



***LifeSkills* substance misuse prevention programme:**

Evaluation of implementation and outcomes in the UK.

Full report

Dr Helga Sneddon

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realising
ambition





Contents

Contents	3
List of Figures	4
List of Tables	4
Acknowledgements	5
Summary of key findings	7
Key learning	8
Results from the evaluation	10
Recommendations	10
Introduction	12
Substance misuse in the UK	12
<i>LifeSkills</i> Training programme	17
Implementing <i>LifeSkills</i> in the UK	21
Methodology for the evaluation	23
Design	24
Participants	24
Measures	25
Analysis	27
Essential programme (ages 8 to 11)	29
Level 1 findings	31
Implementation of the programme	31
Changes in outcomes for children and young people	31
Level 2 findings	33
Implementation of the programme	33
Changes in Outcomes for children and young people	34
Teachers and Childrens Views on Essential levels 1 and 2	35
Teachers' views on Essential level 1 and 2	35
Effectiveness of Level 2 as booster sessions for learning from Level 1	41
Children and Young People's views on Essential Levels 1 and 2	44
Summary for the Essential programme	50
Advanced programme (ages 11-14)	53
Level 1 findings	54
Implementation of the programme	54
Teachers and Children's Views on Advanced level 1	55
Teachers' Views of the Advanced Programme	55
Children and young people's views of the Advanced programme	59
Summary of Advanced	63
Changes made to the programme as a result of early implementation in the UK	65
Conclusions	69

List of Figures

Figure 1 – <i>LifeSkills</i> Logic model	18
Figure 2 – Wordcloud showing the most common words in the teacher’s feedback about the <i>LifeSkills</i> programme	36
Figure 3 – Overall knowledge before and after participation in Levels 1 and 2	41
Figure 4 – Antismoking knowledge before and after participation in Levels 1 and 2	42
Figure 5 – Life skills knowledge before and after participation in Levels 1 and 2	42
Figure 6 – Average antismoking attitudes before and after participation in Levels 1 and 2	43
Figure 7 – Average antidrinking attitudes before and after participation in Levels 1 and 2	43
Figure 8 – Average use of life skills before and after participation in Levels 1 and 2	44
Figure 9 – Wordcloud showing what the most common words children used when describing what they liked about the <i>LifeSkills</i> Essentials programme	45
Figure 10 – Wordcloud to show the most frequent words used by teachers to describe what they thought was good about the Advanced programme	55
Figure 11 – Wordcloud developed to show the most common words used by young people when they described what they liked and learnt from the <i>LifeSkills</i> programme	60

List of Tables

Table 1 – Types of curricula in schools to prevent smoking and level of effectiveness shown by each after 12 month follow-up	14
Table 2 – Types of curricula in schools to prevent substance misuse	16
Table 3 – Types of curricula in schools to prevent alcohol misuse	17
Table 4 – Levels of fidelity observed in Essential Level 1 across the delivery groups	31
Table 5 – Average levels of fidelity across sessions and groups for Essential Level 2	34

Table 6 – The most frequently occurring comments made by pupils in response to the open-ended question ‘What do you like about <i>LifeSkills</i> ?’	45
Table 7 – Most frequently occurring comments made by pupils in response to the open-ended question ‘What have you learnt from <i>LifeSkills</i> ?’	47
Table 8 – Most frequently occurring comments made by children and young people in response to the open-ended question ‘What do you like least about <i>LifeSkills</i> ?’	50
Table 9 – Levels of fidelity for each session in Advanced Level 1	54
Table 10 – Most frequently occurring comments made by children and young people in response to the open-ended question ‘What do you like about <i>LifeSkills</i> ?’	60
Table 11 – Most frequently occurring comments made by children and young people in response to the open-ended question ‘What do you learn from <i>LifeSkills</i> ?’	61

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1

Summary of key findings

Summary of key findings

The *LifeSkills* Training Programme is a structured evidence-based prevention and early intervention programme, which prevents smoking, alcohol and substance use by young people. It is delivered to groups of children aged between 8 and 14 in schools or in the community. It targets the major social and psychological factors that promote the initiation of substance misuse and other risky behaviours.

LifeSkills has three main components:

- **Personal competence** (self-management skills). This helps students with problem-solving, decision-making skills, critical thinking and how to regulate their emotions
- **Social competence**. This involves teaching students how to communicate clearly, make friends and develop healthy relationships
- **Drug resistance training** to help youth develop strategies for resisting peer pressure.

Students are also equipped with information about drug prevalence, the consequences of using psychoactive substances, resisting advertising and other media pressures and ways they can help their peers to resist using tobacco, alcohol and other drugs.

There are two versions of *LifeSkills* tailored for different ages:

- Essential which is aimed at 8 to 11 year olds
- Advanced which is aimed at 11 to 14 year olds

LifeSkills is one of the most evaluated prevention and early intervention programmes in the world. It has been proven to be effective in preventing cigarette, alcohol and substance misuse in young people. It is also very cost-effective. This report presents findings on the implementation and outcomes of the *LifeSkills* Training programme in Scotland, England, Wales and Northern Ireland. A simple repeated measures one-group evaluation examined the Essentials Levels 1 and 2 programme. The Advanced Level 1 programme was evaluated using a one-group approach. Both used quantitative and qualitative evidence to examine implementation and outcomes.

Key Learning

Barnardo's has effectively adapted and implemented *LifeSkills* in England, N. Ireland, Scotland and Wales.

Preliminary findings are consistent with previous robust evaluations. Significant improvements were shown in knowledge, attitudes and skills that should help prevent young people from smoking, drinking or misusing alcohol.

Teachers highly recommend the programme. They report that <i>LifeSkills</i> fits with the national curriculum in the UK, the style of delivery works in classroom settings and the interactive activities engage pupils.
Children and young people enjoy taking part in <i>LifeSkills</i> . They like the variety of topics as well as the mix of discussion and activities.
Children and young people report improvements in confidence. They know more about substances, are better able to make friends and cope with stress. They also report better decision-making and feel better prepared to resist peer pressure.
These findings complement over 30 years of robust research showing <i>LifeSkills</i> effectively prevents substance use by young people
<i>LifeSkills</i> is highly cost effective, with a rate on return on investment of 72%. ¹
<i>LifeSkills</i> reduces levels of smoking, alcohol and substance use.
<i>LifeSkills</i> improves self-esteem, communication, decision-making, social behaviour, coping strategies and ability to resist peer pressure.

Meta-analytic reviews of all the available evidence clearly show that it is not enough just to teach young people about the harmful effects of smoking, alcohol or substance misuse. Nor is it enough to teach them about how to identify peer pressure or other influences. Programmes using only these techniques will not be effective, or have long-lasting effects. Instead the research suggests that we must also help young people to build up their confidence and improve decision making. We need to equip them with strategies that they can use when faced with high-risk situations where they may be persuaded directly or indirectly to smoke. *LifeSkills* has been developed to use all of these approaches in a structured, programme that uses activities and discussions to engage children and young people.

Preventing substance misuse is a key issue in the UK and *LifeSkills* aims to meet this need by building knowledge and resilience in young people. The programme is already established in many different countries as an effective programme that leads to significant improvements for children and young people.

Results from the evaluation

The current evaluation shows that Barnardo's has implemented *LifeSkills* efficiently in schools in England, Scotland, Northern Ireland and Wales.

Teachers and students enjoy the interactive style of delivery, and report high levels of engagement with the material. Teachers recommend the use of *LifeSkills* and the programme complements other school activities and curriculum in the UK.

¹ <http://investinginchildren.eu/interventions/life-skills-training>

Quantitative findings show improvements in children and young people's outcomes. These are consistent with those obtained in other robust evaluations of the programme, including significant improvements from the Essential programme in children's knowledge and attitudes towards substance misuse, and increase in life skills such as coping strategies, communication and social skills.

Qualitative data from the implementation of the Advanced programme also suggests positive improvements in areas similar to those previously shown to be significant in previous randomised control trials. Young people reported improvements in self-confidence, communication and knowledge about the harmful effects of smoking, alcohol and drug use.

Recommendations

LifeSkills should be considered as a cost-effective way to prevent young people from misusing cigarettes, alcohol and drugs. As well as preventing substance misuse, it also leads to important improvements in other core areas that are important for healthy development amongst young people. It can lead to improvements in outcomes such as self-esteem, communication, social skills and ability to cope with stress. Children and young people who take part in the programme are more aware of the effects of peer pressure and learn strategies to resist its influence, as well as a range of other positive coping strategies.

Investing in, and effectively implementing, the *LifeSkills* programme should improve skills, knowledge and resilience. This will make it less likely that children and young people will smoke, or misuse alcohol or drugs. Using effective prevention and early intervention programmes like *LifeSkills* should result in young people experiencing healthier and more enjoyable lives.

2

Introduction

Introduction

This report presents findings on the implementation and outcomes of *LifeSkills* in Scotland, England, Wales and Northern Ireland. It is accompanied by a separate Executive summary which provides a brief overview of key findings and methods used².

Substance misuse in the UK

Health behaviours and lifestyle play major roles in determining risk for accidents and disease. In the UK there is an increasing emphasis on using prevention and early intervention to avoid or lessen problems in later life, particularly around substance misuse.³ Among these behavioural risk factors, cigarette smoking has been identified as the number one preventable cause of death and disease. It is important to stop our young people from smoking because of the health risks that it poses throughout life, as well as its association with other unhealthy behaviours. Smoking has been found to increase the risk of developing problems with alcohol, cannabis and other substances. Individuals who begin smoking cigarettes are likely to drink alcoholic beverages and many also go on to use cannabis and other illicit substances. Early initiation of alcohol use is linked to later binge drinking, heavy drinking and alcohol related problems. Over 25% of youth male mortality and approximately 10% of young female mortality is due to alcohol, as well as increased likelihood of social harm such as fighting and unprotected sex⁴. Drug use is a chronic, relapsing disease. It involves both negative physical effects caused by prolonged use of the drug itself, as well as social problems from the compulsive seeking and behavioural disorder linked to drug addiction⁵:

It was estimated that in the UK in 2011-12, the NHS spent nearly £10billion on the costs of obesity, alcohol misuse and smoking related illnesses.⁶ In England and Wales in 2014-15, approximately £3million was spent on youth substance misuse hospital admissions; £440million was spent on children in specialist substance misuse programmes; and £9million on child alcohol hospital alcohol admissions⁷.

Too many of our young people in the UK smoke, or use alcohol or substances⁸:

-
- 2 Sneddon, H. (2015). *LifeSkills substance misuse prevention programme: Evaluation of implementation and outcomes in the UK. Executive Summary*. Belfast: Barnardo's.
 - 3 Allen, G. (2011). *Early intervention: the Next Steps*. London: HM Government.
 - 4 Foxcroft, D. R. and Tsertsvadze, A. (2011). Universal school-based prevention programmes for alcohol misuse in young people. *Cochrane Database of Systematic Reviews*, 2011, Issue 5. Art. No.: CD009113.
 - 5 Faggiano, F., Minozzi, S., Versino, E. and Buscemi, D. (2014). Universal school-based prevention for illicit drug use. *Cochrane Database of Systematic Reviews*, 2014, Issue 12. Art. No.: CD003020.
 - 6 Chowdry, H. and Oppenheim, C. (2015). *Spending on late intervention report: how we can do better for less*. Early Intervention Foundation.
 - 7 Chowdry, H. and Oppenheim, C. (2015). *Spending on late intervention report: how we can do better for less*. Early Intervention Foundation.
 - 8 European Survey Project on Alcohol and Drugs (ESPAD) . Accessed from: <http://www.emcdda.europa.eu/countries/prevalence-maps>

- 47% of UK school students reported having tried smoking at least once in their lifetime
- The UK is classed as a high prevalence country for alcohol use, with rates for young people higher than the European average
- 90% of 15-16 year old school students in the UK reported having taken an alcoholic drink at least once in their lifetime
- Just over a quarter (27%) of 15-16 year old students reported having ever used any illicit drug in their lifetime.

Children who smoke become addicted to nicotine very quickly. They also tend to continue the habit into adulthood. Around two-thirds of people who have smoked took up the habit before the age of 18. Since the risk of disease is related to the length of time a person has smoked, people who take up smoking before the age of 18 face a greater-than-average risk of developing lung cancer or heart disease. Health experts have urged the development of programmes that can prevent youth from becoming cigarette smokers⁹. *LifeSkills* is a prevention and intervention programme which has been developed to meet this need.

Research suggests that effective substance misuse prevention approaches share common characteristics¹⁰. They tend to:

- Enhance protective factors
- Reverse or reduce risk factors
- Address all forms of legal or illegal drugs alone or in combination
- Address the type of drug abuse problem in the local community
- Be tailored to risks that are specific to the population characteristics (e.g. age, gender, ethnicity)
- Combine school-based and family approaches
- Are usually long-term with repeated interventions (e.g. booster sessions)
- Use interactive techniques such as peer discussion and role-playing.

Primary prevention of substance misuse should aim to reduce first use, or prevent the transition from experimental use to addiction. Schools are an appropriate setting for substance misuse prevention for a number of reasons¹¹:

1. Four out of five tobacco smokers begin before adulthood. This means that prevention must focus on school-aged children and adolescents before their behaviour and attitudes are established
2. Schools offer a systematic and efficient way to reach a large number of young people every year

9 NICE (2008). *NICE Guidelines* [PH14] Accessed from <http://www.nice.org.uk/guidance/ph14>
The Information Centre (2006). *Drug use, smoking and drinking among young people in England 2004*
Leeds: The Information Centre.

Royal College of Physicians (1992) *Smoking and the young*. London: Royal College of Physicians.

10 Sumnall, H., McGrath, Y., McVeigh J., Burrell, K., Wilkinson, L. and Bellis, M. (2006). *Drug use prevention among young people. Evidence into practice briefing*. London: National Institute for Health and Clinical Excellence.

11 Faggiano, F., Minozzi, S., Versino, E. and Buscemi, D. (2014). Universal school-based prevention for illicit drug use. *Cochrane Database of Systematic Reviews*, 2014, Issue 12. Art. No.: CD003020.

3. In most countries schools can adopt and enforce a broad spectrum of educational policies.

Three important summaries of all the available evidence about effective school based substance misuse prevention programmes have been undertaken by the Cochrane Collaboration. These extensive reviews of all the available evidence provide good insight into what approaches are effective and ineffective. Their conclusions are detailed below.

School-based smoking prevention programmes

A recent meta-analysis on school-based smoking prevention programmes examined the effectiveness of different curricula including tobacco only focus, social influences, social competence and multi-modal curricula (Table 1)¹².

Table 1 – Types of curricula in schools to prevent smoking and level of effectiveness shown by each after 12 month follow-up

Curricula	Approach used	Level of effectiveness 12 months after the intervention
Social competence curricula	Help adolescents refuse offers to smoke by improving their general social competence, personal and social skills. Interventions teach problem solving, decision-making, cognitive skills to resist personal or media influences, increase self-control and self-esteem, coping strategies for stress and assertiveness skills.	Effective
Combined social competence and social influences curricula	Combination of social competence and social influences approaches.	Effective
Information only curricula	Provide information to correct inaccurate perceptions regarding the prevalence of tobacco use and challenge inaccurate beliefs that smoking is socially acceptable.	Ineffective

¹² Thomas, R. E., McLellan, J. and Perera, R. (2015). School-based programmes for preventing smoking. *Cochrane Database of Systematic reviews*, 2013, Issue 4. Art. No.: CD001293.

Social influence curricula	Reduce the impact of social factors to use tobacco by teaching adolescents to be aware of social influences that encourage substance use, teach skills to resist offers of tobacco and deal with peer pressure and high-risk situations that might persuade an adolescent directly or indirectly to smoke.	Ineffective
Multimodal curricula	Programmes in schools and the community, involving parents and community members, initiatives to change school or regional policies about tobacco sales and taxes, and to prevent sales to minors.	Ineffective
Other approaches	School anti-smoking policies, motivations to smoke, classroom good behaviour.	Ineffective

School-based programmes overall could produce a 12% reduction in the onset of smoking when assessed over a follow-up period of a year or more. However, not all approaches were equally effective in improving outcomes. The most effective programmes used a social competence approach. Significant differences were also found for the social competence curricula and the combined social competence/social influences programmes. These types of interventions were effective in improving general social competence, personal and social skills. The information-only curriculum, the social influences or multimodal curricula were ineffective and did not show any statistically significant differences. After a year, the behaviour of the young people who took part in these types of programmes was not any different when compared to young people who had not received the intervention.

This meta-analysis shows that it is not enough just to teach young people about the harmful effects of smoking or teach them about how to identify peer pressure or other influences. We must also help them build up their confidence and decision making, and equip them with strategies that they can use when faced with high-risk situations where they may be persuaded directly or indirectly to smoke.

School-based drug prevention programmes

A similar meta-analysis has been undertaken for drug prevention programmes that are delivered in schools¹³. School programmes were categorised into four main groups (Table 2).

13 Faggiano, F., Minozzi, S., Versino, E. and Buscemi, D. (2014). Universal school-based prevention for illicit drug use. *Cochrane Database of Systematic Reviews*, 2014, Issue 12. Art. No.: CD003020.

Table 2 – Types of curricula in schools to prevent substance misuse

Curricula	Approach used	Level of effectiveness in preventing substance misuse
Social competence and social influenced combined	Draws on social competence and social influences approaches together.	Effective
Social competence curricula	Uses instruction, demonstration, rehearsal, feedback and reinforcement. These also teach generic self-management personal and social skills, such as goal-setting, problems solving and decision making, as well as cognitive skills to resist media and interpersonal influences, enhance self esteem, to cope with stress and anxiety, to increase assertiveness and to interact with others.	Promising
Knowledge-focused curricula	Gives information about drugs assuming that information alone will lead to changes in behaviour.	Ineffective
Social influence	Uses normative education methods and anti-drugs resistance skills training. These include correcting adolescents' overestimates of the drug use rates of adults and teenagers, recognising high-risk situations, increasing awareness of media, peer and family influences, and teaching and practising refusal skills.	Ineffective

The meta-analysis showed that the most effective programmes used a combination of social competence and social influence approaches. The authors concluded that *LifeSkills* training should be recommended for practice as an effective prevention programme.

School-based alcohol misuse prevention programmes

A meta-analysis of alcohol misuse prevention programmes in schools was undertaken in 2011¹⁴. The authors categorised programmes into two major groups (Table 3).

14 Foxcroft, D. R. and Tsertsvadze, A. (2011). Universal school-based prevention programmes for alcohol misuse in young people. *Cochrane Database of Systematic Reviews*, 2011, Issue 5. Art. No.: CD009113.

Table 3 – Types of curricula in schools to prevent alcohol misuse

Curricula	Level of effectiveness in preventing alcohol misuse
Programmes specifically targeting prevention or reduction of alcohol misuse	<p>Some approaches were found to be ineffective and even harmful.</p> <p>Some approaches were shown to be effective.</p> <p>It was not clear from the meta-analysis why some worked better than others, or were effective in only some settings and further investigation is required.</p>
Generic programmes with wider focus for prevention (e.g. other drug use/ abuse, antisocial behaviour)	Programmes based on psychosocial or developmental approaches were most likely to be effective.

This meta-analysis showed great variation in the approaches used by various programmes and also in their effects on alcohol misuse. The authors found it difficult to identify what core components are shared by the effective programmes. They did however conclude that the evidence supports certain generic prevention programmes such as *LifeSkills* over alcohol-specific prevention programmes. They recommended *LifeSkills* should be considered as a policy and practice option for preventing alcohol misuse in young people.

***LifeSkills* Training programme**

LifeSkills is a substance misuse prevention programme originally developed by Dr Botvin in America. It is currently used by schools in all 50 US States and has been successfully scaled up in 35 different countries.

LifeSkills is rated as Model Programme in the Blueprints for Violence Prevention (its highest rating). It has also been rated by the Early Intervention Foundation in the UK as being Level 4 (its highest rating). This means that *LifeSkills* has been independently assessed and shown to have the highest standards of evidence of effectiveness. It has been shown to be consistently effective with different groups of children across different locations. It has been successfully scaled up and has appropriate supports in place to ensure effectiveness is maintained when it is rolled out with new populations.

There are three main components to *LifeSkills*:

- **Personal competence** (self-management skills). This helps students with problem-solving, decision-making skills, critical thinking and how to regulate their emotions
- **Social competence** which involves teaching students how to communicate clearly, make friends and develop healthy relationships

- **Drug resistance training** which supports youth to develop strategies for resisting peer pressure.

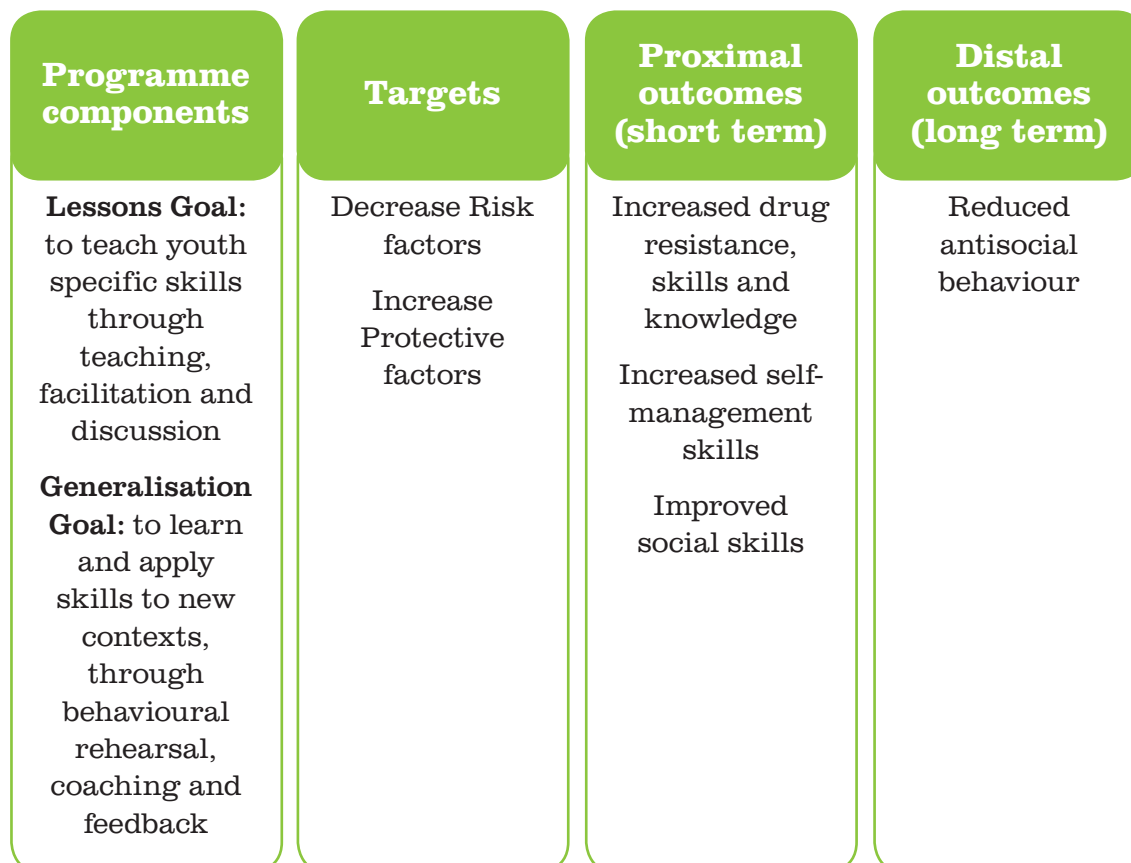
Students are also equipped with information about drug prevalence, the consequences of using psychoactive substances, resisting advertising and other media pressures and ways they can help their peers to resist using tobacco, alcohol and other drugs.

These components are used in the programme to increase young people's knowledge. They also learn strategies for how to apply this knowledge in the classroom as well as generalising the learning to new settings. The logic model for the programme is shown in Figure 1.

The strengths of *LifeSkills* is that it:

- Is based on scientific evidence of what causes substance abuse
- Uses a comprehensive approach
- Emphasises proven skills training methods
- Has documented effectiveness through extensive evaluations
- Is proven to reduce tobacco, alcohol and other drug use
- Is aligned to the national curriculum across the four nations in the UK.

Figure 1 – *LifeSkills* Logic model



Findings from US Research Studies

LifeSkills has been evaluated many times in America. It is consistently shown to reduce tobacco, alcohol and cannabis use.¹⁵ Robust evaluations have been undertaken including multiple Randomised Control Trials (RCTs) as well as other types of evaluation methodologies. More than 30 years of research have provided evidence of LifeSkill's effectiveness under different conditions, with different providers and with different populations and age groups. It is one of the most evaluated substance misuse programmes in the world.

The programme is effective with different groups of young people and the reductions in substance misuse are long-lasting. Studies show that *LifeSkills*:¹⁶

- Cuts tobacco, alcohol and cannabis use by up to 75%

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- 15 Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., and Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association*, 273, 1106-1112.
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- Botvin, G. J., and Eng, A. (1980a). A comprehensive school-based smoking prevention program. *Journal of School Health*, 50, 209-213.
- Botvin, G. J., Eng, A., and Williams, C. L. (1980b). Preventing the onset of cigarette smoking through life skills training. *Preventive Medicine*, 9, 135-143.
- Botvin, G. J., Epstein, J. A., Baker, E., Diaz, T., and Ifill-Williams, M. (1997). School-based drug abuse prevention with inner-city youth. *Journal of Child and Adolescent Substance Abuse*, 6, 5-19.
- Botvin, G. J., Griffin, K. W., and Nichols, T. R. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science*, 7, 403-408.
- Botvin, G. J., Griffin, K. W., Diaz, T., and Ifill-Williams, M. (2001a). Preventing binge drinking during early adolescence: One- and two-year follow-up of a school-based preventive intervention. *Psychology of Addictive Behaviors*, 15, 360-365.
- Botvin, G. J., Griffin, K. W., Diaz, T., and Ifill-Williams, M. (2001b). Drug abuse prevention among minority adolescents: Posttest and one-year follow-up of a school-based preventive intervention. *Prevention Science*, 2, 1-13.
- Botvin, G. J., Griffin, K. W., Diaz, T., Scheier, L. M., Williams, C., and Epstein, J. A. (2000). Preventing illicit drug use in adolescents: Long-term follow-up data from a randomized control trial of a school population. *Addictive Behaviors*, 25, 769-774.
- Botvin, G. J., Dusenbury, L., Baker, E., James-Ortiz, S., Botvin, E. M., and Kerner, J. (1992). Smoking prevention among urban minority youth: Assessing effects on outcome and mediating variables. *Health Psychology*, 11, 290-299.
- Griffin, K. W., Botvin, G. J., and Nichols, T. R. (2004). Long-term follow-up effects of a school-based drug abuse prevention program on adolescent risky driving. *Prevention Science*, 5, 207-212.
- Griffin, K. W., Botvin, G. J., and Nichols, T. R. (2006). Effects of a school-based drug abuse prevention program for adolescents on HIV risk behaviors in young adulthood. *Prevention Science*, 7, 103-112.
- Mackillop, J., Ryabchenko, K. A., and Lisman, S. A. (2006). Life Skills Training outcomes and potential mechanisms in a community implementation: A preliminary investigation. *Substance Use and Misuse*, 41, 1921-1935.
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- Spoth, R. L., Redmond, C., Trudeau, L., and Shin, C. (2002). Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs. *Psychology of Addictive Behaviors*, 16, 129-134.
- Spoth, R. L., Clair, S., Shin, C., and Redmond, C. (2006). Long-term effects of universal preventive interventions on methamphetamine use among adolescents. *Arch Pediatr Adolesc Med*, 160, 876-882.
- St. Pierre, T. L., and Kaltreider, D. (1992). Drug prevention in a community setting: A longitudinal study of the relative effectiveness of a three-year primary prevention program in Boys and Girls Clubs across the nation. *American Journal of Community Psychology*, 20, 673-706.
- Zollinger, T. W., Saywell, R. M., Cuegge, C. M., Wooldridge, J. S., Cummings, S. F., and Caine, V. A. (2003). Impact of the Life Skills Training curriculum on middle school students' tobacco use in Marion County, Indiana, 1997-2000. *Journal of School Health*, 20, 338-346.
- 16 Botvin, G. J., and Griffin, K. W. (2014). Life skills training: Preventing substance misuse by enhancing individual and social competence. *New Directions for Youth Development*, 141, 57-65.

- Cuts polydrug use by up to 66%
- Decreases use of inhalants, narcotics and hallucinogens
- Effects last for at least 6 years
- Booster sessions maintain prevention effects
- Effective with white, African-American and Hispanic youth
- Effective when taught by teachers, peer leaders or health professionals.

Similar to many effective prevention programmes, *LifeSkills* has been shown to deliver cross-cutting benefits beyond the behaviours it specifically targets. These include reductions in violence and delinquency, risky driving and risky sexual behaviour:

- It reduces young people's use of psychoactive substances and other unhealthy behaviour with attested long-term benefits
- By helping students to improve their social and emotional skills, while reducing their involvement in problem substance use, it increases the likelihood that students will attend school regularly and increase their attainment. The skills it teaches are also relevant to coping with stress and anxiety and avoiding emotional as well as behavioural difficulties.

LifeSkills is also highly cost effective. The Social Research Unit in the UK calculated the rate on return on investment as 72%.¹⁷

Cost	Benefits to taxpayers	Benefits to participants	Benefits to others	Total benefits	Benefits minus costs	Benefit-cost ratio	Rate of return on investment	Risk of loss
£27	£110	£53	£125	£288	£261	10.67	72%	1%

How is *LifeSkills* delivered?

LifeSkills is delivered by teachers or facilitators in the classroom. Each session is designed to be implemented in 60 minutes. The programme is flexible in its delivery models to accommodate a variety of schedules – both intensive (2 to 3 times per week) and extended (one time per week). Programme delivery varies by age group.

Essential *LifeSkills* has been sequentially designed to use with children from around 8 years of age up to around 11 years (Key Stage 2). There are three Levels in Essential which build on each other. The second and third levels act as booster sessions so that key concepts and skills are reinforced and developed over time. Each level has 10 sessions.

Ideally, when students enter secondary school, they will continue to receive *LifeSkills* with the Advanced *LifeSkills* curricula which is designed for students from ages 11 onwards (Key Stage 3). The Advanced programme can also be delivered to children who have not previously received the Essential programme. The Advanced programme also has three levels which build

¹⁷ <http://investinginchildren.eu/interventions/life-skills-training>

sequentially on each other to reinforce and develop key concepts and skills. The first level has 15 sessions (with an additional 3 optional sessions). The second level has 10 sessions (with an additional 2 optional sessions) and the third level has 5 sessions (with an additional 4 optional sessions) which act as boosters.

The curriculum teaches children and young people personal self-management skills, social skills, and strategies for resisting tobacco, alcohol and drugs. The curriculum is taught with a variety of techniques, including lectures, discussions and role-play. Young people receive a copy of their own workbook called *LifeSkills* Magazine, which is full of activities and exercises that reinforce what they have learnt with the facilitator in class. There are also letters available as part of the programme to send home to carers so they can reinforce the techniques being used.

Implementing *LifeSkills* in the UK

In the UK Barnardo's secured funding from the Big Lottery's 'Realising Ambition' programme to undertake the adaptation of the *LifeSkills* programme in England, Northern Ireland, Scotland and Wales. The programme was delivered by Barnardo's facilitators, drawn from a variety of professional backgrounds including youth work, social work and teaching. Each facilitator received face-to-face training from an experienced *LifeSkills* trainer. They also had regular ongoing coaching support and supervision from the Barnardo's *LifeSkills* project supervisor and opportunities for peer learning support with the rest of the Barnardo's *LifeSkills* team.

Barnardo's implemented the programme in schools during class time in sessions lasting around 60 minutes once a week and also in community settings. Only the data from the school settings is presented in this report. The programme in this pilot was free at point of delivery to schools.



3

Methodology for the evaluation

Methodology for the evaluation

Design

A simple pre-post, repeated measures design was used for the evaluation utilising information which was already being routinely collected as part of service delivery, in addition to some new data collection.

The evaluation aimed to explore the following questions about the implementation and outcomes of the Essential and Advanced *LifeSkills* programmes:

- Did *LifeSkills* show the same improvements in outcomes for children and young people as observed in previous evaluations?
- Was each programme delivered consistently well across each of the sites (i.e. with high levels of fidelity)?
- What did the teachers think about the style and delivery of the programme and its fit with educational settings in the UK?
- What did facilitators see as the strengths and areas for improvement in the programme to ensure its suitability for UK participants?
- Make recommendations for adaptation to activities and resources where necessary.

Participants

Between September 2013 and the end of July 2015, the full *LifeSkills* programme has been run over 150 times with more than 1700 separate sessions delivered. More than 2800 children and young people have participated in the programme, with roughly equal numbers of boys and girls. Each young person on average experienced around 12 hours of contact across the sessions.

Most of the sessions were delivered in schools (85%), and some in youth group settings (14%). Sessions have been delivered in all 4 areas of the UK:

- Northern Ireland – Belfast
- Wales – Swansea
- Scotland – Dundee
- England – Liverpool

The analyses presented in this report focus on the outcomes and experiences of children and young people who took part in school settings.

In total, **1160** children aged between 8 and 11 years (average age 9) participated in Essential Level 1 and contributed data to the evaluation. 502 of these went on to complete Essential Level 2. There were slightly more girls (52%) than boys (48%) who provided data relating to Essential Level 1, and a similar pattern was shown for Essential Level 2 (56% girls, 44% boys). Most of the young people described their ethnicity as White or White British (22% of the sample), White

Scottish (7%) or White Irish (2%). Most responded that they preferred not to say (57%) or did not answer the question (10%).

229 children aged 11 and 12 years (average age 12) participated in Advanced Level 1 and contributed data to the evaluation. There was a similar proportion of boys (51%) compared to girls (49%) who provided data for the evaluation. Most of the young people described their ethnicity as White or White British (48% of the sample), or British (4%). Many responded that they preferred not to say (43%) or did not answer the question (1%).

Measures

Barnardo's selected the measures to be used in the evaluation with the help of the Social Research Unit at Dartington and Catch 22. Measures were routinely collected as part of service delivery and were administered by the facilitator. Outcome Imps analysed these data, undertook focus groups with staff to explore implementation, and supported the team to integrate the learning into the adaptation of the programme.

Implementation

Implementation was examined using the following data from both Essential and Advanced:

1. Fidelity (the quality and consistency of delivery) was assessed from quantitative analysis of the fidelity points which the programme developer has specified for every session. Facilitators rated a checklist at the end of each session as to whether each fidelity point was covered during that session. These were analysed quantitatively and the average was calculated for each fidelity point across sessions. An average fidelity score was also calculated for each site.
2. Focus groups were held with facilitators to explore the implementation of the programme including barriers and enablers to implementation. Detailed feedback was provided by the team on each activity and the findings were used to adapt the programme.
3. At the end of each programme delivery, teachers were asked to complete a feedback questionnaire comprising open ended questions relating to their perceptions of programme delivery, usefulness and feedback from children and carers. This questionnaire was developed by Barnardo's. Forty-two teachers and classroom assistants completed provided feedback on Essential. Twelve teachers provided feedback on Advanced.
4. At the end of each programme delivery, children and young people completed a feedback questionnaire comprising open-ended questions which asked which aspects of the programme they liked and did not like. This questionnaire was developed by Barnardo's. Prior to Outcome Imps involvement, Barnardo's input the information from the open-ended questions as a list of comments

into the Microsoft Word package. This list was undifferentiated by individual. No information was provided where individuals had left declined to comment in response to one of the open-ended questions. It is not possible therefore to calculate exactly how many young people responded to the open-ended questions. We estimate, however, that around 270 children and young people provided feedback on the Essential programme and around 40 young people provided feedback on Advanced.

Outcomes

The evaluation also examined the following questions about the effects of the programme on children's outcomes:

- What changes did children and young people see in their own knowledge, attitudes and behaviour?
- What changes did teachers perceive in their classes' knowledge, attitudes and behaviour?

The following data from both Essential and Advanced:

1. At the end of each programme delivery, teachers were asked to complete a feedback questionnaire comprising open-ended questions relating to their perceptions of how the young people had benefitted from participating in *LifeSkills*. Forty-two teachers and classroom assistants completed provided feedback on Essential. Twelve teachers provided feedback on Advanced.
2. At the end of each programme delivery, children and young people completed a feedback questionnaire comprising open-ended questions, which asked what they felt they had learnt from the programme. As noted above, we estimate that around 270 children and young people provided feedback on the Essential programme and around 40 young people provided feedback on Advanced.

Implementation in the Essential programme is well established (facilitators have delivered full Levels of the programme to multiple groups), so further outcomes data was analysed for this:

1. At the end of each programme delivery, children and young people completed the *LifeSkills* Training Questionnaire – Elementary School Version (LSTQ-ES). This questionnaire was developed by the programme developers specifically for use with *LifeSkills*(LSTQ-ES). It examines students' knowledge, attitudes and life skills at the start and the end of each level of the programme. At least one questionnaire (Pre- and/or post) was completed by 1160 children and young people for the Essential programme.

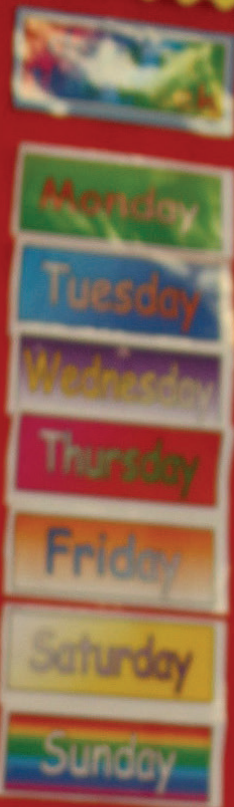
Analysis

This report presents implementation analysis on the fidelity of programme delivery and qualitative information on outcomes for Essential and Advanced. It also presents preliminary quantitative analyses on outcomes for Essential Levels 1 and 2, which should be taken as indicative rather than definitive. Quantitative analyses were undertaken using paired t tests in SPSS.

Qualitative information was imported into NVivo and analysed using content analysis. Wordclouds were developed to visually show the most frequent themes within the teachers' and pupils' feedback. Barnardo's requested further quantification of the qualitative data, but as noted above, this was not possible to calculate the proportion of young people responding to the questionnaire who commented on a particular theme. Some quantification of the qualitative feedback from pupils was undertaken to show the most frequently occurring themes under each open-ended question. This was calculated by counting how many separate comments were made relating to each theme. This information is presented to provide a limited indication of how many comments contributed to each theme. It should be noted that many young people will have contributed comments to more than one theme.

More detailed analysis could be carried out to explore the quantitative data fully in terms of variations in outcomes such as whether children taking part in different levels of the programme show different effects, whether there is variation between boys and girls, or different outcomes shown by children who live in different areas. It is possible that there may also be clustering amongst outcomes by school which should be more fully taken into account in the analyses, although acceptable levels of fidelity were observed across all sites.

Life Skills Training



4

Essential programme (ages 8 to 11)

Essential programme (ages 8 to 11)

The Essential programme has been delivered in both school and community settings by Barnardo's in all four areas of the UK. The preliminary data presented here relates only to implementation in Schools. Data is presented separately for Level 1 and 2. All of the children who took part in Level 2 will also have previously taken part in Level 1.

Qualitative and quantitative outcomes information is presented below for Levels 1 and 2. No breakdown is made in these preliminary analyses by country, gender, or school because of time limitations. Although the Essential programme Level 3 has been delivered, no outcomes data is yet available.



Level 1 findings

Implementation of the programme

Level 1 was delivered in 48 different groups to a total of 1160 children.

Most sessions in the Essential programme were delivered with high levels of fidelity (Table 2).

Table 4 – Levels of fidelity observed in Essential Level 1 across the delivery groups

Name of session	Average fidelity across delivery groups	Range of fidelity within delivery groups
Advertising	95%	67% – 100%
Assertiveness	98%	88% – 100%
Communication	98%	82% – 100%
Dealing with stress	99%	92% – 100%
Decision making	99%	88% – 100%
Self esteem	98%	89% – 100%
Smoking info	100%	100%
Social skills	100%	100%

Levels of 80% are rated as high fidelity. Usually when fidelity was less than 100%, this was due to perceived issues in literacy in the class. For example, sometimes there were difficulties in asking the children to write out the dictionary definition in full during class time and it was seen to be too time consuming or the children became disengaged when faced with this task. In these cases the definition was still discussed, but not written out in full.

The session on Advertising showed the lowest levels of fidelity (ranging from 67% to 100%) because some of the activities could not be delivered in their original format due to differences between the UK and America. In America it is legal to advertise tobacco products, whereas in the UK it is illegal. Some of the activities which focus on analysing how cigarettes are advertised and the young people's experience of seeing cigarette adverts could not therefore be used in the UK without substantial modification. In the adapted version of *LifeSkills* some of the activities in this session have been adapted to focus on E-cigarettes.

Changes in outcomes for children and young people

Changes in Knowledge

The Knowledge Scale in the LSTQ-ES questionnaire examines knowledge of some of the key areas covered in the programme such as substances, decision making, advertising, anxiety, social skills and coping with stress. There are

32 questions which the student responds True or False. Some examples of the questions are provided below:

- Most adults smoke cigarettes
- Cigarette smoking causes your heart to beat faster
- When we feel bad about ourselves, it affects how well we do in school, sports or other activities
- You should always let other people influence your outcomes
- Advertisements are always true
- There is nothing you can do about peer pressure except go along with it.

An overall knowledge score was calculated, as well as two subscales: antidrug knowledge and life skills knowledge. The overall knowledge score is a proportion of the total number of knowledge questions which have been correctly answered.

There was a highly significant improvement shown in overall knowledge about substances and life skills shown by children who participated in *LifeSkills* ($p > 0.000$, $t = -25.855$, $df = 889$). Children improved their knowledge score from 62 to 75 by the end of the programme. This shows that young people know significantly more about the harmful effects of substance use at the end of the programme. They also know more about different coping strategies and life skills.

Young people knew significantly more about tobacco use and its harmful effects at the end of the programme compared to the start ($p > 0.000$, $t = -2.581$, $df = 887$). Average knowledge improved from achieving a score of 56 at the start to 71 at the end.

Young people knew significantly more about positive coping and strategies to improve their lives at the end of the programme compared to the start ($p > 0.000$, $t = -18.149$, $df = 887$). At the start of the programme young people scored on average 66. This improved to 78 by the end of the programme.

Changes in Attitudes

A series of questions in the LSTQ-ES examine children and young people's attitudes towards alcohol use and smoking. Students answer a series of 8 questions on a 3 point Likert scale (Disagree, Not Sure, Agree). Some of the questions are provided below:

- Kids who smoke cigarettes have more fun than non-smokers
- Kids who drink alcohol (beer, wine, or spirits) have more friends than non-drinkers
- Since a lot of people drink alcohol, it can't be that bad for you.

The attitudes scale is between 1 and 5, with higher scores on this subscale indicate healthier attitudes towards smoking and alcohol use.

At the end of the programme, children and young people had significantly healthier attitudes towards smoking compared to the start ($p > 0.000$, $t = -7.869$, $df = 820$). At the start they showed an average score of 2.73 which increased to 3.07 at the end. This means that they are significantly more likely by the end of the programme to see smoking as unappealing and not a fun, grown-up, sociable or a healthy activity to take part in.

Children and young people also showed significant improvements in their attitudes towards alcohol use ($p > 0.000$, $t = -6.967$, $df = 779$). At the start they showed an average score of 2.7 which improved to 3.02. This means that they are significantly more likely to see alcohol use as unappealing and not a fun, grown-up, sociable or a healthy activity to take part in.

Changes in Coping and other life skills

The final section of the LSTQ-ES contains 8 questions which examine children and young people's reactions to how they would handle various situations. They rate each statement on a 3 point Likert scale (some statements have to be rated: Never, Sometimes or Most of the Time. Other statements are rated Not Likely, Somewhat Likely or Very Likely). There are subscales for Drug refusal skills, assertiveness skills, relaxation skills and self-control skills. Examples of statements to be rated include:

- When you need to make a decision, how often do you think about your choices and what will happen?
- How often do you ask questions when you don't understand something?
- How likely would you be to tell someone to move if they cut ahead of you in line?

Children and young people showed a significant improvement in their life skills by the end of the programme ($p > 0.000$, $t = -3.532$, $df = 847$). They showed increased use of skills such as relaxation techniques, decision making, communication and assertiveness (improvement from an average of 6.4 to 6.9).

Level 2 findings

Implementation of the programme

Level 2 was delivered in 23 different groups to a total of 502 children and young people. The average number of young people in a group was 22.

Most sessions in the Essential Level 2 were delivered with high levels of fidelity (Table 5) and most groups showed high average levels of fidelity. The most problematic session was Advertising which had low levels relating to activities around examining tobacco advertisements. This is similar to Essential Level 1 and reflects the fact that it is illegal to advertise tobacco products in the UK which is different than in America where *LifeSkills* was developed.

Table 5 – Average levels of fidelity across sessions and groups for Essential Level 2

Name of session	Average fidelity across delivery groups	Range of fidelity within delivery groups
Advertising	93%	56% – 100%
Assertiveness	99%	86% – 100%
Communication	99%	87% – 100%
Dealing with stress	100%	100%
Decision making	100%	100%
Self esteem	97%	75% – 100%
Smoking info	97%	83% – 100%
Social skills	98%	89% – 100%

Changes in Outcomes for children and young people

Improvements in Knowledge

The overall knowledge score is the proportion of knowledge questions which have been answered correctly. There was a highly significant improvement shown in overall knowledge in the LSTQ-ES about substances and life skills shown by children who participated in *LifeSkills* ($p > 0.000$, $t = -11.226$, $df = 416$). Children improved their knowledge by getting a score of 81 at the end of the programme compared to 71 at the start. This shows that young people know significantly more about the harmful effects of substance use at the end of the programme. They also know more about different coping strategies and life skills.

Young people knew significantly more about tobacco use and its harmful effects at the end of the programme compared to the start ($p > 0.000$, $t = -8.29$, $df = 413$). Their knowledge improved from getting 67 at the start to 76 at the end.

Young people knew significantly more about positive coping and strategies to improve their lives at the end of the programme compared to the start ($p > 0.000$, $t = -10.23$, $df = 414$). At the start of the programme young people scored on average 74. This improved to 85 by the end of the programme.

Attitudes

At the end of the programme, children and young people had significantly healthier attitudes towards smoking compared to the start ($p = 0.003$, $t = 2.939$, $df = 395$) as measured by the LSTQ-ES on a scale of 1 to 5, with higher scores showing healthier attitudes. At the start they showed an average score of 3.08 which increased to 3.26 at the end. This means that they are significantly more likely by the end of the programme to see smoking as unappealing and not a fun, grown-up, sociable or a healthy activity to take part in.

Children and young people also showed significant improvements in their attitudes towards alcohol use ($p > 0.000$, $t = -3.532$, $df = 382$). At the start they showed an average score of 3 which improved to 3.25. This means that they are significantly more likely to see alcohol use as unappealing.

Changes in coping and other Life Skills

Children and young people showed a significant improvement in their life skills by the end of the programme ($p > 0.000$, $t = -3.809$, $df = 404$). They showed increased use of skills such as relaxation techniques, decision making, communication and assertiveness (improvement from an average of 6.7 to 7.5).

Teachers' and Childrens views on Essential Levels 1 and 2

Teachers' views on Essential level 1 and 2

Teachers were asked to complete a short questionnaire comprising open-ended questions at the end of their involvement with the programme. They were asked:

- Which aspects of the programme do you think have been most beneficial to your pupils?
- Were there any parts of the programme that you would change?
- Do you think the speed, length and format of delivery was suitable for your pupils? If not, what would you change?
- What have your students/parents said to you about the programme?
- Would you recommend *LifeSkills* to other teachers/schools? Please explain why?
- Any other comments.

Feedback was received from 42 teachers and classroom assistants. Content analysis was undertaken on these to identify recurring themes. Different word clouds have been developed to visually show the frequency of different themes that emerged in the qualitative feedback. The larger the size of the font, the more frequently the word was mentioned by participants (Figure 4). A brief overview of the themes that emerged is also provided in the text organised under each open-ended question that was asked.

Teacher feedback on the benefits of the programme

Teachers reflected on the benefits that they had seen in school such as improved behaviour including less fighting amongst children. Several also mentioned that the children referred back to what they had learnt in *LifeSkills* sessions and related this to other topics. Other benefits commonly mentioned included improvements in the children and young people's social skills, self esteem, knowledge about smoking, confidence in participating in class discussions and ability to cope with stress.

Figure 2 – Wordcloud showing the most common words in the teacher's feedback about the *LifeSkills* programme



Teachers valued that *LifeSkills* covers such a variety of core topics that they saw as essential for positive emotional, social and healthy development of young people.

“A benefit of the programme is its focus on listening skills and practice, as this is what our pupils need help in. Also, giving the pupils a chance to think about looking after themselves better was very worthwhile.”

“Pupils have learned the importance of respecting others, listening and looking after themselves and being assertive which is so valuable.”

“The young people have learned about making informed choices, developing a bank of strategies to help avoid giving in to peer pressure and information about smoking.”

“Benefits have come from team building and learning to express themselves in appropriate manner using positives.”

Usefulness of different sessions

All of the sessions were highlighted equally often by teachers as being useful and enjoyed by their pupils.

“My pupils particularly enjoyed the session on the effects of smoking, discussing and sharing ideas on how smoking effects health and well being. They also enjoyed dealing with stress techniques and practice techniques to deal with stress in different situations.”

“The week on smoking was particularly beneficial – children were able to recall facts about this. Children were shocked re ingredients and this put them off smoking. Children related this to E-cigarette and now know dangers of both.”

“*LifeSkills* has been very beneficial, particularly the aspect of communication. It was beneficial for young people to learn different ways of saying no in a variety of scenarios.”

“Self esteem – children loved discussing their knowledge of this”

“The use of I-messages as a way of conflict resolution. This is extremely important to help in controlling emotions and producing a pro-active response instead of a negative one.”

Style of delivery

Teachers were asked about what they thought about the delivery of the programme. Did they think the speed, length and format of delivery was suitable for their pupils? They also had an opportunity to make other comments about the implementation of *LifeSkills*.

Teachers particularly valued the delivery style of the programme and how it engaged the young people in a variety of fun and interactive ways. These include playing games, making things and acting out different scenarios to increase knowledge and practise skills. Many commented that providing the young people with opportunities for discussion and interaction with others was a key factor for the success of the programme. The teachers liked that *LifeSkills* covered core topics from the curriculum, and that the activities were engaging and complemented what else was happening in the school. Very few suggestions were made about changing the style of delivery. Most teachers commented that it did not need to be changed, because the young people had engaged so well and enjoyed it.

“Young people learnt a lot from each session of the *LifeSkills* programme. Each week they were given new information which allowed them to challenge themselves and explore their own knowledge and understanding, self worth, confidence and self esteem.”

“Each young person got to share their own ideas and knowledge to the rest of the group. They all enjoyed the interactive games.”

“The lessons were very well planned and delivery was lively and interesting and kept the pupils attention. Lots of pupil involvement kept them all focused.”

“Spot on for P6s and P7s – varied and engaging.”

“The speed, length and format was suitable and allowed for sessions to be of a high quality.”

“Content was age appropriate and of great benefit to the kids. Some fabulous life lessons.”

“Programme was extremely interactive and engaging.”

Skills of the facilitator

Many teachers mentioned the skills of the facilitator and these were seen as being a key factor for success of the programme. The facilitators’ knowledge about the topics, ability to engage with the young people in respectful ways, and skills in matching the pace of delivery to the needs of the group they were working with were all highly praised by many teachers.

“[The facilitator] was a pleasure to work with and was excellent with the pupils. They used a variety of learning methods, which made the programme fun and informative.”

“[The facilitator] has been an excellent course tutor. They were well prepared for every lesson and spoke to the children at their level. They circulated around the room during pupils’ activities and ensured they gave every young person a chance to speak.”

“[The facilitator] was very warm, friendly and flexible and immediately bonded with the children.”

“The kids loved [the facilitator] coming in. They enjoyed all the games and discussions. The children were willing to open up to them and shared some of the concerns/worries they had.”

“My children really enjoyed the *LifeSkills* programme and looked forward to [the facilitator] coming into our class each week. The content of the lessons is excellent and set at the level of the ability of the children. The delivery of the lessons was also excellent. [The facilitator] involved every child in every aspect of each lesson and has a great way of making each child feel valued and respected. My children have benefitted so much from the programme.”

“It’s been really good. We sometimes have organisations in and it doesn’t go so well.”

Tailoring delivery to suit the needs of the group

Teachers appreciated the structure of the programme, but also its flexibility and the skills of the facilitator in tailoring delivery to suit the needs and pace required by each group of children.

“*LifeSkills* is pitched at a very suitable level. [The facilitator] totally relates to the children and varies the pace according to their needs.”

“Different pace and style to normal classroom activities.”

“Complements the curriculum without repeating it.”

“Once a week duration is fine – children look forward to it.”

Feedback given to teachers by parents and children about the programme

Teachers were asked to describe any feedback that they had been given about the programme from pupils and parents. This feedback was all positive. Common themes reflected how much the pupils engaged and enjoyed the programme, and how links were being made at home through discussing topics with parents.

“The children looked forward to [the facilitator’s] visits each week and said how much they enjoyed them and how helpful they were. They particularly liked the scenarios they were given as it gave them the opportunity to talk about problems and understand other children’s perspectives on life. Parents also commented on the value of the programme as it had often instigated further discussion at home.”

“Pupils have engaged with the programme fully and have really enjoyed it. They were always asking me if *LifeSkills* was on and what they be doing each week.”

“Very enthusiastic about the programme. Children loved the props used for messages about smoking.”

“They won’t smoke. They loved medals and certificate and felt proud.”

“Parents said they were impressed with the topics covered and how much their children enjoyed it.”

What teachers liked about *LifeSkills*

When reflecting on why they would recommend *LifeSkills*, teachers usually highlighted the style of the activities. They valued how these fitted with the curriculum requirements and complemented what was being done during the rest of the school day.

“All of the aspects covered in the *LifeSkills* training programme fit in with the values we try to promote and address in [the national curriculum] and so are all extremely relevant to the pupils”

“I feel that the time spent on making good choices is very beneficial as children don’t naturally know how to make the right decisions for themselves as they try to manage peer pressure and the like.”

“It gives the children insight into very important aspects of learning for life. The children have really enjoyed it and can remember every session.”

“All aspects were beneficial but topics such as advertising not often discussed so great to see that.”

Would teachers recommend *LifeSkills*?

Teachers were asked whether they would recommend the *LifeSkills* programme to other teachers or schools. All of the teachers said they would definitely recommend the programme. No one said they would not recommend it. Common reasons provided were because of the fit with the curriculum, the engaging style of delivery and how beneficial they perceive the programme to be. Several teachers had already arranged for the next Level of the programme to be delivered in their own schools, or were currently putting together business cases so *LifeSkills* could continue with their classes.

“I would highly recommend this programme to other teachers/schools as it is curriculum based, effectively delivered and memorable for the children. I was amazed at how well they were able to recall what each individual lesson had been on and about the key points they had been taught!”

“We’re so pleased with the programme and how it’s been delivered. The children have got so much from it. We’re looking to put a case to the business manager for funding to buy in level 2 and level 3.”

“I would highly recommend this course as [the facilitator] made it fun and exciting as well as creating a positive learning environment.”

Areas of the programme teachers felt could be improved

Although teachers were given the opportunity to comment on areas of the programme which they felt needed to be changed or delivered differently, very few issues were identified. Many teachers simply stated that they thought the programme did not need to have any changes made.

“In all honesty no, it was very varied and [the facilitator] did a great job keeping children engaged and on task.”

Other areas of feedback were to keep the emphasis on interactive activities, minimise the amount of time spent writing and involve parents beforehand.

“Involve parents and brief them beforehand – this is one area that could be improved.”

“The written booklet needs to be reviewed. This takes up too much time in the lesson and is not as valuable as the oral activities.”

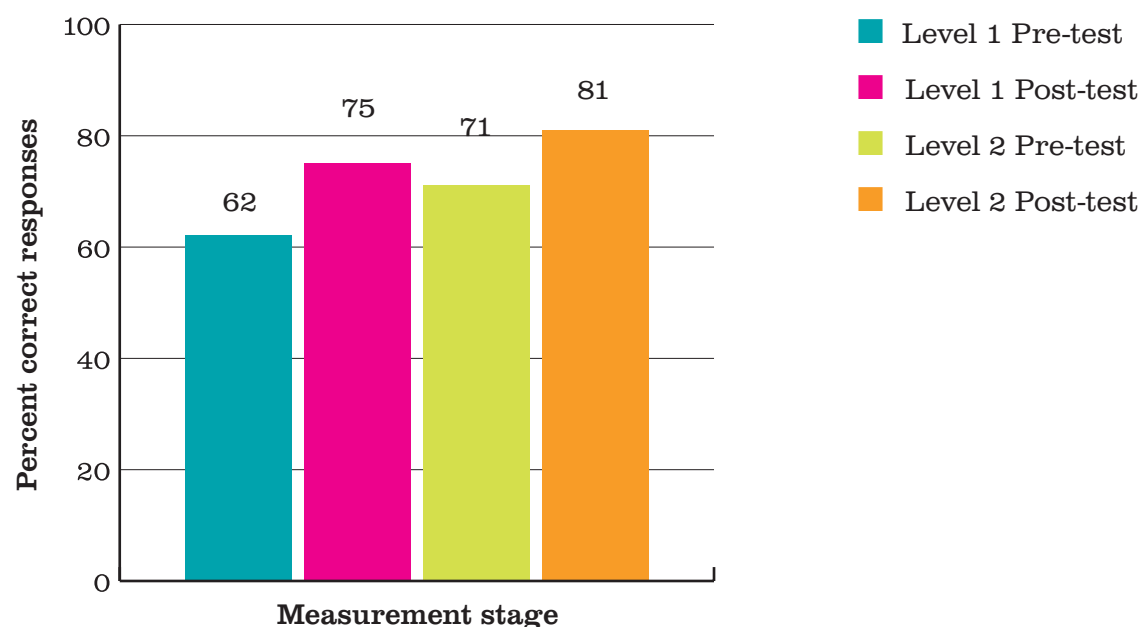
Effectiveness of Level 2 as booster sessions for learning from Level 1

The Essential Level 2 programme is designed to be a series of booster sessions for the areas of learning covered in Level 1. Core learning points are reinforced and skills are consolidated through further practice. All the children who took part in Level 2 had also previously taken part in Level 1. The following series of graphs show that improvements in knowledge and attitudes were retained between the end of Level 1 and the start of Level 2. Children who participated in Level 2 then showed further significant improvements. This suggests that Level 2 has been effective in boosting the learning and skills acquired in the earlier Level of the programme.

A total of 1160 young people took part in Level 1, and 502 of these also then took part in Level 2. Whether or not they took part in Level 2 reflects timing of delivery – some of the most recent Level 1 participants will be taking part in Level 2 during the next academic year. It does not reflect the participants needing to meet any particular level of knowledge or outcomes in order to progress to the next level.

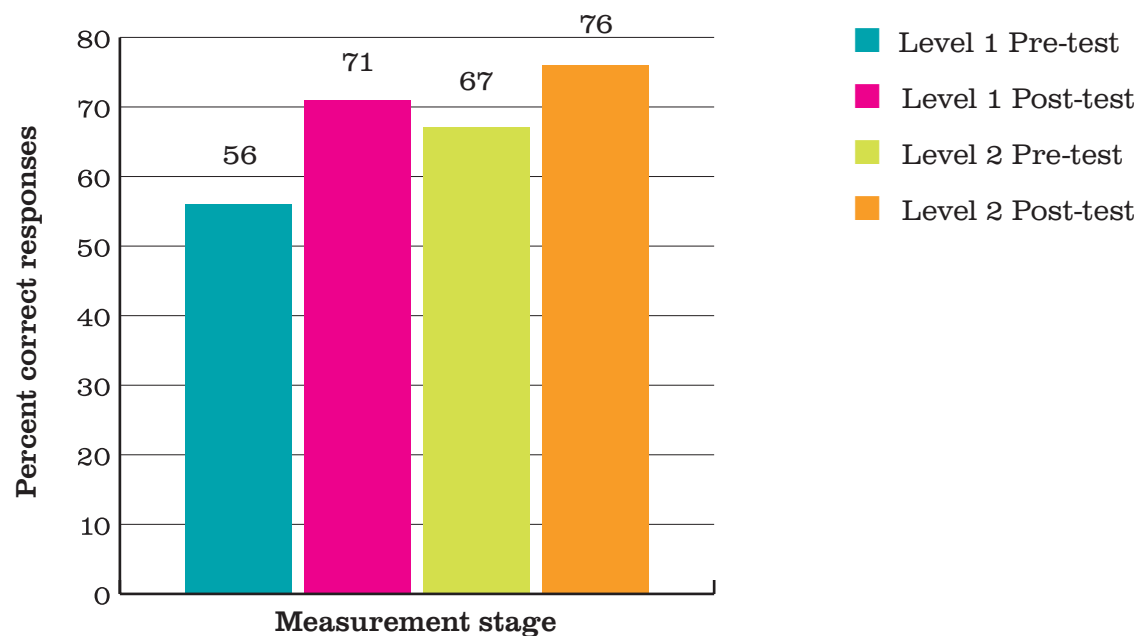
Children's knowledge increased from the start to the end of Level 1 (from 62 to 75), and then increased further to 81 by the end of Level 2 (Figure 3).

Figure 3 – Overall knowledge before and after participation in Levels 1 and 2



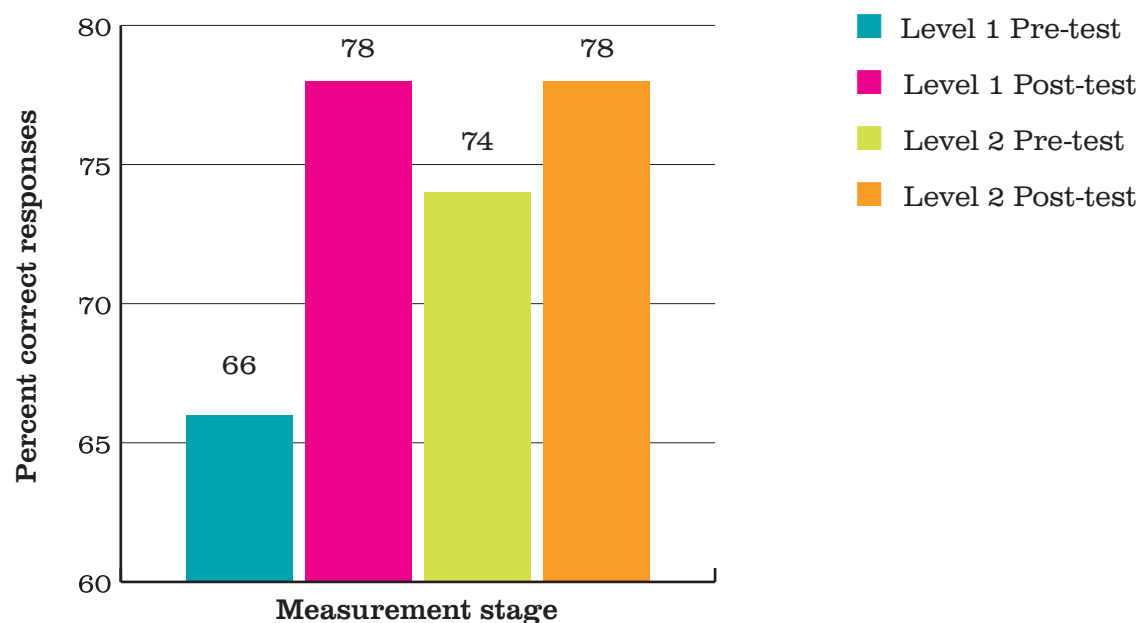
Levels of knowledge about smoking also showed a similar pattern. They increased from the start to end of Level 1 (from 56 to 71), then increased further to 76 by the end of the Level 2 (Figure 4).

Figure 4 – Antismoking knowledge before and after participation in Levels 1 and 2



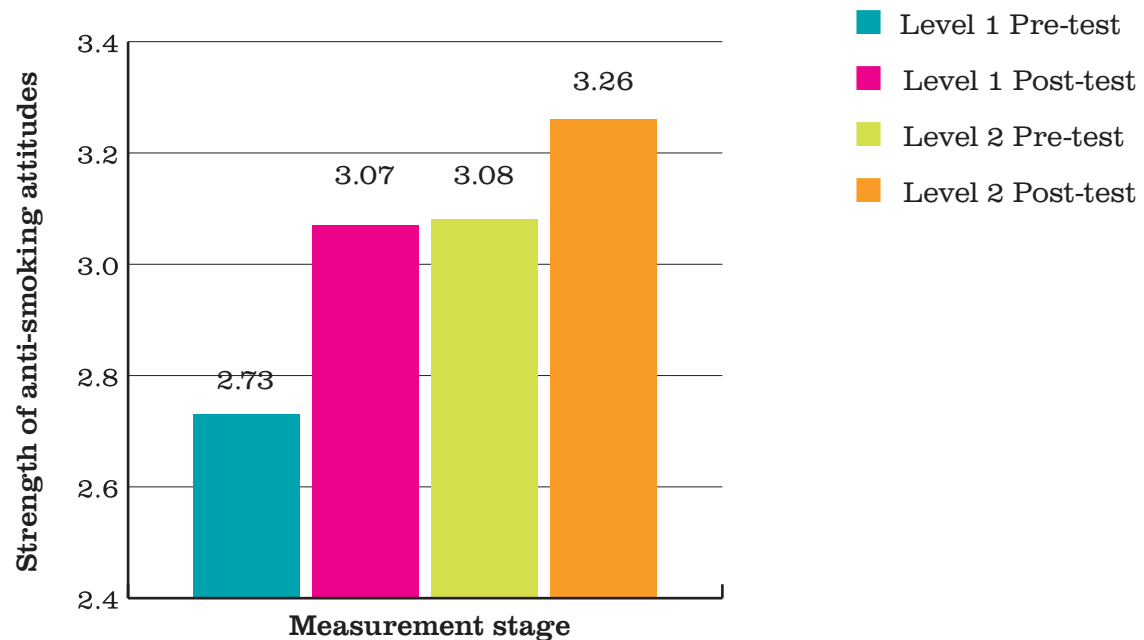
Life skills knowledge rose from 66 to 78 in Level 1, and was maintained at this level at the end of Level 2 (Figure 5).

Figure 5 – Life skills knowledge before and after participation in Levels 1 and 2



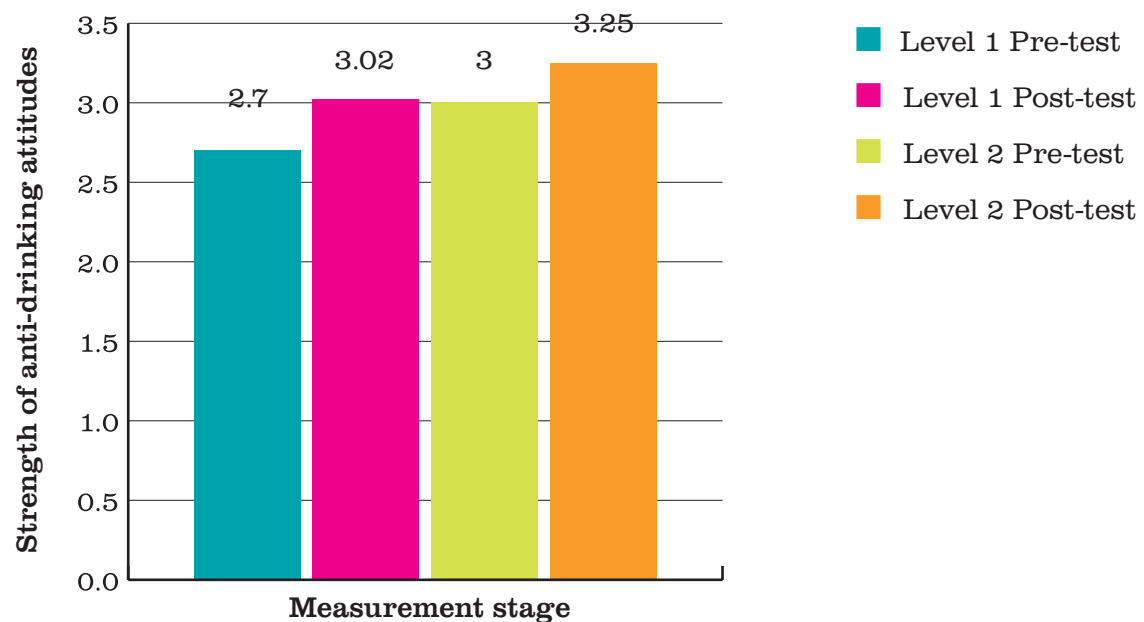
Antismoking attitudes showed an improvement from the start of Level 1 to the end of Level 2 (Figure 6).

Figure 6 – Average antismoking attitudes before and after participation in Levels 1 and 2



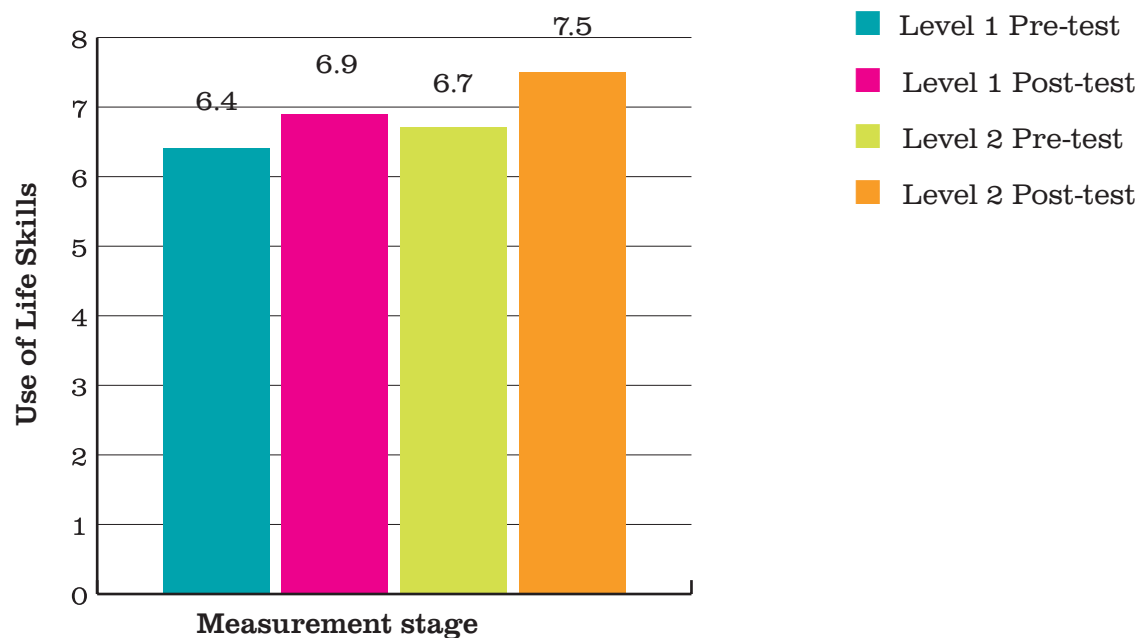
Antidrinking attitudes showed an increase across the levels from 2.7 to 3.25 (Figure 7).

Figure 7 – Average antidrinking attitudes before and after participation in Levels 1 and 2



Use of life skills also increased from the start to end of Level 1 (from 6.4 to 6.9), dipped slightly at the start of Level 2 then increased again from 6.7 to 7.5 (Figure 8).

Figure 8 – Average use of life skills before and after participation in Levels 1 and 2



These comparisons of changes over time suggest that Level 2 of the Essential programme is effective as a booster programme for the learning acquired in Level 1. It provides useful benefits in maintaining and boosting the improvements shown across all areas in children who have previously taken part in Level 1. Further analyses should be done to match individuals' improvements across Level 1 and Level 2 (the analysis presented above in the graphs shows the mean scores obtained by the groups pre- and post- at each Level).

Children and young people's views on Essential levels 1 and 2

Children and young people were asked to complete a short questionnaire with open-ended questions about what they liked, what they didn't like and what they felt they had learned from the Essential programme. A wordcloud for the most common words they used is provided in Figure 9.

Figure 9 – Wordcloud showing what the most common words children used when describing what they liked about the *LifeSkills* Essentials programme



What children liked about *LifeSkills*

Table 6 shows the most frequently occurring comments made by children and young people in response to the open-ended question “What do you like about *LifeSkills*?”

Table 6 – The most frequently occurring comments made by pupils in response to the open-ended question ‘What do you like about *LifeSkills*?’

Feature of the programme	Number of comments contributing to this theme
Activities	95
Smoking	71
Stress	30
Skills	28
Everything	25
Adverts	23
Self esteem	19

Feature of the programme	Number of comments contributing to this theme
Decisions	14
Peer pressure	10
Communication	4

Most comments reflected that the children liked the *LifeSkills* activities. They saw the programme as fun, interactive and having great variety.

“I liked when we played games or when we learned about disagreements – things in the future.”

“I like learning about decision making and when we got to draw.”

“It is fun because of all the games that we played”

“I liked the activities because they made learning fun.”

“I liked everything, thumbs up.”

Pupils often gave very specific feedback about their favourite part of the programme. They named specific exercises including I-messages, breathing, ads, smoking, what’s in cigarettes, decision making and Stop-Think-Go! and often reflected on how they were now using the learning in their day-to-day lives.

“I learned a lot of things about *LifeSkills*, smoking, peer pressure and all the fun games. It’s good to learn *LifeSkills* so next time I know what to do.”

“I liked when we learned about the consequences of smoking, and when we did a bit of stretching because [the facilitator] made it seem like magic.”

“Smoking session because you got to see the tar and teeth. And what smoking can do, so I definitely won’t smoke”

“I think the stress session was best, I learned how to keep myself calm and now use deep breaths and stretching all the time!”

“Fun activities, answering questions, advert for smoking, and stress busting”

Many children also described how they shared information with other people such as parents, relatives and other people, and how other people could find the learning useful.

“[I liked] The I-messages – I tried them out with my Dad and explained how to use them, I think they’ll be useful for times when I am cross or mad so I don’t get upset and start shouting.”

“I think the people in the world who don’t have nothing, well, this could help”

Many children also commented on enjoying building a relationship with the facilitator and liking the way they did the activities and engaged with them.

“The things that [name of facilitator] said were true and I understood it when she spoke.”

What children and young people said they learned from *LifeSkills*

When asked about what they had learned from *LifeSkills*, the young people provided many examples from across the various sessions. It was clear from their responses that although *LifeSkills* is often described as a smoking prevention programme, most of the young people valued its effects on other areas such as self-confidence, problem solving, assertiveness and coping. Children often provided several examples of what they had learned from the programme.

“I learnt not to smoke, to say no, not to drink and how to relieve stress.”

“I learned loads ... make that truck loads – assertiveness, saying no, decisions, verbal/non verbal, self esteem.”

“What I learnt – that you don’t always believe ads. Never smoke! And you can communicate in lots of ways.”

Table 7 shows the most frequently occurring comments made by children and young people in response to the open-ended question “What have you learnt from *LifeSkills*?”

Table 7 – most frequently occurring comments made by pupils in response to the open-ended question ‘What have you learnt from *LifeSkills*?’

Feature of the programme	Number of comments contributing to this theme
Smoking	164
Stress	63
Assertiveness	38
Decision making	33
Peer pressure	30
Advertising	26
Self esteem	20
Social skills and friendship	19
Communication	16

Smoking

Young people said they had learnt about what was in cigarettes and why they are harmful, as well as what the short- and long-term effects of smoking are.

“What cigarettes contain, how to deal with pressure, and different ways of saying no.”

“About smoking, and the bad effects it can have on your body.”

“About smoking and cigarettes and making the right decision to say no.”

“It is difficult to stop smoking, we also learned about peer pressure and that means being forced to do something by someone else, we learned about what self-esteem means.”

“I learned all different things like smoking is very bad for you and my mummy smokes and I am trying to make her stop.”

Stress and coping skills

Children often reflected that the programme had helped them to feel more settled about themselves, and they were now in better control of their emotions and behaviour. Many said that they were now using the *LifeSkills* relaxation strategies as part of their normal reaction when faced with stressful situations.

“How to take care of our lives.”

“I learned how to control my feelings and that you can use skills to calm yourself down.”

Assertiveness and peer pressure

A common theme in the responses was that young people felt better equipped to recognise and to deal with peer pressure. They were also more aware of other situations where people might try to get them to do things such as advertising. Comments reflected an increased ability to identify situations when they are being manipulated, as well as confidence that they now have practical strategies to deal with these situations now and in the future.

“It’s better to have your own opinion than agree to everything.”

“I learnt that there are ways to deal with peer pressure.”

“I liked assertiveness the most. Why? Because it tells you not to do things, say if your friend said ‘Go and steal a bike’ you would say ‘No’.”

“I learned “to be more sensible and to stand up for myself.”

Decision making

Young people learnt about problem solving and a strategy called Stop-Think-Go! To help them make better decisions. They felt more confident to try to solve problems across a range of different situations.

“That I can solve the problem in any situation, for example, if I feel stressed I can solve the problem because we learned what to do when I am feeling stressed.”

“I thought the Decision making session was best, I’ve tried to use Stop-Think-Go! lots of times and I think it helps me make better decisions.”

Advertising

Children also enjoyed the advertising sessions. They commented that they were less ready to believe everything said about a product in the adverts. This will help them become more informed consumers.

“I learnt that some adverts are scams and it became more clear to me after the session.”

“Think before you believe in adverts”.

Social skills

Young people said they had learnt about many different aspects of social skills including how to be assertive, making friends and emotional wellbeing. Most of the comments reflected on how the young people felt they had gained better skills in handling different situations.

“You don’t always need to say yes to make someone happy.”

“That we’re not alone if we feel depressed, about self-esteem and how to be a good friend.”

“How to deal with stress, adverts aren’t always true, how to be assertive, social skills, communication skills, don’t smoke, about self-esteem and how to make decisions.”

Communication

Young people reflected on improvements in their ability to communicate both their needs and emotional wellbeing. Some comments related to day-to-day situations, others related to specific times of stress or when the young people felt vulnerable, they had learnt what to do and where to go for help.

“I learned how to do things more effectively in life and how to communicate better.”

“I learnt how to tell a teacher or someone if I’m upset.”

What children and young people did not like about *LifeSkills*

Table 8 shows the most frequently occurring comments made by children and young people in response to the open-ended question “What do you like least about *LifeSkills*?”

Table 8 – Most frequently occurring comments made by children and young people in response to the open-ended question ‘What do you like least about *LifeSkills*?’

Least liked feature of the programme	Number of comments contributing to this theme
Smoking	59
Nothing	31
Self esteem	24
Peer pressure	12
Stress	9
Writing	8
Skills	7
Activities	7
Decision making	6

When asked what they did not like about *LifeSkills*, children usually answered by saying that they liked it all, and there was nothing that they disliked about the programme. The smoking session had the most comments about being the least liked. However these comments often reflected that they felt learning about smoking was useful, but it also caused some of them to be concerned about the health and wellbeing of a family member who smoked.

“Smoking, because it made me sad about my Dad.”

“Smoking because it was disgusting and it made me sad because people in my family smoke.”

“Learning about smoking because it makes me worry about people who smoke.”

Summary for the Essential programme

The findings show that the Level 1 programme was implemented with high levels of fidelity in all sites.

Children and young people who took part in Level 1 showed the expected improvements in increased knowledge about the harmful effects and use of cigarettes and alcohol. They showed improved attitudes towards tobacco and alcohol use, and were more likely to see these as being unhealthy and unappealing behaviours. They reported increased use of life skills and strategies to improve their decision-making, consumer awareness, coping, communication, social skills and assertiveness.

The findings show that the Level 2 programme was also implemented with high levels of fidelity in all sites.

Children and young people who took part in Level 2 showed the expected improvements in increased knowledge about the harmful effects and use of cigarettes and alcohol. They showed improved attitudes towards tobacco and alcohol use and were more likely to see these as being unhealthy and unappealing behaviours. They reported increased use of life skills and strategies to improve their decision-making, consumer awareness, coping, communication, social skills and assertiveness.

Most of the improvements in knowledge and attitudes was retained between the end of Level 1 and the start of Level 2. Children who participated in Level 2 then showed further significant improvements. This suggests that Level 2 acted as an effective booster to consolidate and build on the knowledge and skills learned in Level 1.

It could be seen to be a weakness of this evaluation that no comparison group was examined: only children and young people who took part in *LifeSkills* were evaluated. It may be possible, therefore, that the improvements that have been observed would have happened even if the children had not taken part in the programme. Previous evaluations of *LifeSkills* using robust methodologies (such as quasi-experimental and randomised control trials) have shown that changes like the ones observed in the current study are due to participation in the programme. They do not usually occur naturally amongst children who have not taken part in *LifeSkills*.

Life Skills

training



5

Advanced programme (11-14)

Advanced programme (ages 11-14)

Level 1 findings

The Advanced programme has been delivered in both school and community settings by Barnardo's in all four areas of the UK. The preliminary data presented here relates only to implementation in Schools and focuses on Level 1. Advanced Level 1 has been delivered to 12 groups in schools (totalling 229 participants). Average group size was 20 participants.

Implementation data and qualitative information from pupils and teachers about their perceptions of the programme. The programme will analyse quantitative information on outcomes from September 2015 onwards once it is sufficiently 'bedded down'.

Implementation of the programme

Most sessions in Advanced Level 1 were delivered with high levels of fidelity (Table 9). There are 3 optional sessions in the Advanced *LifeSkills* Programme (Coping with anger, resolving conflict and violence in the media) and these were not delivered in the UK. Where fidelity was lower than 80% this normally related to one key activity not being done which meant that several fidelity points were not covered. Feedback from the facilitators about why some of the activities were not completed related to time pressures within the class, or identification of some activities which needed to be made more culturally appropriate for the UK.

Table 9 – Levels of fidelity for each session in Advanced Level 1

Name of session	Average fidelity across delivery groups	Range of fidelity within delivery groups
Alcohol myths and realities	98%	95% – 100%
Assertiveness	100%	100%
Communication	99%	93% – 100%
Coping with anger	95%	95%
Coping with anxiety	99%	92% – 100%
Making decisions	100%	100%
Cannabis myths and realities	100%	100%
Resolving conflicts	100%	100%
Self image and self-improvement	100%	100%
Smoking and biofeedback	100%	100%

Aspects of the programme teachers saw as most beneficial to their students

Most of the teachers felt that the young people had benefitted from the interactive exercises, in particular the opportunities to practise different skills, as well as increase their knowledge. Sessions that were frequently highlighted as being particularly useful by the teachers were the drugs session, self-esteem, social skills and communication.

“Pupils have all benefitted from the practical exercises such as practising how they might say no in different circumstances. They all benefitted from the relaxed, non-threatening, non-judgemental approach taken, as well as having raw facts about issues such as smoking, drug and alcohol abuse.”

“We thoroughly enjoyed all aspects of the programme – and in particular the interactive sessions. I think the communication lessons were particularly useful to Year 8.”

“The opportunity the young people had to give their thoughts and opinions on the topics under discussion was beneficial. The young people enjoyed any aspect of the delivery that involved them being active and (hopefully) learning through doing/roleplay etc. I think for some of them it had a positive effect on their esteem as they realised they knew more about issues being discussed than they would have given themselves credit for. In present climate the coverage of alcohol and especially drugs may help pupils make informed choices beyond the confines of the school environment.”

“Learning about drink and drugs – some of them didn’t know anything. Self esteem and ways to deal with your emotions – both very relevant issues for some of our pupils. Being assertive”.

“All of the drugs education was really good and their effects because pupils have heard of the different names for things, and have no idea what they are or the effects.”

Style of delivery

When asked for feedback on the programme’s structure, content and style of delivery, teachers liked the interactive exercises and emphasis placed in the programme on practising skills rather than just reading information. They felt that the length and frequency of sessions fitted well within the school context and demands on time. Teachers liked the interactive style of the exercises and how it differed from other classroom activities.

“Pupils really enjoyed the programme, they all thought it was fun. I think the interaction time was great for them – definitely different from their everyday routine.”

“Pupils enjoyed the interactive, active approach to the course – the frank and honest approach that was taken with facts presented, but any decisions left up to them about smoking/drinking/drugs etc. – The opportunity to practise

certain skills such as how to say 'no' and be assertive about it."

"I think the duration was suitable and 1 period a week was a good amount of time per week."

"Role plays – making them put themselves in others' shoes – a much better way to learn than reading things/evidence/ideas from a booklet. It was a pleasure to see usually shy and withdrawn pupils come out of their shell and take part in activities."

Many of the teachers commented on the skills of the facilitators, particularly how enthusiastic, professional and engaging they were with the young people. The facilitator's ability to build relationships with the young people was seen to be key to the success of the programme.

"[The facilitator] had a lovely manner – especially when explaining things and building relationships with pupils – the young people loved them!"

"The pupils have really enjoyed it – especially all the activities. They said that [the facilitator] made them feel safe and they enjoyed the role plays and range of topics covered. They definitely enjoyed the listening games!"

"[The facilitator] was a very pleasant, approachable teacher. The pupils and I enjoyed their lessons."

"The pupils in this class developed a very good relationship with [the facilitator] over the weeks and this really encouraged them to take part in the sessions."

"[The facilitator] had an excellent way with them and they got to know the pupils which was good. They appreciated it."

It was a common theme for teachers to reflect on the importance of tailoring delivery to the needs of their class, particularly when there were issues with concentration. Teachers liked that the exercises used a variety of different ways to engage the young people.

"The pupils in this class respond and interact better to practical teaching than talking or writing as most have issues with concentration. [The facilitator] was very good at tailoring the programme to the needs of these pupils."

"Very suitable with lessons adapted as necessary to suit the needs and learning styles of the pupils."

Feedback received by teachers from students or parents about *LifeSkills*

All the teachers reflected that they had received positive feedback from the pupils which included showing their interest in the course, looking forward to the next session, being enthusiastic and generalising what they had learnt into other lessons and other situations. Some of the teachers had spoken to parents about the programme and reported that parents were interested in the programme and thought it would be worthwhile.

“Pupils have all expressed their interest in the course and how much they have enjoyed the course. They all had excellent recall of the information presented in each class. Parents were very interested when I spoke to them at parent-teacher interviews.”

“They particularly enjoyed the interaction and out of seats activities.”

“They have all told me how much they have enjoyed the programme and it is very interesting to see what they have remembered in conversations with them after the lessons when I see them the following week.”

“Very much enjoyed it and some actually have been practising some of the skills.”

Whether teachers would recommend the *LifeSkills* programme

Many teachers would recommend the *LifeSkills* programme, both for continued delivery in their school as well as in other schools. No one said they would not recommend the programme. Reasons they gave for recommending *LifeSkills* tended to focus on the delivery style of the programme, the use of interactive exercises, how much their students enjoyed it and learnt from it, and the changes that they had seen themselves in pupils’ confidence, attitudes and levels of knowledge.

“I would recommend it to other teachers or schools. Pupils benefit from the opportunity to discuss issues which worry them in a non-threatening and less formal setting. It has been a pleasure to observe pupils becoming more confident and thinking about issues that matter to them.”

“Yes, would be especially good for a school where these issues were not being addressed elsewhere in the curriculum.”

“Yes, it gives pupils a perspective of life not only inside school but outside as well.”

“Yes, I already have recommended it. Would be good for Years 9, 10, 11 and 12 too!”

Some teachers also suggested that the programme would be beneficial for parents.

“Yes, to teachers – and to parents, who do not know enough. It’s all very well educating the children, but as a teacher and a parent I feel too many parents are unaware or ignorant of children’s well being issues. It could be of good help.”

“Yes, the pupils are discussing these issues amongst themselves anyway, and this is a great way to get them talking about these issues while giving them the information they need to make good decisions.”

Were there any parts of the programme teachers would change?

Teachers were all asked whether there were any parts of the programme that they would recommend changing. Most commented that no changes were needed to the programme content.

There were some suggestions related to how implementation of the programme could be further embedded within the school. Other suggestions focused on making stronger links with the child's parents and carers at home, so they could get involved in supporting the work of the programme. Ideas given included to:

- brief the school on content to avoid overlap with existing work and ensure that teachers also have copies of the materials
- deliver the programme in a different room than the classroom (e.g. in the common room) so the setting is less formal
- consider how the teacher being present may influence class discussions
- build links with parents and carers by briefing them about the programme or providing information to be shared with them.

“Perhaps liaise with the school and go over the program to be delivered to ensure as little overlap as possible with work already done in school. Or that the course builds upon work done in school and does not simply repeat it.”

“Two suggestions for future delivery: 1. Without teacher – pupils may feel more likely to discuss issues rather than feeling that they might get into trouble 2. Classroom is quite a formal setting – would be good in the common room.”

“I feel the teacher should be issued with a booklet too, so that we can refer to it later on in the year.”

“Maybe some of the topics could be pre-read at home so that pupils can, 1. Share this with parents – keep them in the loop, 2. have more ideas/ a better opinion on some topics.”

“Involve parents and brief them beforehand – this is one area that could be improved.”

“It might be useful to have a meeting with parents beforehand so that they know what is being discussed each week in the programme.”

Children and young people's views of the Advanced Programme

Children and young people were asked to complete a short questionnaire with open-ended questions about what they liked, what they did not like and what they felt they had learned from the programme. A wordcloud was developed to show the most common words used by the pupils when describing what they thought about Advanced *LifeSkills* (Figure 11).

Young people often commented on how much they enjoyed *LifeSkills* and looked forward to their sessions each week. They particularly enjoyed the activities, and comments often focused on the fun, interactive nature of the programme. Many of them also said that they liked having the opportunity to discuss the various issues with their classmates.

“I loved Fridays because I knew it was *LifeSkills* day.”

“I loved all of it and I would like to do it again.”

“I liked it when we tried to lift up the hula hoop up, it was really funny because it was impossible!”

“I liked talking in pairs most and finding out how things can harm you.”

“I liked learning a lot about everyday things that will help in Life.”

“I enjoyed everything and wished we did it longer.”

What children and young people learned from *LifeSkills*

The young people said they had learnt about many different topics. The most commonly mentioned ones were substance misuse, coping strategies, self esteem, decision-making, confidence and communication. Table 11 shows the most frequently occurring themes in the comments made by children and young people in response to the open-ended question “What do you learn from *LifeSkills*?”

Table 11 – Most frequently occurring comments made by children and young people in response to the open-ended question ‘What do you learn from *LifeSkills*?’

What pupils learnt from the programme	Number of comments contributing to this theme
Drugs	19
Smoking	16
Alcohol	10
Stress	10
Social skills and friendship	10
Self esteem and confidence	9
Peer pressure	5
Decision making	4

Some of the comments related to increasing their knowledge about different topics. Other comments reflected on their deepened understanding of issues, or on the skills that they felt they have gained by taking part in the programme.

Substances

Young people reported that they had learnt about the harmful effects of smoking, alcohol and substances. They knew more about what these substances were, as well as the damage they could do in the short and long-term. A common theme in the responses was that the young people were sometimes uncomfortable about what the risks were for other family members who smoked and some of them said they would try to use their new knowledge to help their mums or dads quit smoking. The young people also reflected on learning how to respond if they were being offered substances and that they would now know what to say and do.

“I learned about smoking what it can do to you, I also know what to say to someone if they ask me to do something that I don’t want to.”

“I learnt not to smoke, take drugs and not to drink alcohol. The effects can really harm you. I also learnt about advertising which was very interesting.”

“I liked finding out about the dangers of smoking/drinking/drugs so I know not to do it.”

“The bit I liked most was about smoking, because it helps people I know.”

Stress and coping

Young people reflected that taking part in *LifeSkills* had helped them manage their emotions better, and cope better with stress. This was partly from understanding better how they were feeling, as well as having strategies to use when stress was getting to them.

“The help with stress/anxiety really helped me.”

“I learned how to be ok in hard situations.”

“I learned not to be worried.”

“I learnt how to take deep breaths when I’m stressed.”

“I learned how to control stress and how to cope with peer pressure. It was fun!”

“I learned how to handle myself.”

Social skills

Several young people said that they had better social skills, particularly around starting conversations with people they don’t know, understanding other people’s intentions and communicating more effectively.

“I liked learning what to do when I’m nervous of meeting new people.”

“I liked social skills the most because we learned how to speak more confidently and let out our feelings.”

“I liked learning how to relax and talk to new people.”

“I learned how to use body language.”

“I learnt to say ‘No’ to people when they wanted me to do things I didn’t want to do.”

Self esteem and confidence

Some young people commented that they felt better about themselves and understood self-esteem better as a result of taking part in *LifeSkills*.

“I learned a lot more about self-esteem which was what I needed.”

“I learned to be more confident in myself.”

“I liked the way that we learned about communication because I am getting more confident.”

Peer pressure

Young people commented that they felt more assertive and had acquired skills to express themselves more clearly, particularly if they felt other people were putting them under pressure.

“I liked learning about peer pressure because you can take that strategy out of school.”

“I learned don’t let anyone pressure you or tempt you into anything you don’t want to do.”

“I learned choices and decision making.”

What children and young people didn’t like about *LifeSkills*

Children and young people were asked what they didn’t like about *LifeSkills*. Only a couple of comments were made which identified any particular pieces that were not liked. These related to advertising and smoking.

Summary of Advanced programme

The findings show that the Advanced Level 1 programme was implemented with high levels of fidelity in all sites. Areas of lower fidelity related mainly to the Advertising session which had some exercises which needed to be adapted for cultural context, or else to classes where there were concerns with literacy issues and some of the written exercises were not completed.

Qualitative feedback on the early implementation of Advanced Level 1 was very positive from both teachers and pupils. Teachers liked the interactive format and said that their pupils engaged well with the exercises and benefitted from them. They highlighted that the programme covered topics which are of great relevance to pupils and which fit well with the curriculum, and they would

recommend *LifeSkills* Advanced to other teachers and schools.

Children and young people also responded well to the programme and provided very positive feedback. They enjoyed the games and activities, and valued the opportunity to discuss these issues with their classmates. The young people highlighted many different areas where they felt that taking part in *LifeSkills* had made a difference to them. These included substance misuse, responding to peer pressure, having better social skills and self confidence, making better decisions and coping better in times of stress or anxiety. Some of the comments reflected an increased knowledge and better understanding of these issues. Many of the young people reflected how they had learnt new strategies and were using them now in their daily lives both inside and outside school.

An important next stage for Advanced now that the programme is being fully implemented, will be to evaluate quantitative outcomes to see whether these support the qualitative feedback that has been provided.

6

Changes made to the programme as a result of early implementation in the UK

Changes made to the programme as a result of early implementation in the UK

Barnardo's was funded by Big Lottery to pilot *LifeSkills* in the UK and make any necessary adaptations to the programme in light of the learning from this implementation. The pilot has shown that *LifeSkills* can be implemented effectively in UK schools. The core topics are relevant in the UK context and the programme can be delivered consistently and with fidelity.

As a result of the learning from this process, some adaptations have been made to the presentation of some of the *LifeSkills* materials to make them more relevant and engaging for UK participants. Some adaptations were also made to a small number of activities. All adaptations were agreed with the programme developer.

Adaptations can include changes of many different types. Some of these can be categorised as follows:

- **superficial changes** – these changes are minor and often cosmetic. They can include changes in wording, spelling or cultural references within written documentation, manuals or resources. For example, in this adaptation, the American children's names in exercises and materials were replaced with children's names which are common in the UK, ensuring that there was an appropriate ethnically diverse selection of names used. Spelling was changed throughout to the UK equivalent.
- **substitution** – these changes involve adjusting the form of a specific activity (i.e. what actually happens in an activity) without changing its function (i.e. what the activity is intended to achieve). This is necessary when activities are not appropriate for the target client group, or there is a different level of resourcing available. Several workshops were held with the facilitators to discuss the implementation of every exercise in each level of the programme. Proposed amendments were considered in light of the *LifeSkills* logic model, in addition to what is known about core components of effective practice in substance misuse prevention programmes. They were then discussed with the programme development team. One example from the adaptation was substituting an exercise which examines advertising of E-cigarettes (which are legal to advertise in the UK) to replace the original exercise which examined advertising of filter cigarettes (which are illegal to advertise in the UK).
- **additions** – these changes involve adding in new activities or sections to the manual or delivery programme. Again these were considered in light of the *LifeSkills* logic model, in addition to what is known about core components of effective substance misuse prevention programmes. Potential additions were identified through workshops with the facilitators, and these were then discussed with the programme development team. One example from

the adaptation is the addition of some new short ‘energiser’ activities into the manual that facilitators can use to engage or calm down a group. These activities reflect the learning of the team about working with groups of different abilities and levels of interest. Including these in the manual is a way of sharing good practice.

- **deletions** – these changes involve removing activities or sections in the manual or delivery programme, often because of issues in cultural values or relevance. No activities were deleted from the programme in this adaptation. Instead substitutions were made in order to maintain fidelity.

A brief summary of some of the main adaptations made to *LifeSkills* in the UK is provided below.

Cultural adaptations for UK spelling and language were made, as well as presentation of UK prevalence information for substance misuse. References to sports and popular activities in the UK for this age range were made. The name of the Elementary programme was also changed to be Essential.

Some substitutions were made with respect to some exercises in one session (Advertising) which appears in both Essential and Advanced. The legal context for advertising tobacco products is very different in the UK compared to America where the programme was originally delivered. This means that activities that examine how cigarettes are advertised did not fit with what young people are exposed to in the UK. There was also no information on potential health risks of E-cigarettes which is an emerging area of concern in the UK. This session has been adapted to include a focus on E-cigarettes, and the advertising exercises are more relevant to the UK. The fidelity of key learning points has been maintained.

The programme includes a set of written resources called *LifeSkills* Magazines. These include activities that can be used to reinforce what the young people are discussing and learning in the sessions. Feedback from the teachers, pupils and facilitators suggested these needed to be more colourful and engaging. These adaptations have been made. The resources have been redesigned to simplify the language, and make the presentation more child and youth friendly, while still maintaining the integrity and fidelity of the programme. Some activities in the workbooks have been substituted with activities which participants in the UK should find more engaging. A common concern was levels of literacy in the classes and a desire to keep the emphasis on the interactive exercises rather than written work. In the revised *LifeSkills* Magazines, this has been adapted so that definitions no longer have to be written out in full, but instead students just fill in key words. Pilot testing of these with children and teachers has provided positive feedback on the improvements made.

The facilitator manuals for each level of Essential and Advanced have been redesigned and made more user-friendly. Language has been simplified. Optional energiser activities have been included to help facilitators engage

participants and also manage classroom behaviour.

Feedback during implementation highlighted a need to more actively engage parents and other carers to reinforce what their children were learning in the programme. A letter has been developed for each session that provides information on the key learning points and suggestions for how to support this at home. Ideas have also been provided for facilitators and teachers for other ways to engage parents such as creating displays of student work in shared spaces so they can be seen by parents and carers or having display stands on open evenings or parents' nights.

Barnardo's has already established a strong implementation support structure for *LifeSkills*, as reflected in the high levels of fidelity achieved. This is being further strengthened in future implementation by the addition of facilitator rating scales for the amount of time spent in each session using different types of engagement styles. Materials are also being prepared to share with schools and new delivery sites to explain the programme, its benefits and delivery requirements.

7

Conclusion

Conclusions

LifeSkills has already been established as an effective programme that leads to significant improvements for children and young people. Preventing substance misuse is a key issue in the UK and *LifeSkills* meets this need by building knowledge and resilience in young people. The findings from this evaluation show that *LifeSkills* can be implemented in the UK with high levels of fidelity. Teachers and students report improvements in the expected areas.

Although teachers and young people saw *LifeSkills* as helpful in increasing knowledge about substances and changing attitudes, they also valued the programme for improving outcomes in other key areas of development. These included social skills, decision making, assertiveness, and equipping students with strategies to cope with peer pressure, stress and anxiety.

The findings show the Essential Level (ages 8 to 11) can be implemented efficiently in schools and complements the UK curriculum. Teachers and pupils enjoy the interactive style of delivery, and report high levels of engagement with the material. Teachers recommend the use of the programme.

Children who took part in the Essential programme said they enjoyed it. They showed significant improvements in the knowledge, attitudes and skills that should help prevent them from smoking, drinking or misusing alcohol. Level 2 was effective in consolidating and boosting the knowledge and skills obtained in Level 1. Further analysis should be undertaken to examine the data in more detail to see whether there are differences amongst different groups of young people and whether there is any clustering of effects in different schools or geographical areas. Existing evidence from *LifeSkills* in other jurisdictions suggests that this programme should be equally effective in different genders as well as ethnic groups and locations.

Findings from the early implementation of the Advanced programme (ages 11 to 14) are also positive. The programme has high acceptability amongst teachers who praise its interactive format and how well the students have engaged. It fits with the UK school curriculum and complements other activities during the school day. Outcomes data should be analysed for the Advanced programme once it is fully 'bedded-down' to verify the positive qualitative information already obtained.

It could be seen to be a weakness of this evaluation that no comparison group was examined: only children and young people who took part in the *LifeSkills* programme were evaluated. It may be possible, therefore, that the improvements that have been observed would have happened even if the children had not taken part in the programme. However, previous evaluations of *LifeSkills* using robust methodologies (such as quasi-experimental and randomised control trials) have shown that changes like the ones observed in the current study are due to participation in the programme. They do not usually occur naturally amongst children who have not taken part in *LifeSkills*.

Similar to any other evidence-based programme, it is critical that *LifeSkills* is implemented effectively, and Barnardo's has developed an approach to ensure this. This includes training, staff supervision and support, ongoing monitoring and outcomes measurement. The skills of the Barnardo's facilitators in tailoring delivery to each group's needs was praised by the teachers in the schools, and seen to be critical to the success of the programme.

The content and style of delivery of the *LifeSkills* Essential and Advanced programmes appealed to both teachers and young people. They liked the variety of activities, the broad range of topics covered, interacting with their peers and they saw the programme as a fun way to learn important skills.

In conclusion, *LifeSkills* should be considered as a cost-effective way to prevent young people from misusing cigarettes, alcohol and substances. As well as preventing substance misuse, it also leads to important improvements in other core skills which are key for healthy development amongst young people. These include self-esteem, communication, social skills and ability to cope with stress. Investing in and effectively implementing this programme should improve skills, knowledge and resilience. This will help children and young people have healthier and more enjoyable lives.

***LifeSkills* substance
misuse prevention
programme:**

Evaluation of
implementation and
outcomes in the UK.

Full report

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The author of this report is
Dr Helga Sneddon

www.barnardos.org.uk

Head Office, Tanners Lane,
Barkingside, Ilford,
Essex IG6 1QG

Tel: 020 8550 8822

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