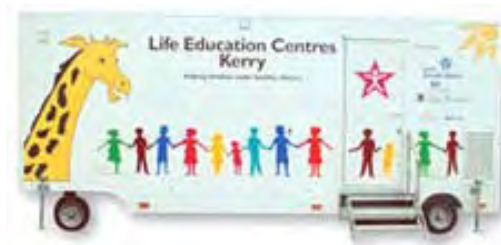


KERRY LIFE EDUCATION PROJECT



AN



EVALUATION



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Dr Timothy Jackson, **BA. MB. DCH. DPH. FFPHMI.**
Consultant in Public Health Medicine
Dept Public Health

Dr Ina Kelly **MB. FRACGP. DCH. MPH. MFPHMI.**
Specialist Registrar in Public Health Medicine

Dr Anne Dee **MB. DTM&H. MSc. MFPHMI**
Specialist Registrar in Public Health Medicine

Dept Public Health, HSE South (Cork and Kerry)

TEL 021 4927601
FAX 021 4346063
Email dph@hse.ie

This report is in Publications section of the HSE website <http://www.hse.ie>

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Background

Kerry Life Education Evaluation Project

Kerry Life Education¹ was set up as a joint venture between South Kerry Development Partnership and Killarney Town Council. Research carried out by both groups, and others indicated rising levels of substance abuse in the area^{2,3}, and this was a matter of serious concern. They looked at alternative methods of preventative education. One such programme was the Life Education system. It was first established in 1979 in Australia, and offered holistic health education and drug/alcohol misuse prevention programmes to children and young people. It was first introduced to the UK in 1986, and to Ireland in 1997. Over 3 million children in 15 countries now participate in Life Education.

A specific company was set up in February 2002 to bring the project to Kerry and, due to the physical capacity of one mobile classroom, visits to schools in the South and East of Kerry commenced on February 16th 2004, reaching 7,500 students annually.

The KLE is funded through the Regional Drugs Task Force, Local Authorities, and a fee from each school that is visited.

In October 2007 the then Minister for State, Mr J Carey, asked if an evaluation of this KLE project could be done. The Dept Public Health HSE South (Cork) was approached, and agreed that it could carry out this evaluation.

Detailed description of the KLE Project can be found on www.kerrylifeeducation.com

Approaches to Evaluation

The World Health Organisation (WHO) has summarised a wide body of research into Evaluation of Health Promotion⁴. This WHO publication emphasises that evaluation should involve a systematic approach.

This study has generally followed this framework as detailed below.

1. Describe the programme
A background description of KLE¹ was made.
2. Identify key issues
Meetings were held with key stakeholders.
Key issues were determined, such as:
Links with school Social Personal and Health Education (SPHE)⁵
curriculum, impact on schools, independent professional opinions,
lifestyle outcomes, cost-effectiveness
3. Design process for obtaining information
Questionnaires were designed to meet the above issues, and the Health Behaviour in School Children (HBSC)⁶ data set was used to determine lifestyle outcomes.
4. Collect data
Questionnaires were sent to KLE schools, and Key Professionals. The HBSC dataset was obtained.
5. Analyse and evaluate data
Detailed analysis was done on questionnaires and the HBSC dataset.
Detailed discussion and conclusions were made.
6. Make Recommendations
Recommendations on the KLE status were made.
7. Disseminate information to funding agencies and stakeholders.
It is planned to make this detailed report available on the web.
A shorter summary document will be circulated to stakeholders, researchers, and relevant parties.

Context of Social Personal and Health Education (SPHE) curriculum and its relevance to the 2008 KLE evaluation questionnaire

Primary Curriculum Support Programme (PCSP)⁷.

The PCSP has been an agent of the Dept of Education and Science, delivering the in-service for the primary curriculum (since its revision in 1999), and supporting curriculum implementation in primary schools. This applies to SPHE⁵ just as in other subject areas. In 2008, PCSP amalgamated with School Development Planning (SDP) to form the Primary Professional Development Service (PPDS)⁸ and continues to support schools in relation to curriculum and organisational areas.

The SPHE curriculum is considered to be best mediated by the class teacher, supported by resources that are designed for, and compliant with, the SPHE curriculum for (Irish) Primary Schools. It is considered crucial that schools work with the SPHE material in a coherent and integrated way.

An important phase of this study was to explore how KLE linked with this detailed SPHE curriculum, and develop a rationale for including details of the SPHE curriculum on the HSE 2008 KLE evaluation questionnaire.

As already stated, Kerry Life Education was primarily set up as a response to concerns about increasing levels of substance misuse in the Killarney area⁹. A model of health education/drugs prevention from Life Education Centres¹⁰, which has been used by communities internationally was chosen, and adapted to local Irish school settings.

Life Education Centres have been shown to increase children's awareness and knowledge about the body and drugs, and to change children's attitudes and initial intentions in relation to delaying or avoiding use of alcohol and other drugs¹⁰.

However, Hawthorne et al (1992)¹¹ suggested that this intervention alone may not have longer term impact in preventing unhealthy behaviours. This appears to have been taken on board, and a recent Australian evaluation by Carbines et al (2006)¹² indicates that the programme has been updated to incorporate latest evidence on drug education. This report provides a framework for Life Education Australia to continue to develop based on principles previously described by Meyer et al (2004)¹³.

These principles include the following¹³:

Principle 2: Embed drug education within a comprehensive whole school approach to promoting health and well-being.

Principle 9: Locate programs within a curriculum framework, thus providing timely, developmentally appropriate and ongoing drug education.

In order to evaluate Kerry Life Education these general principles were considered. Additionally, in previous feedback from teachers on the KLE programme, teachers had responded to a question about whether KLE supports SPHE in the classroom, and the detail in some of the answers was linked with parts of the SPHE curriculum.

The National Council for Curriculum and Assessment in Ireland publishes a curriculum for SPHE¹⁴, with content in three strands – “Myself”; “Myself and others”; and “Myself and the wider world”. Each strand has multiple strand units, each contributing to the “comprehensive whole school approach to promoting health and well-being” as outlined above.

SPHE includes a detailed Substance Misuse Prevention Programme, Walk Tall¹⁵. This again stresses the importance of incremental and structured learning within a class room context. The Dept of Education and Science considers SPHE to be at the core of life skills education, and state that it should only be supplemented by approved programmes.

Evaluation questions for Questionnaire 2 were developed to examine the KLE contribution to meeting the educational goals for each strand and strand unit.

Health Behaviour in School Children (HBSC)⁶

One of the key aspects of this study, has been the use of HBSC data⁶ collected in 2006, to independently check lifestyle outcomes in KLE schools and Comparison schools.

Health Behaviour in School-aged Children (HBSC)⁶ is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe. The study aims to gain new insight into, and increase understanding of young people's health and well-being, health behaviours and their social context. In addition, the findings from the HBSC surveys are used to inform and influence children's policy and practice at national and international levels.

HBSC was initiated in 1982 and is conducted every 4 years. HBSC 2006 involved more than 180,000 children from 41 countries. The target age groups for the HBSC study are 11, 13 and 15 year olds attending school. These age groups represent the onset of adolescence, the challenge of physical and emotional changes, and the middle years when important life and career decisions are beginning to be made.

HBSC is a school-based survey with data collected through self-completion questionnaires, administered by teachers in the classroom. The questionnaire used is in Appendix 5 (questionnaire 4).

An extra feature of the Irish Data Set was that data was also collected for children in 3/4th class¹⁶. This allowed for some comparisons between junior and senior classes in the main dataset, but numbers were too small for effective comparisons in this study, except when both classes were combined.

In Ireland, HBSC 2006 was conducted in the Health Promotion Research Centre under the direction of Dr. Saoirse Nic Gabhainn, and funded by the Health Promotion Policy Unit of the Department of Health and Children and the Office for the Minister of Children. We acknowledge the support and assistance of the schools, teachers, parents, and especially the children involved in the survey.

Evaluation Methodology

Five main approaches to this evaluation were possible, apart from checking on the historical background to KLE as stated above.

1. **KLE visit in 2006. Questionnaire 1: Analysis of Questionnaires completed by schools for KLE at time of visit.**
This was an analysis of comments made by teachers evaluating KLE when they made their visit in 2006/7. This gave an initial view of perceptions of the KLE, and allowed development of a more detailed questionnaire. (Appendix 1)
2. **KLE schools in 2008. Questionnaire 2: Analysis of Questionnaires sent to KLE schools by Dept. of Public Health**
Principals in schools in South Kerry, identified as receiving the KLE system, were sent a letter and questionnaire, asking them to give consensus views between the principal, teachers, and parents, on the KLE system. (Appendices 2 and 3)
3. **Key Professionals comments on KLE system 2008 Questionnaire 3: Analysis of Questionnaires sent by Dept. of Public Health**
Key Professionals in the Health Promotion and National Education fields were identified, and sent a questionnaire exploring their perceptions of KLE system. They were given the KLE web site for background information on the system. (Appendices 4a and 4b)
4. **Analysis of Health Behaviour in School Children (HBSC) data from schools sampled in 2006, for comparison of key life situations. Questionnaire 4**
Dr. Saoirse Nic Gabhainn NUI Galway was contacted to consider the feasibility of using the 2006 HBSC dataset for Cork and Kerry. The KLE schools were identified for the dataset, as well as Health Promoting Schools, and Comparison schools. It was judged a feasible case to study, and permission was given to provide the dataset to the Dept of Public Health. The HBSC dataset was based on the HBSC questionnaire 2006 (Appendix 5)

Three groups were created in HBSC dataset.

- A. Kerry Life Education Schools (in South Kerry) - KLE Intervention Schools
- B. Health Promoting Schools (in Cork and Kerry) - HP Intervention Schools
- C. Other Schools (Cork and Kerry) – Comparison (Non-Intervention) Schools

For this report, only KLE and Comparison schools in Co. Kerry were studied.

Quantitative aspects of analysis were done, using SPSS version 15. Comments were analysed using qualitative techniques.

5. Cost Effectiveness Analysis based on the HBSC data analysis.

Based on key findings of the HBSC data analysis, and KLE budgetary figures, Cost Effectiveness Analysis using TreeAge Pro Software¹⁷ was done.

Results

Questionnaire 1 2006 (Appendix 1)

1, Analysis of Questionnaires completed by teachers in schools at time of KLE visit in 2006 (Evaluation from Teachers of KLE 2006)

These were issued by KLE themselves after visiting the schools during their visit in 2006. They represent an immediate reaction of the schools to the project.

Overall 123 teachers completed questionnaires, but not all made additional comments.

Preliminary Question: Quality of KLE Delivery to pupils

All responses were good or excellent, with the vast majority being excellent.

	Good		Excellent		Total	
	Count	%	Count	%	Count	%
Teaching style	2	1.6%	121	98.4%	123	100.0%
Child understanding	21	17.1%	102	82.9%	123	100.0%
Suitability of needs	8	6.5%	115	93.5%	123	100.0%
Programme content	15	12.2%	108	87.8%	123	100.0%
Programme presentation	5	4.1%	118	95.9%	123	100.0%
Overall evaluation	7	5.7%	115	94.3%	122	100.0%

Q1 Present Level of Drug education in Schools

Only half said that Drug Education in schools was covered A lot, and 39% said that there was Some coverage.

Q1Present health/drug intervention

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	2.4	2.4	2.4
Very Little	2	1.6	1.6	4.1
Some	48	39.0	39.0	43.1
A lot	68	55.3	55.3	98.4
Not sure	2	1.6	1.6	100.0
Total	123	100.0	100.0	

Comments made by teachers mainly stated that SPHE, Walk Tall, Stay Safe, and Religious Education (RE) programmes covered many aspects of Drug Education

When asked about the present level of health / drug prevention education in the schools, 75 teachers (61%) gave additional comments, with most respondents mentioning several policies or programmes in which their schools are engaged:

These can be listed as follows:

Social and personal health education (SPHE) (28)

Walk Tall programme (17)

Stay Safe (12)

Other Programmes

Circle Time (2)

Healthy Lunchbox (1)

General health education policies in the school (12)

Healthy eating policies (12)

Specific substance misuse policies or drug education (10)

9 teachers mentioned their school being, or applying to become, a Health-Promoting school. Guest speakers such as Gardaí to talk about drugs were mentioned by 4 teachers. Parent workshops or the co-operation of parents was mentioned by 2 teachers. Single comments were made regarding science, Physical Education and religion and RSE was mentioned by 2 parents.

Specific additional topics mentioned were: self-esteem(1); recycling(1); exercise(1); Green schools(1); personal hygiene(1) and healthy lifestyles(1).

There were few negative comments, but three teachers reported there was not enough drug education, and one other teacher reported not being informed enough to teach drug education.

Q2 Pre-visit work with the children

When asked about whether the teacher had carried out pre-visit work with the children, 82/123 (67%) indicated they had. 11 teachers indicated they hadn't, but of these, 3 mentioned relevant work they had done, and several indicated they hadn't known that they should do this work. The pre-visit work carried out by teachers was varied from revision of work carried out by KLE the previous year, to work linked with SPHE.

Q3 KLE Support for SPHE

Almost all (97%) stated that KLE supported the SPHE program.

Q3Life Education supporting SPHE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	1	.8	.8	.8
	Support in some ways	3	2.4	2.5	3.3
	Supports very well	118	95.9	96.7	100.0
	Total	122	99.2	100.0	
Missing	System	1	.8		
Total		123	100.0		

Comments were very supportive on the quality of KLE support.

Virtually all the comments were neutral to very positive about how the KLE supports the school's SPHE programme. Many teachers used words like "integration", "consolidates", "reinforces", "re-emphasises" and "backs-up" to describe how they felt KLE contributed. They also mentioned the similarity between KLE and SPHE in topics, content and issues generally and more specifically.

Several teachers made more detailed comments about how they felt KLE supported their SPHE programme such as

Bigger impact due to outside speaker, novelty and excitement

Consolidates SPHE but presented better

Different approach helps

Explains in meaningful way children remember

Fresh learning environment, very stimulating and effective

Life Ed. is excellent to support classroom work

Life Ed. was great benefit

Puts our approach to shame

Use of role play excellent to get message across.

The only less positive comment recommended "*more on hygiene*".

Q4 KLE Support for School Substance Abuse Policy

All Teachers stated that KLE supports the school Substance Abuse Policy

Q4Supporting school substance abuse policy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	104	84.6	100.0	100.0
Missing	System	19	15.4		
Total		123	100.0		

Q5 KLE Impact on Students

Almost all teachers (98%) stated that KLE project had an impact on the students.

Q5 Impact on students

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	120	97.6	98.4	98.4
	Not sure	2	1.6	1.6	100.0
	Total	122	99.2	100.0	
Missing	System	1	.8		
Total		123	100.0		

When teachers were asked if KLE had an impact on their students, they were offered an opportunity to mention what had been particularly effective and 89 teachers answered. Particular emphasis was given to the KLE teaching methodology with 16 teachers citing Harold the Giraffe as being particularly effective, 15 citing role play, 12 citing the video, 7 mentioning Tammy, 6 mentioning the puppets in general and 1 mentioning props. Another comment was “*variety of methodologies, removing children from classroom*”.

Regarding effectiveness related to the topics covered, 12 teachers mentioned drugs and alcohol, 11 mentioned the human body, 7 mentioned food/healthy eating and 2 mentioned exercise.

Regarding how teachers might anticipate how KLE may contribute to healthy behaviours, 4 mentioned dealing with peer pressure, 4 mentioned about helping making healthier decisions/choices, 3 mentioned bullying, 3 mentioned “*ability to say No*”, or “*courage to say No*” and 1 mentioned conflict resolution.

Other possible reasons why the programme might be effective were suggested
Children excited for months before arrival. Motivated and enjoyable
Children got very excited and referred to it afterwards
Children remember what they learned

Other comments included
Teaching students to stand up for themselves and be their own person
Pupil participation enabling growth in self-awareness and confidence

Only one comment indicated possible scepticism of benefits, but even this was quite positive
Not sure about long term impact, but very enjoyable learning experience.

Q6 KLE Impact on Students attitudes over time

Almost all (96%) stated that KLE had an impact on students over time, although 4% were Not Sure.

Q6 Effect on childrens attitudes

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	118	95.9	95.9	95.9
Not sure	5	4.1	4.1	100.0
Total	123	100.0	100.0	

Q7 Plan to Follow-Up Work with Students after KLE visit.

Almost all (98%) were planning to do follow up work with the students after the KLE visit.

Q7 Plan to follow up

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	119	96.7	98.3	98.3
No	1	.8	.8	99.2
Not sure	1	.8	.8	100.0
Total	121	98.4	100.0	
Missing System	2	1.6		
Total	123	100.0		

Q8 Willingness to Bring Class to KLE Next Year

Almost all (98%) were willing to bring their class to KLE every year, but 2% were not sure.

Q8 Willing to bring class every year

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	119	96.7	97.5	97.5
Not sure	3	2.4	2.5	100.0
Total	122	99.2	100.0	
Missing System	1	.8		
Total	123	100.0		

Q9 Areas for KLE improvement

Teachers were asked what areas KLE could be improved and 58 teachers made comments. 19 teachers recommended no improvements needed, for example, *Everything was brilliant*
Love the programme.

Where improvements were recommended some comments were related to the topics covered, and recommended more on bullying(3), friendship(3), growing, changing and self-identity(1), peer pressure(1), body functions(1), personal hygiene(1), RSE(1), and more information to keep more advanced children stimulated(1).

The frequency or time available for KLE visits was also mentioned by 8 teachers with most requesting more frequent visits and more time, though one requested fewer visits (to avoid older children receiving very similar content over some years).

8 teachers mentioned their desire for information leaflets or handouts before or after the visit, in order to prepare or to follow-up with work.

Two comments pertained to the funding, suggesting more government funding to reduce costs for parents.

Four comments pertained to needing more space in the mobile classroom.

A few other miscellaneous improvements were recommended such as
New props to maintain interest
Constant revision and updating programme.

Q10 Other areas of SPHE that could be developed in KLE programmes

Teachers were asked if there were other areas of SPHE that could be developed in KLE programmes and 56 teachers responded. The SPHE areas that they felt should be developed are presented in decreasing order of frequency: bullying(13), relationship and sex education(9), safety and protection(7), personal hygiene(5), self-esteem/confidence(5), healthy eating(5), growing/changing/emotions(3), citizenship and cultures(3), respect for others/authority(2), making choices(2), importance of exercise and sport(2), mental health and bereavement(1), more serious drug addictions for senior classes(1), rules and regulations(1), hobbies(1), litter(1), lifestyles(1) and social behaviour(1).

8 teachers did not think the programme could do any more, and were satisfied with as it was.

Discussion of Questionnaire 1

The immediate impact of the KLE visit to the schools in 2006 was clearly positive. There was universal praise for the style of teaching. There was a strong impression that the KLE system supported SPHE, Walk Tall, and RE programmes in the school.

Students appear to have greatly enjoyed the visit, and learned from the experience. Almost all teachers were willing to repeat the experience.

Aspects of this questionnaire were used to develop Questionnaire 2, in the current evaluation 2008, which explores several issues in greater depth.

Questionnaire 2 to KLE National Schools May 2008

A questionnaire was sent to 68 schools in the South Kerry area receiving the KLE programme (Appendix 3), with an explanatory letter (Appendix 2), stating the background. The principal was asked to complete the questionnaire as a consensus view between principal, teachers, and parent representatives at each school.

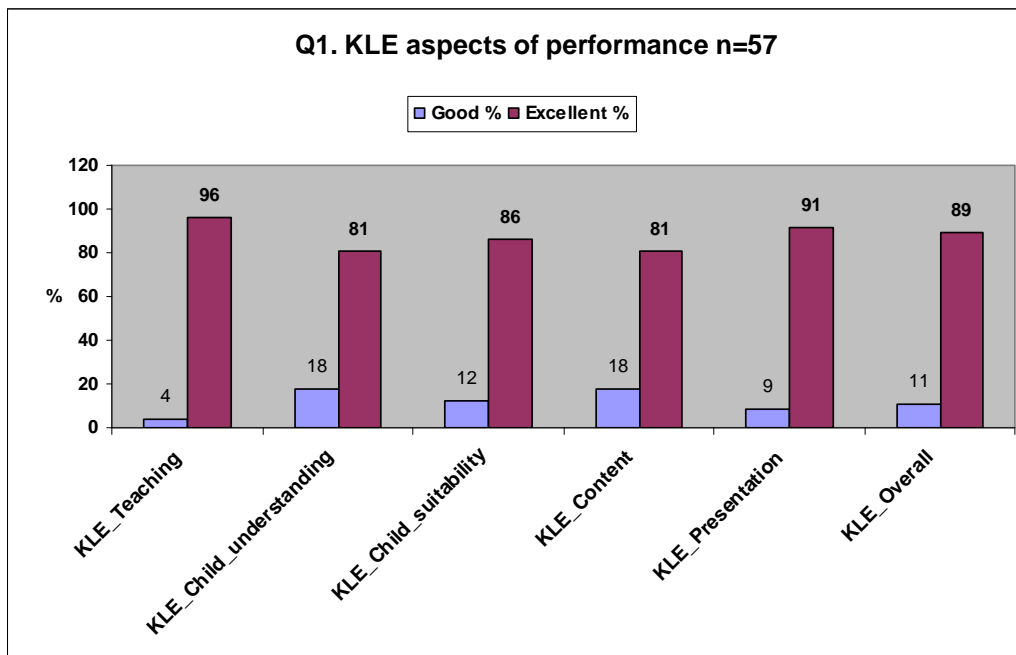
Completed questionnaires were received from 57 schools, giving an excellent response rate of 84%.

The questionnaire asked for administrative data on the schools and explored the following issues. Numbers refer to sections on the questionnaire.

1. KLE performance at visit to school
2. SPHE Implementation in School
3. Implementation of components of SPHE in school
4. KLE support for individual components of SPHE
5. Parental Involvement with KLE
6. School Substance Misuse Policy
- 6a. KLE support for Substance Use Policy
7. School Provision of Walk Tall Programme
- 7a. Walk Tall Coverage in Schools
8. Impact of KLE programme on students – Short-Term
9. Impact of KLE programme on students – Long-Term
10. Recommendation for KLE to continue
11. Components of SPHE requiring improvement in KLE programme
12. Need for KLE improvement in other areas
13. KLE Response to feedback from previous visits
14. KLE adapting to Children with Special Needs
15. Cost of KLE programme to school
- 15a. Appropriateness of Cost of KLE programme

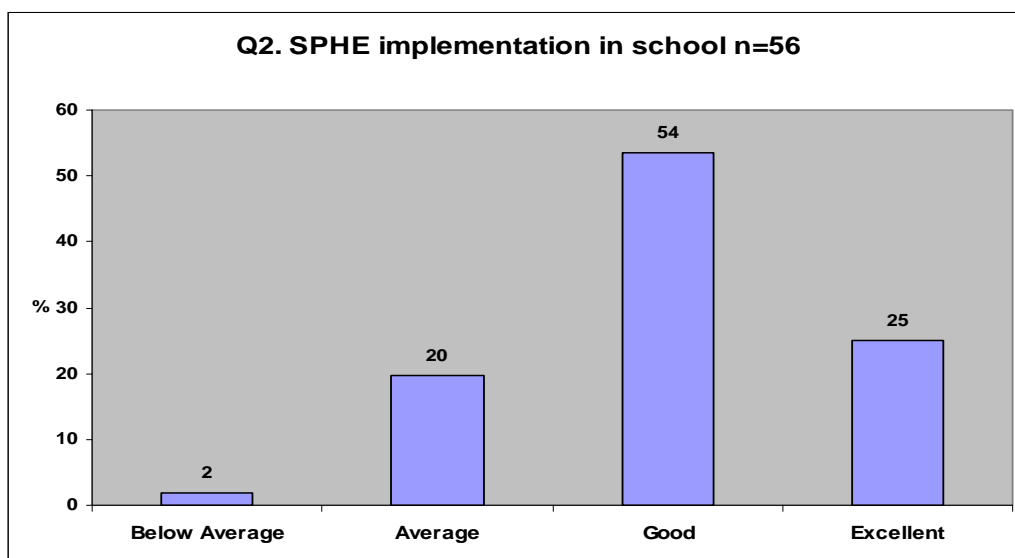
1. KLE performance at visit to school

Detailed aspects of the program were seen as excellent by 80-97% of the schools. Teaching, Presentation, and Overall Programme were rated highest by 90% or more.



2. SPHE Implementation in School Overall

This was rated as Good – Excellent by 78%. However 20% rated SPHE implementation as Average, with 2% rating it Below Average.



Comments associated with SPHE Implementation in School

Positive comments made on SPHE Implementation were:

We are interested in all aspects of SPHE

Teachers following curriculum guidelines. Healthy ethos & positive attitude in school

Staff are continuing to 'fine tune' school plan

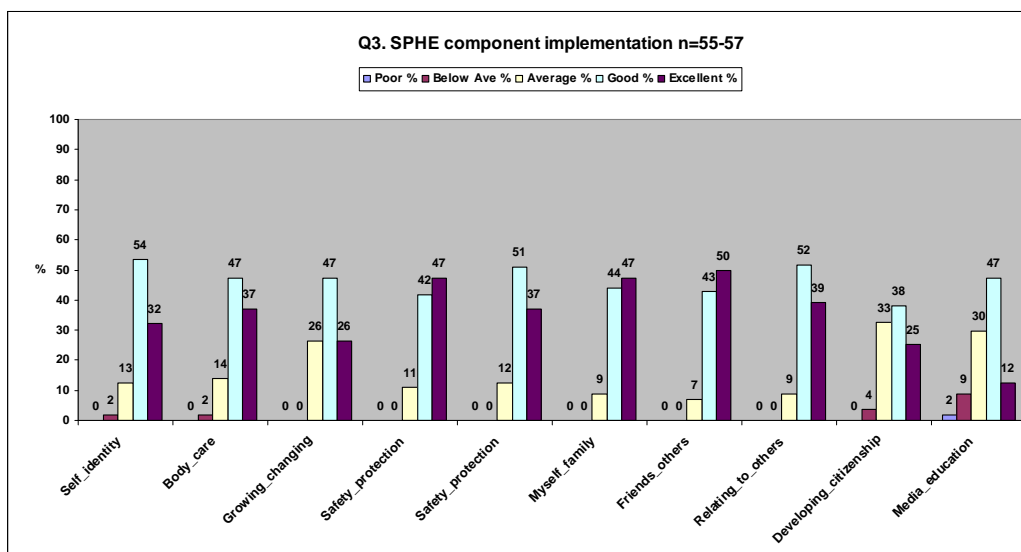
More reserved comments were:

Cover it every second year

Hit and miss. Curriculum overload

3. Implementation of components of SPHE in school

Implementation of most components of SPHE were rated Good/Excellent by 80-90% of schools. Citizenship, and Media Education were rated slightly lower with up to 40% showing Average or Less implementation.



Comments associated with detailed aspects of implementation of SPHE were:

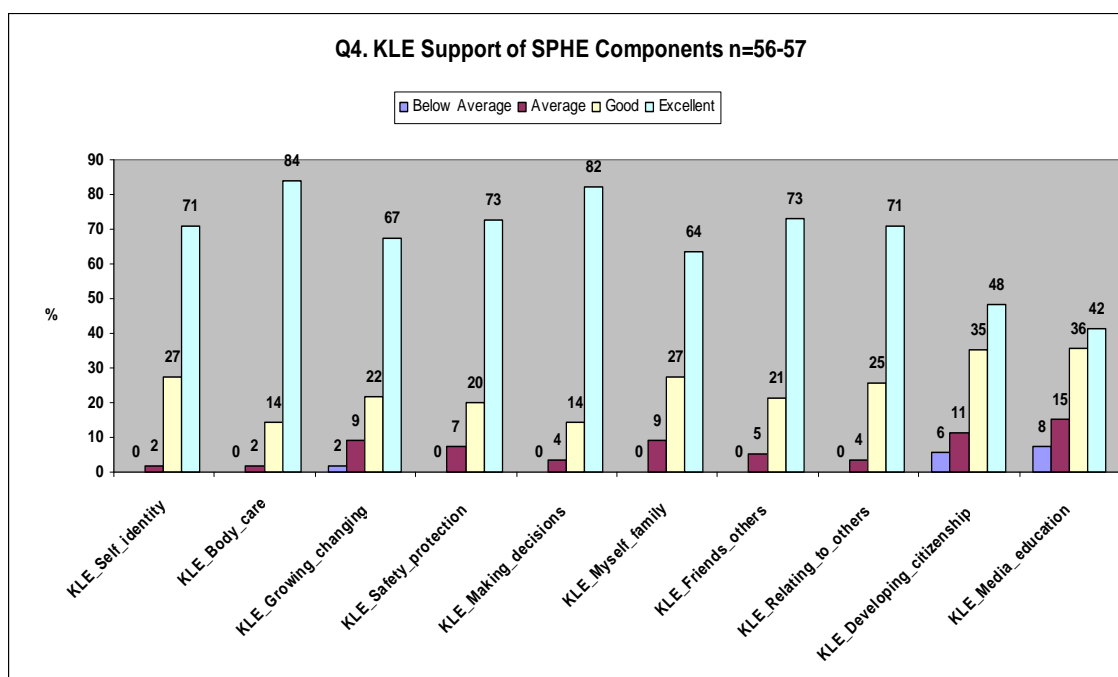
SPHE ongoing throughout school day & in keeping with school ethos

Sensitive issues left until 4th, 5th, 6th class

Some parts are more accessible than others

4. KLE support for individual components of SPHE

This was seen as Good/Excellent by 90% or more, in the case of Self-Identity, Body Care, Friends and Others, Relating to Others. Developing Citizenship and Media Education were seen as somewhat less supported by KLE, with 15-20% seeing the support as Average or Below Average.



Comments on KLE Support

These were mostly positive:

KLE revises work already done in the class.

KLE uses novel and interesting ways to work & reinforce concepts.

Presentation outstanding. Children very interested, learn easily & retain information.

Programme extension of SPHE.

Very effective.

Some comments expressed some reservations:

All good, albeit once annually.

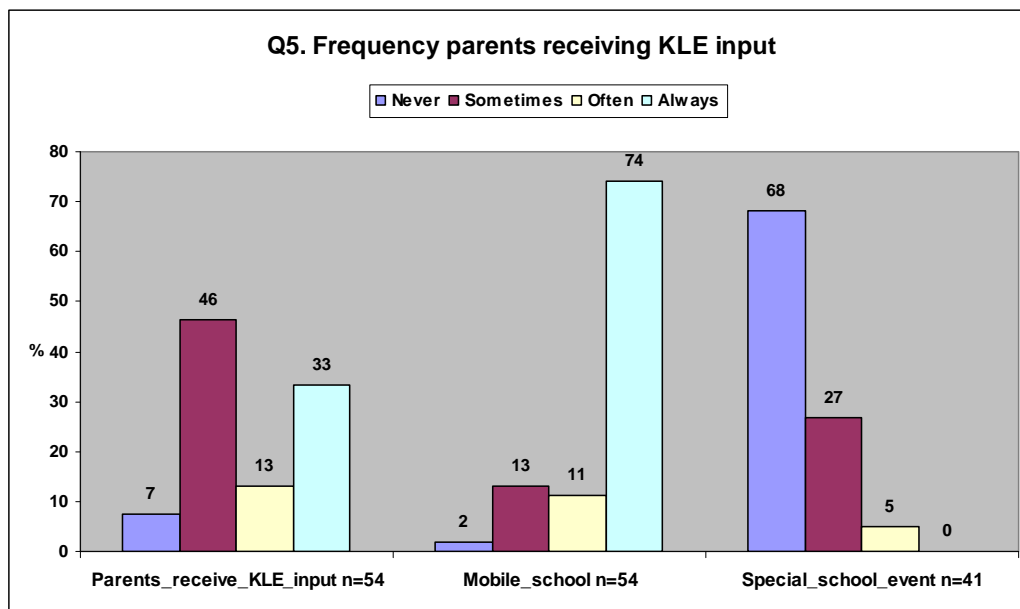
Some components not addressed by KLE yet.

As it visits each year perhaps the content for senior classes could be more advanced.

Content can overlap, so a two year cycle of lessons would be good.

5. Parental Involvement with KLE

Only 46% of schools stated that parents received KLE input Often/Always. Of these, over 80% of KLE input took place in the Mobile School setting. A minority attended a Special Event.



Comments on Parental Involvement

Positive comments included:

Each year parents invited to attend mobile. Also, independent school events organised.

Parents consider programme excellent.

Parents invited to session in mobile each year. High percent attend and are very impressed.

Some Reservations were expressed:

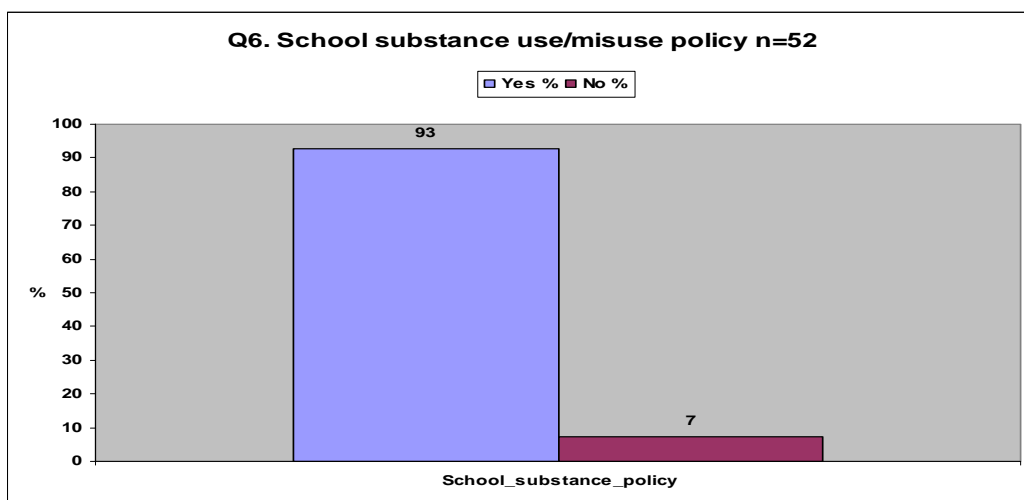
Always invited to attend, though one visit ought to suffice.

Parents invited when mobile attends, few attend though.

Working parents usually can't attend day sessions.

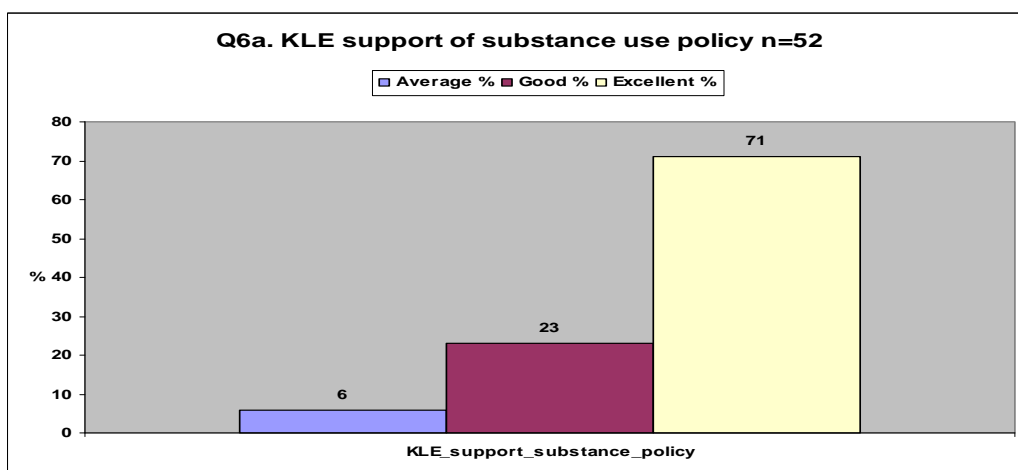
6. School Substance Use/Misuse Policy

Almost all schools had a policy (93%)



6a. KLE support for Substance Use Policy

Support for the school policy was seen as Good/Excellent by 94% of schools.



Comments on KLE support for Substance Use Policy

These were generally positive:

Deals with smoking, alcohol abuse, drugs

I think we are all together on this issue

KLE provides a valuable break-up and consolidation of SPHE programme

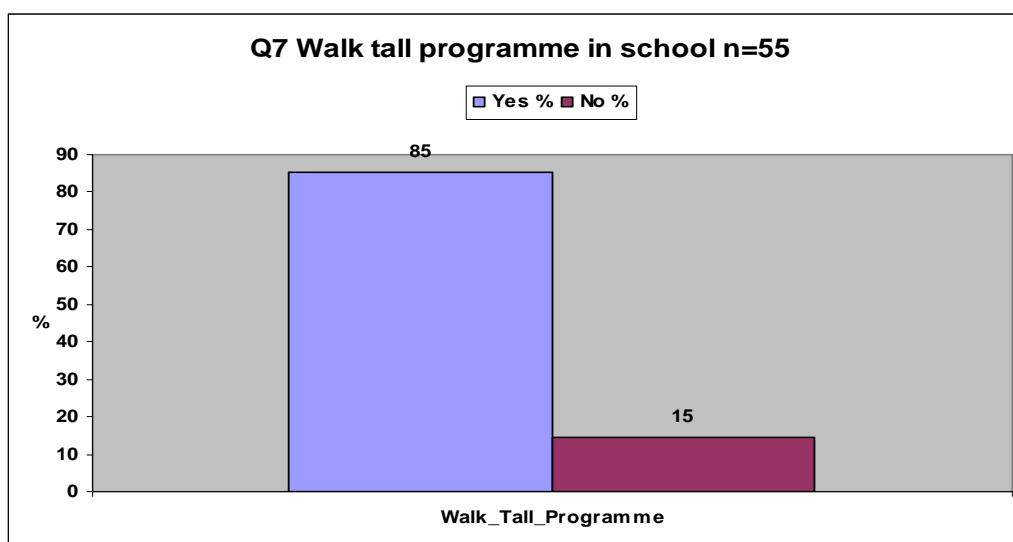
KLE worked with school to draft policy

Run SPHE lessons at similar time, and both complement each other.

Policy is under review, and for further attention in autumn 08

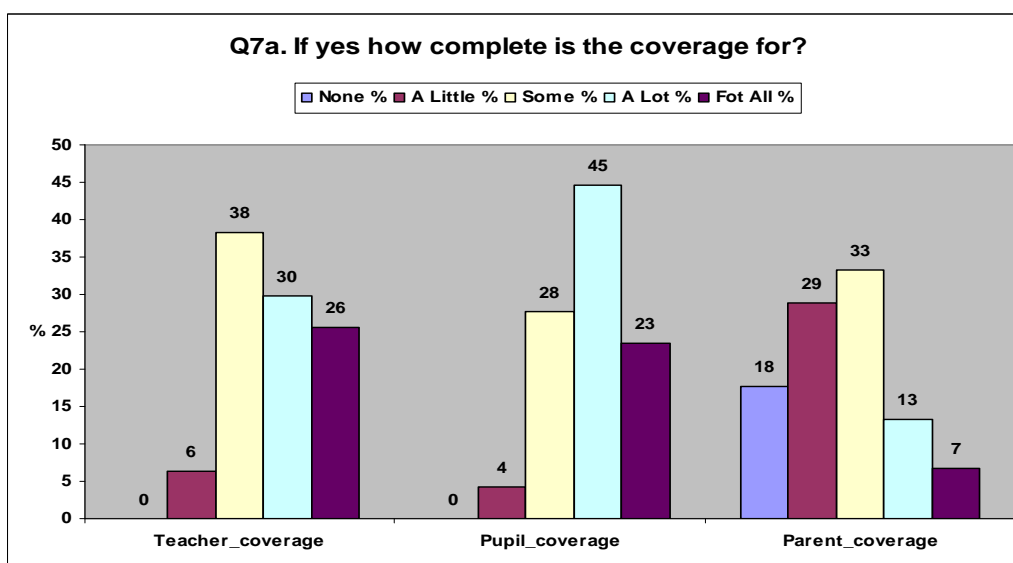
7. School Provision of Walk Tall Programme

The Walk Tall Programme was provided in 86% of schools.



7a. Walk Tall Coverage in Schools

Coverage of A Lot/All was 55% for teachers, 68% for pupils, and 20% for parents.



Comments on Walk Tall Programme

These generally explained aspects of the provision of the programme.

Children bring worksheets home, so this involves parents

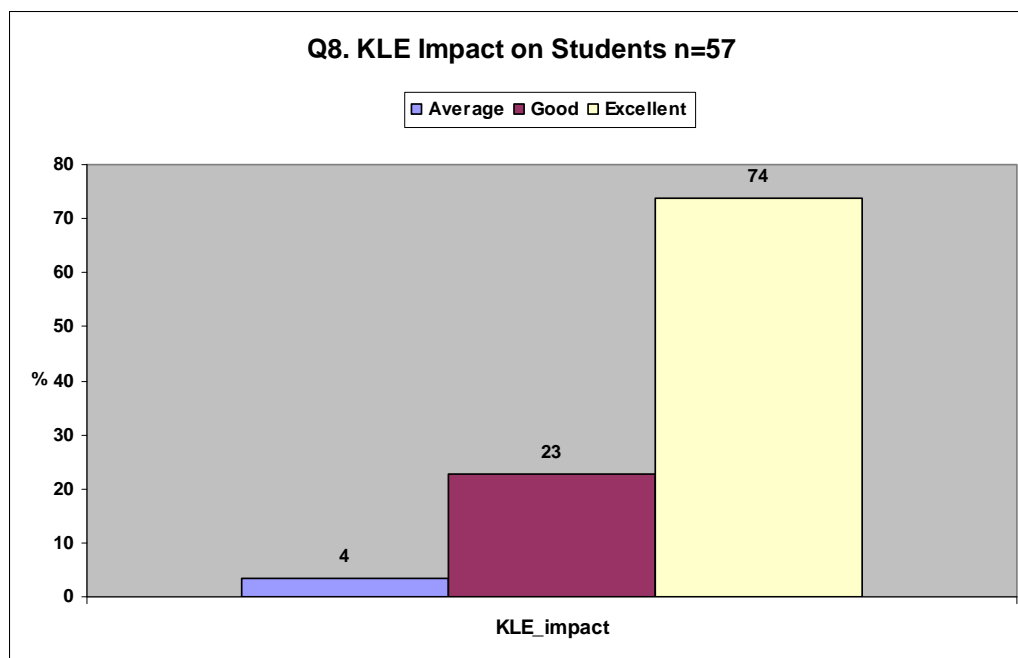
Principal undertook in-service course

Walk Tall presented to senior classes

We implement the WT programme for 4yrs Senior and Junior

8. Impact of KLE programme on students

Impact of the KLE program was judged Excellent/Good in 96% of schools.



Comment on KLE impact on Students

These were extremely positive, emphasising the enjoyment and involvement of students.

All students enjoy & absorb information. Content could be more intense for older age groups

Children always enjoy visit

Children love and remember it

Interesting & makes pupils more aware of issues

Look forward to it each year

Major highlight in school year

Reinforces making correct choices

Role play has powerful effect on children to making healthy choices

Students are stimulated & interested to ask questions

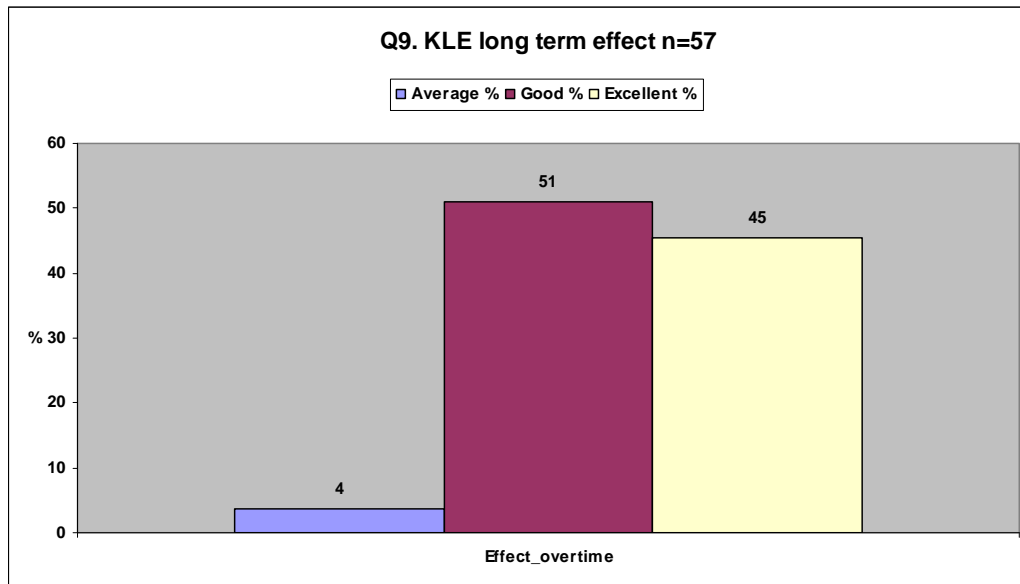
They are very impressed by presenters and presentation. They retain a lot of the info given.

They really enjoy & benefit from it. Setting provides a different forum for SPHE presentation

They really enjoy participating

9. Long-Term Impact of KLE programme on students

The Effect Overtime was judged Excellent/Good in 96%.



Comments on Effect of KLE over time

These were supportive for several aspects of the programme.

Allows for follow up on bullying and healthy food in class

Evidence seen in healthy eating

Extremely effective when run in conjunction with school ethos of healthy policy

From session to session children's growing maturity is obvious

Vital for the school

However in some cases, caution was advised, suggesting importance of SPHE, and Parents, and the later phases of life.

It is NB that these programmes support SPHE making it a community project

Perhaps best to answer when pupils are teenagers. Presently, most respond positively

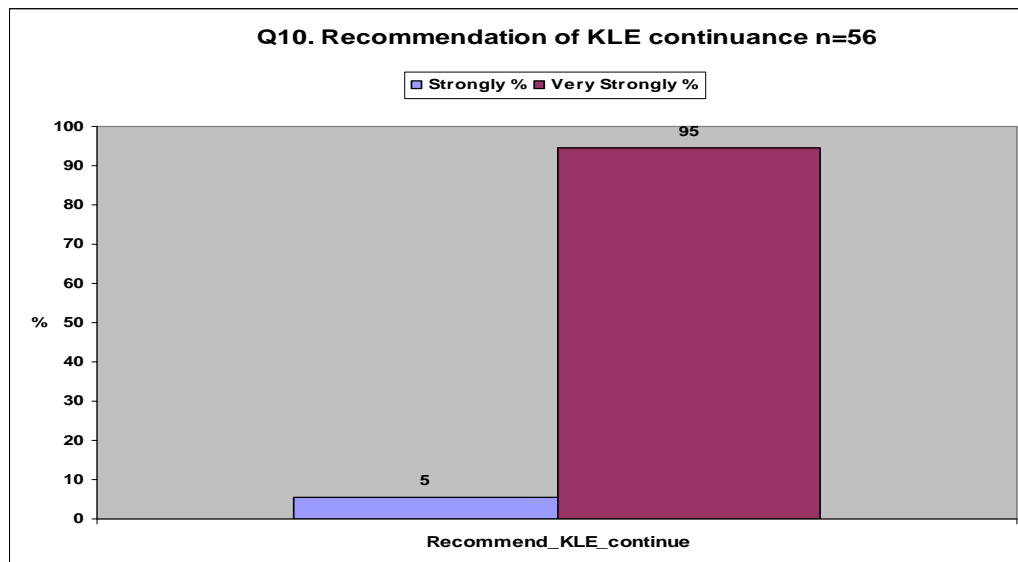
Time will tell

Unless backed up at home, limited

We hope

10. Recommendation for KLE to continue

There was complete support for the KLE programme to continue, with 95% very strongly recommending its continuation.



Comments on Continuing KLE Programme

Almost all comments were on the value of the programme.

Excellent service, presents subject matter in interesting way

Marvellous building foundation for healthy living

Most valuable facility to school

Promotion of a healthy lifestyle, personal safety, boosting self esteem, fostering of friendship

Superb programme, excellent tutors

Valuable resource supporting SPHE

Very enjoyable, informative and educational

Vital programme and shocked at any plan to withdraw it

Wonderful service, especially for children whose parents do not address these issues

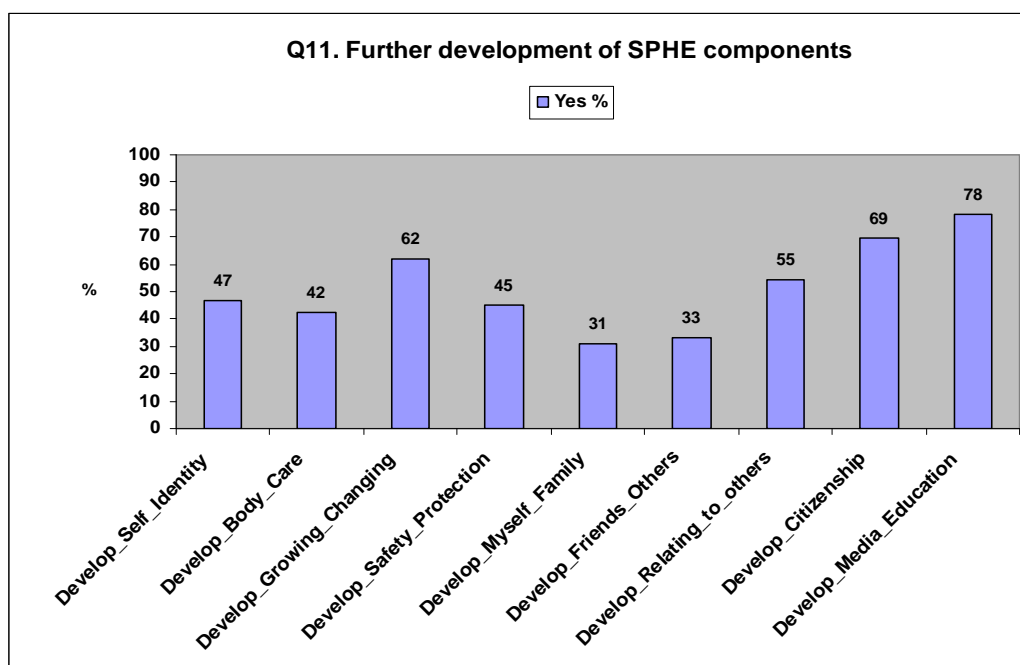
Neutral person also important

One comment suggested improvements.

The programme needs more variety

11. Components of SPHE requiring improvement in KLE programme

Several aspects of KLE were seen as needing improvement in relation to the SPHE programme. Media Education, Citizenship, Growing and Changing, and Relating to Others were the components identified for improvement by more than half the schools.



Comments on Developing SPHE components in KLE programme

Most comments expressed praise for the existing system.

All adequate at present

All areas equally dealt with

All aspects extremely well catered for

Doing very well in allotted time for each visit

Fairly comprehensive at present

KLE is the perfect model for the development of modules in this area

Particular areas of concern for school e.g. substance misuse. Prior meeting & planning works well

Satisfied all components dealt with adequately

Some commented on the need to focus on Growing and Changing, and to respond to feedback from schools.

Cover sensitive issues of growing & changing for children & parents, 5th & 6th class

Presenters receive feedback from schools visited, and certain alterations may come

Would be delighted to see all areas developed further

The programme changed this year and this is helpful, as the same children return 2/3 times to the [programme]

12. Need for KLE improvement in other areas

Some comments continued to stress the value of the KLE programme.

Fantastic as is
Happy with current service
None

Some comments suggested more frequent visits, more space and time, varied cycle of programme.

More frequent visits
More visits per year
Visit twice annually, especially for 6th class
Longer service with breaks
Increased to twice or three times a year

A bigger bus. It can be a little squashed at times
Time allocated to each school

Content should go through a two year cycle
A change in the 'lit up' figures for 5th/6th class, esp. in smaller schools with multiple classes

Other comments suggested improvements in aspects dealing with Alcohol/Drug Abuse, Bullying, Media, Growing and Changing, Respect for self and others.

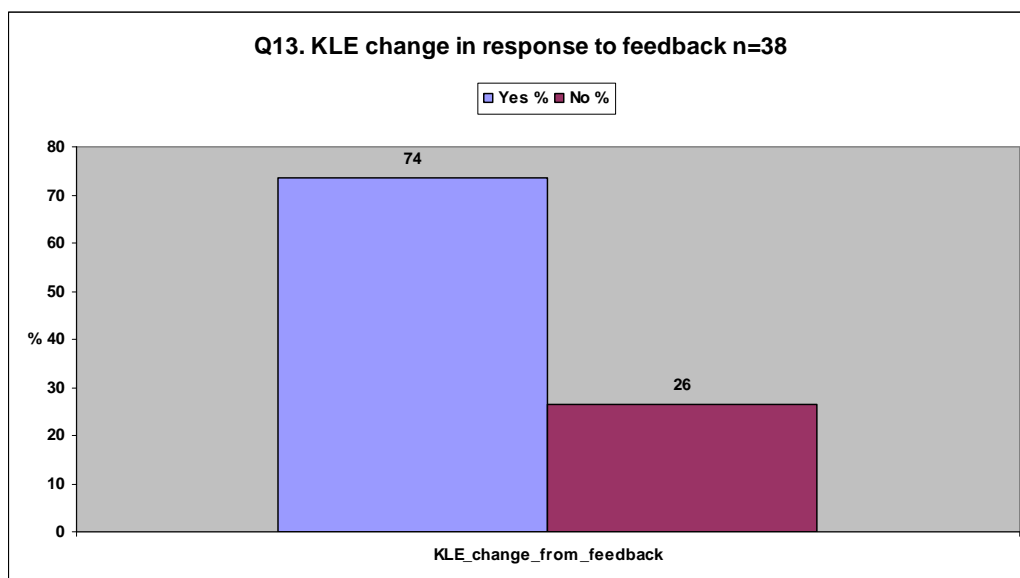
Growing & changing sensitive issues
Media education & making decisions
Media influences
More on alcohol/drug abuse
More on bullying, more visits
Respect for self & others. There's a serious decline in respect for other children & adults
Sexuality & procreation

Further ways of reinforcing the KLE visit by parental literature, and posters were suggested.

Parents provided with literature based on subjects discussed
Provision of posters to be used in school

13. KLE Response to feedback from previous visits

Almost three quarters felt that KLE system had responded to feedback, although one quarter said that no response had happened.



Comments on KLE Response to feedback

Many comments continued to praise the KLE programme, and reflected interaction with schools and KLE, and SPHE.

Each year there is development & meetings with principal before visit

Greatest advantage is that project is not stand alone, and integrates with SPHE.

Children benefit from 'another voice'

Has always been highly effective

Now reflects changing world for young people-drugs, alcohol, smoking, bullying

Programme suits the age groups it is aimed at

Service is wonderful

We have not sought major changes

Where requested classes have covered extra areas

Some comments were more cautious about how KLE was responding.

A little

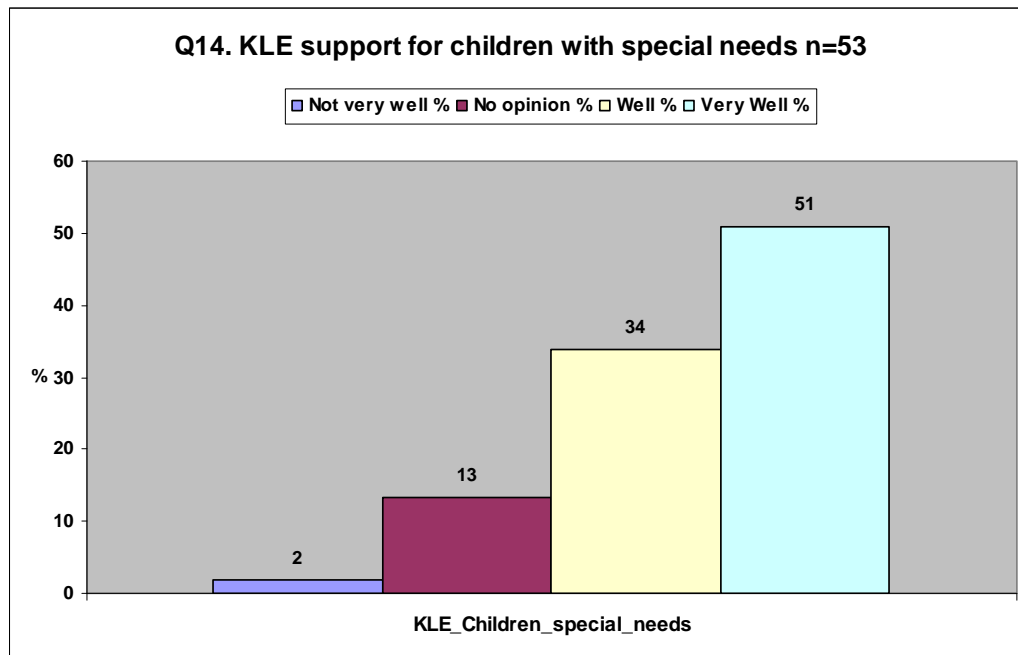
Don't know

Problem exists with multi class groups-only one class catered for

Not sure

14. KLE adapting to Children with Special Needs

KLE was seen as adapting to Special Needs Children Well/Very Well in 85% of schools.



Comments on adapting to Special Needs Children

Most comments recognised that the programme supported Special Needs situations

Child with special needs responds very positively

Cultural differences, age related, etc

Helps include children with special needs

Presenters always sensitive to pupils needs

Ramps provided. Programmes are visual & hands on, allowing for each child

School always asked about children with special needs before visit

Tailored well for them

Some comments stated schools had concerns about accessibility, or did not have a Special Needs situation.

Accessibility can be a problem

No experience of this

Don't have any children with special needs at the moment

15. Cost of KLE programme to school

The average Overall cost to the school was €270. This ranged from €39 to €1750 depending on school size.

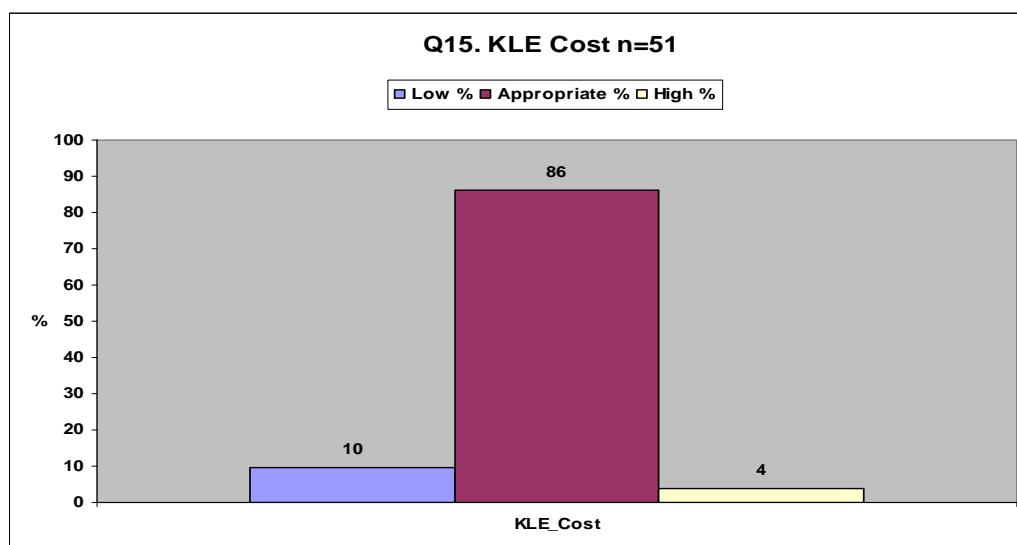
The average Per Capita cost to schools was €2.9. This ranged from €1.00 to €4.00.

Statistics

		Q15a_KLE_ Overall_cost_ Eur	Q15b_KLE_ Per_Capita_ Eur
N	Valid	44	49
	Missing	13	8
Mean		270.43	2.88
Minimum		39.00	1.00
Maximum		1750.00	4.00

Appropriateness of Cost of KLE programme

The vast majority of schools responding (96%) considered the cost appropriate or even low. Only 4% considered the cost high.



Comments on Appropriateness of Cost

Most comments consider that the costs are extremely good value.

Cost has not increased since beginning. Happy to pay more

Cost not a deciding factor

Cost not an issue, it's well worth it

Important that pupils contribute small percentage

Well worth it whatever the cost is

What can you purchase for a child for 3 euro?

Some comments state that the KLE programme should be funded centrally.

Disgrace Government doesn't provide funding for such an essential service

HSE/Dept. of Ed. should pay fully, not schools

Other comments again reflect the quality of the programme and teacher.

Seamus Whitty [Educator] is excellent & relates well to all ages.

It is a small school, so parents have to provide transport to the school

Children love attending, fun & informative. Surprising what they later recall

Happy with service

Discussion of Questionnaire 2 to Principals for Consensus View in May 2008

This questionnaire tried to explore in detail KLE performance, and its links with aspects of SPHE, and other programmes and policies existing in schools. It also explored attitudes to the cost of the KLE programme.

KLE performance at visit to school was seen as mostly excellent. *SPHE Implementation in School* was generally rated good, but there was some impression of patchy implementation in some schools. KLE appeared to support SPHE well, but some commented that some components could be left out, and that that senior classes might need more focussed treatment.

Parental involvement was problematic, with many invited but many not able to attend. Those that did were greatly impressed.

KLE was seen as supporting the School Substance Use Policy, and in some cases KLE assisted in developing such a policy.

The immediate impact of KLE on pupils was considered very positive, and long-term impact was also seen as good especially for bullying and food. However, there was justifiable caution about effects persisting into teenage years.

There was complete support for the KLE to continue, with comments on its excellent quality. Most comments were satisfied with issues covered, although some aspects for improvement were suggested for SPHE issues such as the areas of growing and changing, bullying, and some more variety. Other suggestions were to improve capacity in the mobile unit, and more interaction with parents through literature and posters.

KLE was seen as giving a reasonable response to feedback, although handling a wide mix of classes simultaneously was seen by some as a problem.

Special Needs children were seen as well catered for, but accessibility was mentioned as a possible problem.

Cost of the KLE programme was seen as extremely good value. There was high praise for KLE keeping the extra cost to schools to a minimum. Some comments suggested that there should be more centralised government support for this project.

In general schools are extremely supportive of this KLE project, consider it effective, and would wish it to continue.

Questionnaire 3

Key Professional Consultation

Six responses were received to the questionnaire sent to eight Key Professionals in the Health Promotion, and Organisational/Academic level Educational Fields (75% response rate). The questionnaire is in Appendix 4b.

Q1 What is your professional field?

Four responses were from health promotion (HP), and two were from education (Ed). The latter were National Co-ordinators with responsibility for primary school Walk Tall and SPHE programmes.

Q2. In the context of a quality Health Promotion / Substance Use Education Service:

A) What aspects are supported by a scheme, such as Kerry Life Education Project?

1.Overall/lifestyle

Potentially Positive

Three respondents reported not being familiar with the programme, but reported that they looked at the KLE website. Potential supportive benefits identified were:

- Children may *open up with other adults other than a teacher they are working with regularly and provides a 'different face' (HP1)*
- May provide useful health information and *it can provide additional information, education and resources that over-stretched teachers cannot provide (HP1)*
- If the project is delivered in an appropriate manner, *this could help develop a child's self esteem, educate children on the substance use, and empower the young person to refuse drugs if faced with them in the future (HP3)*

Negative

Two respondents reported that the programme was unlikely to support, or wouldn't support a quality health promotion /substance use education project:

None that are not already supported through Department of Education and Science programmes (Ed2)

2.The delivery of the SPHE Programme (including Walk Tall Programme)

Potentially Positive

Two respondents reported that the most appropriate way to deliver drug prevention education was by the class teacher, but that the KLE programme could *complement the SPHE programme if it were taught in partnership and consultation with the teacher (HP1)*. Additionally, it should *not replace the delivery of the programme by the teacher in the classroom (HP4)*.

One respondent said "KLE could be used to *reiterate and develop further the messages delivered through the SPHE programme (HP3)*. Another respondent was hopeful that schools use the KLE project as *an aspect of a planned, cross curricular and ongoing SPHE programme which draws on a number of resources including Walk Tall (HP2)*.

Negative

One respondent said *I am not convinced that KLEP supports the delivery of the SPHE curriculum or the Walk Tall Programme in any meaningful or long term way (Ed1)*. The respondent suggested that the funding used by the KLE programme would be more useful, if it was diverted back to direct support and training for teachers in the classroom who can deliver the programme *on an ongoing and needs related basis (Ed1)*.

Another respondent did not address how KLE might or might not support that SPHE programme but said *SPHE is a very well resourced subject delivering, inter alia, the values, attitudes, understanding and skills that will inform their actions and decisions, both now and in the future (Ed2)*.

3.The Health Promoting School approach

Positive/ potentially positive

Four respondents were positive about KLE support for the Health Promoting School approach saying:

- *The Health Promoting School approach supports the use of community links in the delivery of health promotion and health education (HP1)*
- *This mobile unit is an ideal means of resourcing community based support in the area of drug misuse prevention (HP1)*
- *A drop-in service or youth friendly service for follow-up in the community would complement this further (HP4)*

Several respondents mentioned the “holistic approach” as positive, and one suggested that if the schools use the health promoting schools approach, KLE *could be very worthwhile (HP3)*. Another respondent said that *if KLEP staff do everything they can to encourage the schools to ensure parents are well informed beforehand, and make it possible to attend with their children, then have a follow-up session for school staff and parents, I think this would be very supportive of a HPS approach (HP2)*.

Negative

Two respondents did not agree that KLE supports the Health Promoting school approach saying:

- *I am not convinced that KLEP supports the health promoting school approach in any meaningful way (Ed1)*
- *Kerry Life Education project was not compliant with the Irish Primary Curriculum, when reviewed last year (Ed2)*
- *Teachers are not in a position to use it as a resource to fulfil the content objectives for the SPHE curriculum through this resource (Ed2)*

4.Other

Positive

Two respondents suggested that:

- *This is a novel approach to drugs education (HP1)*
- *Parental interest may be stimulated to ask further questions (HP4)*
- *May have a knock-on effect in terms of reinforcing the message further in the home environment (HP4)*

B) What aspects might not be supported / hindered by a scheme, such as Kerry Life Education?

1.Overall/lifestyle

Potential dangers of such a programme were identified:

- *There is a risk that such a programme will serve to stimulate curiosity and experimentation of drug use among young people, when it is delivered out of the context of a wider programme in the school and the support from home (HP1)*
- *Drug education is a difficult topic to tackle among young people (HP4)*
- *The programme may not support “a consistent sustained, needs based approach to health promotion, incorporating the school climate and atmosphere (Ed1)*
- *The programme may not support an integrated approach to the delivery of substance use education (Ed1)*
- *If KLE was not delivered in the appropriate manner, or in an age appropriate way, it could have negative consequences (HP3)*

2.The delivery of the SPHE Programme (including Walk Tall Programme)

Potential problems were identified:

- *Teachers may feel disempowered to deliver substance misuse education, when it is perceived that there are ‘experts’ available to cover the topic...this would be counterproductive to the ethos of SPHE delivery (HP1)*
- *Lack of preparation or follow-through ...may lead to poor learning outcomes for the pupils and failure to develop support from parents(HP2)*
- *Duplicates an element of the SPHE curriculum (Ed1)*
- *Short term initiative, perhaps sensationalist intervention (Ed1)*
- *I am not in favour of the reference to substance abuse education which I feel should be substance use education (Ed1)*
- *Initiatives like this tend not to be needs based, as the facilitators /presenters do not have an in-depth understanding of the pupils...present similar sessions to all groups of pupils irrelevant of their specific needs (Ed1)*
- *Initiatives like KLEP can give the wrong message to pupils and teachers, which may sensationalise drug education and in particular illegal drugs*
- *It may raise curiosity inappropriately (Ed1)*
- *May mitigate against the teacher completely embracing their role as being central in the delivery of substance use education in the context of SPHE (Ed1)*
- *Some initiatives put huge pressure on teachers to come to the school to deliver drug education, and also not have the teacher in the class, which I find extremely worrying (Ed1)*

3.The Health Promoting School approach

Potential problems were identified:

- *Approaches such as KLEP militate against the consistent, ongoing, needs based integrated and sustained approach to health promotion (Ed1)*
- *Risk that the role of the school may be overlooked (HP1)*
- *The external professional can be counter productive, if that professional is unaware of the individual needs /background of students in a group (HP1)*
- *Follow-up with individual student needs is best facilitated, if the teacher is present...the teacher is consistently present...the mobile unit is not (HP1)*
- *If the project is run without linking with the other bodies working within the school...run as a stand alone programme, then I don't see it as being hugely effective (HP3)*
- *Visits to schools...without flagging a wider HPS context...will not be supportive to staff, pupils or parents (HP2)*

Other

- *If the funding for such a programme is not sustained...teachers have become disempowered to cover the topic...it is imperative that sustainability is a feature of any programme within the school environment (HP4)*

C) What recommendations might you have for continuing a scheme, such as Kerry Life Education Project?

1.Overall/lifestyle

Positive recommendations:

- *Outside agencies should continue to support teachers, by linking with schools in advance to deliver consistent messages (HP1)*
- *KLE ...should make lesson plans and content ...available to schools in advance, so that activities that have been covered can be reinforced by the class teacher (HP1)*
- *Class teacher to co-plan the session...to co-facilitate the session (HP1)*
- *Written statement on their procedures of working...made available in advance(HP1)*

Negative recommendations:

- *This initiative should not be funded for primary pupils (Ed1)*
- *If this project is to continue to be funded, it should be...adapted and or adjusted appropriately for groups in the informal education sector (Ed1)*

The delivery of the SPHE Programme (including Walk Tall Programme)

Positive recommendations:

- *KLE programme works closely with the Department of Education, and follow guidelines brought out by the department (HP3)*
- *Plan the delivery of the programme on offer with individual schools (HP4)*
- *Professionals working with the Mobile Unit consult with schools in advance of the delivery of the programme, and identify the needs to be addressed by the input (HP3)*

Negative recommendations:

- *A universal approach to the delivery of a substance misuse programme will not be effective in every school (HP1)*
- *I very strongly do not recommend its continuance in the primary sector (Ed1)*

The Health Promoting School approach

Positive recommendations:

- *Imperative ...delivery of this programme in partnership with the school (HP1)*
- *Mobile Unit encourages the school to have a substance misuse policy in place(HP1)*
- *Parents could be encouraged to take active participation in the programme delivered, in order that the messages are reinforced at home (HP4)*
- *Curriculum for the programme be posted on the website, to allow interested groups get a clear picture as to what the programme actually involves (HP3)*
- *KLE project to closely link with ourselves (Health Promotion) in the HSE, Department of Education, parents, teachers, students and any other organisation that works directly or indirectly with the school (HP3)*

Negative recommendations:

- *I again very strongly do not recommend its continuance in primary schools (Ed1)*

Other

Positive recommendations:

- *KLE professionals become familiar with the substance misuse policy of the individual schools with whom they work, encourage ...implementation... work with teachers to empower them to deliver substance misuse education on the classroom (HP4)*

Negative recommendations/ comments:

- *No charge should be levied for children to access aspects of education at primary school...there is a charge in relation to this programme /resource (Ed2)*
- *Education in primary schools should not involve sponsorship on the part of local businesses...local businesses are well intentioned towards their local school but, effectively, have no real idea or understanding of what they are supporting (Ed2)*
- *Documentation /literature relating to this resource...presented under Key Stages relevant to the UK...no effort had been made to ensure compliance with the Irish SPHE Primary School Curriculum... 'objectives'...had been copied and pasted into their document...this was incomplete as only the number that fitted on a page were added (Ed2)*

Discussion of Questionnaire 3 – Professionals’ Views: Similarities and dissimilarities in the findings

Similarities between key informant views:

Most respondents were not very familiar with KLE, but some had looked at the KLE website. One key informant from the education sector, had reviewed the KLE programme in the light of the Irish SPHE primary school curriculum the previous year.

Differences between key informants’ views:

In general, health promotion key informants identified potentially positive aspects of the project, and considered that the holistic approach was compatible with the health promoting schools approach. Benefits appeared to be the opportunity to provide consistent information from several sources, the holistic approach, and the opportunity to increase the health promoting settings contributing health promotion messages.

Educationalist respondents did not identify any potential positives, and appeared to consider KLE as short term, sensationalist and disempowering. The key informants from education appeared to have very many concerns about KLE, though not necessarily based on KLE itself, for example

I have been told by a concerned teacher that disclosures from children were encouraged by a similar project, not KLE but a similar initiative...this practice is totally inappropriate (Ed1)

Differences in emphasis /focus /nomenclature

Health Promotion respondents mentioned “substance misuse” programmes whereas key informants involved in education appeared to find the term “substance misuse” limiting, and inappropriate for the educational setting; finding the broader term of “substance use” with regard to educational programmes more appropriate.

Overall

As outlined, there is serious divergence between Health Promotion and Education respondents in relation to the KLE programme. Health Promotion professionals are cautiously optimistic about the programme, whereas Education is extremely concerned about KLE not reinforcing SPHE, and being potentially harmful.

The concerns about curiosity and experimentation being fostered among pupils have been noted in the literature. Hawthorne^{11 18} has expressed reservations about the effectiveness of Life Education projects in Australia, where no effects or even detrimental effects had been noted in substance use outcomes.

However, detailed correspondence queries the validity of Hawthorne's research¹⁹ and more recent reports^{12 20} indicate that Life Education has changed since Hawthorne's report. Carbines et al¹² review Life Education in an Australian context, and consider that it generally matched Meyer's²⁰ Twelve Principles of School Drug Education which are formulated in terms of:

- Comprehensive and evidence-based practice
- Positive School climate and relationships
- Targeted to needs and context
- Effective pedagogy

These principles and evaluations examine Life Education in its Australian context. However, there are clear implications relevant to the Irish context, and the SPHE schools programme.

Some comments that Education have made need to be responded to:

- *Some initiatives put huge pressure on teachers to come to the school to deliver drug education, and also not have the teacher in the class, which I find extremely worrying (Ed1)*

It is a clear policy of KLE that the class teacher must attend any sessions with the children. So this comment may not be strictly relevant to the KLE programme.

- *I have been told by a concerned teacher that disclosures from children were encouraged by a similar project, not KLE but a similar initiative...this practice is totally inappropriate (Ed1)*

This refers to clearly inappropriate practice, but does not refer to KLE specifically. While these are legitimate concerns for any program, it would be wrong to link KLE with such practice, unless there is evidence for it.

- *Kerry Life Education project was not compliant with the Irish Primary Curriculum, when reviewed last year (Ed2)*

It is still crucial that the reservations expressed by the Education National Coordinators, are considered very carefully in any future developments of the KLE system. It is certainly of concern that the KLE material is seen as not explicitly compliant with the detailed Irish SPHE curriculum, though this view is not supported by the evidence from the questionnaires.

Feedback from the schools in Questionnaire 2 (Q no 3), considered SPHE to be well supported by KLE. This is certainly at variance with National Educator perceptions.

Analysis of Health Behaviour in School Children (HBSC) data from schools sampled in 2006, for comparison of key life situations

BACKGROUND TO HBSC COMPONENT

Health Behaviour in Schools 2006 sampled schools in Cork and Kerry. KLE and Health Promoting Schools in Cork and Kerry were identified from detailed discussion with KLE offices in Killarney, and the Dept of Health Promotion, HSE South, in Cork. The relevant lists were sent to NUI Galway for determining the HBSC data extract. The HBSC school dataset is strictly anonymous.

The breakdown is therefore:

1. Kerry Life Education Schools (in South Kerry)
 - KLE Intervention Schools
2. Health Promoting Schools (in Cork and Kerry)
 - HP Intervention Schools
3. Other Schools (Cork and Kerry) – Comparison Schools (schools with no formal intervention from KLE, nor Health Promotion schools)

The HBSC sampling was for 3-4th Class and 5-6th Class.

The levels of possible comparison are:

Kerry

All Classes

KLE v Comparison Schools

5-6th Class

KLE v Comparison Schools

Cork and Kerry

All Classes

KLE v Comparison Schools

5-6th Class

KLE v Comparison Schools

At the time of the HBSC survey in 2006, there were no HP school pupils sampled in Kerry. There were also no KLE school pupils in Co Cork, sampled in the dataset chosen.

Type of School * cork/kerry Crosstabulation

Count		cork/kerry		Total
		Cork	Kerry	
Type of School	Comparison	507	102	609
	Health Promoting School	209	0	209
	Kerry Life Skills School	0	83	83
Total		716	185	901

Classes 5/6th v 3/4th

5th and 6th classes only * Type of School * cork/kerry Crosstabulation

Count				Type of School			Total
					Health Promoting School	Kerry Life Skills School	
cork/kerry				Comparison			
Cork	5th and 6th classes	5th and 6th only		234	86		320
		Other class		273	123		396
	Total			507	209		716
Kerry	5th and 6th classes	5th and 6th only		84		35	119
		Other class		18		48	66
	Total			102		83	185

In this current analysis, only Co Kerry schools were considered, so that the KLE system could be examined in its Co Kerry context. Small numbers prevented detailed comparison with rural areas of Cork. KLE schools were compared to Comparison schools. 5/6th classes were mainly analysed, but in some cases both class groups (5/6th and 3/4th) were considered together as All Classes.

Statistical Analysis was done using SPSS v 15. Chi Squared and P values are shown for results that are significant or approaching significance at the 0.05 level.

In the Kerry sample of HBSC, 75% of pupils were girls, and 25% boys.

Gender * Kerry Life Skills VS Other schools Crosstabulation

			Kerry Life Skills VS Other schools		Total
			Kerry Life Skills	Others	
Gender	Boy	Count	24	23	47
		% within Kerry Life Skills VS Other schools	28.9%	22.5%	25.4%
	Girl	Count	59	79	138
		% within Kerry Life Skills VS Other schools	71.1%	77.5%	74.6%
Total		Count	83	102	185
		% within Kerry Life Skills VS Other schools	100.0%	100.0%	100.0%

In 5/6th classes in Kerry, 86% were girls, and 14% boys.

Gender * Kerry Life Skills VS Other schools Crosstabulation

			Kerry Life Skills VS Other schools		Total
			Kerry Life Skills	Others	
Gender	Boy	Count	4	13	17
		% within Kerry Life Skills VS Other schools	11.4%	15.5%	14.3%
	Girl	Count	31	71	102
		% within Kerry Life Skills VS Other schools	88.6%	84.5%	85.7%
Total		Count	35	84	119
		% within Kerry Life Skills VS Other schools	100.0%	100.0%	100.0%

As already mentioned, analysis was usually for all pupils in 5/6th class, unless otherwise stated.

Exploring KLE Schools versus Comparison schools in Kerry for differences.

Selections for Kerry and 5/6th Class (N = 119)

The table shows the differences between KLE and Comparison Schools, with Mann Whitney Test statistical significance, for several key lifestyle factors.

Kerry All N=119 5th/6th Class		Type of School				Total		
		Comparison		Kerry Life Skills				Asymp. Sig. (2-tailed)
		Count	Col %	Count	Col %	Count	Col %	
EVER SMOKED	Yes	8	9.5	2	5.7	10	8.4	0.497
	No	76	90.5	33	94.3	109	91.6	
EverDrank	Yes	17	20.2	2	5.7	19	16.0	0.050
	No	67	79.8	33	94.3	100	84.0	
UsedCannabis	Yes	1	1.2			1	0.9	0.511
	No	80	98.8	35	100.0	115	99.1	
UsedSolvents	Yes	10	12.3	2	5.9	12	10.4	0.303
	Never	71	87.7	32	94.1	103	89.6	
Life satisfaction level of 7 or more	Yes	60	73.2	34	97.1	94	80.3	0.003
	No	22	26.8	1	2.9	23	19.7	
EverBullied	Yes	26	31.3	3	8.8	29	24.8	0.011
	No	57	68.7	31	91.2	88	75.2	
Not Bullied Others		65	80.2	32	94.1	97	84.3	0.063
Have Bullied Others		16	19.8	2	5.9	18	15.7	
One hour or less of TV per day at weekend	Yes	13	15.5	15	42.9	28	23.5	0.001
	No	71	84.5	20	57.1	91	76.5	
Exercise 4 or more times per week	Yes	39	46.4	22	62.9	61	51.3	0.104
	No	45	53.6	13	37.1	58	48.7	
Rarely drinks coke or soft drinks	Drinks coke/soft drinks never or less than once per week	17	20.2	16	45.7	33	27.7	0.005
	Drinks coke/soft drinks once or more per week	67	79.8	19	54.3	86	72.3	
Chips less than once per week	Yes	17	20.2	17	48.6	34	28.6	0.002
	No	67	79.8	18	51.4	85	71.4	
FoodFreqChips/FriedPot atoes	Once weekly/more less than once weekly	65	79.3	17	50.0	82	70.7	0.002
	weekly	17	20.7	17	50.0	34	29.3	

No significant differences were found for Smoking, Cannabis use and Solvent use, although the difference favoured KLE pupils.

Alcohol, Life Satisfaction Score, Bullied in Last 2 Months, Bullying Others, TV use at Weekends, Exercise, Soft Drinks use, and Chip consumption all showed important differences favouring KLE schools.

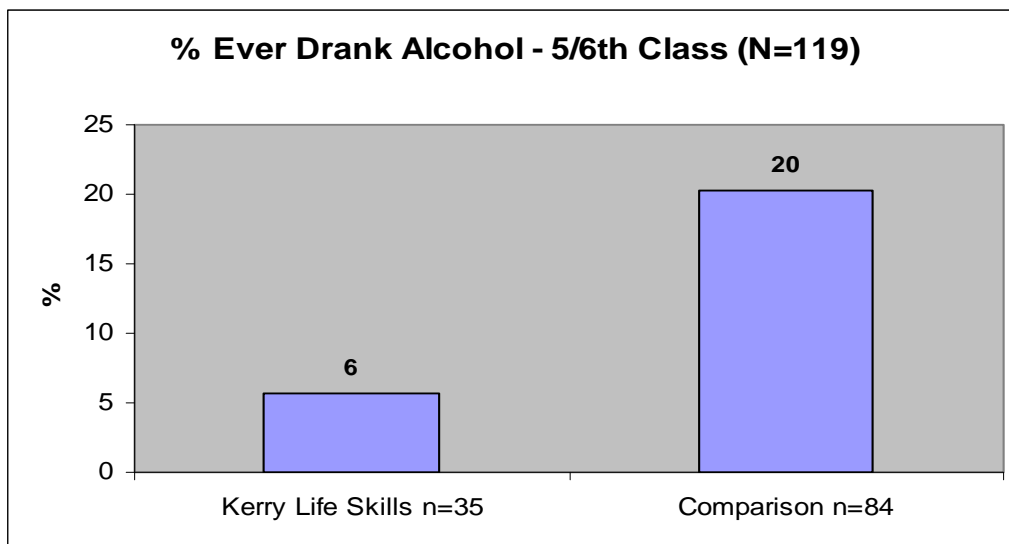
These statistically significant results were further analysed in CrossTab analysis. Key results of these are graphed, and summarised in the following section.

Stratified Analysis for Urban/Rural, and for Gender is shown in Appendices 6 and 7.

Kerry Schools, KLE analysis for 5/6th Class.

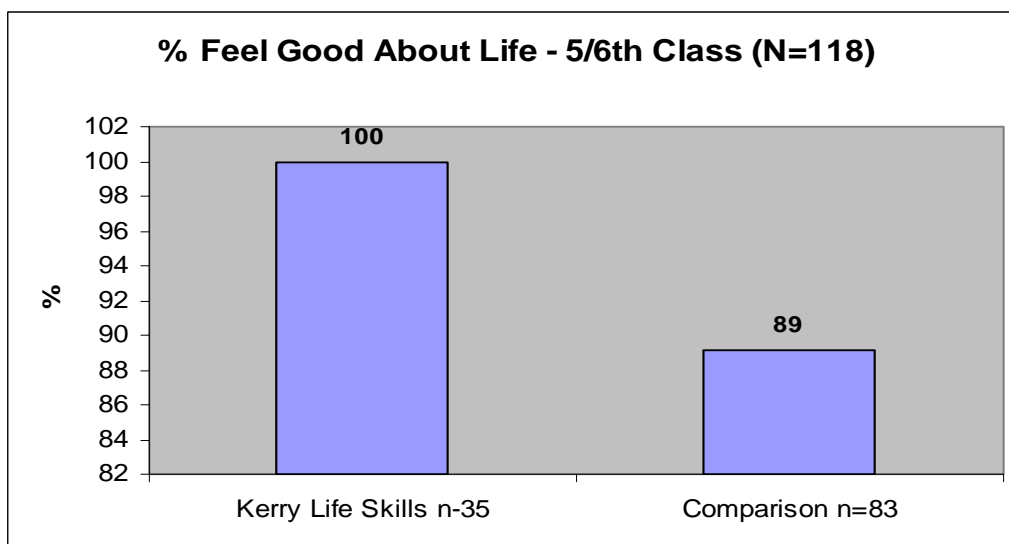
Ever Taken Alcohol

Only 6% of 5th Class KLE students stated that they had ever taken alcoholic drink, compared to 20% of those in comparison schools. (χ^2 : $p < 0.05$)



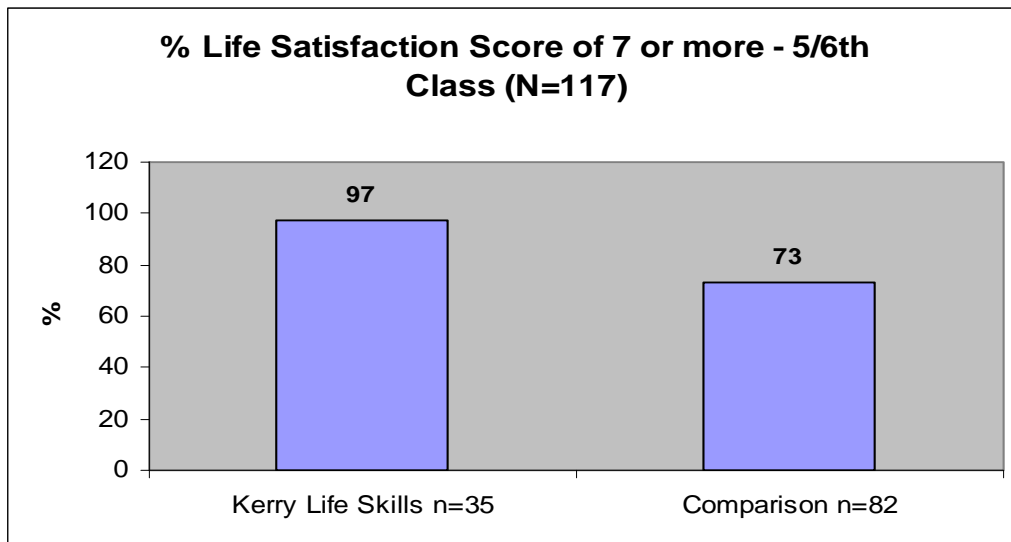
General Feeling about Life

All of KLE 5th Class felt happy, compared to 89% of pupils in comparison schools. (Fishers Exact: $p = 0.05$)



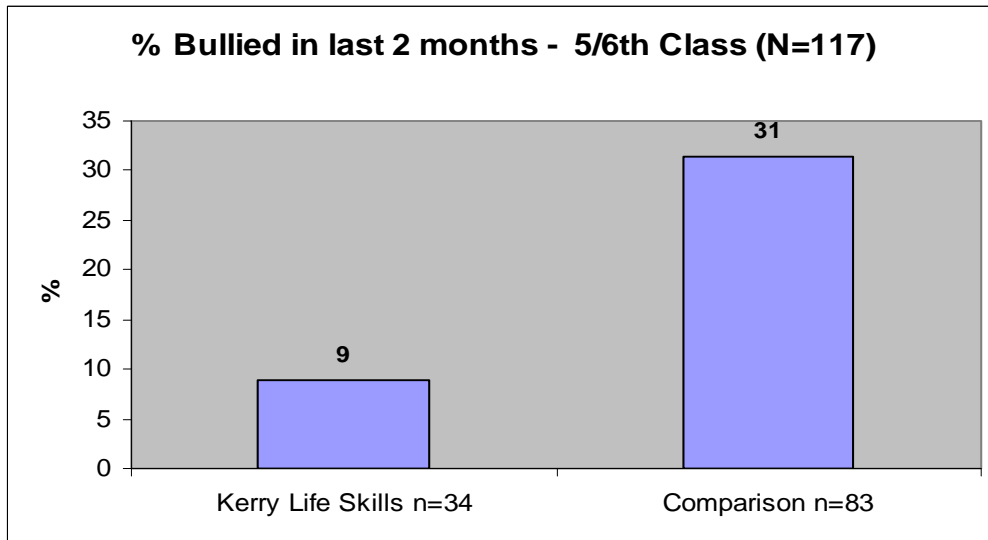
Life Satisfaction

On a scale of 1-10, 97% of KLE pupils had a satisfaction score of 7 or more, compared to 73% of those in Comparison schools. (χ^2 : $p < 0.01$)



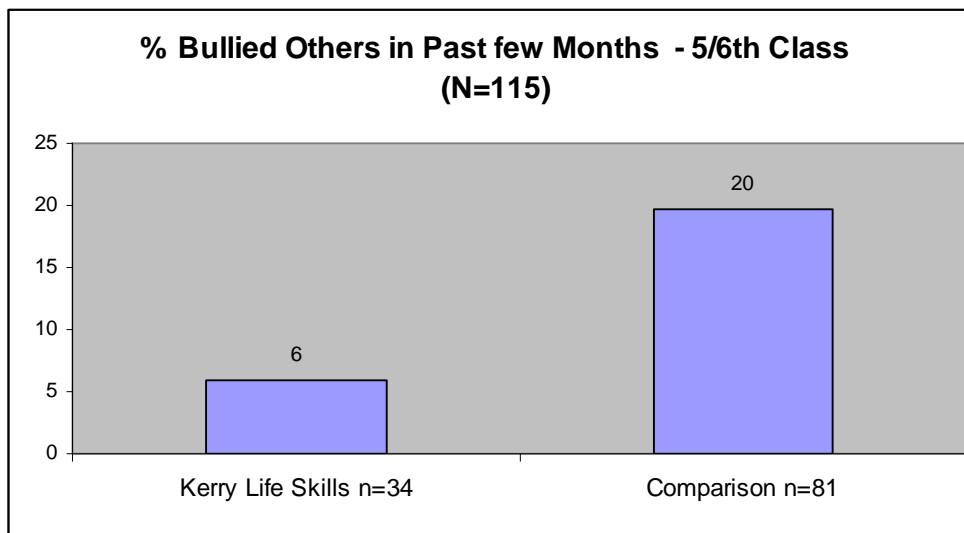
Bullied in Last Couple of Months

Only 9% of KLE pupils reported Bullying in the previous couple of months, compared to almost one third in Comparison schools. (χ^2 : $p = 0.01$)



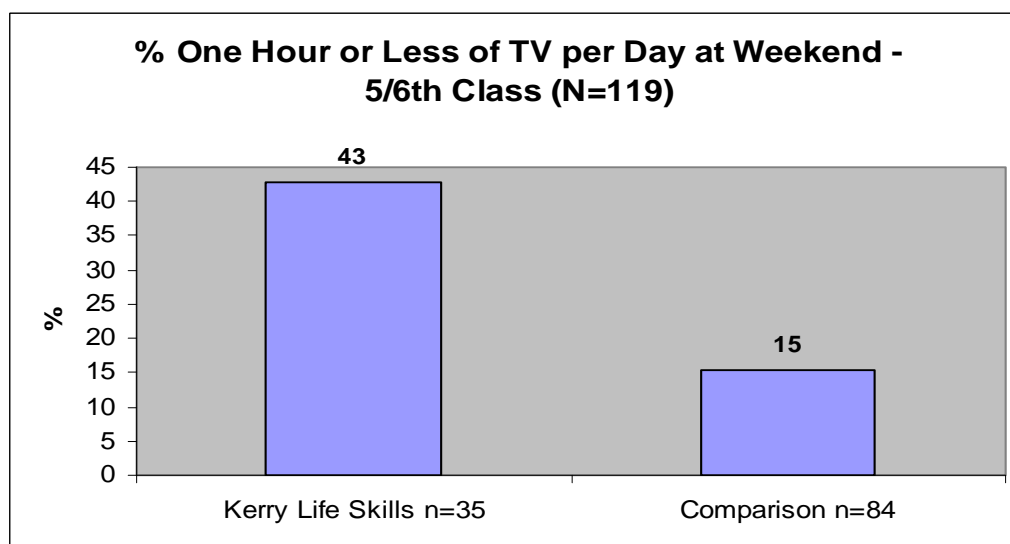
Bullied Others in Last Couple of Months

Only 6% of KLE pupils reported Bullying Others in the previous couple of months, compared to 20% in Comparison schools. (χ^2 : p = 0.06)



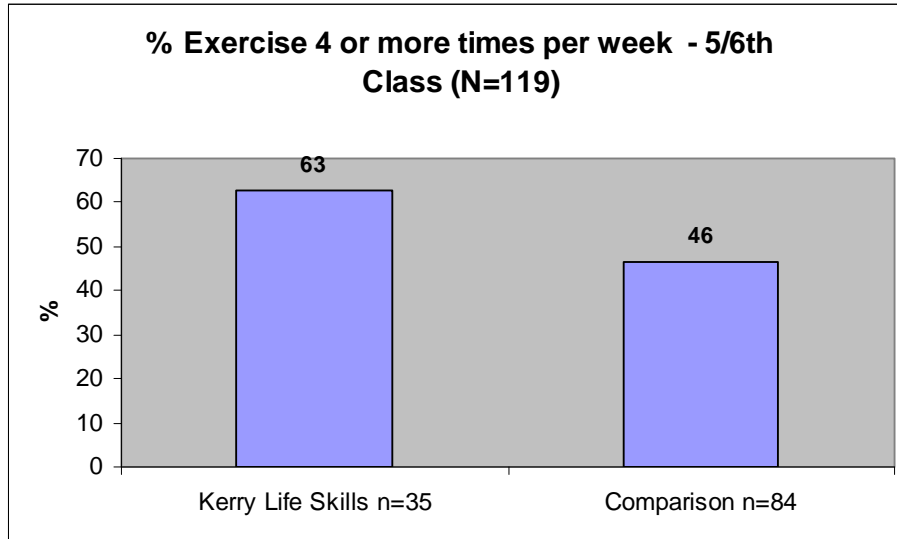
TV Use at Weekend

In KLE schools, 43% reported watching one hour or less of TV per day at weekends, compared to only 16% of Comparison schools. (χ^2 : p = 0.001)



Exercise Frequency

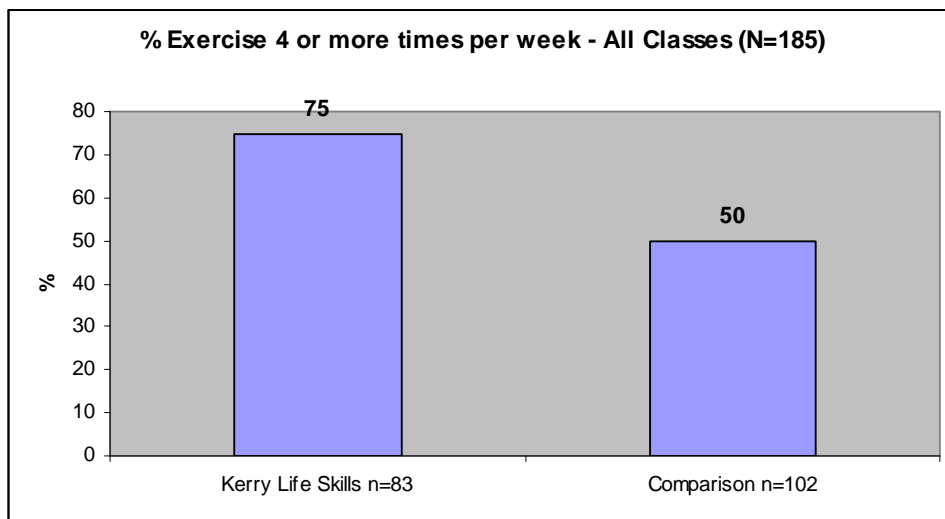
Almost two thirds of KLE pupils exercised four or more times per week, compared to 46% in Comparison schools. (χ^2 : p = 0.10)



Exercise Frequency

All Classes

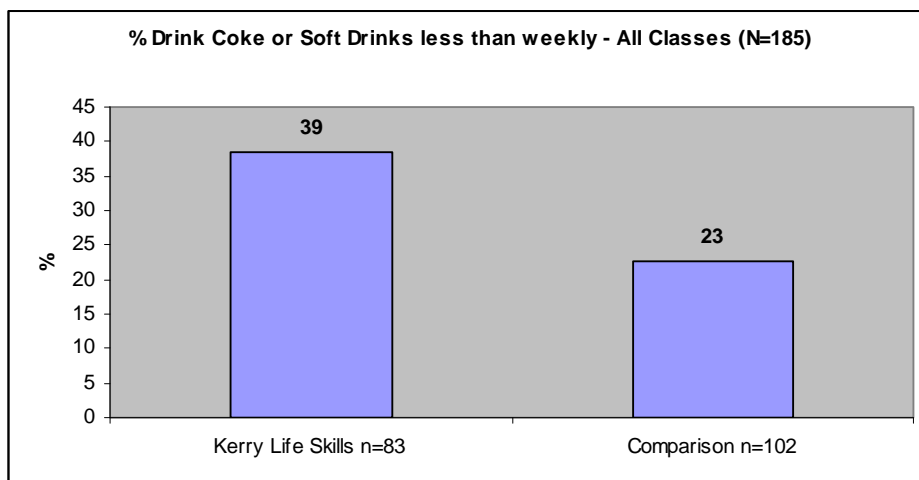
When all classes were considered, three quarters of KLE pupils exercised frequently, compared to half of those in Comparison schools. (χ^2 : p = 0.001)



Soft Drinks Consumption

All pupils

More than one third of KLE pupils took soft drinks less than once a week, compared to only one quarter of those in Comparison schools. (χ^2 : $p < 0.05$)



5th/6th Class

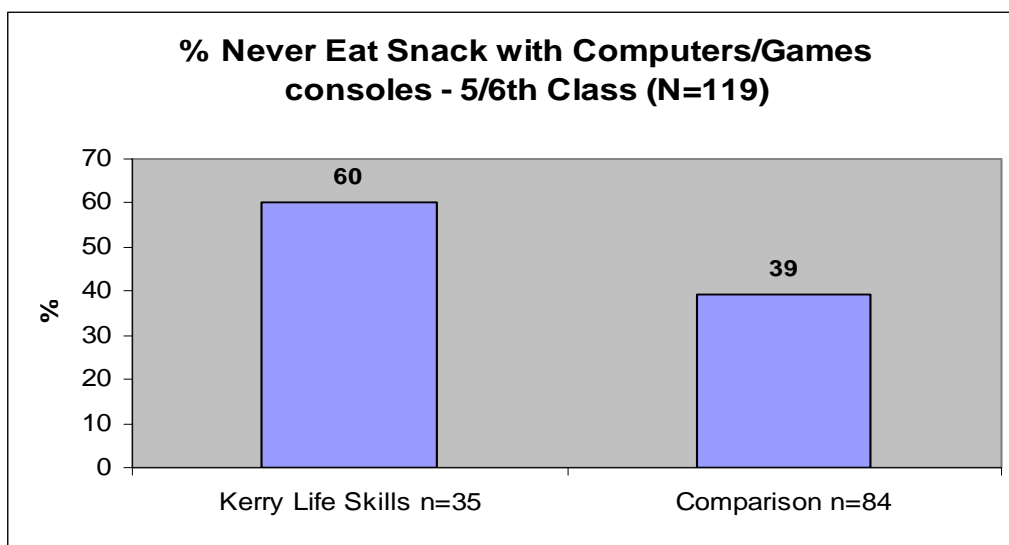
When Senior classes were considered, nearly half of KLE pupils took soft drinks rarely, compared to only 20% of Comparison Schools. (χ^2 : $p = 0.005$)



Eating Snacks with Computer

5th/6th Class

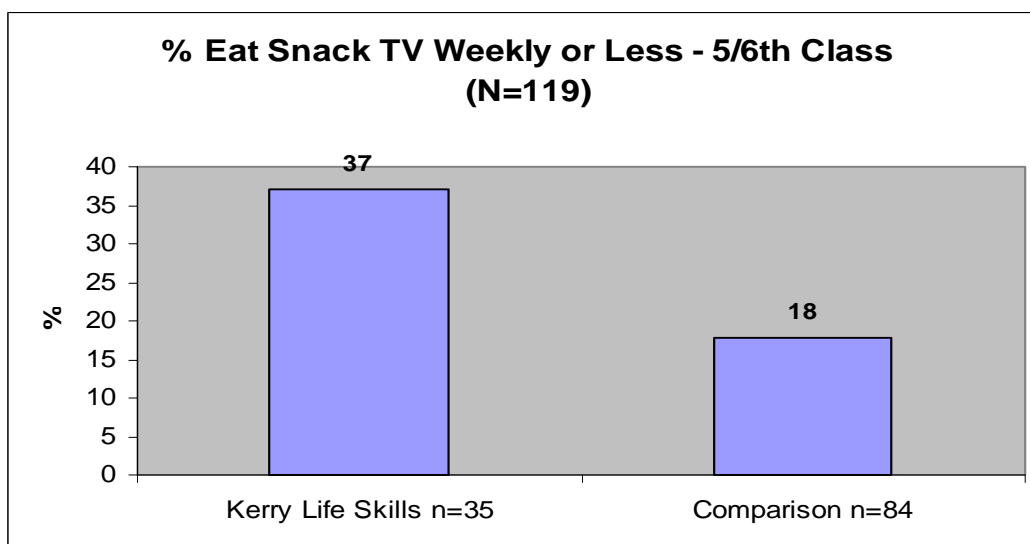
Nearly two thirds of KLE pupils never took snacks while playing with computers or games consoles, compared to 39% of those in Comparison schools. (χ^2 : $p < 0.05$)



Eat Snack watching TV

5th/6th Class

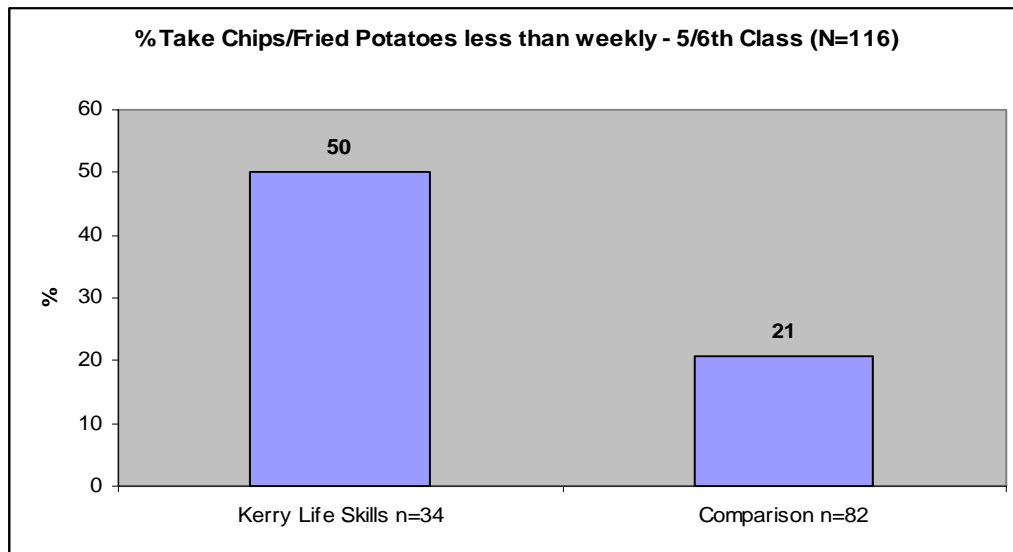
In KLE pupils, 37% took snacks with TV weekly or less, compared to 18% of those in Comparison schools. (χ^2 : $p < 0.05$)



Consume Chips/Fried Potatoes

5/6th Class

Half of KLE pupils took Chips/Fried Potatoes less than weekly, compared to 21% of those in Comparison schools. (χ^2 : $p < 0.01$)



Discussion of HBSC Sample Data analysis.

One serious problem in this analysis is the gender imbalance in the Kerry Schools sampled. The HBSC used a national sampling frame that was not structured by gender down to individual counties. This led to a situation in Kerry whereby three quarters of pupils sampled were girls, and only one quarter boys. At the 5th/6th class level this difference was further accentuated with 80% girls, and only 20% boys. Analysis of pupils therefore reflects the preponderance of girls.

However, despite this imbalance of gender, many differences that showed in the general analysis persisted into gender analysis, even though they could not be significant for boys, because of extremely small numbers.

In the general analysis, it is extremely interesting that KLE schools showed such significant positive differences in key aspects of lifestyle from Comparison schools. These differences persisted even after stratifying for urban/rural status, and as stated already, some differences persisted after controlling for gender.

Alcohol, Feeling Good about Life, Life Satisfaction Score, Bullied in Last 2 Months, Bullying Others, TV use at Weekends, Exercise, Soft Drinks use, Snacks, and Chip consumption all showed important differences favouring KLE schools.

Many life style factors can reinforce protection or vulnerability to substance use. Mazur²¹ using HBSC data, has shown Bullying to be associated with substance use. The sense of school connectedness, or caring and inclusiveness as hinted by Life Satisfaction, Bullying, Feeling Good have also been shown to influence substance use^{22 23}.

Other studies are more cautious about the effects of school-based programmes, especially for smoking, suggesting that influences external to school such as family are predominant²⁴.

This is most intriguing evidence for positive Lifestyle effects for KLE schools, derived from an independent survey of school children.

Key effects were fed into a detailed Cost Effectiveness Analysis which is dealt with in the next section.

Cost-Effectiveness Analysis

Background correspondence and details of costs are in Appendix 5

Costing of the Kerry Life Education Programme

Economic Evaluation of the KLE programme

There is little precedent in the literature for cost-effectiveness evaluation of this type of programme, although it is becoming more common. In a review of the literature on the cost-effectiveness of health promotion programmes, 25 articles of some relevance were published in the 21 month period Jan 2007 to Sept 2008, compared with 29 articles published in the six year period preceding that, from 2000 to 2006.

The main difficulty, in assessing the cost-effectiveness of health promotion programmes, is in defining a measurable outcome against which costs can be measured. A review of the cost-effectiveness studies done on face-to-face behavioural interventions in 2007²⁵ looked at interventions aimed at smoking cessation, alcohol reduction, diet and physical activity. In many of the studies looked at, an attempt was made to measure Quality Adjusted Life Years (QALYs) gained, or Life Years Saved (LYS). This would require considerable time and funding in order to be able to get reasonable measures. A novel study of the cost effectiveness of alcohol prevention in Sweden in 2007 also looked at crime averted as an outcome measure²⁶. Other common measures are numbers quitting (cigarettes or alcohol), measurable weight loss, or reduction in blood cholesterol or glucose.

None of these are suitable to use in the KLE programme. Percentage change in activity has been used in one study²⁵, and it is a simplified version of this type of approach that is used in the evaluation of the KLE programme. The estimate of dental fillings averted is the only solid outcome of potential use, which is likely to occur concurrently, rather than far into the future. In this case crude estimates have been made, as major additional resources would be needed to do a dental survey in the children being studied.

Although it is difficult to accurately measure the cost-effectiveness of a health promotion programme, several aspects can be examined:

- Costs of KLE Programme
 - Per capita costs 2006
 - Per capita costs 2007
- Costs per selected outcomes

Costs of KLE Programme

Direct running costs to programme per child 2006

The total running costs of the programme in 2006 were €15,219, which included all overheads and depreciation on the vehicles etc. During this time there was only one mobile unit in operation. The number of children reached by the programme in that year was 7,500.

The first and simplest aspect of the programme was to establish the cost per child reached by the programme. By dividing the total running costs by the number of children to be reached, an average cost per child reached was calculated.

Therefore, the cost per child reached by the KLE programme in 2006 was €5.36. By adding the cost to the child of €3, the total cost per capita of the programme in 2006 was €18.36.

By increasing the capacity of the programme to reach more children, it is to be expected that economies of scale would be achieved, and this is in fact what is seen by comparing the 2006 figures with those projected for 2007.

Direct running cost to programme per child 2007

Running costs for the year 2007 were as follows:

Operating costs: €170,000

Depreciation costs of vehicles: €9,500 (x 2 vehicles)

Depreciation on towing vehicle: €2,500

Therefore, the total running costs to the programme were €191,500 for the year 2007. During that year, the service was expanded, and expected to target 15,700 in a 12 month period. As details of a full year's activity since expansion of the services were not available, a figure of 15,500 children was used as the number of children to be reached by the programme.

The direct costs to the programme per child were calculated as €12.36 per child. There was an additional cost of €3 per child which was paid by the child. This brought the total cost of the programme to €15.36 per child reached.

Cost per outcome

The following section outlines how cost/outcome were estimated in the KLE programme, considering only direct costs to the programme. Analysis of the data from the Health Behaviour in Schools (HBSC) compared schools in South Kerry who had been exposed to the KLE programme, with other schools in Kerry that had not experienced the KLE programme.

Cost-effectiveness analysis was performed using TreeAge® software¹⁷, which is a decision analysis software package. This software can perform cost-effectiveness analysis, based on the data that is input into the programme. For cost-effectiveness, known costs need to be entered, with the probability of each pre-determined outcome. The probabilities in this case were based on the proportions of children experiencing the different outcomes in the HBSC analysis.

Several outcome measures were looked at. The sample size was small, so results must be cautiously interpreted. However, there are significant differences between the schools that have been exposed to the Kerry Life Education programme, and those that have not.

For the purposes of this cost-effectiveness analysis, four of those outcomes were looked at:

- Life Satisfaction >7 (5th and 6th class) (p = 0.003)
- Ever Drank (5th and 6th class) (p = 0.05)
- Ever Bullied (5th and 6th class) (p = 0.011)
- Rarely drinks coke or soft drinks (all classes) (p = 0.005)

Using the data from the analysis, decision trees were developed to estimate the cost-effectiveness of the programme, by assigning all costs to the measurable outcomes and assigning equal value to each outcome.

Two ways of analysis were tried:

1. Analysis of 5th and 6th class children

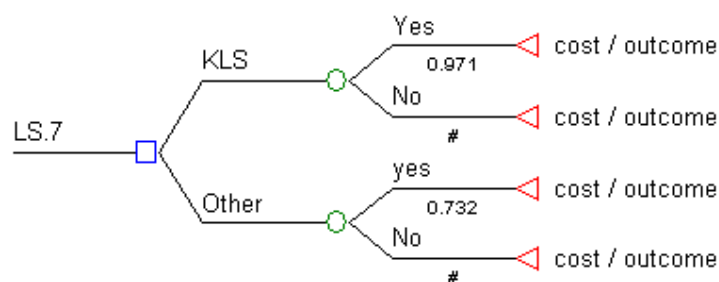
The three main results were analysed which could be attributed to 5th and 6th classes only. In order to do this, the entire cost of the programme was attributed to those children in these two classes. For 2007, of 15,500 children that are expected to be reached, one quarter would be in either 5th or 6th class. This gives a direct cost per child of €49.42. As three outcomes are being considered simultaneously, this cost is divided equally between the outcomes, giving a figure of €16.47/outcome/child. These figures were fed into three separate decision trees designed using TreeAge® software¹⁷. The probability distributions for each of the trees were taken from the data output from the evaluation of the programme, as outlined below.

Table 1 Results from Life Satisfaction, Ever Drank, Ever Bullied and Rarely drinks coke or soft drinks questions

Kerry All N=119 5/6th Class		Type of School Comparison		Kerry Life Skills		Total Count	Col %	Asymp. Sig. (2-tailed)
		Count	Col %	Count	Col %	Count	Col %	
EverDrank	Yes	17	20.2	2	6	19	16.0	0.050
	No	67	79.8	33	94	100	84.0	
Life satisfaction level of 7 or more	Yes	60	73.2	34	97	94	80.3	0.003
	No	22	26.8	1	3	23	19.7	
EverBullied	Yes	26	31.3	3	9	29	24.8	0.011
	No	57	68.7	31	91	88	75.2	
Rarely drinks coke or soft drinks	Drinks coke/soft drinks never or less than once per week	17	20.2	16	46	33	27.7	0.005

A decision tree was designed, and is shown in Figure 1.

Figure 1 Decision tree used as template for analysis.



This tree was used as a template for all further analysis, and divided children into two groups, those who had been exposed to the KLE programme, and the comparison group of children who were not exposed. Using probability values determined from the evaluation, the likelihood of each option was fed into the tree, along with the costs as already calculated.

In order to explain this further, the example of Life Satisfaction rating >7 will be used. From table 1 it can be seen that the 97.1% of the children from the KLE group had a Life Satisfaction score >7, compared to 73.2% of the control group. By entering these figures into the tree as the probabilities of having a LS score >7, and also entering the costs per child for the KLE programme, the TreeAge programme calculated a cost per outcome, which in this case was €86 per outcome at 2006 costs, and €69 per outcome in 2007. Similarly the percentage figures for 'Ever Drank' and 'Ever Bullied' from Table 1 were used in similar calculations to give the results as outlined in table 2.

Table 2 Results of Analysis: Direct cost to programme for 2006 and 2007

	Life Satisfaction >7	Ever drank	Ever Bullied
2006 Cost per outcome	€86/positive outcome/child	€359/positive outcome/child	€233/positive outcome/child
2007 Cost per outcome	€69/positive outcome/child	€289/positive outcome/child	€187/positive outcome/child

Costs were calculated as already mentioned by apportioning the entire costs of the programme to the three measurable positive outcomes, and giving each equal value. If these costs are each divided by the total number of children in 5th and 6th classes, the cost of €20.48 per child in 2006, and €16.47 per child in 2007 is found, for each of the three outcomes measured. This is the unit cost of reaching a child in 5th or 6th class for each of the three outcomes.

The trees were then analysed separately for each of the outcomes, bearing in mind that it may or may not be the same children who have the positive outcomes in each case. As shown in table one the cost per positive outcome for each of the three measures in 2006 is €86, €359, and €233 for Life Satisfaction Rating >7, Ever Drank and Ever Bullied respectively. These costs are the cost per child with a positive outcome for each of the three areas looked at.

What these mean is that the cost to the KLE programme of each additional child in 2006, who achieves a Life Satisfaction Rating >7 beyond what is achieved in the Comparison schools group, is €86 per child. Likewise, for the Ever Drank category, the cost to the programme for each additional child who has never drank was €359/child. Similarly, with the Ever Bullied category, a cost of €233/bullied child averted. Costs for 2007 are also shown in Table 2.

2. Analysis involving all classes:

Although only 3rd/4th and 5th/6th classes were formally involved in the HBSC analysis, all classes were assumed to be affected in this analysis. There were a number of significant results when the KLE schools were compared with other schools in Kerry, which had not been exposed to the programme. One outcome, 'Rarely drinks Coke or soft drinks', was chosen for separate analysis. This was chosen as an area where the outcome is of proven benefit, and furthermore, as the provision of dental care for this age group is state funded, the 'Rarely drinks Coke or soft drinks' option offers the opportunity to do a more conventional form of cost-effectiveness analysis, as we can look at potential dental costs saved.

The following approach was taken in performing this analysis:

- It was assumed that the entire costs of the programme were attributed as a single measurable outcome ie: the outcome being measured was the only outcome from the programme, and the entire costs of the programme were used to obtain that one outcome. Reality of course is more complex, but this approach makes analysis easier.
- For this analysis, we used both the direct, and the total cost of the KLE programme.

Rarely drinks coke or soft drinks

The entire costs of the programme were in this case attributed to obtaining this outcome.

In this case, the additional factor of increased likelihood of dental caries was included. It was assumed that children who drink coke or soft drinks more than once per week are more likely to need a single filling in a carious tooth. This is a conservative estimate. The cost of this filling was estimated to be €40. This was calculated as follows:

Dental Surgeon salary in Public sector: €70,500 (Midpoint of salary scale for dental surgeon HSE)

Dental Nurse salary in Public Sector: €36,500 (Midpoint of salary scale Dental Nurse HSE)

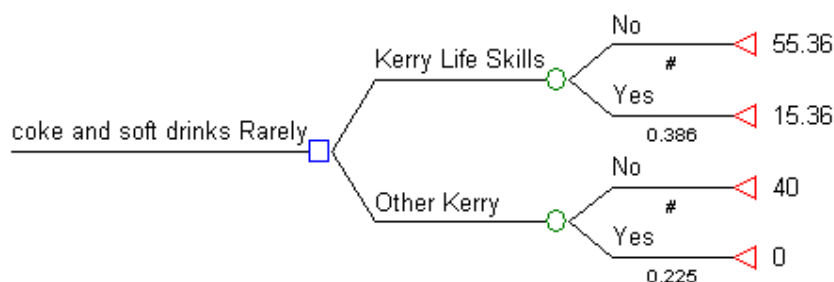
Materials: €10/filling

Overheads: 25%

The estimated time for a single filling was 30 minutes per child. If the dentist and nurse work 35 hours per week for 52 weeks, the calculated cost per filling is €42.33. For simplicity a figure of €40 was used. A decision tree was designed using the probabilities for soft drinks usage from Table 1.

An image of the tree design is included in Figure 1

Figure 2 Tree for soft drinks usage



Children from the KLE group incurred the additional cost of the programme. Children from the Comparison group only incurred the cost of one filling, if in the ‘drink soft-drinks > once/week’ group. The incremental cost of the KLE programme in this case was €0/ positive outcome, which is a child who does not consume these drinks more than once per week. If we include total costs (i.e. cost of programme + cost to child) the incremental cost is €12/child.

This studies assumption of €40/filling is a very conservative estimate, and in a recent European study of the cost of fillings in nine countries in Europe, the average cost of a filling in Europe was estimated as €74²⁷. This study did not include Ireland, but the figure from the UK was €156, and it is widely accepted that dental treatment is more expensive in Ireland. If the average figure of €74/filling from this study is used in the decision tree, the incremental cost of the KLE programme is a mere €6 per child. If the tree is reanalysed using only direct costs to the programme i.e. €15.36/child, the incremental cost per child is €3. The 2006 costs are compared with 2007 costs in Table 3.

Table 3. Incremental Direct and Total costs to KLE programme for 2006 and 2007: Drinks coke and soft drinks rarely

<i>Cost of filling</i>	2006 Direct cost	2006 Total cost	2007 Direct cost	2007 Total cost
<i>Incremental cost at €40/filling</i>	€0	€12	€6	€12
<i>Incremental cost at €74/filling</i>	€3	€6	€0.45	€3

Discussion

These figures would seem to be very low, and this initial analysis would show that the KLE programme should be considered very cost-effective indeed. However, as already stated, one must be cautious in extrapolating from one small study such as this.

Determining the cost-effectiveness of health promotion programmes is not as straightforward as determining the cost-effectiveness of other health technologies or services that deliver a measurable outcome in Life Years Gained (LYG), or Quality Adjusted Life Years (QALY) gained or lost. In the case of health technologies like new drugs, the threshold level below which the technology is considered cost-effective is €45,000/QALY. Health promotion programmes are different in that their outcomes can rarely be measured so easily. An example of a measurable outcome in a quit smoking health promotion programme would be the number of quitters recorded by the programme. In 2006, in a review of the cost-effectiveness of health communication programmes, the range of cost per quitter in the various studies looked at was \$0.67 up to \$5,933 per smoker quitting²⁸. The figures from this KLE analysis would seem to be in the lower range for cost-effectiveness of this type of programme.

If cost-effectiveness is to be accurately determined in such programmes, the measuring of outcomes needs to be built in to the design stage of the programme, with the choice of outcome and the method of measurement pre-determined.

Overall, Cost-effectiveness analysis based on selected outcomes from the HBSC data, suggests positive results for KLE schools, especially for potential impact on dental services. These estimates should be interpreted cautiously in the light of the assumptions made, and sample size.

Conclusions

1. School Questionnaires 2006/2008

- A. These generally value the KLE programme, and consider that it strongly supports SPHE and other Substance Use and Lifestyle programmes in the schools.
- B. There is appreciation of the interest to the children.
- C. Some mentioned that more tailoring of content to specific ages would be helpful, and that some SPHE components were not addressed.
- D. There is strong support for the programme to be continued.
- E. There is deep appreciation that this is a programme that has little net cost to the school.

2. Professional Questionnaires

- A. Health Promotion Staff generally favour the KLE programme as described in its website, provided that it links appropriately with SPHE programmes.
- B. Education Professionals are extremely doubtful that KLE adequately supports SPHE and other programmes.
- C. Education Professionals consider that funds available for KLE should be transferred to SPHE type programmes.

3. HBSC Analysis

- A. This provides independent evidence that children in KLE schools seem to benefit in key lifestyle areas from the programme.
- B. Alcohol, Feeling Good about Life, Life Satisfaction Score, Bullied in Last 2 Months, TV use at Weekends, Exercise, Soft Drinks use, Snacks, and Chip consumption all showed important differences favouring KLE schools.
- C. These apparent benefits in Life Style factors have clear implications for the health of children - particularly for mental health, dental health, obesity, and alcohol use.
- D. This data still must be interpreted with some caution, because of small sample sizes involved, and gender imbalance. However, the differences noted did reach statistical significance.
- E. There was considerable missing data for urban/rural status, which made further exploration difficult. However, many of the differences mentioned persisted, when stratified for urban/rural confounding.
- F. The quantitative data was also used as a basis for Cost Effectiveness Analysis.

4. Cost Effectiveness Analysis

- A. Background Costs were described for the KLE programme.
- B. A Cost Effectiveness Analysis was made on key outcomes found in the HBSC analysis.
- C. KLE was considered to be cost effective for Life Satisfaction, Exercise, Bullying, and Soft Drink Use.
- D. Soft Drinks were further analysed, considering the impact on Dental Services. KLE was considered to be extremely cost effective for estimated impact on Dental Services.

5. Overall

- A. This Evaluation has used several methods to explore the impact of the KLE programme.
- B. School Questionnaires are extremely favourable towards KLE.
- C. Key Professional Questionnaires are quite polarised.
 - i. Health Promotion responses are cautiously favourable to the KLE programme, provided that it links well with SPHE – type programmes, already existent in schools.
 - ii. National Education Professionals are extremely antagonistic to KLE, stating that SPHE should be sufficient, and that funds should go towards strengthening existing school programmes.
- D. Despite the latter's reservations, one cannot ignore the extremely enthusiastic response from School Principals in South Kerry, directly involved with KLE over several years.
- E. These principals also see KLE as supporting SPHE programs in schools.
- F. The HBSC analysis shows evidence for some direct effects of the KLE programme on key Lifestyle areas in the Intervention Schools, especially for 5/6th classes.
- G. Cost-Effectiveness analysis based on some of these key lifestyle areas, suggests that KLE, on the basis of the costs supplied for South Kerry Schools, is extremely cost-effective.

Recommendations

1. The KLE programme should be continued in support of its existing schools in the South Kerry Region.
2. The KLE programme could be offered to other schools in Co Kerry.
3. The KLE programme should take into consideration the reservations expressed by National Education Professionals about its compatibility with SPHE.
4. The Dept of Education and Science should consider the findings of this report.
5. There should be more tailoring of content to relevant age, especially for senior classes.
6. Research should continue into exploring evidence for this KLE programme
 - A. Children exposed to KLE programmes should be followed up in secondary school.
 - B. Consideration should be given to further analysis of HBSC data, utilising KLE schools, when further surveys are planned.
7. This research method could be tried with other types of school interventions
 - A. Health Promoting Schools System
 - B. Regional Drug Task Force Interventions in Communities that might involve schools in the catchment area.

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Appendix 1.

Questionnaire 1 - Evaluation from Teachers of KLE in 2006

<h2 style="margin: 0;">KERRY LIFE EDUCATION</h2> <p style="margin: 0;">Evaluation Questionnaire for Teachers.</p>					
School _____	Date _____				
Please circle the number that corresponds as closely as possible to your opinion:					
	Poor	Below Average	Average	Good	Excellent
Educator's teaching style	1	2	3	4	5
Children's understanding of concepts	1	2	3	4	5
Suitability to needs/interests of children	1	2	3	4	5
Programme content	1	2	3	4	5
Programme presentation	1	2	3	4	5
Overall evaluation of the programme	1	2	3	4	5
Please answer the following questions:					
1. What is the present level of health/drug prevention education in your school? (Please tick one box)					
None <input type="checkbox"/> Very little <input type="checkbox"/> Some <input type="checkbox"/> A lot <input type="checkbox"/> Not sure <input type="checkbox"/>					
Please explain your response:					
2. Were you able to do any pre-visit work with the class to prepare them for the visit?					
3. Does the Life Education programme support the S.P.H.E content of the school curriculum and your approach in the classroom?					
<input type="checkbox"/> Not at all <input type="checkbox"/> Supports in some ways <input type="checkbox"/> Supports very well <input type="checkbox"/> Not sure					
Please explain your response:					
4. Did the Life Education programmes support your School Substance Use Policy?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Did the Life Education programme have an impact upon your Students? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure					
What was particularly effective?					

6. Do you think that, over time, these programmes are having an effect on the children's attitudes towards themselves and their health?

☐

Yes

☐

No

☐

Not sure

7. Do you plan to do follow up work with your Students?

☐

Yes

☐

No

☐

Not sure

8. Would you be willing to bring your class every year?

☐

Yes

☐

No

☐

Not sure

9. What areas of the Life Education service do you think could be improved?

10. Are there any other areas of SPHE that you think we could develop in these programmes?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Your assistance is invaluable to us as a part of our ongoing quality audit of our service.
By working together we can make all the difference.

Kerry Life Education Ltd. St. Mary's Parish Hall Offices, St. Anne's Road, Killarney
Co. Kerry – Tel: (064) 35135 - E-mail: lifed@eircom.net
Web: www.kerrylifeeducation.com

HELPING CHILDREN MAKE HEALTHY CHOICES

Appendix 2
Letter to Principals

National Schools involved in Kerry Life Skills Education Project

LETTER TO PRINCIPAL

Dear Principal,

We have been asked to evaluate the Kerry Life Skills Education Project, which has been visiting your school annually.

One of the components of this evaluation, involves feedback from schools involved with this project.

We would be grateful if you could complete the attached questionnaire, as a consensus view of the principal, teachers, and parent representatives at your school. This questionnaire explores your experiences, and expectations of the Kerry Life Education Service.

Please see this as an opportunity to comment frankly, as you have a crucial role in the provision of these services.

We have completed the information details specific to your school at the start of the questionnaire, on the basis of Dept Education Website. If this is in fact different from what is the reality, please feel at liberty to correct it.

We have been in touch with your regional INTO, and Irish Primary Principal's Network representatives, who have given us their support for this evaluation.

Thank you for your cooperation,

Yours Sincerely,

Dr Timothy Jackson
Consultant Public Health Medicine,
Dept Public Health
TEL 021 4927601
FAX 021 4346063
EMAIL: Tim.Jackson@hse.ie

Kerry Life Education Evaluation Project.

Appendix 3.

Consensus Questionnaire for Principals of KLE Schools 2008

<h2 style="margin: 0;">Kerry Life Education – Evaluation Project May 2008</h2> <p style="margin: 0;">Consensus Questionnaire for Principals In consultation with Teachers, and Parent Representatives <u>Confidential</u></p>					
Survey ID No _____		Date _____			
School _____	Dept Education Roll Number _____	No of Pupils _____			
Address _____					
<i>(In each Section please circle most appropriate number) Comments are optional, but welcome.</i>					
Q1. How well does Kerry Life Education perform in the following aspects?:					
	Poor	Below Average	Average	Good	Excellent
Educator's teaching style	1	2	3	4	5
Children's understanding of concepts	1	2	3	4	5
Suitability to needs/interests of children	1	2	3	4	5
Programme content	1	2	3	4	5
Programme presentation	1	2	3	4	5
Overall programme	1	2	3	4	5
Q2. How well is <u>S.P.H.E</u> being implemented in your school overall?					
	Poor 1	Below Average 2	Average 3	Good 4	Excellent 5
<u>Comments:</u>					
Q3. How well are individual components of <u>S.P.H.E</u> being implemented in your school?					
	Poor 1	Below average 2	Average 3	Good 4	Excellent 5
Self-identity	1	2	3	4	5
Taking care of my body	1	2	3	4	5
Growing and Changing	1	2	3	4	5
Safety and protection	1	2	3	4	5
Making decisions	1	2	3	4	5
Myself and my family	1	2	3	4	5
My friends and other people	1	2	3	4	5
Relating to others	1	2	3	4	5
Developing citizenship	1	2	3	4	5
Media education	1	2	3	4	5
<u>Comments:</u>					

Q4. How well does Kerry Life Education programme support these SPHE components?

	Poor 1	Below average 2	Average 3	Good 4	Excellent 5
Self-identity					
Taking care of my body	1	2	3	4	5
Growing and Changing	1	2	3	4	5
Safety and protection	1	2	3	4	5
Making decisions	1	2	3	4	5
Myself and my family	1	2	3	4	5
My friends and other people	1	2	3	4	5
Relating to others	1	2	3	4	5
Developing citizenship	1	2	3	4	5
Media education	1	2	3	4	5

Comments:

Q5. How Often are Parents receiving any Kerry Life Education input?

	Never 1	Sometimes 2	Often 3	Always 4
If parents are receiving this input, <u>where</u> is it taking place?				
Q5a In the Mobile School when it visits	Never 1	Sometimes 2	Often 3	Always 4
Q5b At a Special event hosted by the School	Never 1	Sometimes 2	Often 3	Always 4

Comments:

Q6. Does your school have a substance use/misuse policy?

Yes ☐ No ☐

Q6a. If yes, how well does the Kerry Life Education programmes support your School Substance Use Policy?

Poor 1	Below average 2	Average 3	Good 4	Excellent 5
-----------	--------------------	--------------	-----------	----------------

Comments:

Q7. Is the Walk Tall programme provided in your school? Yes ☐ No ☐

Q7a If yes, how complete is the coverage for?:

	None 1	A little 2	Some 3	A lot 4	For all 5
Teachers					
Pupils	1	2	3	4	5
Parents	1	2	3	4	5

Comments:

Q8. How much impact does the Life Education programme have upon your Students?

Poor 1	Below average 2	Average 3	Good 4	Excellent 5
-----------	--------------------	--------------	-----------	----------------

Comments:

Q9. How much effect over time, do these programmes have on the children's health attitudes/behaviours?

Poor 1	Below average 2	Average 3	Good 4	Excellent 5
-----------	--------------------	--------------	-----------	----------------

Comments:

Q10. How strongly would you recommend that the Kerry Life Education programme should continue?

Not at all 1	Not strongly 2	Neutral 3	Strongly 4	Very Strongly 5
-----------------	-------------------	--------------	---------------	--------------------

Comments:

Q11. Are there any components of S.P.H.E. that you think could developed further in these programmes?

Self-identity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Taking care of my body	Yes <input type="checkbox"/> No <input type="checkbox"/>
Growing and Changing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety and protection	Yes <input type="checkbox"/> No <input type="checkbox"/>
Myself and my family	Yes <input type="checkbox"/> No <input type="checkbox"/>	My friends and other people	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relating to others	Yes <input type="checkbox"/> No <input type="checkbox"/>	Developing citizenship	Yes <input type="checkbox"/> No <input type="checkbox"/>
Media education	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Comments:

Q12. What other areas of the Kerry Life Education service do you think could be improved?

Comments:

Q13. Has Kerry Life Education programme changed in response to previous feedback /evaluation from schools?

Yes ☐ No ☐

Comments:

Q14. How well does Kerry Life Education cater for children with special needs?

Not well at all	Not very well	No Opinion	Well	Very well
1	2	3	4	5

Comments:

Q15. What is the cost of Kerry Life Education to the school?

Overall Euro _____ Per Capita Euro _____

Do you consider this cost:

Low	Appropriate	High
1	2	3

Comments:

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

PLEASE RETURN IT BY June 6th 2008

TO:

Dr T.M.R.Jackson Consultant in Public Health Medicine
Department of Public Health
Southern Health Board
SARSFIELD HOUSE
WILTON
CORK

TEL 021 4927601

FAX 021 4346063

EMAIL: Tim.Jackson@hse.ie

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Appendix 4a

LETTER TO KEY PROFESSIONAL

Re: Evaluation of Kerry Life Skills Education Project Mobile Unit to National Schools

Dear Professional,

We have been asked to evaluate the Kerry Life Skills Education Project, which has been visiting schools annually for several years. Details about this project are available on their website www.kerrylifeeducation.com

One of the components of this evaluation involves feedback from professionals who have knowledge of this field.

We would be grateful if you could complete the attached questionnaire. This explores your expectations of schemes, such as the Kerry Life Education Service.

Please see this as an opportunity to comment frankly, as you have a crucial role in our understanding of these services.

Thank you for your cooperation,

Yours Sincerely,

Dr Timothy Jackson
Consultant Public Health Medicine,
Dept Public Health
TEL 021 4927601
FAX 021 4346063
EMAIL: Tim.Jackson@hse.ie

Kerry Life Education Evaluation Project.

Appendix 4 b Questionnaire 3

KEY PROFESSIONAL CONSULTATION QUESTIONNAIRE

ID No. 1

Re: Kerry Life Education Project Mobile Unit visiting Primary Schools

Please could you answer the following questions

Q1. What is your Professional Field?:

1. Health Promotion 2 Education 3 University/Academic 4. Other

Q2. In the context of a quality Health Promotion / Substance Use Education Service:

A) What aspects are supported by a scheme, such as Kerry Life Education Project,?

Overall/Lifestyle

The delivery of the SPHE Program (including Walk Tall Programme)

The Health Promoting School approach

Other

B) What aspects might not be supported/ hindered by a scheme, such as Kerry Life Education Project,

Overall/Lifestyle

The delivery of the SPHE Program (including Walk Tall Programme)

The Health Promoting School approach

Other

C) What recommendations might you have for continuing a scheme, such as Kerry Life Education Project?

Overall/Lifestyle

The delivery of the SPHE Program (including Walk Tall Programme)

The Health Promoting School approach

Other

**THANK YOU FOR COMPLETING THIS
QUESTIONNAIRE**

PLEASE RETURN IT TO:

Dr TMR Jackson BA MB DCH DPH FFPHMI
Consultant in Public Health Medicine
Dept. of Public Health
Health Service Executive - South
Sarsfield House, Wilton, Cork
IRELAND
Tel +353 21 4927601
Fax +353 21 4346063
e-mail: Tim.Jackson@hse.ie

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Appendix 5 Questionnaire 4

HBSC Questionnaire

Health Behaviour in School-aged Children

A World Health Organisation Study

This is a survey about health and the way in which young people live. We hope you will help us to find out more about young people's health by answering the questions in this survey. The same questions are being used in surveys in 40 other countries.

Your answers will be looked at by the survey team and by no-one else. They will not be seen by your parents or teachers. You should not write your name on the questionnaire. After you have filled it in, you can put it in the envelope provided and seal it.

Because the questions are being asked of young people up to 18 years of age, and from many different countries and cultures, some of them may seem a bit unusual to you. Please take your time to read each question carefully and answer it as honestly as you can. Remember that we are only interested in your opinion, there are no right or wrong answers.

Things you need to know:

- If you do not want to take part, just give the questionnaire back to your teacher.
- You do not have to answer any of the questions if you do not want to.
- For most questions you will be asked to tick the box that best fits your answer.

Example:

1. Is Mary Mc Aleese President of Ireland?

Yes ☒ No ☐

If it is difficult to choose just one answer, please think about what is true most of the time.

We hope you enjoy filling it in, thank you for helping us with this survey.

This study is funded by the Health Promotion Policy Unit and the Office of the Minister for Children, Department of Health and Children and is being conducted by the Centre for Health Promotion Studies, National University of Ireland, Galway.

1. ABOUT YOU

1. Are you a boy or a girl?

Boy ☐ Girl ☐

2. What Class/ Year are you in?

5th class ☐
6th class ☐
1st year ☐
2nd year ☐
3rd year ☐
4th year ☐
Transition year ☐
5th year ☐

3. What month were you born?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

4. What year were you born?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998

5. Were you born in Ireland?

Yes ☐ No ☐

6. In which country was your mother born?

..... Don't know ☐

7. In which country was your father born?

..... Don't know ☐

8. What language do you most often speak at home?

.....

9. Are you a member of the travelling community?

Yes ☐ No ☐

10. How much pocket money do you usually get each week? (on average)
(This includes pocket money and money you earn yourself).

2. EATING AND DIETING

1. How often do you usually have breakfast (more than a glass of milk or fruit juice)?
Please tick one box for weekdays and one box for weekend.

Weekdays		Weekend	
I never have breakfast during weekdays	<input type="checkbox"/>	I never have breakfast during the weekend	<input type="checkbox"/>
One day	<input type="checkbox"/>	I usually have breakfast on only one day of the weekend (Saturday OR Sunday)	<input type="checkbox"/>
Two days	<input type="checkbox"/>	I usually have breakfast on both weekend days (Saturday AND Sunday)	<input type="checkbox"/>
Three days	<input type="checkbox"/>		
Four days	<input type="checkbox"/>		
Five days	<input type="checkbox"/>		

2. How many days a week do you usually eat or drink...?

Please tick one box for each line.

	Never	Less than once a week	Once a week	2-4 days a week	5-6 days a week	Once a day, every day	Every day more than once
Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweets (candy or chocolate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coke or other soft drinks that contain sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet coke or diet soft drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chips/fried potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

Always ☐
 Often ☐
 Sometimes ☐
 Never ☐

4. How often do you.....?

Please tick one box for each line.

	Never	Less than once a week	1-2 days a week	3-4 days a week	5-6 days a week	Every day
Have breakfast together with your mother or father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have an evening meal together with your mother or father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat a snack while you watch TV (including videos and DVDs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat a snack while you work or play on a computer or games console?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch TV while having a meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often do you brush your teeth?

More than once a day ☐
 Once a day ☐
 At least once a week but not daily ☐
 Less than once a week ☐
 Never ☐

6. At present are you on a diet or doing something else to lose weight?

No, my weight is fine ☐
 No, but I should lose some weight ☐
 No, because I need to put on weight ☐
 Yes ☐

3. PHYSICAL ACTIVITY

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football and surfing.

For this next question **add up** all the time you spent in physical activity each day.

1. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

0 days	1	2	3	4	5	6	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. TOBACCO, ALCOHOL AND DRUGS

1. Have you ever smoked tobacco?
(At least one cigarette, cigar or pipe)

Yes ☐ No ☐

2. How frequently have you smoked cigarettes during the last 30 days?

Not at all	<input type="checkbox"/>
Less than 1 cigarette per week	<input type="checkbox"/>
Less than 1 cigarette per day	<input type="checkbox"/>
1-5 cigarettes per day	<input type="checkbox"/>
6-10 cigarettes per day	<input type="checkbox"/>
11-20 cigarettes per day	<input type="checkbox"/>
More than 20 cigarettes per day	<input type="checkbox"/>

3. How often do you smoke tobacco at present?

Every day	<input type="checkbox"/>
At least once a week, but not every day	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>
I do not smoke	<input type="checkbox"/>

4. At present how often do you drink anything alcoholic, such as beer, wine or spirits?

Try to include even those times when you only drink a small amount.

Please tick one box for each line.

	Every day	Every week	Every month	Rarely	Never
Beer (Guinness, lager)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirits/ Liquor (vodka, whiskey, shots, brandy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcopops (Bacardi Breezer, Smirnoff Ice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cider (Bulmers, Scrumpy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other drink that contains alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Have you ever had so much alcohol that you were really drunk?

No, never	<input type="checkbox"/>	Yes, 4-10 times	<input type="checkbox"/>
Yes, once	<input type="checkbox"/>	Yes, more than 10 times	<input type="checkbox"/>
Yes, 2-3 times	<input type="checkbox"/>		

6. Have you ever taken cannabis (hashish, grass, pot)?

Please tick one box for each line.

	Never	Once or twice	3 to 5 times	6 to 9 times	10 to 19 times	20 to 39 times	40 times or more
In your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. At what age did you first do the following things?

If there is something you have not done, choose the 'never' category.

	Never	11 years old or less	12 years old	13 years old	14 years old	15 years old	16 years or older
Drink alcohol (more than a small amount)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke a cigarette (more than a puff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sniff glue or solvents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. On how many occasions (if any) have you done the following things in the last 30 days?
Please tick one box for each line.

	Never	Once or twice	3 to 5 times	6 to 9 times	10 to 19 times	20 to 39 times	40 times or more
Smoked cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drunk alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ABOUT SCHOOL

1. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?

Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Average	<input type="checkbox"/>
Below average	<input type="checkbox"/>

2. How do you feel about school at present?

I like it a lot	<input type="checkbox"/>
I like it a bit	<input type="checkbox"/>
I don't like it very much	<input type="checkbox"/>
I don't like it at all	<input type="checkbox"/>

3. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one.
Please tick one box for each line.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The students in my class(es) enjoy being together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of the students in my class(es) are kind and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other students accept me as I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students get involved in organising school events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How pressured do you feel by the schoolwork you have to do?

Not at all	<input type="checkbox"/>
A little	<input type="checkbox"/>
Some	<input type="checkbox"/>
A lot	<input type="checkbox"/>

5. Here are some statements about your school. Please show how much you agree or disagree with each one.

Please tick one box for each line.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
In our school the students take part in making the rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The students are treated too severely/ strictly in this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The rules in this school are fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our school is a nice place to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I belong at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Here are some statements about your teacher(s). Please show how much you agree or disagree with each one.

Please tick one box for each line.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am encouraged to express my own views in my class(es)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our teachers treat us fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I need extra help I get it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers are interested in me as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. YOU, YOUR HEALTH AND HOW YOU FEEL

1. Would you say your health is...?

Excellent ☐
 Good ☐
 Fair ☐
 Poor ☐

2. In general how do you feel about your life at present?

I feel very happy ☐
 I feel quite happy ☐
 I don't feel very happy ☐
 I'm not happy at all ☐

3. How much do you weigh without clothes?

If you don't know write "don't know"

4. How tall are you without shoes?

If you don't know write "don't know"

5. Here is a picture of a ladder:

The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? Tick next to the number that best describes where you stand.

<input type="checkbox"/>	10	Best possible life
<input type="checkbox"/>	9	
<input type="checkbox"/>	8	
<input type="checkbox"/>	7	
<input type="checkbox"/>	6	
<input type="checkbox"/>	5	
<input type="checkbox"/>	4	
<input type="checkbox"/>	3	
<input type="checkbox"/>	2	
<input type="checkbox"/>	1	
<input type="checkbox"/>	0	Worst possible life

6. In the last 6 months: how often have you had the following...?

Please tick one box for each line.

	About every day	More than once a week	About every week	About every month	Rarely or never
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach-ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability or bad temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties in getting to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. During the last month have you taken any medicine or tablets for the following?

	No	Yes, once	Yes, more than once
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach-ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties in getting to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Thinking about the last week.....

Have you been happy with the way you are?

Never ☐
 Seldom ☐
 Quite often ☐
 Very often ☐
 Always ☐

9. Do you have a long-term illness, disability, or medical condition (like diabetes, asthma, allergy or cerebral palsy) that has been diagnosed by a doctor?

Yes ☐ No ☐

10. Do you take medicine for your long-term illness, disability or medical condition?

I do not have a long-term illness, disability or medical condition ☐

Yes ☐ No ☐

11. Does your long-term illness, disability or medical condition affect your attendance and participation at school?

I do not have a long-term illness, disability or medical condition ☐

Yes ☐ No ☐

12. Do you think your body is....?

Much too thin ☐
A bit too thin ☐
About the right size ☐
A bit too fat ☐
Much too fat ☐

During puberty everyone's body changes in size and shape although this can happen at different ages for different people. The next questions are about physical development that may be happening to you during puberty.

13. **GIRLS ONLY** answer here

Do you think your physical development is any earlier or later than most other girls your age?

Much earlier ☐
A bit earlier ☐
About the same ☐
A bit later ☐
Much later ☐

Have you begun to menstruate (have periods)?

No, I have not yet begun to menstruate ☐
Yes, I began at the age of years and months

- BOYS ONLY** answer here

Do you think your physical development is any earlier or later than most other boys your age?

Much earlier ☐
A bit earlier ☐
About the same ☐
A bit later ☐
Much later ☐

Have you begun to grow hair on your face?

Not yet started ☐
Barely started ☐
Definitely underway ☐
Seems completed ☐

7. BULLYING

Here are some questions about bullying. We say a student is BEING BULLIED when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is NOT BULLYING when two students of about the same strength or power argue or fight. It is also not bullying when a student is teased in a friendly and playful way.

1. How often have you been bullied at school in the past couple of months?

- I have not been bullied at school in the past couple of months ☐
- It has only happened once or twice ☐
- 2 or three times a month ☐
- About once a week ☐
- Several times a week ☐

2. How often have you taken part in bullying another student(s) at school in the past couple of months?

- I have not bullied another student (s) at school in the past couple of months ☐
- It has only happened once or twice ☐
- 2 or three times a month ☐
- About once a week ☐
- Several times a week ☐

8. VIOLENCE & INJURIES

1. During the past 12 months, how many times were you in a physical fight?

- I have not been in a physical fight in the past 12 months ☐
- 1 time ☐
- 2 times ☐
- 3 times ☐
- 4 times or more ☐

Many young people get hurt or injured from activities such as playing sports or fighting with others at different places such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as Measles or the Flu. The following questions are about injuries you may have had during the past 12 months.

2. During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse?

- I was not injured in the past 12 months ☐
- 1 time ☐
- 2 times ☐
- 3 times ☐
- 4 times or more ☐

3. If you had more than one injury, think only about the one most serious injury (the injury that took the most time to get better) that you had during the past 12 months. Where were you when this one most serious injury happened?

Tick one box that best describes where you were.

- I was not injured in the past 12 months ☐
- At home/in yard (yours or someone else's) ☐
- School, including school grounds, during school hours ☐
- School, including school grounds, after school hours ☐
- At a sports facility or field (not at school) ☐
- In the street/road/parking lot ☐
- Other location ☐

4. What were you doing when this one most serious injury happened?

Tick one box that best describes what you were doing.

- | | |
|---|--------------------------|
| I was not injured in the past 12 months | <input type="checkbox"/> |
| Biking/cycling | <input type="checkbox"/> |
| Playing or training for sports/recreational activity | <input type="checkbox"/> |
| Skating (including roller blades, skateboards, ice skating) | <input type="checkbox"/> |
| Walking/running (not for a sports team or exercise) | <input type="checkbox"/> |
| Riding/driving in a car or other motor vehicle | <input type="checkbox"/> |
| Fighting | <input type="checkbox"/> |
| Paid or unpaid work | <input type="checkbox"/> |
| Other activity | <input type="checkbox"/> |

5. Did this one most serious injury need medical treatment such as the placement of a cast, stitches, surgery, or staying in a hospital overnight?

I was not injured in the past 12 months ☐

Yes ☐ No ☐

6. Did this one most serious injury cause you to miss at least one full day from school or other usual activities, such as sports or lessons?

I was not injured in the past 12 months ☐

Yes, lost at least one day of activity ☐

How many full days did you miss?
(Please write the number of full days you missed from school or other usual activities as a result of this one most serious injury.)

No, did not lose a day of activity ☐

7. How often do you use a seatbelt when you sit in a car?

- | | |
|--|--------------------------|
| Always | <input type="checkbox"/> |
| Often | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Rarely or never | <input type="checkbox"/> |
| Usually there is no seatbelt where I sit | <input type="checkbox"/> |
| Never travel by car | <input type="checkbox"/> |

9. ABOUT YOU AND YOUR FAMILY

1. How easy is it for you to talk to the following persons about things that really bother you?

Please tick one box for each line.

	Very Easy	Easy	Difficult	Very Difficult	Don't have or see this person
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepfather (or mother's boyfriend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepmother (or father's girlfriend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends of the same sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends of the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All families are different (for example, not everyone lives with both their parents, sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours.

2. Please answer this question for the home where you live all or most of the time and tick the people who live there.

Adults

Mother	<input type="checkbox"/>
Father	<input type="checkbox"/>
Stepmother (or father's girlfriend)	<input type="checkbox"/>
Stepfather (or mother's boyfriend)	<input type="checkbox"/>
Grandmother	<input type="checkbox"/>
Grandfather	<input type="checkbox"/>
I live in a foster home or children's home	<input type="checkbox"/>
Someone or somewhere else (please write it down).	<input type="checkbox"/>

.....

Children

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters).
Please write in the number or write 0 (zero) if there are none.
Please do not count yourself.

How many brothers?

How many sisters?

3. Do you have another home or another family, such as the case when your parents are separated or divorced?

No ☐ GO TO QUESTION 4

Yes ☐

How often do you stay there?

Half the time ☐
 Regularly but less than half the time ☐
 Sometimes ☐
 Hardly ever ☐

Please tick the people who live there:

Adults

Mother ☐
 Father ☐
 Stepmother (or father's girlfriend) ☐
 Stepfather (or mother's boyfriend) ☐
 Grandmother ☐
 Grandfather ☐
 I live in a foster home or
 children's home ☐
 Someone or somewhere else ☐
 (please write it down).

Children

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters).

Please do not include those you already listed in the question above or yourself.

Please write in the number or write 0 (zero) if there are none.

How many brothers?

How many sisters?

4. How well off do you think your family is?

Very well off ☐
 Quite well off ☐
 Average ☐
 Not very well off ☐
 Not at all well off ☐

This question is about your parents' jobs. Please answer in both columns.

5. FATHER	MOTHER
<p>Does your father have a job?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p> <p>Don't have or don't see father <input type="checkbox"/></p> <p>If yes, please say in what place he works: (for example hospital, bank, restaurant)</p> <p>.....</p> <p>Please write down exactly what job he does there: (for example: teacher, bus driver)</p> <p>.....</p> <p>If no, why does your father not have a job? Please tick the box that best describes the situation</p> <p>He is sick, or retired or a student <input type="checkbox"/></p> <p>He is looking for a job <input type="checkbox"/></p> <p>He takes care of others, or is full-time in the home <input type="checkbox"/></p> <p>I don't know <input type="checkbox"/></p>	<p>Does your mother have a job?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p> <p>Don't have or don't see mother <input type="checkbox"/></p> <p>If yes, please say in what place she works: (for example hospital, bank, restaurant)</p> <p>.....</p> <p>Please write down exactly what job she does there: (for example: teacher, bus driver)</p> <p>.....</p> <p>If no, why does your mother not have a job? Please tick the box that best describes the situation</p> <p>She is sick, or retired or a student <input type="checkbox"/></p> <p>She is looking for a job <input type="checkbox"/></p> <p>She takes care of others, or is full-time in the home <input type="checkbox"/></p> <p>I don't know <input type="checkbox"/></p>

10. YOUR LOCAL AREA

1. Where do you live?

Please tick one option

- City ☐
 Town ☐
 Village ☐
 Country ☐

2. How well off is the area in which you live?

- Not at all well off ☐
 Not so well off ☐
 Average ☐
 Quite well off ☐
 Very well off ☐

3. In the area where you live are there...?

	Lots	Some	None
Groups of young people who cause trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter, broken glass or rubbish lying around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run-down houses or buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Generally speaking, I feel safe in the area where I live...

- Always ☐
 Most of the time ☐
 Sometimes ☐
 Rarely or never ☐

5. Do you think the area in which you live is a good place to live?

- Yes, it's really good ☐
 Yes, it's good ☐
 It's OK ☐
 It's not very good ☐
 No, it's not at all good ☐

6. Please say how you feel about these statements about the area where you live.

Please tick one box for each line.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It is safe for younger children to play outside during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can trust people around here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good places to spend your free time (e.g. leisure centre, parks, shops)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could ask for help or a favour from neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. ABOUT YOU AND YOUR FRIENDS

1. At present, how many close male and female friends do you have?

Please tick one box for each column.

Male Friends

None ☐

One ☐

Two ☐

Three or more ☐

Female Friends

None ☐

One ☐

Two ☐

Three or more ☐

2. How many days a week do you usually spend time with friends right after school?

0 days	1	2	3	4	5 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How many evenings per week do you usually spend out with your friends?

0 evenings	1	2	3	4	5	6	7 evenings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often do you talk to your friend(s) on the phone or send them text messages or have contact through the internet?

Rarely or never ☐
1 or 2 days a week ☐
3 or 4 days a week ☐
5 or 6 days a week ☐
Every day ☐

12. LEISURE AND OTHER ACTIVITIES IN YOUR FREE TIME

1. About how many hours a day do you usually watch television (including videos and DVDs) in your free time? Please tick one box for weekdays and one box for weekend.

	Weekdays	Weekend
None at all	<input type="checkbox"/>	<input type="checkbox"/>
About half an hour a day	<input type="checkbox"/>	<input type="checkbox"/>
About 1 hour a day	<input type="checkbox"/>	<input type="checkbox"/>
About 2 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 3 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 4 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 5 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 6 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 7 hours or more a day	<input type="checkbox"/>	<input type="checkbox"/>

2. About how many hours a day do you usually play games on a computer or games console (Playstation, Xbox, GameCube etc.) in your free time?

Please tick one box for weekdays and one box for weekend.

	Weekdays	Weekend
None at all	<input type="checkbox"/>	<input type="checkbox"/>
About half an hour a day	<input type="checkbox"/>	<input type="checkbox"/>
About 1 hour a day	<input type="checkbox"/>	<input type="checkbox"/>
About 2 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 3 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 4 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 5 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 6 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 7 hours or more a day	<input type="checkbox"/>	<input type="checkbox"/>

3. About how many hours a day do you usually use a computer for chatting on-line, internet, emailing, homework etc. in your free time?

Please tick one box for weekdays and one box for weekend.

	Weekdays	Weekend
None at all	<input type="checkbox"/>	<input type="checkbox"/>
About half an hour a day	<input type="checkbox"/>	<input type="checkbox"/>
About 1 hour a day	<input type="checkbox"/>	<input type="checkbox"/>
About 2 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 3 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 4 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 5 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 6 hours a day	<input type="checkbox"/>	<input type="checkbox"/>
About 7 hours or more a day	<input type="checkbox"/>	<input type="checkbox"/>

4. Indicate how much you like different kinds of music.

If you don't know a type of music please tick the 'don't know' box.

	Don't know	Dislike it very much	Dislike it	Neutral	Like it	Like it very much
Chart music (Top 40 music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classic music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House/Trance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R&B/Soul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punk/hardcore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reggae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jazz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip Hop/Rap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gothic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Techno/Hardhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Irish music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. MORE ABOUT YOU AND YOUR FAMILY

1. How many computers does your family own?

- None ☐
One ☐
Two ☐
More than two ☐

2. Does your family own a car, van or truck?

- No ☐
Yes, one ☐
Yes, two or more ☐

3. Do you have your own bedroom for yourself

Yes ☐ No ☐

4. During the past 12 months, how many times did you travel away on holiday with your family? (in Ireland or abroad)

- Not at all ☐
Once ☐
Twice ☐
More than twice ☐

5. Do you have an animal/pet?

- Yes, of my own ☐
Yes, in our family ☐
No, but I spend time with animals regularly ☐
No ☐

6. **OUTSIDE SCHOOL HOURS:** How often do you usually exercise in your free time so much that you get out of breath or sweat?

Every day ☐
4 to 6 times a week ☐
2 to 3 times a week ☐
Once a week ☐
Once a month ☐
Less than once a month ☐
Never ☐

7. **OUTSIDE SCHOOL HOURS:** How many hours a week do you usually exercise in your free time so much that you get out of breath or sweat?

None ☐
About half an hour ☐
About 1 hour ☐
About 2 to 3 hours ☐
About 4 to 6 hours ☐
7 hours or more ☐

Thank you again for answering these questions.

Appendix 6 Stratified Analysis of HBSC data by Urban/Rural

This illustrates how some key Lifestyle factors counted when stratified by Urban/Rural status.

The significances changed especially in the Urban listing, although percentage differences often remained. This former could have been due to small numbers in the sample. Rural listings showed more significant differences, partly due a slightly larger sample size.

Urban

Kerry Urban N=53		Type of School Comparison		Kerry Life Skills S Count		Total S Count		Col %	Asymp. Sig. (2-tailed)
		Count	Col %	Count	Col %	Count	Col %		
EVER SMOKED	Yes	5	12.8			5	9.4		0.163
	No	34	87.2	14	100.0	48	90.6		
EverDrank	Yes	6	15.4	2	14.3	8	15.1		0.922
	No	33	84.6	12	85.7	45	84.9		
UsedCannabis	Yes	1	2.6			1	1.9		0.544
	No	37	97.4	14	100.0	51	98.1		
UsedSolvents	Yes	6	15.8	1	7.7	7	13.7		0.468
	Never	32	84.2	12	92.3	44	86.3		
Life satisfaction level of 7 or more	Yes	30	78.9	13	92.9	43	82.7		0.244
	No	8	21.1	1	7.1	9	17.3		
EverBullied	Yes	7	18.4	1	7.7	8	15.7		0.363
	No	31	81.6	12	92.3	43	84.3		
One hour or less of TV per day at weekend	Yes	6	15.4	6	42.9	12	22.6		0.037
	No	33	84.6	8	57.1	41	77.4		
Exercise 4 or more times per week	Yes	19	48.7	9	64.3	28	52.8		0.321
	No	20	51.3	5	35.7	25	47.2		
Rarely drinks coke or soft drinks	Drinks coke/soft drinks never or less than once per week	6	15.4	8	57.1	14	26.4		0.003
	Drinks coke/soft drinks once or more per week	33	84.6	6	42.9	39	73.6		
Chips less than once per week	Yes	6	15.4	6	42.9	12	22.6		0.037
	No	33	84.6	8	57.1	41	77.4		
FoodFreqCrisps	Weekly or more	22	57.9	6	50.0	28	56.0		0.634
	Less than once weekly	16	42.1	6	50.0	22	44.0		
FoodFreqChips/FriedPotatoes	Once weekly/more	33	84.6	7	53.8	40	76.9		0.024
	less than once weekly	6	15.4	6	46.2	12	23.1		

Rural

Kerry Rural N = 64		Type of School Comparison		Kerry Life Skills S		Total Count		Col %	Asymp. Sig. (2-tailed)
		Count	Col %	Count	Col %	Count	Col %		
EVER SMOKED	Yes	2	4.8	2	9.1	4	6.3		0.469
	No	40	95.2	20	90.9	60	93.8		
EverDrank	Yes	9	21.4			9	14.1		0.023
	No	33	78.6	22	100.0	55	85.9		
UsedCannabis	No	41	100.0	22	100.0	63	100.0		1.000
UsedSolvents	Yes	4	9.8	1	4.5	5	7.9		0.498
	Never	37	90.2	21	95.5	58	92.1		
Life satisfaction level of 7 or more	Yes	28	66.7	21	100.0	49	77.8		0.003
	No	14	33.3			14	22.2		
EverBullied	Yes	18	42.9	2	9.5	20	31.7		0.008
	No	24	57.1	19	90.5	43	68.3		
One hour or less of TV per day at weekend	Yes	7	16.7	9	40.9	16	25.0		0.026
	No	35	83.3	13	59.1	48	75.0		
Exercise 4 or more times per week	Yes	20	47.6	14	63.6	34	53.1		0.288
	No	22	52.4	8	36.4	30	46.9		
Rarely drinks coke or soft drinks	Drinks coke/soft drinks never or less than once per week	10	23.8	8	36.4	18	28.1		0.240
	Drinks coke/soft drinks once or more per week	32	76.2	14	63.6	46	71.9		
Chips less than once per week	Yes	10	23.8	11	50.0	21	32.8		0.024
	No	32	76.2	11	50.0	43	67.2		
FoodFreqCrisps	Weekly or more	21	50.0	8	40.0	29	46.8		0.464
	Less than once weekly	21	50.0	12	60.0	33	53.2		
FoodFreqChips/FriedPotatoes	Once weekly/more	30	75.0	10	47.6	40	65.6		0.034
	less than once weekly	10	25.0	11	52.4	21	34.4		

Appendix 7 Stratified Analysis of HBSC data by Gender

This illustrates how some key Lifestyle factors counted when stratified by Gender status.

The significances changed especially in the Boys listing, although percentage differences often remained. This is probably due to small numbers in the sample.

Girl listings showed more significant differences, due to larger sample size.

Girls

5/6th Class Girls n=102		Type of School Comparison		Kerry Life Skills S		Total Count Col %		Asymp. Sig. (2-tailed)
		Count	Col %	Count	Col %	Count	Col %	
EVER SMOKED	Yes	8	11	1	3	9	9	0.190
	No	63	89	30	97	93	91	
EverDrank	Yes	13	18	2	6	15	15	0.122
	No	58	82	29	94	87	85	
UsedCannabis	Yes	1	1			1	1	0.503
	No	68	99	31	100	99	99	
UsedSolvents	Yes	9	13	1	3	10	10	0.143
	Never	60	87	29	97	89	90	
Life satisfaction level of 7 or more	Yes	49	71	30	97	79	79	0.004
	No	20	29	1	3	21	21	
EverBullied	Yes	20	28	3	10	23	23	0.048
	No	51	72	27	90	78	77	
Not Bullied Others		56	81	28	93	84	85	0.122
Have Bullied Others		13	19	2	7	15	15	
One hour or less of TV per day at weekend	Yes	10	14	14	45	24	24	0.001
	No	61	86	17	55	78	76	
Exercise 4 or more times per week	Yes	31	44	18	58	49	48	0.183
	No	40	56	13	42	53	52	
Rarely drinks coke or soft drinks	Drinks coke/soft drinks never or less than once per week	14	20	16	52	30	29	0.001
	Drinks coke/soft drinks once or more per week	57	80	15	48	72	71	
Chips less than once per week	Yes	12	17	15	48	27	26	0.001
	No	59	83	16	52	75	74	
FoodFreqCrisps	Weekly or more	39	56	12	41	51	52	0.196
	Less than once weekly	31	44	17	59	48	48	
FoodFreqChips/FriedPotatoes	Once weekly/more	58	83	15	50	73	73	0.001
	less than once weekly	12	17	15	50	27	27	

Boys

5/6th Class Boys n=17		Type of School Comparison		Kerry Life Skills Sc		Total Count		Col %	
		Count	Col %	Count	Col %	Count	Col %		
EVER SMOKED	Yes			1	25	1	6		0.071
	No	13	100	3	75	16	94		
EverDrank	Yes	4	31			4	24		0.218
	No	9	69	4	100	13	76		
UsedCannabis	No	12	100	4	100	16	100		1.000
UsedSolvents	Yes	1	8	1	25	2	13		0.398
	Never	11	92	3	75	14	88		
Life satisfaction level of 7 or more	Yes	11	85	4	100	15	88		0.418
	No	2	15			2	12		
EverBullied	Yes	6	50			6	38		0.083
	No	6	50	4	100	10	63		
Not Bullied Others		9	75	4	100	13	81		
Have Bullied Others		3	25			3	19		0.283
One hour or less of TV per day at weekend	Yes	3	23	1	25	4	24		0.939
	No	10	77	3	75	13	76		
Exercise 4 or more times per week	Yes	8	62	4	100	12	71		0.152
	No	5	38			5	29		
Rarely drinks coke or soft drinks	Drinks coke/soft drinks never or less than once per week	3	23			3	18		0.304
	Drinks coke/soft drinks once or more per week	10	77	4	100	14	82		
Chips less than once per week	Yes	5	38	2	50	7	41		0.691
	No	8	62	2	50	10	59		
FoodFreqCrisps	Weekly or more	6	46	2	67	8	50		
	Less than once weekly	7	54	1	33	8	50		0.535
FoodFreqChips/FriedPotatoes	Once weekly/more	7	58	2	50	9	56		
	less than once weekly	5	42	2	50	7	44		0.778