing the three theories as complementary. That is, current good practice is to employ approaches that address the **individual, interpersonal, as well as group or societal** level.

The NZ Health and PE curriculum provides a model of this approach. Although it is underpinned by **group or societal** theories, it also could be viewed as combining all three levels. For example: *Strand A: Personal health and physical development* and *Strand B: Movement concepts and motor skills* could be seen to be more aligned with an **individual** focus; *Strand C: Relationships with other people* with **interpersonal**; and *Strand D: Healthy communities and environments* with a **group or societal** focus.

The findings from this study suggest that school staff are more comfortable teaching Strands A, B, and C (the strands most connected to **individual** and **interpersonal** approaches). The strand that school staff are less comfortable with, tend to focus on less, and would like more support with, is *Strand D: Healthy communities and environments* (the strand most connected to **group** approaches). Currently it appears that, by mostly focusing on Strands A and C, Life Education is supporting schools to continue to use “learning about” approaches to health (that mostly align with an **individual** and **interpersonal** focus). Recent evidence suggests that outcomes for young people are enhanced if they are also supported to address barriers at the **group or societal** level by actively “learning for health” by doing health promotion. These practices have their best fit with Strand D.

The recent revision of the entire NZ curriculum also encourages this shift. The revision places increased priority on schools: having a holistic view of the curriculum; structuring learning around significant themes; and being responsive to their community. Increasingly, primary schools are using inquiry models as a means to explore significant themes and to support students to take action to address local or global concerns.

## What next?

In keeping with Life Education’s focus on continuous improvement, one of the purposes of undertaking this study was to suggest ways that Life Education practice could be further enhanced. In the main report a number of ideas are offered that have the potential to: support schools to maximise the value they gain from Life Education; and increase the alignment between Life Education and contemporary views of health education and promotion and the ideas underpinning the recent revision of the NZ curriculum. These include suggestions about how Life Education could explore ways of supporting school staff to view the curriculum as a whole and focus more on *Strand D: Healthy communities and environments* (the health promotion strand).

If you would like a copy of the full report please contact Jane McLennan at the Life Education Trust National Office (0800 454 333) or visit [www.lifeeducation.org.nz](http://www.lifeeducation.org.nz)