

Case study 4: Integrating Life Education into the health plan at Village School

Introducing Village School

Village School is a decile 10 full primary school situated in a growing village close to the sea and a large urban area. The school has a tight enrolment zone, and the roll includes approximately 400 students, with some highly mobile parents, resulting in some roll turnover. About four-fifths of students identify as European/NZ European and a few as Māori or Asian. The school plays a central role in the community, and local parents are supportive of the school and have high expectations of the school, staff, and children.

School leaders described the school's practice as resting in an "intensive inquiry approach to learning, based on student-centred practice". Related to this focus is a recognition of the importance of PD for teachers and the provision of varied learning experiences for students, with input from outside agencies. Accordingly, the school runs a number of health-related initiatives including Life Education, Kia Kaha, DARE, Keeping Ourselves Safe, Red Cross first aid, road safety, and Civil Defence awareness.

History and value of school involvement with Life Education

Many of the staff interviewed have been at Village School for the last six years, and the Life Education mobile classroom had been visiting for at least that long. Staff viewed Life Education as a valuable resource to support their classroom teaching, and commented on the educator's flexibility in fitting in with school and classroom needs as required. School leaders indicated that the educator was a significant part of the value of Life Education, in that they valued expertise and "people, not posters". Staff appreciated the educator's content and pedagogical knowledge, communication skills, and teaching approach, and commented that the educator was effective at "giving kids information at a level that's appropriate for their understanding". All staff interviewed also valued the practical nature of Life Education. They identified that Life Education catered to different learning styles, and that the use of representative models, video, sound, and controlled lighting all helped to "switch the children on".

The fit between Life Education and school practice

The fit between Life Education and schoolwide practices

All staff considered Life Education aligned very well with schoolwide values, and pedagogy, as well as whole-school health focuses. School leaders considered the school's shared values

(respect, being positive, compassion, honesty, and courage) aligned very closely with Life Education philosophies about valuing uniqueness, understanding yourself, and respecting others. Staff also considered that the Life Education teaching approaches and focus on supporting students to make well-informed choices fitted well with school philosophies about learning and prioritisation of student-centred practice. School leaders noted the connection between Life Education and the school's representation of a learning community for students. This model has four pillars, each of which represented an underlying concept: learning *to know*; learning *to do*; learning *to live*; and learning *to be*. This model was developed from the report: *Learning: The Treasure Within* (UNESCO, 1996) which was the result of a large international project about education for the 21st century.

Staff also considered that Life Education helped to reinforce school messages about healthy food. Recently, the school had engaged in community consultation and, as a result, had developed a schoolwide healthy food and “water only” policy for drinks.

The fit between Life Education and the Health and PE curriculum

Village School had a two-year cycle for the health curriculum. As part of this cycle, in an odd year the police ran Keeping Ourselves Safe; and in an even year the school took part in Kia Kaha. The curriculum plan also included an annual Years 7 and 8 unit on sexuality and puberty, which was designed to address developmental concerns appropriate to students' age. When planning this unit, teachers designed a range of activities using school resources, resource kits, and the *Positive Puberty* book from the *Curriculum in Action* series.¹ Learning experiences included role plays, watching videos, and reading books on related topics. Each year this unit was supported by a Life Education module.

In 2007, the two Years 7 and 8 classes targeted for this case study were doing the puberty unit with a particular focus on physical changes. The Life Education module, *Keeping a balance*, was included in the middle of this unit as an integral resource and learning experience. The educator adapted the module to support the school's focus by looking at the causes of emotional stress, and what is happening in the body to create this stress. Both teachers considered the Life Education focus on puberty-related stress complemented their focus on physical changes, and supported them to address how family, culture, peers, and the media can influence young peoples' experiences.

At other year levels, individual teachers selected Life Education modules to support their health focuses and topics. Staff described how the educator made adjustments to sessions to match them with classroom needs, as well as adjusting her delivery for different year and ability levels. Overall, all the staff interviewed considered that Life Education was effective or very effective in assisting staff to address the Health and PE curriculum.

¹ http://www.tki.org.nz/r/health/cia/pos_puberty/index_e.php

Integration of Life Education into classroom practice

The teachers we interviewed described how they had two main ways of integrating Life Education into their classroom programme. One way was at the unit level described previously. In addition, the learning that occurred during Life Education was woven into classroom discussions during the unit and the rest of the year. Both classes had a question box where students could write questions or ideas about classroom learning or current events such as Life Education. The points raised were discussed in class. Teachers noted the question box provided students with an important opportunity to revisit prior learning.

The impact of Life Education on student and staff learning

Teachers' views on the impact of Life Education on students' learning

School staff noted that Life Education reached all students—including those with severe special needs. As one teacher stated:

[students] love it so much and can remember so much...which is always a good test of effectiveness...

Because of the integrated nature of the school and Life Education planning and learning experiences, staff recognised the difficulty of attributing changes in students' learning solely to Life Education. Given this, staff considered Life Education "definitely contributed" to this learning and noted that students showed significant recall of information from Life Education visits, as well as recall and use of some behaviour strategies.

In regard to the recent Life Education sessions, both teachers described the impact of these on class journalling or question box time. Students wrote about experimenting with ideas they learnt during Life Education. Some described how they were trying different ways to handle stress. Others described how they were thinking about healthy choices such as delaying decisions about drug taking. Both teachers stated that they had noticed, or heard students talking about, changes they had made to their behaviour as a result of Life Education. Some students also showed more interest in reading about related health topics.

In relation to past Life Education visits, both teachers described a number of changes they had noted; for example, students had developed skills in classifying healthy foods, or were able to recall facts about the effects of drugs. One teacher commented that some students could remember details about Harold from their junior years. The educator's teaching approach was identified as an important contributing factor to student learning.

Teachers' views on the impact of Life Education on their practice

Staff identified the educator's teaching approaches as good practice and expressed the view that their own and colleagues' practice was similar or "hopefully similar". Teachers identified a

number of approaches common to their school and Life Education. These included: starting from where students were at; use of small-group work, Think–Pair–Share, and whole class discussions; offering a range of different learning experiences around a topic; and emphasising the importance of asking questions and that there is no pressure to give the “right answer”.

Staff noted that the educator modelled “great pedagogy” and the variety of approaches she used was a good reminder to teachers about: catering to different learning styles; effective questioning; and facilitating “let’s find out” explorations and nonjudgemental discussions. Some teachers indicated that they could not help but learn from observing Life Education. As one noted, “You always learn from watching other people teach.”

Teachers also stated that, due to the expertise of the educator, Life Education also impacted positively on their own practice as it served as a form of PD for the health curriculum. All staff noted that the Life Education experience supported teachers to improve their health content knowledge. Both classroom teachers commented that, from the recent sessions, they had gained information about body systems and how the body reacts under stress.

Possible improvements to Life Education practice

Staff found it difficult to identify any improvements to Life Education. One suggested it was important to keep the information about drugs current and aligned with the media. Others indicated the importance of updating the videos to ensure the students could relate to the characters. One commented that, because Village School students were involved in quite practical courses, such as Civil Defence and Red Cross, the inclusion of more activity-based learning was important to engage older students.

Students’ perspectives

Students’ perspectives on prior Life Education visits

At Village School we interviewed 11 Years 7/8 students from two classes. All students had experienced previous Life Education visits and had significant recollections of these. Students tended to recollect the features and activities of Life Education, information about body systems, and key messages. Students had fewer memories about the strategies covered in Life Education, although these were mentioned by some students.

Most students could recall a number of features of Life Education such as the stars, Harold, the jokes, a plastic body model, a digital body, and a magic wand. Additionally, they also described the sorts of activities they did such as taking out body parts, matching nicknames of drugs to the type of drug, and acting in role plays about peer pressure. Students also recalled watching a number of videos about being bullied, someone taking drugs and being hospitalised, and interviews with high school students about alcohol. One group considered that the videos about drugs had a lasting effect because the characters were “real” and students felt they could relate to them.

One group in particular could recall a significant amount of information about the importance of healthy eating, identifying food groups, what some foods do to our body, naming body parts and functions, body systems, and types of drugs. They could list off a number of facts they had learnt such as smoking: shortens life expectancy; makes veins smaller; and is bad for the lungs.

Students also recalled some of the key Life Education messages. One group talked about the messages: “I am unique and special in my own way”, and “Everyone is special”. The other group recalled the message “Delay the decision” to take drugs. They noted this message came from the Web of Addiction which was part of their 2006 Life Education module: *From the shadows*.

When asked about the strategies focused on in Life Education, students commented that they had not needed to use the strategies for dealing with bullying at school and that they did not have a problem with peer pressure. However, they considered they would know how to recognise these situations and gave examples of the strategies they could use. Additionally, several students could remember the phrase “Stop it. I don’t like it” from Years 2–3, and other activities they did that assisted them to explore ways to get out of situations.

Overall, students noted they enjoyed past Life Education sessions because of the interesting activities, videos, and technology. They liked the fact that they were outside of the classroom, they were not sitting down and reading, and that they got a booklet. A number of students were keen to find out more about drugs and effects on the body. This group frequently referred to learning experiences that impressed them from the 2006 Life Education *From the shadows* module.

Students’ perspectives on learning related to the 2007 Life Education visit

Prior to the 2007 Life Education visit, when asked about their school learning about health and body systems, students described a number of different learning experiences they had taken part in. These included past Life Education visits as well as experiences during a range of other initiatives such as Kia Kaha, Keeping Ourselves Safe, and DARE. These experiences involved learning a combination of facts about health and health messages, as well as strategies.

In general, students could recall a significant amount of information about a wide range of health topics. This included information about different forms of abuse, details from a video about how to recognise abuse, and information about how different drugs affected the body. Many students had read *The Great Brain Robbery* (Scott & Grice, 2006), and enthusiastically described how they had learnt about drugs and their effects on the brain.

Along with health information, students could also recall a number of health messages, such as, “Alcohol kills the liver”, and “Smoking does bad things to your lungs”. Students were not always sure where these messages came from.

Students also recalled learning, during DARE, about recognising and resisting peer pressure. One of these strategies was to turn peer pressure into a joke to diffuse the tension rather than directly

confront someone or be too passive. Students in one group discussed drugs and peer pressure together, illustrating how the two fit together, and how knowledge and strategies can be applied.

Students from both groups also identified other sources of health information such as parents, other family members, books, and TV programmes. They commented that they got a lot of health information from their parents and TV programmes, such as, *You are what you eat*, a BBC programme that graphically explores a healthy and unhealthy future scenario for an individual. There were also several books relating to puberty in the school library that students were well aware of.

Students' perspectives on the 2007 Life Education visit

When asked about the recent Life Education visit and the *Keeping a balance* module, students described a range of learning activities they had taken part in about body systems, drugs, and stress. These activities included: handling body parts from a model; matching body parts and functions; identifying the main things their body needs; identifying legal and illegal drugs and different names for drugs; a brain scan activity; watching a video about following the crowd; and a memorising activity undertaken during simulated stress. Other students noted there had been lots of group discussion about stress and drugs.

Students' descriptions of what they had learnt from these activities mostly centred around how they had learnt information and facts. Both groups described learning new information about: the reproductive and nervous body systems; different kinds of drugs; how drugs can affect the brain; and how stress can affect the brain. One group could name a range of body systems (including the integumentary² system), and recalled seven steps of human development. They also talked about brain development (that the brain was fully grown by age three, and fully developed by age 22) and how the brain can develop dependency. The group interview also sparked students to make connections with previous Life Education visits, especially in relation to topics that were covered in both years, such as body systems and drugs. One group considered they had already covered some of the aspects about drugs in the previous *From the shadows* module.

As well as learning information, students also recalled some new strategies they had learnt for dealing with stress. These included: pillow fighting; being a "sleeping lion" and having a rest even if lots of things were going on around you; having a bath; taking a walk; or talking to someone. Several students also identified a number of new strategies they had learnt for dealing with peer pressure and connected these to the ideas contained in a video they watched during a previous Life Education visit. These strategies included: walking away or doing your own thing; saying "It's my life not yours"; or telling someone else who can support you.

A number of students also recalled some of the key Life Education messages about being unique and special, and noted that, from watching a video about peer pressure, Life Education had given them the message that they could avoid peer pressure and "do what I want". Other students stated

² External covering of the body, comprising the skin, hair, scales, nails, sweat glands, and their products.

they were already aware of the messages that Life Education was promoting such as “Saying NO to drugs”.

One group considered Life Education helped them learn about health and feeling good about themselves. There was less consensus in the other group. Some students considered Life Education had more impact when they were younger, another noted the fun environment and activities “affects the way we learn”, and others were unsure about whether Life Education has assisted their learning.

Synergies between Life Education and the classroom

When asked about the connections between Life Education and learning in class, one group noted that, in class, they had revisited what they learnt during Life Education. These students saw the connection between Life Education and their puberty unit. They commented, “We learn different things, but they’re relevant to each other.” Students from the other group stated their class had a “tight schedule” and there was “not time for revisiting”.

Students noted similarities and differences in the teaching approaches used in Life Education and in the classroom. Similarities included a focus on discussions. In terms of differences, students noted that Life Education used more diagrams, and was more “hands on” and exciting as they were being taught by a different person. Some stated they preferred to learn by doing real tasks. They noted their school provided these opportunities, citing a recent Civil Defence exercise as an example.

Some students commented that Life Education was more explicit than school about the messages it was promoting. For example, in relation to self-esteem, a number of students commented that Life Education had a strong focus on the message that you were unique and special. They noted that this message was also reinforced at school, but less explicitly: “it’s implied... [we] kind of get it all year round”. They noted that Life Education also made more use of slogans or catch phrases, such as “Delay the decision”, whereas school focused more on speeches and discussion.

Transferring what was learnt during Life Education

When asked for examples of behaviour changes related to the learning gained from Life Education, students commented that, as a result of a past school and Life Education focus on healthy food and exercise, they had developed an increased awareness of food to eat and not to eat, especially “high sugary and fatty foods”. A number of students identified that, as a result of this focus, they had made some healthy choices such as avoiding the dairy (and junk food), getting active, or reducing sugar drinks.

In regard to the 2007 Life Education visit, rather than talk about specific behaviour changes, students tended to describe how the knowledge and behaviour strategies they had gained contributed to them feeling more prepared for the future. Students noted that the combined classroom and Life Education focus on puberty had supported them to understand, and be prepared for, pubertal changes:

it's important to know what's going on inside you...so you know there is nothing wrong (when it happens).

Some students from both groups considered that Life Education had improved their health awareness in regard to drugs. They stated that it was important to be informed about how substances impacted on your bodies and to know the right options. As one noted:

Now that you know what it does to you, you still have the choice whether you want to have it or not.

Students in one group noted that Life Education had given them some new ideas about dealing with peer pressure. They considered previously they may have gone along with peer pressure, but now they were beginning to identify strategies they *could* use. One student described how Life Education had supported her to recognise that she had been peer pressured into buying something, and explained this to her mother. Others noted they felt OK about making their own choices, but they now had more awareness that, if their friend got angry about their choices, then they were not really a good friend. Students in the other group found it difficult to identify ways they had used information from the recent Life Education visit. They did not see stress or peer pressure as a concern, and several commented that they “don't really get stressed...not at school”.

Summary

Staff at Village School were enthusiastic about the “wow factor” of Life Education which provided “something different” for students. They considered Life Education fitted very well with schoolwide values, and core beliefs about teaching and learning. In relation to the puberty unit on which this case study focused, teachers saw Life Education as an integral part of their unit plan, and as a valuable resource to utilise in conjunction with classroom learning experiences. Staff noted that the expertise, commitment, and flexibility of the educator was fundamental to the success of Life Education. The way the educator consulted with teachers, and adapted modules, resulted in a close fit between Life Education and the school programme. Teachers noted that this co-ordination enabled the school and Life Education to offer complementary activities centred around recognising and managing stress, making informed choices, and being aware of pubertal changes.

The students we talked to displayed a high level of recall about past and current Life Education visits, the learning activities they took part in, and the health content knowledge that was covered. Their comments show the cumulative effect of Life Education on their health content knowledge. To a lesser extent, students' comments also indicated that Life Education had supported them to learn behaviour strategies they could use in the future.

These students were highly interested in, and well-informed about, a number of topics they perceived to be relevant such as pubertal change and the impact of drugs. Along with Life Education, they drew from a number of sources of health-related information including TV and other media, the Internet, and family members. This highlights the importance of teachers and

educators keeping up to date with health issues so that they can make connections with students' interests.

References

Scott, T., & Grice, T. (2006). *The great brain robbery*. Wellington: Life Education Trust.

UNESCO. (1996). *Learning: The treasure within. Report to UNESCO of the International Commission on Education for the Twenty First Century*. Paris: Author.