

LIFESKILLS

An early intervention and prevention programme to build resilience

Findings from the implementation
of Botvin LifeSkills in Ballyfermot,
Dublin

Acknowledgements

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INTRODUCTION

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Introduction

Risk taking behaviours and resiliency in Ireland

The behaviour of adolescents, especially in relation to violence, drug and alcohol misuse has been the subject of numerous headlines across the UK and Ireland over past years. The use of risk taking behaviours such as smoking, drugs and alcohol and unsafe sex contribute to social problems, morbidity and mortality. If unchecked these behaviours can develop into habits that impact young people's physical and mental health and well-being.

There remains a concern for the level of drinking among Irish young people, a trend that sets them apart from the majority of their European counterparts.¹ In the latest report on drinking among 15 and 16 year old across Europe, Irish students reported drinking a third more on their latest drinking day than the European average.² The impact of the trend has

already surfaced as chronic alcohol related conditions among young people become more common. Cannabis use had increased from 11% in 2002/3 to 16.2% in 2014/15 with those aged 15-24years.³ Many young people are growing up in areas of high disadvantage where local residents are disproportionately affected by poor mental health and suicide, more likely to misuse alcohol, drugs and to smoke.

Preventing poor choices in relation to health behaviours (such as smoking or misusing alcohol) and building children's self-belief and resilience through universal programmes has been shown to be cost effective.



Preventing poor choices

in relation to health behaviours and building children's self-belief and resilience through universal programmes has been shown to be cost effective.

¹ Available at: <http://alcoholireland.ie/facts/> Accessed April 2018.

² Hibell, B., Guttormsson, U., Ahlstrom, S., Balakireva, O., Bjarnason, T., Kokkevi, A. & Kraus, L. (2012) *The 2011 ESPAD report: substance use among students in 36 European countries*, Stockholm: The Swedish Council for Information on Alcohol and Other Drugs (CAN) and the Pompidou Group of the Council of Europe.

³ National Advisory Committee on Drugs and Alcohol (NACDA) and Department of Health (UK) (2016) *Prevalence of drug use and gambling in Ireland and drug use in Northern Ireland*, Dublin: NACDA and Department of Health (UK).

What works?

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 engage in risk taking behaviours.

Science tells us that some children develop resilience or the ability to overcome trauma while others do not. Understanding why some children do well despite adverse early experiences is crucial because it can inform more effective policies and programmes that help more children reach their full potential. Learning to cope with manageable threats is critical for the development of resilience. Not all stress is

harmful. There are numerous opportunities in every child's life to experience manageable stress and over time we become better able to cope with life's obstacles, both physically and mentally.⁴

The capabilities that underlie resilience can be strengthened at any age, it is never too late to build resilience. Age-appropriate, health-promoting activities can significantly improve the odds that an individual will recover from stress-inducing experiences. For example, programmes that actively build executive function and self-regulation skills can improve the abilities of children to cope with, adapt to, and even prevent adversity in their lives. These skills are crucial for learning and development. They also enable positive behaviour and allow us to make healthy choices for ourselves and our families.⁵

The Centre on the Developing Child in Harvard University (2017) has developed design principles that policy makers and practitioners can use to improve outcomes for children and families. To be effective, services should:



**1. Support
Responsive
Relationships**



**2. Strengthen
Core
Life Skills**



**3. Reduce
Sources of
Stress**

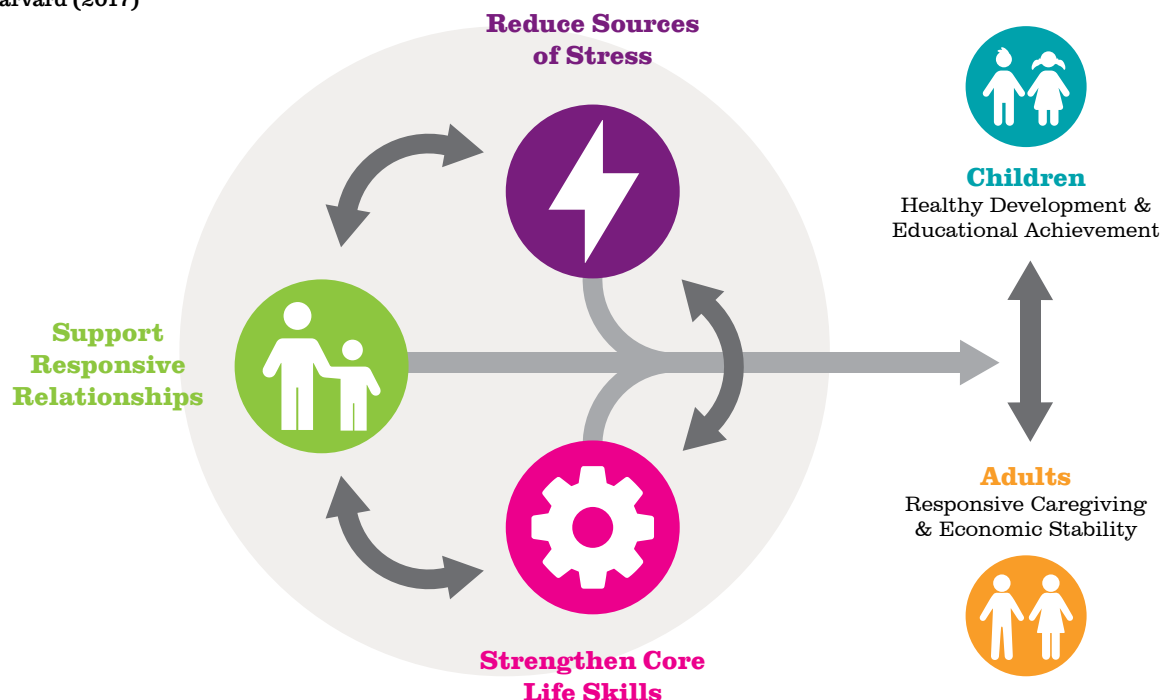
⁴ Center on the developing child (2017) Key concepts of resilience, Available at: <http://www.developingchild.harvard.edu/science/key-concepts/resilience/> (Accessed: April 2018).

⁵ Center on the developing child (2017) *Executive functioning*, Available at: <https://developingchild.harvard.edu/science/key-concepts/executive-function/> (Accessed: April 2018).

⁶ Center on the developing child (2017) *Three Principles to Improve Outcomes for Children and Families.*, Harvard: Harvard university.

Figure 1

Principles to Improve Outcomes for Children and Families,
Harvard (2017)



The Center on the Developing Child found that we all need a set of essential skills to manage work, life and relationships successfully. These core capabilities support our ability to focus, plan for and achieve goals, adapt to changing situations and resist impulsive behaviours. No one is born with these skills, they are developed over time through coaching and practice.⁷

Why schools?

Three important summaries of the available evidence about effective school based prevention programmes have been undertaken by the Cochrane Collaboration.⁸ These extensive reviews of the available evidence provide good insight into what approaches are effective and ineffective.

Schools are an appropriate setting for prevention programmes for a number of reasons:

1. Schools offer a systematic and efficient way to reach a large number of young people every year
2. There is opportunity to prevent risk taking behaviours in school age children and adolescents before their behaviour and attitudes are established
3. In most countries schools can adopt and implement a broad spectrum of educational policies

⁷ Center on the developing child (2017) *Three Principles to Improve Outcomes for Children and Families.*, Harvard: Harvard university.

⁸ Faggiano, F., Minozzi, S., Versino, E. and Buscemi, D (2014) 'Universal school-based prevention for illicit drug use'. *Cochrane Database of Systematic Reviews*, (12), Art no: CD003020.



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What is LifeSkills?

LifeSkills promotes resilience through the development of emotional literacy, critical thinking, problem solving, healthy relationships and strategies to prevent risk taking behaviours.

LifeSkills is a highly effective early intervention and prevention programme which prevents risk taking behaviours in children and young people. LifeSkills is a universal programme, designed for whole-class in school delivery.

LifeSkills concentrates on a preventative approach which shares age appropriate information with children and young people providing them with the skills, knowledge and attitudes to make healthy choices. LifeSkills has three core components:

- » **Self-management** skills which help students with problem solving, decision making, critical thinking and how to regulate emotions
- » **Social competence** which involves teaching students how to communicate clearly, make friends and develop healthy relationships
- » **Resistance training** to help young people develop strategies for resisting peer pressure

As well as preventing risk taking behaviours, it also leads to important improvements in other core skills which are key for healthy development amongst young people. These include self-esteem, emotional regulation, motivation, communication, social skills and ability to cope with stress.



Who?

LifeSkills is a universal programme for children and young people aged 8-14 years.



Where?

The programme is designed for whole-class in school delivery.

The logic model for the programme is shown in Figure 2.

Figure 2

LifeSkills Logic model



Why choose LifeSkills?

Strengths of LifeSkills include:



- ✓ Documented effectiveness through extensive evaluations
- ✓ Based on scientific evidence of what causes children to engage in risk taking behaviour
- ✓ Capacity builds to sustain the programme
- ✓ Emphasises proven training skills methods
- ✓ Proven to reduce tobacco, alcohol and other drug use
- ✓ Flexible delivery model
- ✓ Is aligned to the national curriculum across the UK and Ireland

How is it delivered?

The LifeSkills model trains teachers and youth workers to ensure sustainability of the programme within the school setting. Teachers and youth workers will be equipped with the skills to facilitate the programme to a new set of students each year. Each session is designed to be implemented in 60 minutes. The programme is flexible in its delivery with models to accommodate a variety of schedules- both intensive (2 to 3 times per week) and extended (once per week).

There are two versions of LifeSkills tailored for different ages: Essential LifeSkills which is aimed at 8 to 11 year olds, and Advanced LifeSkills which is aimed at 11 to 14 year olds.

Essential LifeSkills has been sequentially designed to use with children from around 8 years of age up to around 11 years. 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 9 sessions.

Advanced LifeSkills is designed for young people aged 11 to 14 years old. The Advanced programme can be delivered to young people who have not previously received the Essential programme. The Advanced programme also has three Levels which build sequentially on each other to reinforce and develop key concepts and skills. The first Level has 16 sessions (with an additional 3 optional sessions), the second Level has 11 sessions (with an additional 2 optional sessions) and the third Level has 6 sessions (with an additional 4 optional sessions) which act as boosters.

*For the purpose of this study we are going to focus on Essential LifeSkills

Essential LifeSkills



(8-11 years):

Teachers in year 4, year 5 and year 6 are trained in all three Levels of LifeSkills. The three Levels of the programme will be delivered over a 2-3 year period to ensure long lasting programme effects.

Advanced LifeSkills



(11-14 years):

Teachers in year 7, year 8 and year 9 are trained in all three Levels of LifeSkills. The three Levels of the programme will be delivered over a 2-3 year period to ensure long lasting programme effects.

Programme content

LifeSkills is a dynamic and engaging programme that uses a variety of interactive teaching techniques to include facilitation, coaching, behavioural rehearsal and assessment. LifeSkills is a structured, clearly defined, manualised programme. LifeSkills materials include a Teacher’s Manual and Student

workbook for each of the three Levels of LifeSkills. Manuals and workbooks include extensive activities that focus on changing behaviour. Sessions cover a range of issues including self-image, decision making, dealing with stress, communication skills, social skills, advertising and assertiveness.

Figure 3

Essential LifeSkills Session Content



Essential and Advanced LifeSkills have been aligned to the personal development curriculums across the UK and Ireland. LifeSkills has also been aligned to the five key aspects of social and emotional learning that feature throughout both the primary and secondary school programmes.

Evidence and outcomes



Studies testing its effectiveness have found LifeSkills can reduce the prevalence of risk taking behaviours by up to **75%** with effects lasting 12 years.

LifeSkills is one of the most evaluated early intervention and prevention programme in the world. LifeSkills is rated as a Model Programme in the Blueprints for Violence Prevention (its highest rating). It has also been rated by the Early Intervention Foundation (EIF) as being Level 3. This means that LifeSkills has been independently assessed and shown to have the highest standards of evidence of effectiveness. Over 40 years of robust evaluations have shown LifeSkills 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 rolled out in new populations. It is currently used by schools in all 50 US States and has been successfully scaled up in 35 different countries.

LifeSkills has consistently shown to reduce tobacco, alcohol and cannabis use. Robust evaluations which have been undertaken include multiple Randomised Controlled Trials (RCTs) as well as other types of evaluation methodologies. More than 40 years of research have provided evidence of LifeSkills effectiveness under different conditions, with different providers and with different populations and age groups. The programme is effective with different groups of children and young people and the reductions in risk taking behaviours are long lasting.

Studies show that LifeSkills:⁹



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



Cuts polydrug use by up to **66%**



Decreases use of inhalants, narcotics and hallucinogens



Effects last for at least **12 years**



Booster sessions maintain **prevention effects**



Is effective when taught by teachers, youth worker or health professionals

⁹ Botvin, G. & Griffin, K. W (2014) 'LifeSkills training: Preventing substance misuse by enhancing individual and social competence', *New directions for Youth Development*, (141), pp. 57-65.

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 behaviours:

- ✓ 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 misuse, it increases the likelihood that children and young people 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 has been proven to empower young people and improve core resiliencies that help them to engage in education.
- ✓ LifeSkills has been shown to improve young people's relationships with their peers, families and broader social networks. LifeSkills has been proven to improve young people's health and well-being by reducing substance misuse, risk taking (including risky sexual behaviour) and improved decision making and coping strategies.

Findings from recent UK Evaluation are consistent with previous robust evaluations. Significant improvements were shown in knowledge, attitudes and skills that should help prevent young people from engaging in risk taking behaviour.

This is a cost effective way to improve outcomes across a variety of domains (related to general well-being and substance misuse) for all young people. Rate on return of investment as calculated by the Social Research Unit is 72%.¹⁰ Investing in and effectively implementing this programme will improve skills, knowledge and resilience, this will help children and young people have healthier and more enjoyable lives.



Rate on return
investment as
calculated by the
Social Research
Unit.¹⁰



¹⁰ Investing in Children (2013) LifeSkills training: Blueprints approved, Available at: <http://investinginchildren.eu/interventions/life-skills-training> (Accessed: April 2018).

Barnardo’s implementation

Barnardo’s have been championing LifeSkills across the UK and Ireland since 2012. In light of learning from implementation of the American version, the UK LifeSkills team completed an adaption of the programme. Adaptations were made to the presentation of the LifeSkills materials to make them more relevant and engaging for children and young people, and some adaptations were made to a number of activities. All adaptations were agreed with the programme developer, Dr. Botvin. LifeSkills was aligned to personal development curriculums across the UK and Ireland.

The initial pilot showed that LifeSkills can

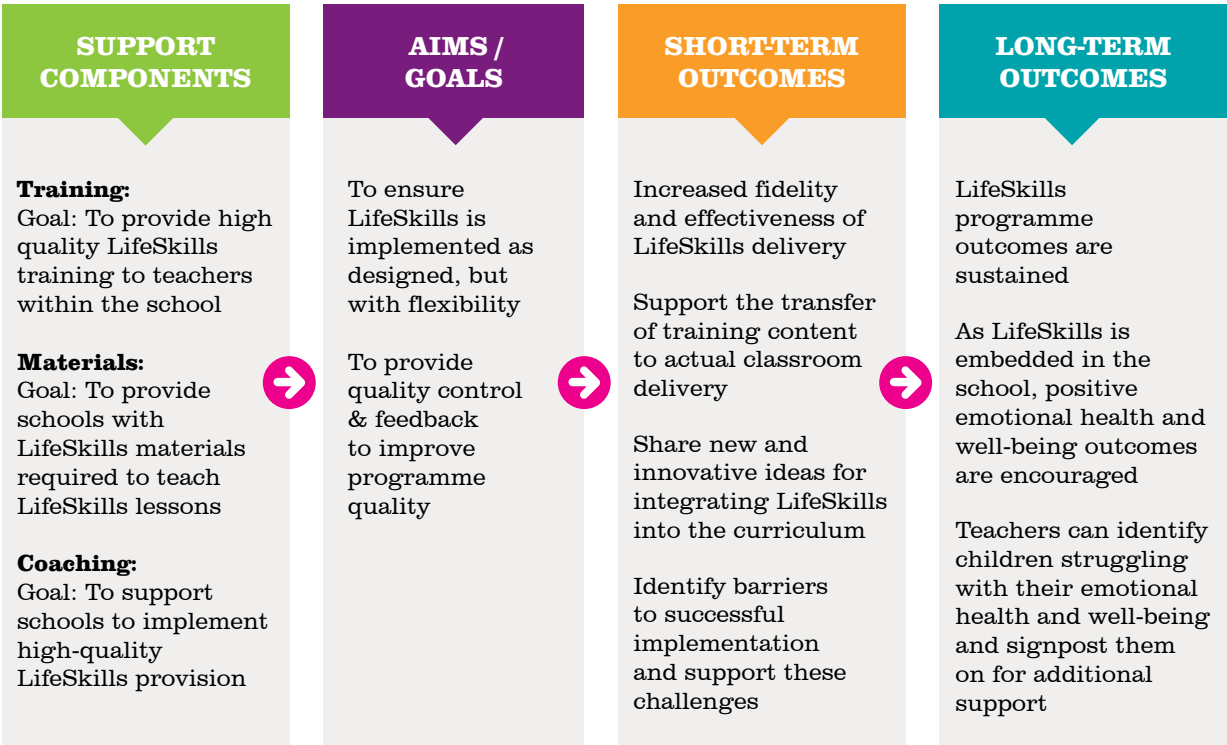
be implemented effectively in UK schools. The core topics are relevant and the programme can be delivered consistently and with fidelity. Barnardo’s provides three components of the programme:

- 1. LifeSkills training
- 2. Adapted resources
- 3. Technical assistance (to include data analysis)

On-going technical assistance is provided to support delivery and monitor fidelity. This ensures the programme is delivered as intended, to a high standard and more likely to achieve positive impact.

Figure 4

Logic model for LifeSkills technical assistance





Partnership with Family Matters ABC

Family Matters Area Based Childhood Programme (ABC) is a Prevention and Early Intervention Programme, working at an area level to collectively impact on service delivery, enhancing workforce capacity and systems change to ensure best outcomes for children and families, both at a universal and targeted level.

A local study conducted by Ballyfermot Local Drugs and Alcohol Task Force completed in 2017 on the current patterns of alcohol use and misuse found that people in Ballyfermot were; -

3x **more likely** to have experienced violence as a result of someone else's drinking than the national average.

4x **more likely** to have had family problems or relationship difficulties due to alcohol.

5x **more likely** to have experienced financial trouble due to someone else's drinking than the national figure.

“Family Matters chose the programme because it has such a strong evidence base in not only reducing behaviours around early use of alcohol and drugs but improving the general resilience of children.”

Family Matters ABC were afforded an initial grant by the Local Drugs and Alcohol Task Force to undertake a pilot programme to work to enhance young people's knowledge and understanding of the impact of drugs and alcohol.

Family Matters ABC chose the programme because it has such a strong evidence base in not only reducing behaviours around early use of alcohol and drugs but improving the general resilience of children.



METHODOLOGY

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Analysis

Design

The results represented in this paper focus on Essential LifeSkills delivered across 8 primary schools in Ballyfermot, Dublin. As Family Matters works at a Consortium level an integral part of the design was to work from an interagency approach to the planning and implementation of the Lifeskills programmes in Ballyfermot. The initial facilitation team in Year 1 comprised staff from the local youth services Ballyfermot Youth Service, Cherry Orchard Integrated Youth Services and Familibase as well as the 4 clusters of the School Completion Programme. In Year 2 a number of teachers were trained to boost the number of facilitators and to ensure longer term embedding of the programme within the school curriculum.

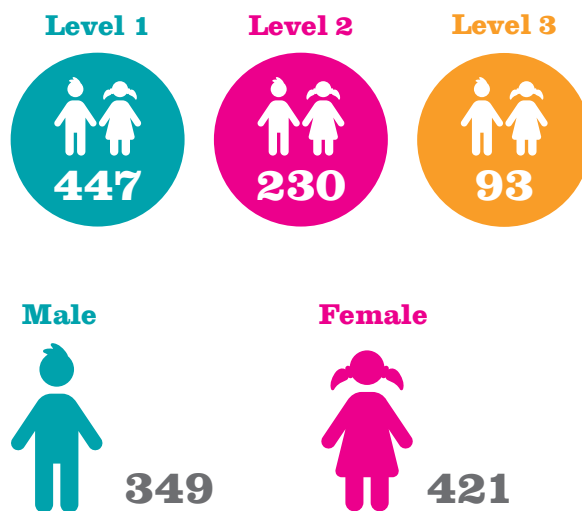
A simple pre-post, repeated measures design was used for the evaluation utilising information which was already being routinely collected as part of service delivery.

The evaluation aimed to explore the following questions about the outcomes of the Essential LifeSkills programme within Ballyfermot, Dublin:

- » Did LifeSkills show improvements in outcomes for children across knowledge, attitudes and skills on completion of each level of the programme?
- » Did LifeSkills show additional improvements in outcomes for children when completing the three Levels of the programme?
- » What was teacher/youth worker and children's experience of the programme?

Participants

Between September 2016 and March 2018 447 children completed at least one Level of the programme across 8 schools. Primary schools implementing the programme were De La Salle, Mary Queens of Angels 1, Mary Queen of Angels 2, St Gabriel's, St Louise's, St Michael's, St Raphael's and St Ultan's. In total 447 children across 21 classes completed Level 1 and contributed data to the evaluation, 230 children in 12 classes went on to complete Level 2 and 93 children in 5 classes went on to complete Level 3. Please note figures are for children who completed both pre and post questionnaires, additional children completed the programme but for varying reasons did not complete the pre or post evaluation.



The programme was implemented with children in 4th year aged 9-10 years, children in 5th year aged 10-11 years and children in 6th year aged 11-12 years.

Measures

Measures were routinely collected as part of service delivery and were administered by the teacher or youth worker facilitating the programme. A comprehensive collection of data was collated to capture the impact of the programme in Ballyfermot, this included:

1. Pre and post Botvin Elementary School Version (LST-Q) questionnaire per pupil

At the beginning and end of each programme, children and young people completed the LifeSkills training questionnaire. This questionnaire was developed by the programme developers specifically for use with Essential LifeSkills. It examines children's knowledge, attitudes and skills at the start and end of each Level of the programme.

2. Qualitative data from children

At the end of each programme delivery, children and young people completed a feedback questionnaire comprising open ended questions which asked: What did you like most? What did you like least? What did you learn?

3. Teachers/youth workers questionnaire

At the end of each programme delivery, teacher and youth workers were asked to complete a feedback questionnaire comprising open ended questions relating to their perceptions of how the young people had benefited from participating in LifeSkills, their perceptions of the programme, usefulness and feedback from children.

4. Fidelity monitoring checklist

Fidelity (the quality and consistency of delivery) was assessed by monitoring 'Fidelity checklists' completed after each programme. Each facilitator rates whether they feel they have achieved the fidelity points prescribed in a session by completing a fidelity checklist, an average of these scores is calculated.

Analysis

This report analyses quantitative data on outcomes for individual Essential Levels 1, 2 and 3 and cumulatively from Levels 1 to 3.

Average fidelity was measured across each Level of the programme. Changes in student's knowledge, attitudes and skills are reported. The report also presents qualitative data from children and teachers/youth workers facilitating the programme.



RESULTS

21
Level 1

28
Level 2

34
Level 3

39
Cumulative Levels 1-2-3



Results

The Essential LifeSkills programme has been delivered in the school setting by both teachers and youth and community workers based within the schools in Ballyfermot.

Data is presented for Level 1, Level 2, Level 3 and cumulatively for Levels 1-3. All children who took part in Level 2 will have taken part in Level 1 and all children who took part in Level 3 will have taken part in Level 2. Qualitative and quantitative data for the Levels is presented in this section.

Level 1

**LifeSkills Level 1
was delivered in**



21 Classes



8 schools



447 children

Average level of fidelity across 21 classes



Fidelity scores are self-reported by the facilitator delivering the programme. Levels of 80% and above are rated as high fidelity. The range of fidelity scores was from 62.5% to 100%. Usually when fidelity was less than 100%, this was due to time constraints and perceived literacy issues in the class.

Changes in outcomes for children

Changes in knowledge scores



73%

**of students
showing
knowledge
improvement**

The knowledge scale in the LST 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 statements that the student responds true or false. Some examples of the statements are reported below:

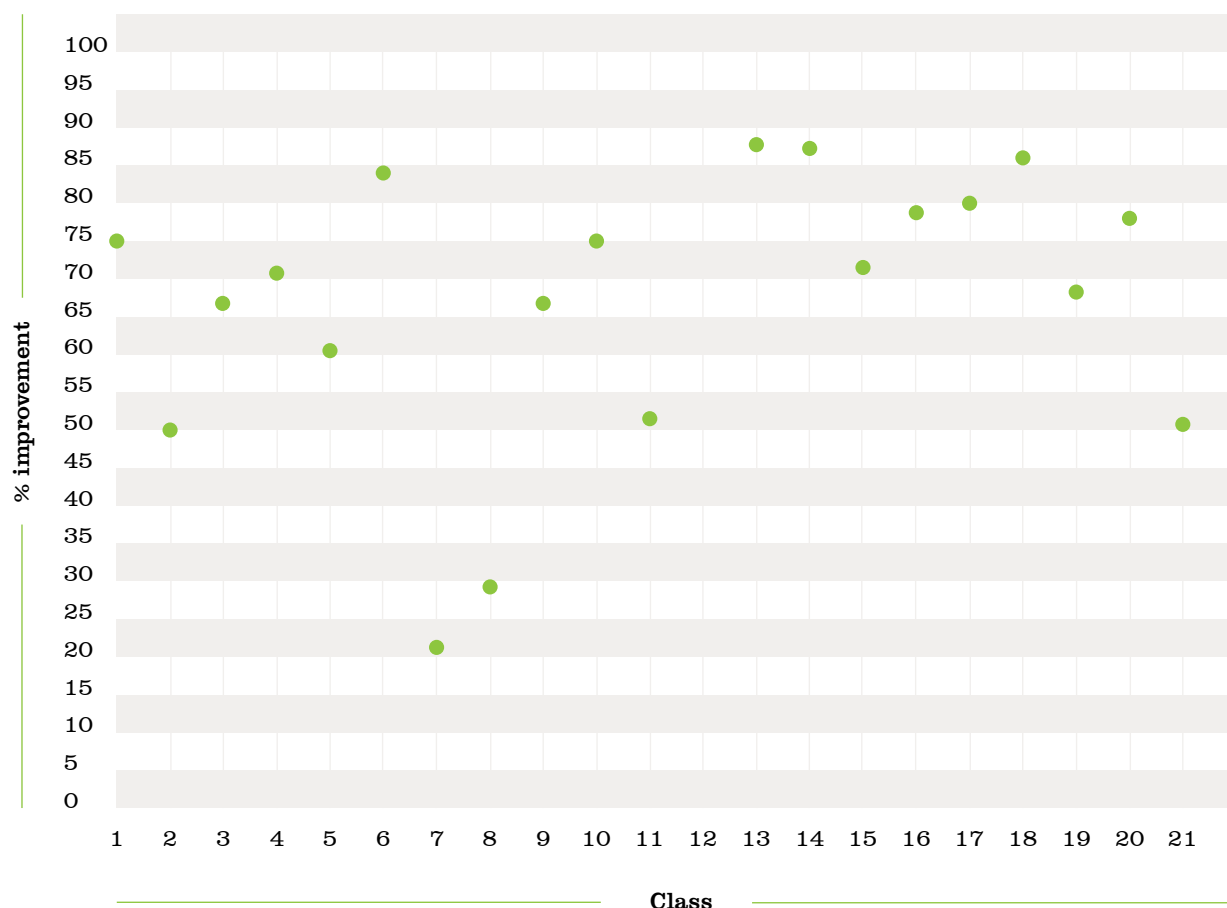
- » There is nothing you can do about peer pressure except go along with it
- » You should always let others influence your decisions
- » When we feel bad about ourselves, it affects how we do in school, sports or other activities
- » Most adults smoke cigarettes

An overall knowledge score is calculated alongside two subscales: anti-smoking knowledge and life skills knowledge. The overall knowledge score is a proportion of the total number of knowledge questions that have been correctly answered. Results for Level 1 illustrate 73% of students showing knowledge improvement.

Figure 5

Scatter graph showing class average of % students improvements for LifeSkills Level 1.

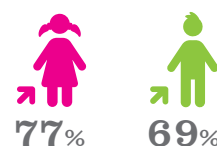
● class average of % students showing knowledge improvement



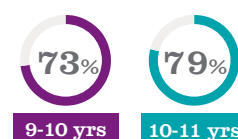
There was an improvement in knowledge scores throughout Level 1 of the programme. This shows that children know significantly more about the harmful effects of substance use at the end of Level 1 of the programme. They also know more about different coping strategies and life skills.

Knowledge improvement scores ranged from 22% to 88%. Changes in scores can be attributed to the varying Levels of fidelity. For example one class scored 22% and on further investigation did not adhere to the fidelity of the programme as they had a gap of 6 weeks in between sessions.

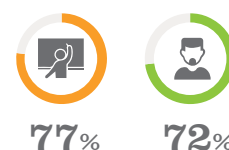
Girls overall knowledge scores improved by 77% and boys improved by 69% illustrating a slight increase in scores for the girls.



Children aged 9-10 years improved their knowledge scores by 73% and children aged 10-11 years improved their knowledge scores by 79%.



When teachers delivered the programme knowledge scores improved by 77% when youth workers delivered the programme knowledge scores improved by 72%.



Changes in attitudes

A number of questions in the LST-Q examine children and young people's attitudes towards smoking and alcohol use. Students respond to 8 statements on a 3 point Likert scale (Disagree, not sure, agree).

Some examples of the statements are below:

- » Since a lot of people drink alcohol it can't be that bad for you

- » Kids who smoke cigarettes have more fun than non-smokers
- » Kids who drink alcohol have more friends than non-drinkers

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

Average % students showing improvement in attitudes scores for LifeSkills Level 1



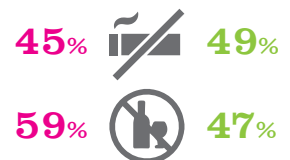
47%
of students showing
anti-smoking attitude
improvement



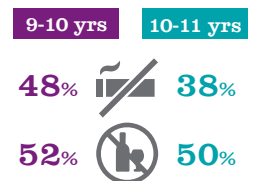
52%
of students showing
anti-drinking attitude
improvement

At the end of the programme children had healthier attitudes towards smoking compared to the start. This means 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. Variations in these scores can be attributed to varying levels of fidelity. Children and young people also showed improvements in their attitudes towards alcohol use. Again variations in scores are attributed to varying levels of fidelity.

Girls anti-smoking attitude scores improved by 45% and boys anti-smoking attitudes improved by 49%. Girls anti-drinking attitude scores improved by 59% and boys anti-drinking attitude scores improved by 47%.



Children aged 9-10 years improved their anti-smoking attitude scores by 48% and anti-drinking attitude scores by 52% and children aged 10-11 years improved their anti-smoking attitude scores by 38% and anti-drinking scores by 50%.



When teachers delivered the programme anti-smoking attitude scores improved by 50% and anti-drinking attitude scores improved by 49%.



When youth workers delivered the programme anti-smoking attitude scores improved by 46% and anti-drinking attitude scores improved by 53%.



Changes in coping and other life skills

The final section of the LST-Q consists of 8 questions that examine children and young people's reactions to how they would handle various situations. The children rate each statement on a 3 point Likert scale (some are rated: never, sometimes or most of the time, others 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 are as follows:

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



57%

of students
showing
'Life Skills'
improvement

Children and young people showed significant improvements in their 'Life Skills' by the end of the programme. The children showed increased use of skills such as relaxation techniques, decision making, communication and assertiveness. 'Life Skills' improvement scores ranged from 19% to 94% with the differences being attributed to fidelity.



58%

Girls overall Life Skills scores improved by 58 % and boys improved by 56 % so a slight increase in scores for the girls.



56%



9-10 yrs

56%

Children aged 8-9 years improved their Life Skills scores by 56% and children aged 9-10 years improved their Life Skills scores by 68%.



10-11 yrs

68%



49%

When teachers delivered the programme Life Skills scores improved by 49%, when youth workers delivered the programme Life Skills scores improved by 59%.



59%

Level 1 Results Average



73%



47%



52%



53%

Across Level 1 the results show an average knowledge improvement of 73%, an average anti-smoking attitude improvement of 47%, an average anti-drinking attitude improvement of 52% and an average 'Life Skills' improvement of 53%. An improvement in each of these scores is what is necessary to change children's behaviour.

Children's experience of the programme at LifeSkills Level 1

Children were asked to complete 3 short open ended questions at the end of delivery of the programme. They were asked:

- » What did you like most?
- » What did you like least?
- » What did you learn?

Content analysis was undertaken on these to identify any recurrent themes at Level 1.

Key themes taken from the children's feedback after completion of Level 1 are smoking, stress and assertiveness. Children reported enjoying the activities such as Stop, think and Go, Dithery Dan and Slogans.

Children enjoyed getting up in front of the class to act out situations. This training technique is called behavioural rehearsal and is an effective way for children to internalise a skill that has been taught to practice the positive behaviour.



Smoking

'I learnt if your friend smokes you don't have to.'



Dealing with Stress

'When stressed you can do exercises or take deep breathes to calm you down.'

'I learnt how to better deal with my stress.'

'I learnt how to control my emotions.'

'We learnt how to take care of ourselves.'



Assertiveness

'It's ok to stand up for yourself.'

'Not to be a person that does everything someone else tells them to do.'

Teacher/ Youth Worker experience of the programme at LifeSkills Level 1

Teachers and Youth Workers were asked to complete a short questionnaire comprising open ended questions at the end of delivery of 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 you would change?
- » What have your pupils/parents said to you about the programme?
- » Would you recommend LifeSkills to other teachers/schools? Please explain why

Content analysis was undertaken on these to identify any recurrent themes at Level 1. Key themes taken from teacher and youth worker feedback after completion of Level 1 are the programmes relevant and 'fit' to the Social Personal and Health education curriculum (SPHE), dealing with stress, social skills and decision making. The teachers found that the programme raised issues on peer pressure and bullying.



Personal development curriculum

'I would certainly recommend this programme to other teachers and schools. I believe SPHE to be a really important subject in schools that deals with important concepts. The LifeSkills programme ensures children learn the adequate skills needed to deal with situations that may arise as they grow and move through life.'

'There was a great balance between direct teaching, written

activities and group work that it ensured the children were kept engaged and focused on the task at hand.'

'It is a very interactive programme and it gives the children a safe space to talk about tough topics such as low self-esteem, smoking and bullying.'

'The letters home to the parents are a great idea and also the curriculum related ideas for teachers are a great resource.'



Dealing with stress

'The children are now able to recognise stress as both a positive and negative feeling and this is a life skill that they can carry with them and that will give them empowerment to successfully move through education and further on in life.'

'The walking around with your worries exercise was a great way to emphasise how difficult it is to function when you are carrying worries around, I'll definitely continue to use this exercise.'



Social skills

‘Some of the boys really struggled with this activity and had to ask their friends to help (naming qualities). In each case the boys appeared very happy to hear what their friends thought their qualities were. One boy didn’t consider himself caring but was helping other boys on the table. I pointed out that this is caring and he appeared to realise that this was a quality he had.’
(Social skills session)

‘The children enjoyed discussing the different feelings people experience and how we communicate these feelings. The children particularly enjoyed the charades game. The children were surprised to learn how body language can show you how someone is feeling.’



Decision making

‘The child had been online and unknown to her mother was in contact with a stranger who appeared to be trying to organise a meeting in person with the child. The child who is quite vulnerable due to family circumstances began to realise that things were not right and went to her mother and told her what was happening. She told her mother that she made the decision that things were not right and to tell because of what she had learned in LifeSkills. The parent then contacted the school to thank them.’

‘The biggest lesson the children learned were that making decisions should not be taken lightly, that there is a consequence whether good or bad to every decision you make.’



Peer pressure

‘Peer pressure is something that continues to inform young people’s decisions and I think it’s important they are made aware of the effects, both positive and negative.’

‘There were many times when peer pressure was discussed throughout the programme and I feel the children could relate to this and really engaged with it.’

‘It has been great for me as the class teacher, to be able to refer back to Lesley and Debbie’s teachings when issues or discussions arise in class or on the yard. I believe the boys have taken a lot away from the programme as I have noted them referring to and using the terms they have learned such as ‘peer pressure’ or ‘stressor’ which I will continue to encourage.’



Level 2

LifeSkills Level 2 was delivered in



12 Classes



8 schools



230 children

Average level of fidelity across 12 classes



Fidelity scores are self-reported by the facilitator delivering the programme. Levels of 80% and above are rated as high fidelity. The range of fidelity scores was from 73% to 100%. Time restraints were an issue for facilitators.

Changes in outcomes for children

Changes in knowledge scores

The overall knowledge score is a proportion of the total number of knowledge questions that have been correctly answered. Below are the knowledge scores for Level 2.



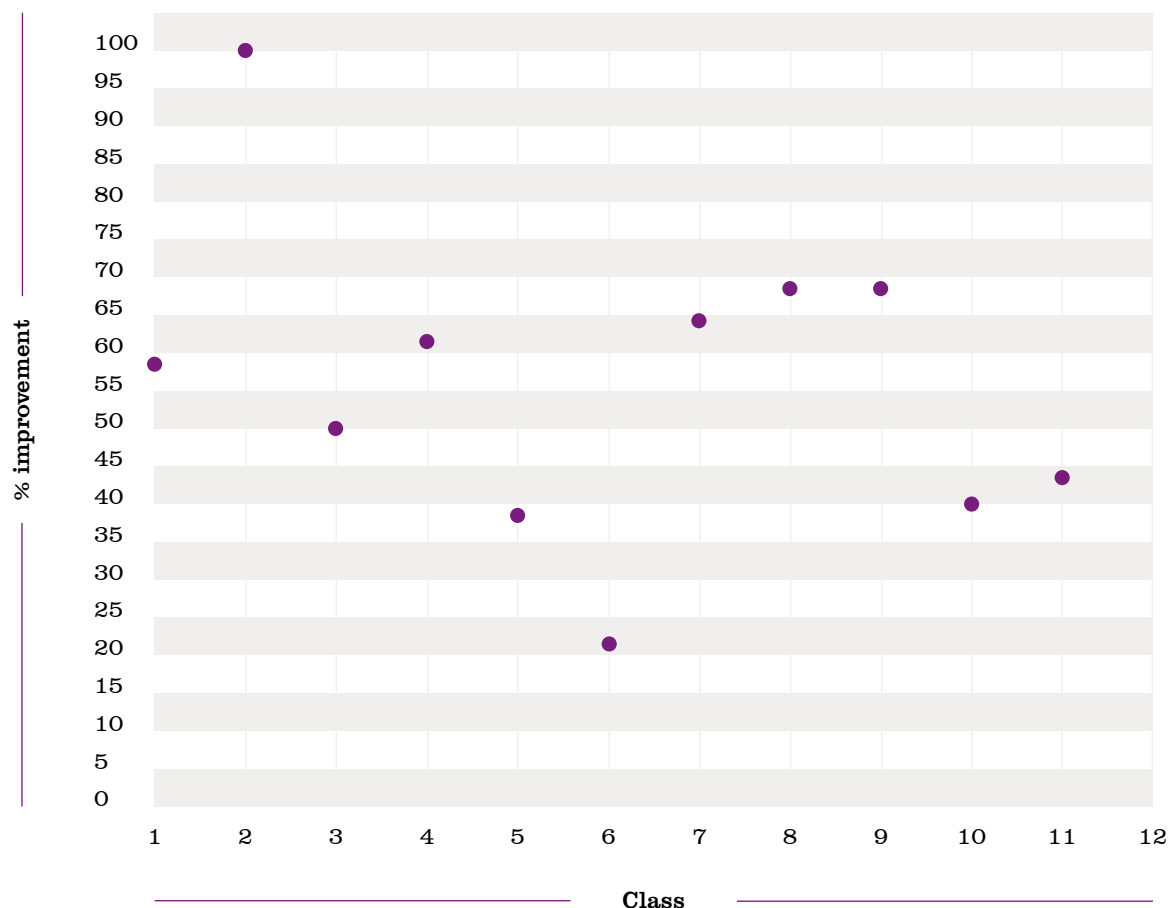
56%

of students
showing knowledge
improvement

Figure 6

% Scatter graph showing class average of % students improvements for LifeSkills Level 2.

● Class average of % students showing knowledge improvement



61%



46%

Girls overall knowledge scores improved by 61% and boys improved by 46% so a higher increase in the scores for girls.



9-10 yrs



10-11 yrs

Children aged 9-10 years improved their knowledge scores by 55% and children aged 10-11 years improved their knowledge scores by 56%.



56%



56%

When teachers delivered the programme knowledge scores improved by 56% when youth workers delivered the programme knowledge scores improved by 56%.

There was an improvement in knowledge scores throughout Level 2 of the programme. This shows that children know significantly more about the harmful effects of substance use at the end of Level 1 of the programme. They also know more about different coping strategies and life skills.

Changes in attitudes

At the end of Level 2 the children had significantly healthier attitudes towards smoking compared to the start. This means 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.

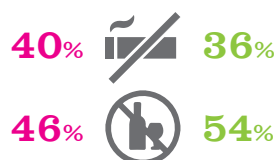
Average % students showing improvement in attitudes scores for LifeSkills Level 2



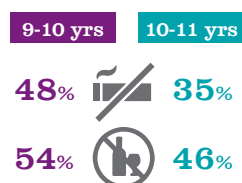
40%
of students showing
anti-smoking attitude
improvement



48%
of students showing
anti-drinking attitude
improvement



Girls anti-smoking attitude scores improved by 40% and boys anti-smoking attitudes improved by 36%. Girls anti-drinking attitude scores improved by 46% and boys anti-drinking attitude scores improved by 54%.



Children aged 9-10 years improved their anti-smoking attitude scores by 48% and anti-drinking attitude scores by 54% and children aged 10-11 years improved their anti-smoking attitude scores by 35% and anti-drinking attitude scores by 46%.



When teachers delivered the programme anti-smoking attitude scores improved by 36% and anti-drinking attitude scores improved by 57%.



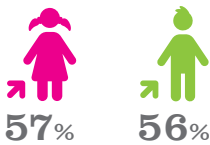
When youth workers delivered the programme anti-smoking attitude scores improved by 40% and anti-drinking attitude scores improved by 45%.

**Changes in coping
and other life skills**

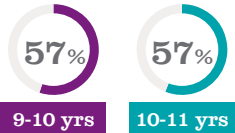
Children and young people showed significant improvements in their 'Life Skills' by the end of the programme. The children showed increased use of skills such as relaxation techniques, decision making, communication and assertiveness.



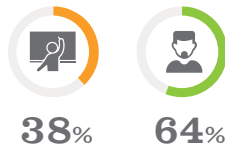
Girls overall Life Skills scores improved by 57% and boys improved by 56% so a slight increase in scores for the girls.



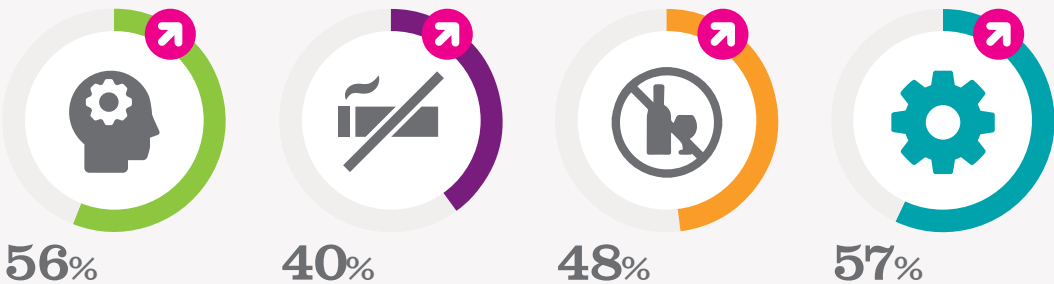
Children aged 9-10 years improved their Life Skills scores by 57% and children aged 10-11 years improved their Life Skills scores by 57% illustrating no difference between scores.



When teachers delivered the programme Life Skills scores improved by 38% when youth workers delivered the programme Life Skills scores improved by 64%.



Level 2 Results Average



Across Level 2 the results continue to improve on Level 1 results showing an average knowledge improvement of 56%, an average anti- smoking attitude improvement of 40% , an average anti-drinking attitude improvement of 48% and an average 'Life Skills' improvement of 57%. An improvement in each of these scores is what is necessary to change children's behaviour.

Children's experience of the programme at LifeSkills Level 2

Content analysis was undertaken on these to identify any recurrent themes at Level 2.

Key themes taken from the children's feedback after completion of Level 2 are decision making, assertiveness and communication. Children reported remembering key points from Level 1, enjoying the I-messages, word searches and games.



Decision making

'I liked the way it made me feel safe.'

'I learnt how to make good decisions.'



Assertiveness

'I learnt how to be assertive with bullies.'

'I learnt how to say no to things I didn't want to do.'



Communication

'I can use what skills I have learnt in LifeSkills at all times.'

'I learnt things that will help me do well when I am older.'



Teacher/Youth Worker experience of the programme at LifeSkills Level 2

Content analysis was undertaken on these to identify any recurrent themes at Level 2.

Key themes taken from teacher and youth worker feedback after completion of Level 2 are assertiveness, stress, self-esteem and link to the curriculum. The teachers found that the programme raised issues on the amount of stress within the classroom setting.



Assertiveness

‘They learned that being assertive does not mean being aggressive. They learned how to say no in a calm confident manner and to use the saying no techniques in order to get themselves out of tricky situations.’

‘The class really enjoyed the I-Message activity. They could tell us some situations that they found difficult to tell someone no and now have the I-Message to make it easier.’



Dealing with stress

‘An open discussion supported the young people to state what they had learned last year and explain the many different things that cause stress. The class compared and contrasted the difference between stress caused by excitement and distress with very little staff guidance. The group gave excellent examples of healthy and unhealthy ways to deal with stress. All of the group said they enjoyed the guided imagery and progressive muscle relaxation.’



Self esteem

‘The group had a good understanding of what the concept of self-esteem means. It was very evident that the group remembered a lot of the information from engaging in the life skills Level 1.’

‘An open discussion enabled the young people to explain what self-esteem means and how we develop our self-esteem. This generated further conversation around high and low self-esteem and how this can affect our behaviour. The group were very engaging and willing to answer questions.’



Curriculum

‘All of the topics covered were of utmost benefit to the children. The programme allowed the children to explore a range of topics that are equally applicable to them as children as in adult life.’

‘There needs to be more of a focus in schools around wellbeing and life skills. The programme was easy to facilitate as the LifeSkills manual is easy to follow.’

‘It was very evident that this group already completed Essential Level 1 as they had great knowledge on the topics.’

‘Pupils looked forward to doing LifeSkills each week. All feedback has been very positive.’

‘I would highly recommend the LifeSkills programme. It deals with some very relevant choices and decisions that the pupils will encounter at an early age.’

Level 3

LifeSkills Level 3 was delivered in



5 Classes



5 schools



93 children



Average **level of fidelity** across 5 classes

Levels of 80% and above are rated as high fidelity. The range of fidelity scores was from 50% to 100%.

Changes in outcomes for children

Changes in knowledge scores

The overall knowledge score is a proportion of the total number of knowledge questions that have been correctly answered. Below are the knowledge scores for Level 3.



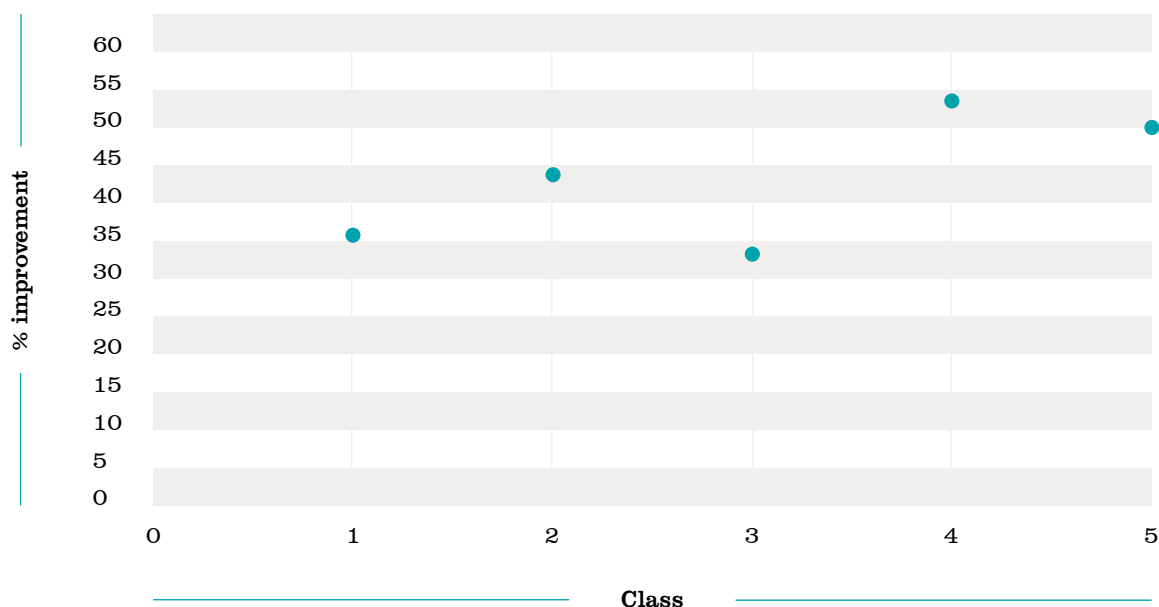
41%

of students showing **knowledge improvement**

Figure 7

% Scatter graph showing class average of % students improvements for LifeSkills Level 3.

● class average of % students showing knowledge improvement



38%



45%

Girls overall knowledge scores improved by 38% and boys improved by 45% so a higher score of improvement for the boys.



10-11 yrs



11-12 yrs

No children aged 9-10 years completed Level 3, children aged 10-11 years improved their knowledge scores by 40% and children aged 11-12 years improved their knowledge scores by 44%.

No teachers delivered Level 3 of the programme.

There was an improvement in knowledge scores throughout Level 3 of the programme. This shows that children know significantly more about the harmful effects of substance use at the end of Level 1 of the programme. They also know more about different coping strategies and life skills.

Changes in attitudes

At the end of LifeSkills Level 3 the children had significantly healthier attitudes towards smoking compared to the start. This means 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.

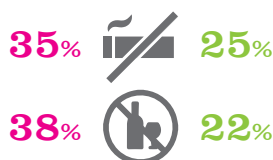
Average % students showing improvement in attitudes scores for LifeSkills Level 3



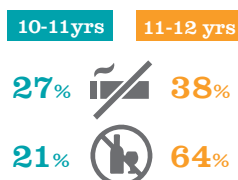
30%
of students
showing **anti-
smoking attitude
improvement**



32%
of students
showing **anti-
drinking attitude
improvement**



Girls anti-smoking attitude scores improved by 35% and boys anti-smoking attitudes improved by 25%. Girls anti-drinking attitude scores improved by 38% and boys anti-drinking attitude scores improved by 22%.

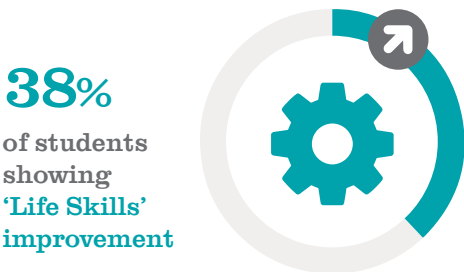


There were no children aged 9-10 years completing Level 3, children aged 10-11 years improved their anti-smoking attitude scores by 27 % and anti-drinking attitude scores by 21% and children aged 11-12 years improved their anti-smoking attitude scores by 38% and anti-drinking attitude scores by 64%.

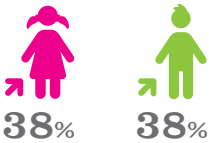
No teachers delivered Level 3 of the programme.

Changes in coping and other life skills

Children and young people showed significant improvements in their ‘Life Skills’ by the end of the programme. The children showed increased use of skills such as relaxation techniques, decision making, communication and assertiveness.



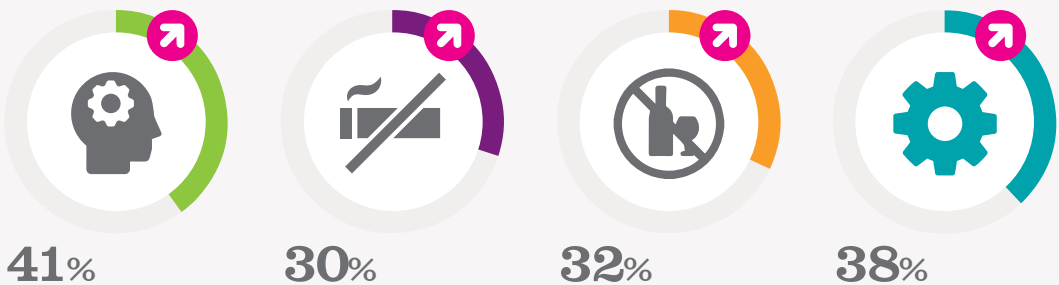
Girls overall Life Skills scores improved by 38% and boys improved by 38% therefore no difference in scores.



Children aged 9-10 years did not complete Level 3. Children aged 10-11 years improved their Life Skills scores by 40% and children aged 11-12 years improved their Life Skill scores by 31%.



Level 3 Results Average



Across Level 3 the results continue to improve on Level 2 results showing an average knowledge improvement of 41%, an average anti- smoking attitude improvement of 30% , an average anti-drinking attitude improvement of 32% and an average ‘Life Skills’ improvement of 38%. An improvement in each of these scores is what is necessary to change children’s behaviour.

Children's experience of the programme at LifeSkills Level 3

Content analysis was undertaken on these to identify any recurrent themes at Level 3.

Key themes taken from the children's feedback after completion of Level 3 are assertiveness, advertising, and decision making. Children repeatedly discussed peer pressure and how to deal with stress. Children reported enjoying the role plays and getting up in front of the class.



Assertiveness

'Being assertive is better than being aggressive.'

'I learned how to be assertive with bullies.'

'I learnt to stand up for myself.'



Decision making

'I learnt to always think things through.'

'I learnt if you think things through there is normally a better way of doing things.'



Smoking

'I told everyone in my family what happens when you smoke. They didn't know. They are all giving up smoking.'

'I liked the smoking information because I got to tell my family about it.'

'I learnt how to look after myself and that smoking causes you damage.'

Teacher/Youth Worker experience of the programme at LifeSkills Level 3

Content analysis was undertaken on these to identify any recurrent themes at Level 3.

Key themes taken from teacher and youth worker feedback after completion of Level 3 are stress, and assertiveness.



Dealing with stress

'One child spoke about suicide in a concerning way during a stress session. We completed a follow up assessment with him and as a result (in conjunction with his parent and school) a referral was made to appropriate services. He went on to complete and actively participate very well in Level 3 of the programme. A second boy spoke about high levels of stress in his family during a stress session, we spoke with the school after this session and a referral was made to a family support service.'



Assertiveness

'The class really know how to be assertive now, it showed in their role play.'

'The class know how to deal with and react in different situations.'

Cumulative Levels 1-2-3

As children progressed through the three Levels of the programme all scores with regards to their knowledge, attitudes and skills increased. Scores show that booster sessions retain children’s learning over the period of time.

Figure 8

Bar chart to show increase in children’s knowledge scores through three Levels of the programme

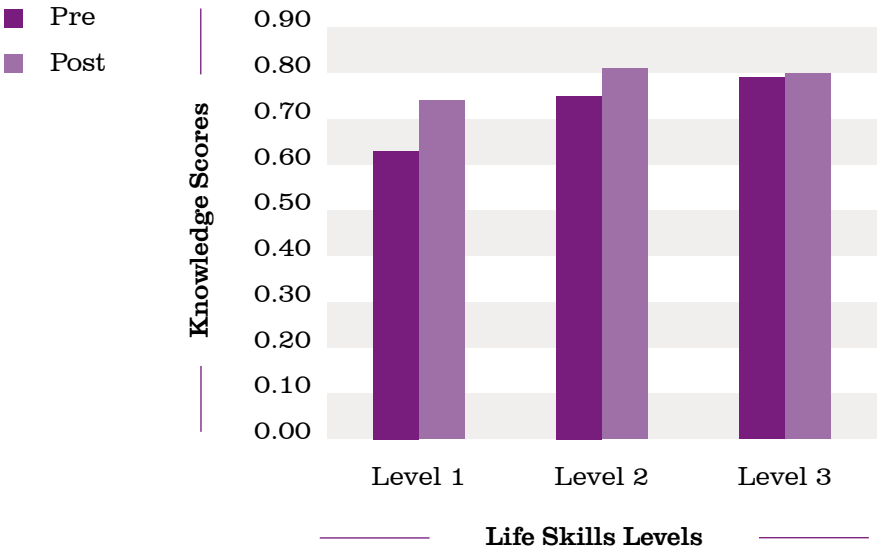


Figure 9

Bar chart to show increase in children’s anti-drinking attitude scores through three Levels of the programme

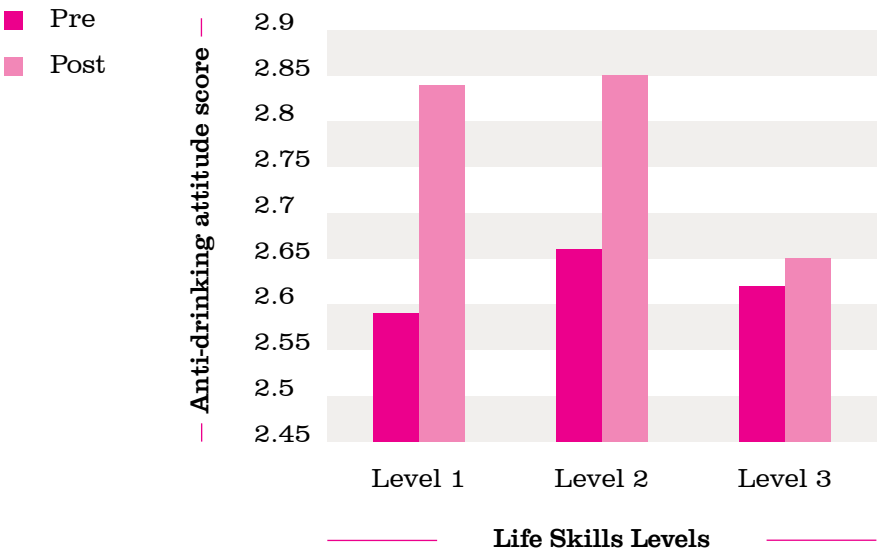
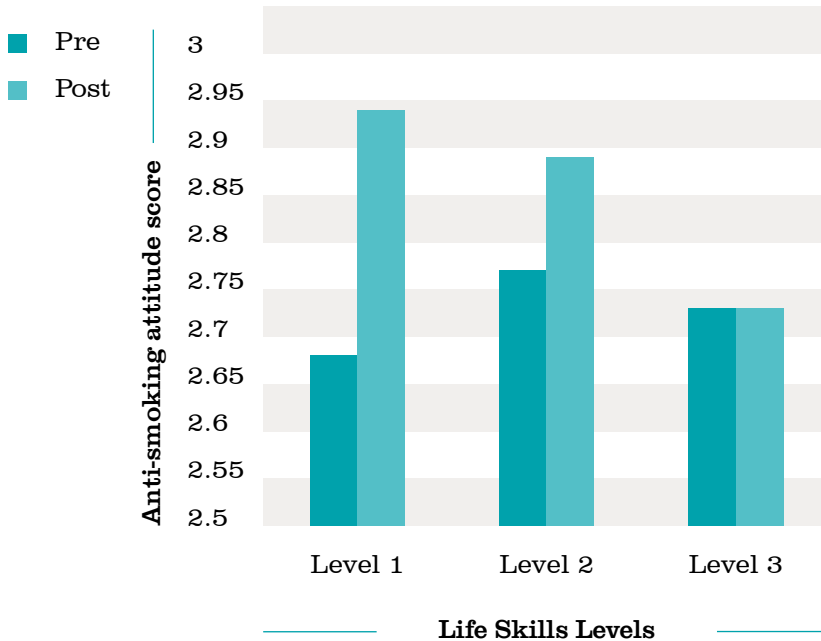


Figure 10

Bar chart to show increase in children's anti-smoking attitude scores through three Levels of the programme



“

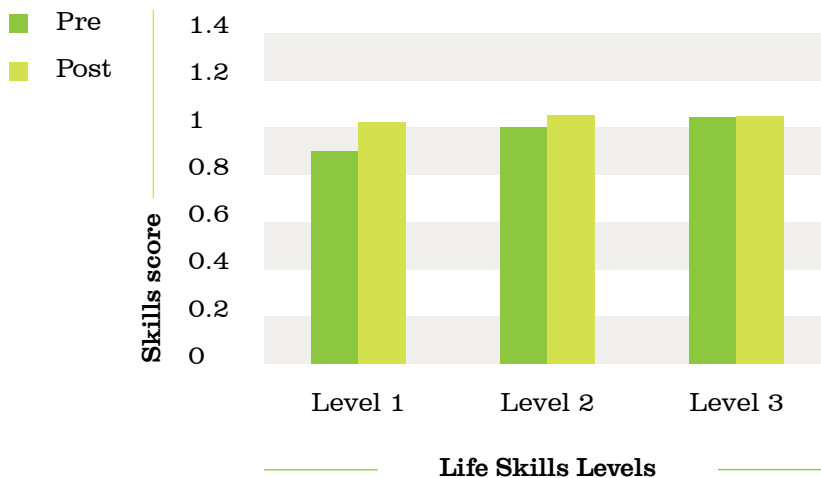
The fact that all sessions are the same topics from Level 1-3 is beneficial as it reinforces the information. This is a fantastic programme and should be the programme of choice for personal development in all schools.

”

(Teacher comment)

Figure 11

Bar chart to show increase in children's skills scores through three Levels of the programme





CONCLUSION

Conclusion



The findings from this study show that Essential LifeSkills for 8-11 year olds can be implemented effectively in schools. Key themes have emerged:

» **Effectiveness**

LifeSkills is an effective early intervention and prevention programme that improves children's knowledge, changes attitudes and equips children with strategies that enable them to lead happy healthy lives. Findings show that the Essential LifeSkills programme is effective for both males and females, and children who complete the programme at different ages.

» **Cumulative effect**

All children's scores with regards to their knowledge, skills and attitudes improved as they progressed through the three Levels of the programme. This illustrates the cumulative effect of LifeSkills which reinforced learning necessary to change children's behaviour. Scores show that booster sessions retain children's learning over the 2 year period. This suggests that Levels 2 and 3 act as effective boosters to consolidate and build on knowledge, attitudes and skills learned in Level 1.

» **Curriculum**

LifeSkills has been aligned by Barnardo's NI to compliment current personal development

curriculums across the UK and Ireland. Staff remarked on the programmes 'fit' within the statutory personal development curriculum and also the relevance of topics that allowed safe discussion within the classroom setting especially with regards to dealing with stress, decision making and self-esteem. Teachers praise the programmes interactive format and how well the children engaged in the programme.

» **Technical assistance**

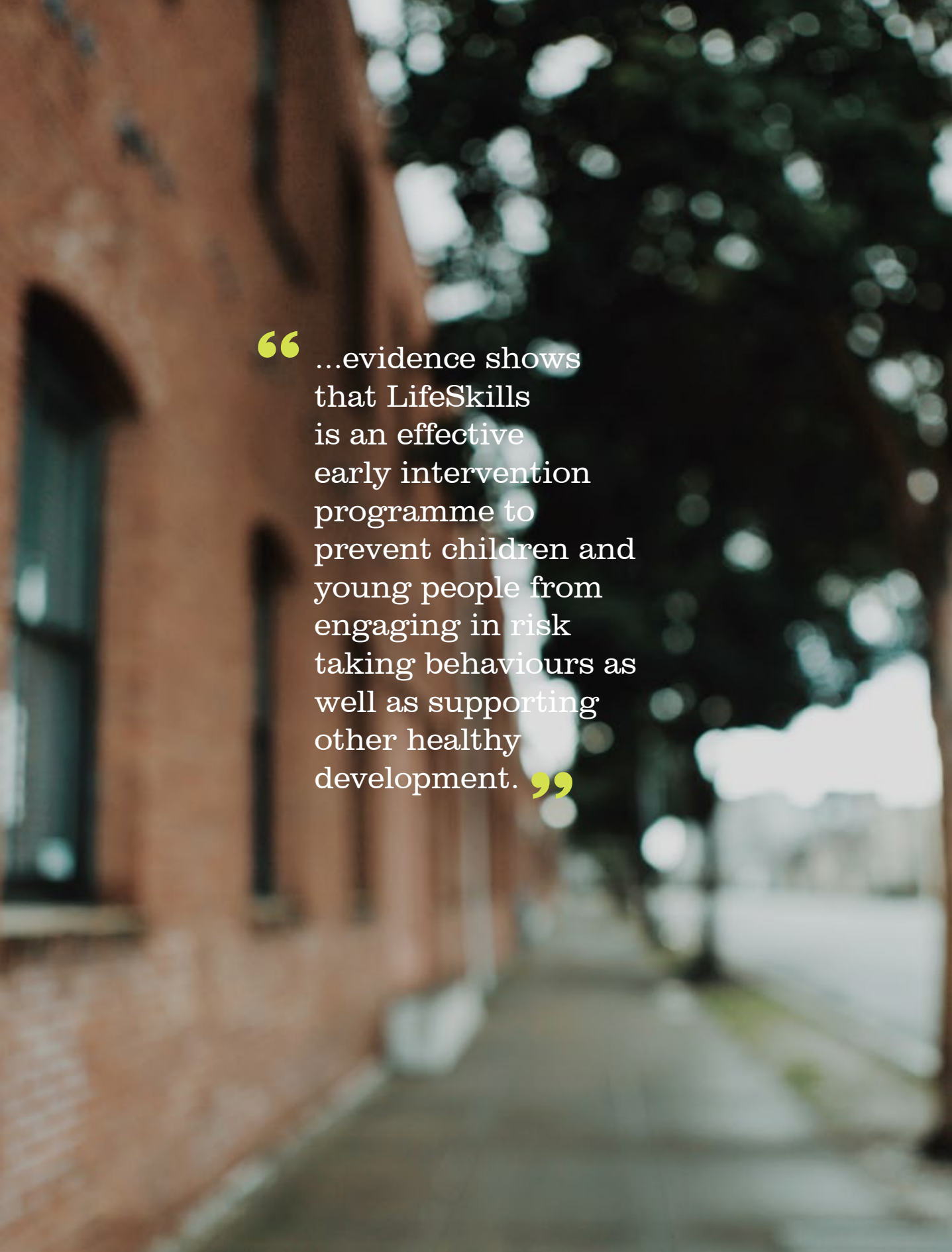
This study has emphasised the importance of implementing the programme effectively. Children's scores are improved when facilitators adhere to the fidelity of the programme. Facilitators reported feeling reassured in receiving LifeSkills impact reports detailing children's improvements in knowledge, skills and attitudes across the programme.

» **Flexibility**

LifeSkills is flexible in its delivery and is effective when delivered by either teachers or youth workers. There is potential for development with the education and community sectors.



In conclusion, LifeSkills has successfully been implemented in Ballyfermot. Evidence shows that LifeSkills is an effective early intervention programme to prevent children and young people from engaging in risk taking behaviours as well as supporting other healthy development.



“...evidence shows that LifeSkills is an effective early intervention programme to prevent children and young people from engaging in risk taking behaviours as well as supporting other healthy development.”

Believe in
children



Barnardo's

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Botvin
LifeSkills Training



Family Matters ABC Programme



Ballyfermot
Chapelized
Partnership

'Building an inclusive community'