

LIFESKILLS



An early intervention and prevention programme to build resilience

Findings from the implementation
of Botvin LifeSkills within
Waltham Forest Schools

**Believe in
children**
 **Barnardo's**


Waltham Forest

 Botvin
LifeSkills® Training

1	INTRODUCTION	
	Risk taking behaviours and resiliency in Waltham Forest	04
	What works?	05
	Why schools?	06

2	WHAT IS BOTVIN LIFESKILLS?	
	Why choose LifeSkills?	09
	How is it delivered?	10
	Programme content	11
	Evidence and outcomes	12
	Barnardo's implementation	14

3	METHODOLOGY	
	Design	17
	Participants	17
	Measures	18
	Analysis	18

4	RESULTS	
	Delivery of programm	20
	Changes in knowledge scores	22
	Changes in attitudes	24
	Changes in coping and other life skills	26
	Children's experience	29
	Teacher's experience	30

5	CONCLUSION	31
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	APPENDIX	34
--	-----------------	----

Acknowledgements

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INTRODUCTION

04

Risk taking behaviours and resilience in Waltham Forest

05

What works?

06

Why schools?

Introduction

Risk taking behaviours and resiliency in Waltham Forest

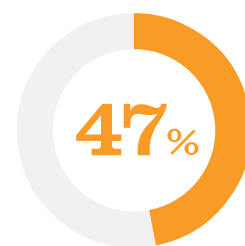
The behaviour of adolescents, especially in relation to risk taking behaviours has been the subject of numerous headlines across the UK over past years. The use of risk taking behaviours such as smoking, drugs, alcohol and unsafe sex contribute to social problems, morbidity and mortality. If unchecked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

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.

A public health approach is the key to the prevention of risk taking behaviours. There is a significant overlap between young people who drink regularly, smoke and/or take illegal drugs, and the amount of young people who are

involved in anti-social behaviour and crime. A Department of Education survey (2011) of 16 year olds in England found that almost half (47%) of those involved in criminal activity either drank alcohol on most days, or smoked at least six cigarettes per week and had tried cannabis, compared to 13% of the law-abiding majority.¹

A 2016 research collaboration with Dartington Social Research Unit confirmed Waltham Forest Councils commitment to building skills, relationships and social capital as vital to improving outcomes. As a result of this, a priority of the council was to deliver population level, evidence-based prevention programmes, such as Botvin LifeSkills.²



Almost half of those involved in **criminal activity** either drank alcohol on most days, or smoked at least six cigarettes per week and had tried cannabis.

¹ Department for Education (2011) Understanding vulnerable young people: analysis from the Longitudinal Study of Young People in England, Sheffield: Department for Education

² <https://archive.dartington.org.uk/projects/view/34>

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 risk taking behaviours. 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 their confidence and improve decision making. We also 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.³

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.⁴

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.⁵ To be effective, services should:



**1. Support
Responsive
Relationships**



**2. Strengthen
Core
Life Skills**



**3. Reduce
Sources of
Stress**

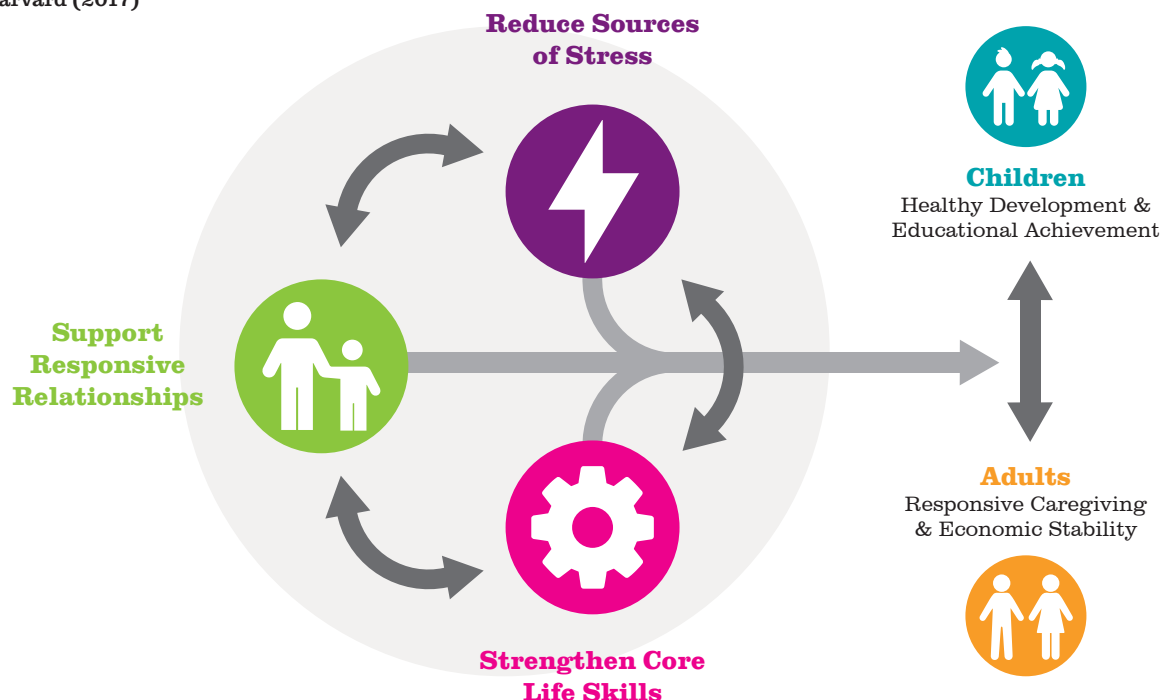
³ <https://developingchild.harvard.edu/science/key-concepts/resilience/>

⁴ <https://www.gse.harvard.edu/news/uk/17/11/short-primer-resilience>

⁵ <https://developingchild.harvard.edu/resources/three-early-childhood-developmentprinciples-improve-child-family-outcomes/>

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.⁶

Why schools?

Three important summaries of the available evidence about effective school based prevention programmes have been undertaken by the Cochrane Collaboration.⁷ 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

⁶ <https://developingchild.harvard.edu/resources/three-early-childhood-developmentprinciples-improve-child-family-outcomes/>

⁷ <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004606.pub2/full>



WHAT IS BOTVIN LIFESKILLS?

09

Why choose LifeSkills?

10

How is it delivered?

11

Programme content

12

Evidence and outcomes

14

Barnardo's implementation

What is LifeSkills?

LifeSkills is a highly **evidence** based early intervention and prevention programme that **improves children's emotional health and well-being in schools. LifeSkills promotes resilience through the development of emotional literacy, critical thinking, problem solving, healthy relationships and strategies to prevent risk taking behaviour.**

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 testing its effectiveness have found that LifeSkills can reduce the prevalence of risk taking behaviours in children by up to 75% with effects lasting 12 years. 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 health 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 designed for children in Years 4-6.



Where?

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

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

How is it delivered?

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

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.



(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.



(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.

Advanced LifeSkills

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.

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 a highly evidenced based programme. 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.

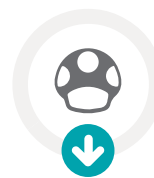
Studies show that LifeSkills:



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 workers or health professionals

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 behaviours (including risky sexual behaviour), 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%.⁸ Investing in and effectively implementing this programme will improve skills, knowledge and resilience, which will help children and young people have healthier and more enjoyable lives.

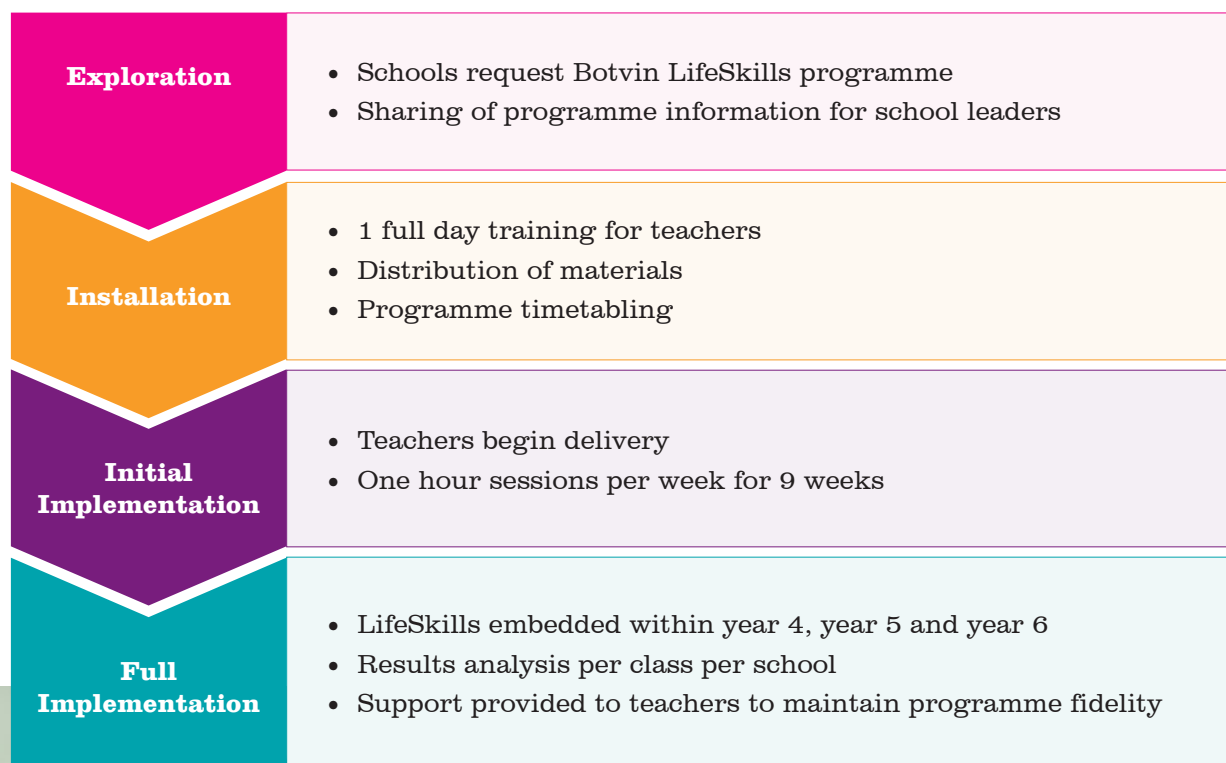
⁸ Investing in Children (2013) LifeSkills training: Blueprints approved, Available at: <http://investinginchildren.eu/interventions/life-skills-training> (Accessed: August 2019).



Rate on return
investment as
calculated by the
Social Research
Unit.⁶

Barnardo's implementation

Barnardo's is committed to high quality training and support to ensure fidelity to the programme. Following good implementation practice the programme is introduced in the following ways:



Barnardo's NI and Waltham Local Authority Partnership

Barnardo's NI and Waltham Forest Local Authority entered into a 3 year partnership in 2018 that involved the roll out of Botvin LifeSkills in 30 primary schools across the borough. Over 270 year 4, year 5 and year 6 teachers will be trained and supported

through their delivery of the programme. This aims to reach over 8000 children completing the programme.

Barnardo's NI holds the UK licence for Botvin LifeSkills and is highly experienced in their implementation of the programme.

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.

The initial pilot showed that LifeSkills can be implemented effectively in UK schools.

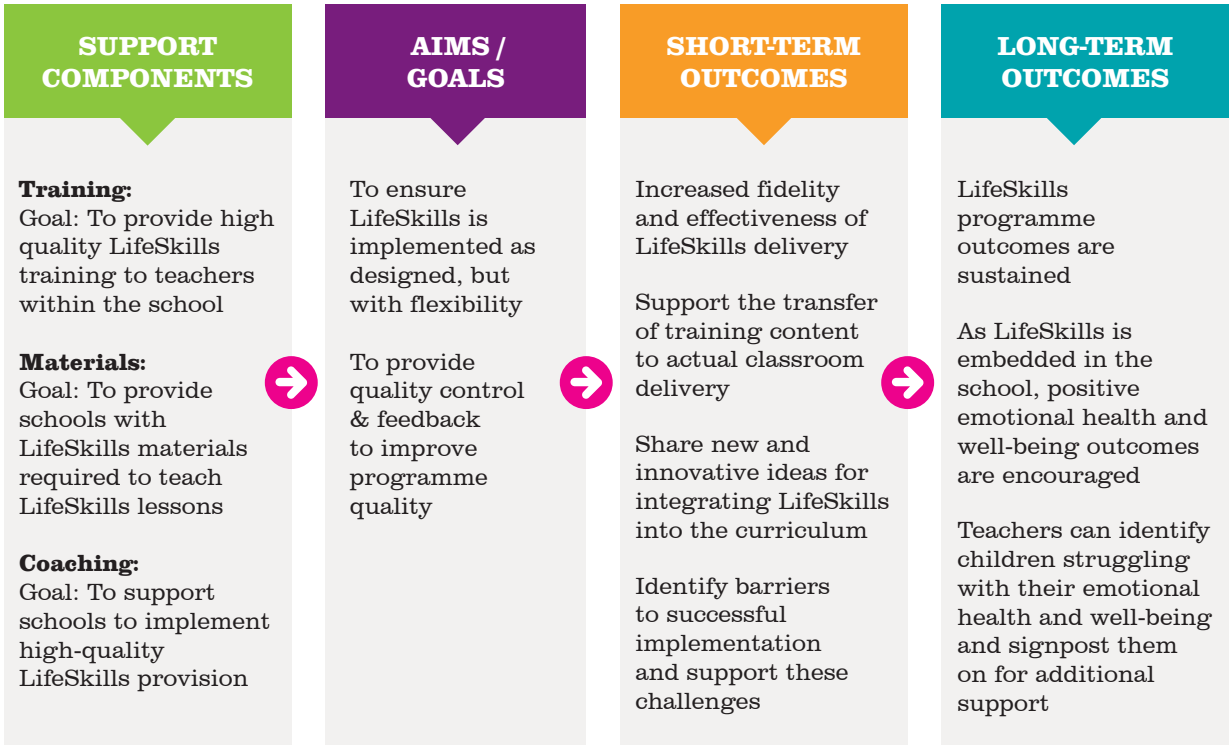
The core topics are relevant and the programme can be delivered consistently and with fidelity. Barnardo's provides three components of the programme:

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





METHODOLOGY

17

Design

17

Participants

18

Measures

18

Analysis

Design

The results represented in this paper focus on primary school LifeSkills delivered across 25 primary schools in Waltham Forest Schools. A simple pre-post, repeated measures design was used for the evaluation utilising information which was routinely collected as part of service delivery.

The evaluation aimed to explore the following questions about the outcomes of the LifeSkills programme within Waltham Forest Schools:

- » Did LifeSkills show improvements in outcomes for children across knowledge, attitudes and skills on completion of level 1 of the programme?
- » Did teachers experience changes in children's knowledge, attitudes and skills on completion of level 1 of the programme?
- » Did children experience changes in their knowledge, attitudes and skills on completion of level 1 of the programme?

Participants

Between January 2019 and July 2019, 1845 children completed level one of the programme across 25 schools.

In total 1498 children across 69 classes completed level 1 and contributed data to the evaluation. Please note these figures are for children who completed both pre and post questionnaires, additional children completed the programme but for varying reasons did not complete either the pre or post evaluation.



1498 children



69 Classes

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 Waltham Forest Schools, this included:

1. Pre and post Botvin primary 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 primary school 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. Teacher questionnaire

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 benefited from participating in LifeSkills, their perceptions of the programme, usefulness and feedback from children.

4. Fidelity monitoring

Schools had the opportunity to avail of support through a local LifeSkills Coordinator who visited schools at three points during delivery of the programme to monitor fidelity. Fidelity (the quality and consistency of delivery) was assessed by monitoring 'fidelity checklists' associate with each session. In addition to fidelity monitoring, support also included coaching teachers through session delivery, parent workshops, collection of pre and post questionnaires, participation in school assemblies and celebration events.

Analysis

This report analyses quantitative and qualitative data on outcomes for primary school level 1.

Changes in student's knowledge, attitudes and skills are reported. The report also presents qualitative data from children and teachers facilitating the programme.

RESULTS

20

Delivery of programme in Waltham Forest Schools

22

Changes in knowledge scores

24

Changes in attitudes

26

Changes in coping and other life skills

29

Waltham Forest Schools - Children's experience

30

Waltham Forest Schools – Teacher's experience

Delivery of programme in Waltham Forest Schools

Qualitative and quantitative data for the Level one is presented in this section.

Programme implementation included:



75 TEACHERS
completed
the LifeSkills
training



1845
CHILDREN
received the
programme



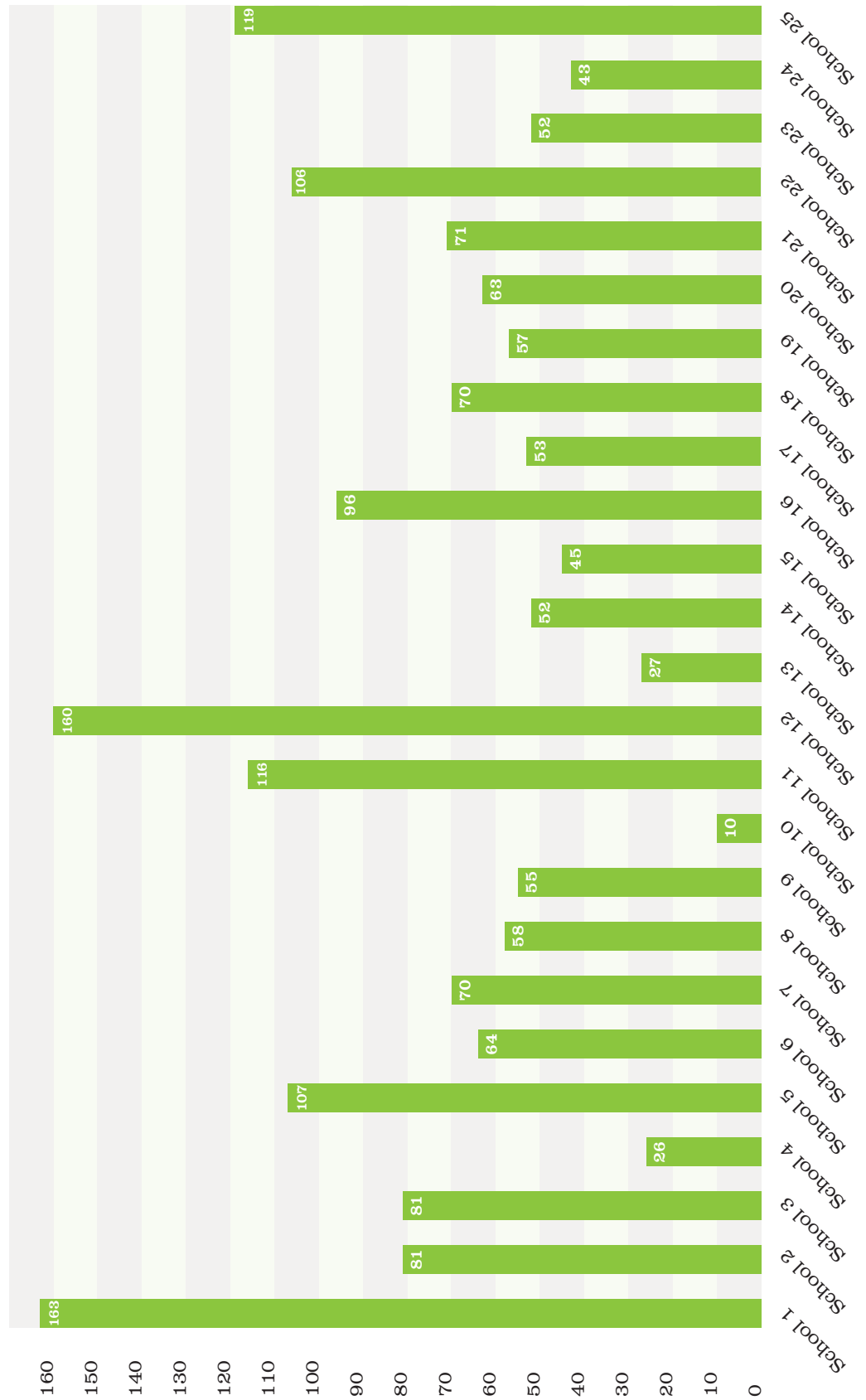
1498
of those children
completed pre and
post questionnaires



81%
CHILDREN
were used in
the results

Figure 5

Student Count – Children receiving the programme within Waltham Forest Schools



Changes in Outcomes for Children

LifeSkills has three distinct areas that it measures against 'Knowledge', 'Attitude' and 'Life skills'. These are the three components necessary to change children's behaviour.

The following results are based on those schools who completed pre and post questionnaires during delivery.

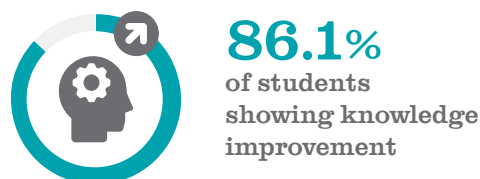
CHANGES IN KNOWLEDGE SCORES

Children improved their knowledge by the end of the programme illustrating that the children participating know significantly more about risk taking behaviour. They also know more about positive coping and strategies to improve their lives at the end of the programme compared to the start.

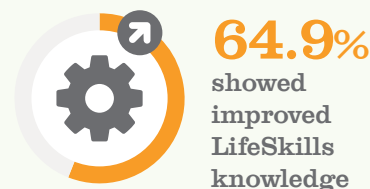
The knowledge scale in the LST questionnaire examines knowledge of some of the key areas covered in the programme such as substances, decision making, advertising, anxiety, social skills and coping with stress. There are 34 statements that the student responds true or false to. Some examples of the statements are reported below:

- ☞ "There is nothing you can do about peer pressure except go along with it"
- ☞ "You should always let other people 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 across the schools for Level 1 illustrate:



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. Of these students:

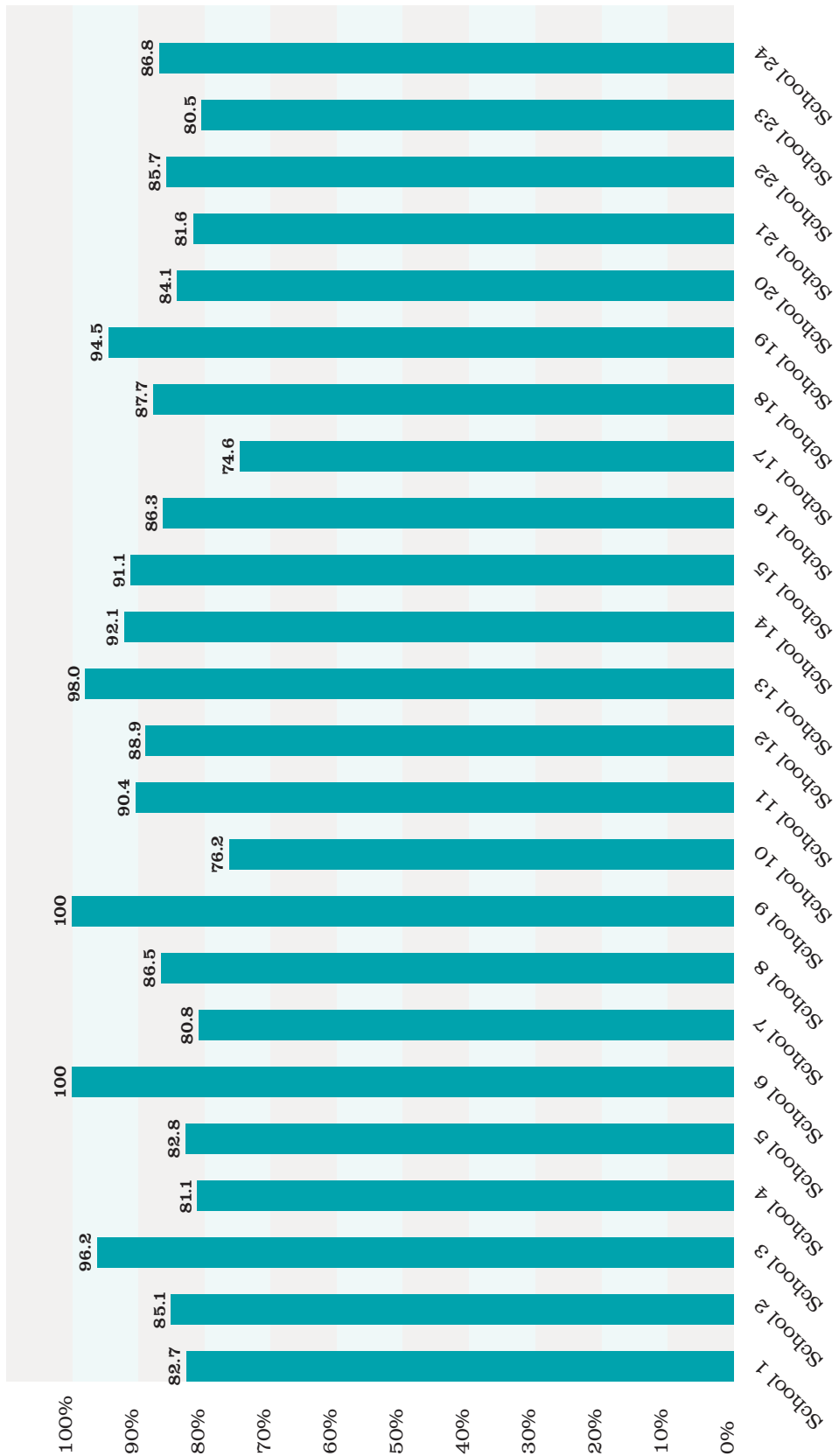


👍 Knowledge improvement scores ranged from **74.6%** to **100.0%** across the schools.

Figure 6:
Changes in scores can be attributed to the varying levels of fidelity.

Figure 6

Graph to show Waltham Forest school averages for improvement in knowledge scores



CHANGES IN ATTITUDES

A series of questions in the Essential LifeSkills questionnaire examine children's attitudes towards alcohol use and smoking. At the end of the programme children had healthier attitudes towards smoking and drinking compared to the start. This means they are more likely by the end of the programme to see smoking as unappealing and not a fun, grown up, sociable or healthy activity to take part in.

A number of questions in the Essential LifeSkills questionnaire 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.

The average percentage of students showing improvement in attitudes scores for LifeSkills level 1 were as follows:



69.5%
of students
showing **anti-**
drinking attitude
improvement



63.8%
of students
showing **anti-**
smoking attitude
improvement

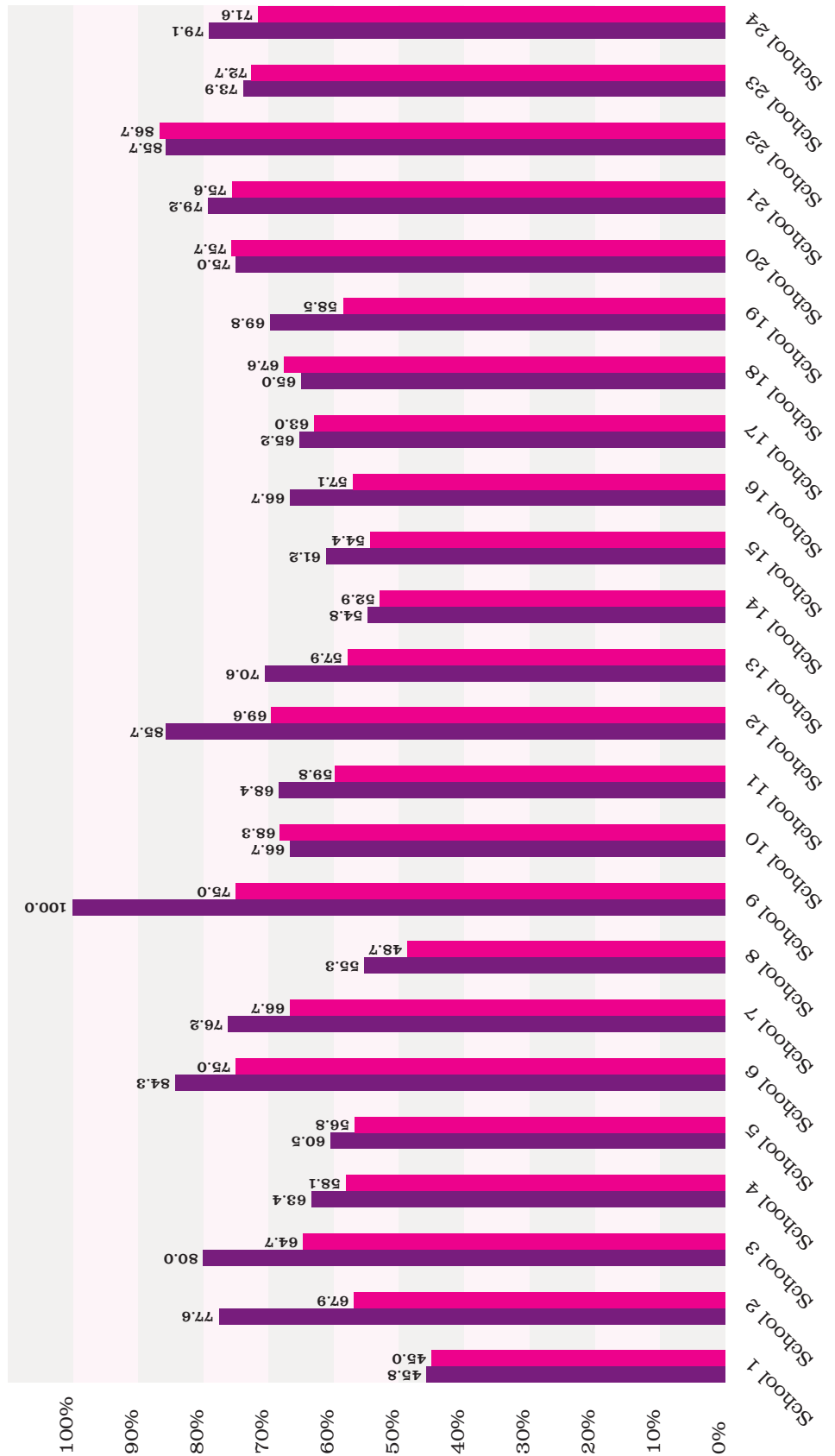


These results show that children and young people had healthier attitudes towards smoking and drinking compared to the start. Improvement in student attitudes towards drinking ranged from **45.8% to 100.0%** across the Waltham Forest Schools. Improvement in student attitudes towards smoking ranged from **45.0% to 86.7%** across the schools.

Variations in these scores can be attributed to varying levels of fidelity.

Figure 7

Graph to show Waltham Forest school averages for improvement in attitudes



CHANGES IN COPING AND OTHER LIFE SKILLS

The final section of the LSTQ-ES 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 the 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?”

Across schools, children showed improvement in their life skills by the end of the programme as follows:



49.7%

children showed improvements in their 'life skills'



They showed increased use of skills such as relaxation techniques, decision making, communication and assertiveness. Children's improvement in their 'life skills' ranged across the schools from **36.4% to 92.6%**.

Variations in these scores can, again, be attributed to varying levels of fidelity.

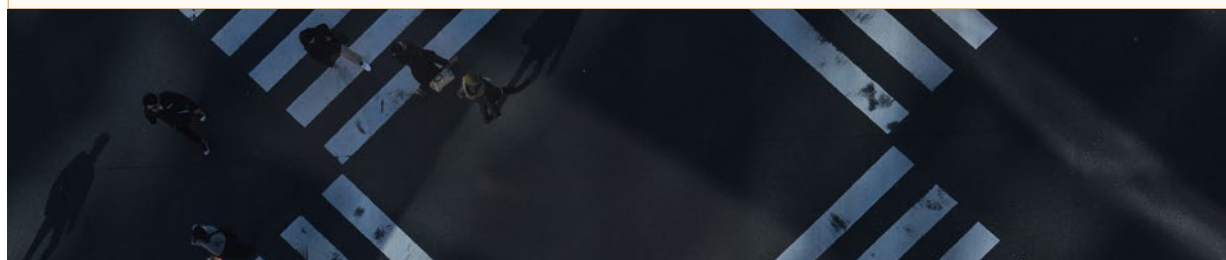
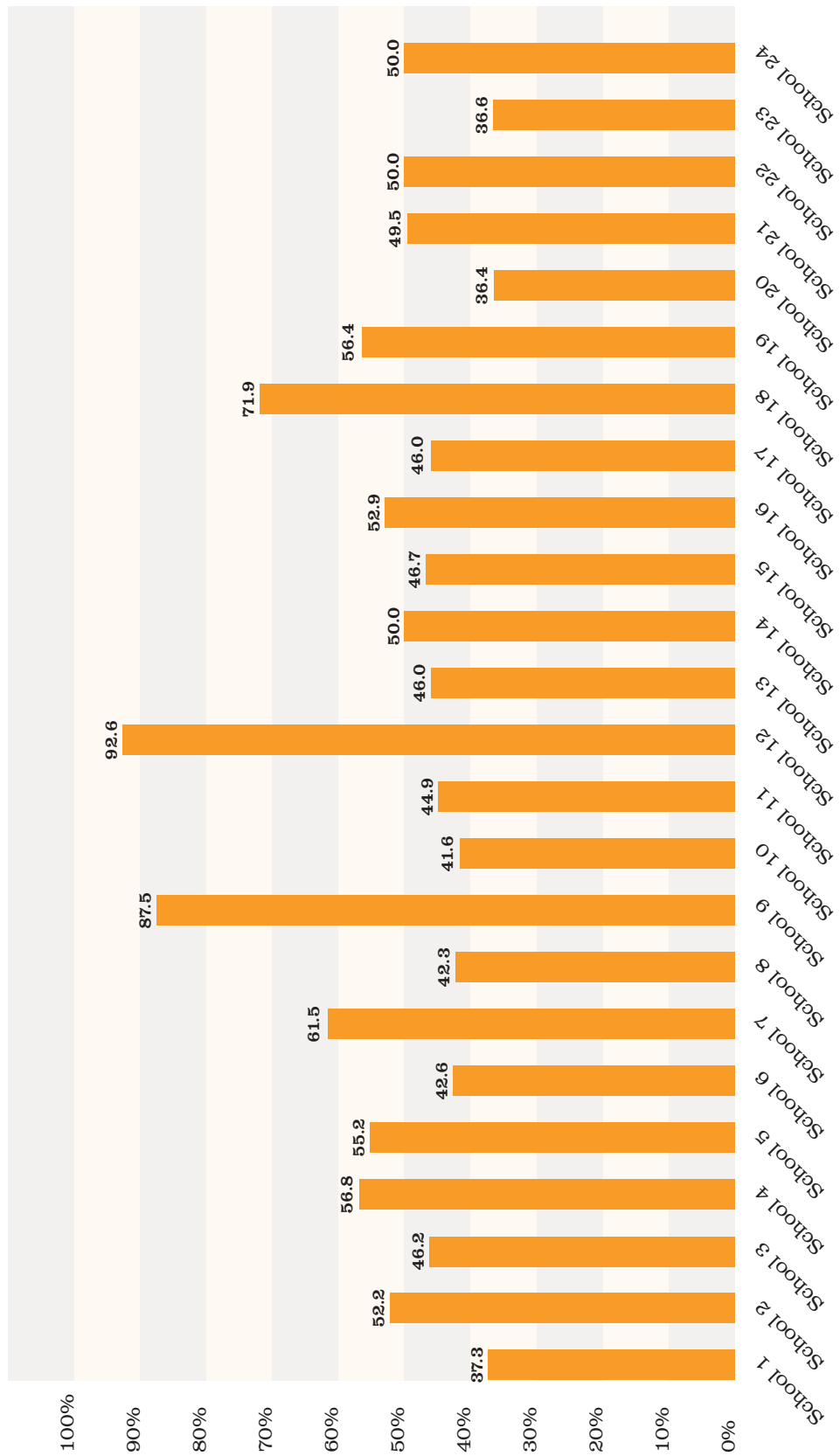


Figure 8

Graph to show Waltham Forest school averages for improvement in Lifeskills Knowledge



Level 1 Results Average



86.1%

of students
showing
knowledge
improvement



69.5%

of children
improved
their attitudes
towards
drinking



63.8%

of children
improved
attitudes
towards
smoking



49.7%

of children
showed
improvements
in their 'life
skills'

Across the schools for level 1, the results show that from 1498 students who completed pre and post questionnaires, an average of 86.1% of students showed overall knowledge improvement, an average of 69.5% of children improved their attitudes towards drinking, an average of 63.8% of children improved their attitudes towards smoking and an average of 49.7% of children showed improvements in their 'life skills'.

FIDELITY

Schools that availed of the support from the local LifeSkills Coordinator achieved higher scores in comparison to those schools who did not avail of the support.



Waltham Forest Schools: Children's experience of 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 of pupil feedback was undertaken on these to identify any recurrent themes at Level 1.

Key themes taken from children's feedback after completion of level 1 are decision making, communication, assertiveness, self-esteem and stress. Children reported enjoying learning destressing techniques and decision making activities such as Stop, Think, Go.

Children enjoyed getting up and acting 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.



Decision making

"I learned that you should think about your choices before you make them. I now know how to 'Stop, Think, and Go' when making a decision."

"I liked learning about decision making the most. I learned how to make choices in tricky dilemmas. Usually I would just 'Go!' but now I will think about my choices."



Communication

"I liked that I learned how to be a good friend. I learned how to identify feelings that a person is experiencing easier. I know how to listen better and how to communicate more."

"I learned how to communicate with people if I am feeling sad or angry. I learned about body language. It helps you communicate with people. I liked learning about communication because I want to talk more."



Self-esteem

"I learned how to be assertive when you don't want to do something. I can be confident when I say no."

"I liked the session on assertiveness. I learned that it is okay to say no when you want."



Assertiveness

"I liked the conversations that we had. LifeSkills has made me build up my self-esteem. I learned that we can have high or low self-esteem and that I shouldn't keep my feelings to myself."

"I learned to just be my own person."



Stress

"I learned about emotions and how to calm myself down if I am stressed. I know lots of strategies to remain calm. I will remember to always believe in myself. Thank you LifeSkills!"

"I liked the lesson about stress because it taught me how to cope with it. If you get stressed, breathe slowly and practice your techniques."

Waltham Forest Schools:

Teacher's experience of LifeSkills level 1

Content analysis of teacher feedback was undertaken on these to identify any recurrent themes at level 1. Key themes of the feedback included that the programme was most beneficial and impactful for self-esteem, social skills and stress. Teachers also found that the sessions were excellent as a PSHE programme.

Teacher feedback included:



Self-esteem

"The programme has had an impact on all the children especially those with low self-esteem. The lessons have helped children get on with each other and deal with any problems they face. There are less playground related issues and the programme has helped them with their academic performance."

"The lesson on self-esteem was very powerful. Pupils were engaged throughout and really liked having the workbooks to structure the lesson."



Stress

"Pupils enjoyed the behavioural rehearsal as a way to reinforce key skills, such as how to use different techniques to help manage stress."

"Children really enjoyed the programme. We regularly use breathing techniques in the classroom to practice how to manage stress effectively. It was a good reminder that the feelings they were experiencing were normal."



Social skills

"I would recommend the programme. It is a very good way of introducing crucial areas to children in a relatable context. There has been an improvement in some children's social skills and behaviour."

"As there was a lot of discussion, all children could join in with the lessons. This helped pupils interact and improved relationships within the classroom."



As a PSHE programme

"LifeSkills is a brilliant resource to support children's understanding of vital life skills and supporting them in making important decisions. It is a great programme and should be made compulsory in primary schools."

"Children love the programme and I love teaching it. LifeSkills is the one thing children ask to do - if a week has gone by and they didn't do any LifeSkills then they ask!"



CONCLUSION

Conclusion



The findings from this study show that primary school LifeSkills can be implemented effectively in Waltham Forest 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 primary school LifeSkills programme is effective for both males and females, and children who complete the programme at different ages.

» **Curriculum**

LifeSkills has been aligned by Barnardo's NI to compliment current personal development curriculums across the UK. 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 teachers adhere to the fidelity of the programme. Schools that availed of support from the local LifeSkills Coordinator achieved higher scores than those schools who did not avail of the support. Teachers 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 allows for implementation within a busy academic timetable. There is potential for development with the education sector.



In conclusion, LifeSkills has been successfully implemented in Waltham Forest Schools.

“...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.”



APPENDIX

SCHOOL	CLASS	CHILDREN RECEIVING THE PROGRAMME	OVERALL KNOWLEDGE IMPROVEMENT	SUM OF % STUDENTS' ANTI DRINKING ATTITUDE CHANGE WHERE APPROPRIATE	SUM OF % STUDENTS' ANTI SMOKING ATTITUDE CHANGE WHERE APPROPRIATE	SUM OF % STUDENTS' LIFESKILLS IMPROVEMENT
School 1	Class A	27				
	Class B	26				
	Class C	30				
	Class D	24				
	Class E	29				
	Class F	27				
Total		163				
School 2	Class A	23	77.3%	50.0%	58.8%	50.0%
	Class B	18	73.3%	26.7%	33.3%	20.0%
	Class C	18	83.3%	54.5%	63.6%	38.9%
	Class D	22	95.0%	53.3%	29.4%	35.0%
	Total	81	82.7%	45.8%	45.0%	37.3%
	School 3	29	92.9%	90.0%	66.7%	50.0%
School 3	Class A	26	83.3%	64.7%	75.0%	45.8%
	Class B	26	73.3%	75.0%	58.3%	66.7%
	Class C	81	85.1%	77.6%	67.9%	52.2%
	Total	26	96.2%	80.0%	64.7%	46.2%
	School 4	26	96.2%	80.0%	64.7%	46.2%
	Total	30	81.5%	77.3%	72.7%	63.0%
School 5	Class A	27	76.2%	55.6%	26.3%	57.1%
	Class B	22	90.5%	46.2%	84.6%	52.4%
	Class C	28	76.9%	66.7%	55.0%	53.8%
	Total	107	81.1%	63.4%	58.1%	56.8%
	School 6	23	94.7%	77.8%	57.9%	63.2%
	Class B	18	66.7%	16.7%	40.0%	50.0%
School 7	Class C	23	85.7%	57.1%	66.7%	52.4%
	Total	64	82.8%	60.5%	56.8%	55.2%
	School 7	24	100.0%	85.7%	77.8%	54.5%
	Class B	22	100.0%	87.5%	77.8%	45.0%
	Class C	24	100.0%	78.6%	68.8%	26.3%
	Total	70	100.0%	84.3%	75.0%	42.6%
School 8	Class A	23	66.7%	66.7%	52.9%	66.7%
	Class B	19	88.2%	76.9%	64.3%	58.8%
	Class C	16	92.9%	90.9%	90.9%	57.1%
	Total	58	80.8%	76.2%	66.7%	61.5%
	School 9	29	82.1%	62.5%	61.1%	39.3%
	Class B	26	91.7%	50.0%	38.1%	45.8%
School 10	Total	55	86.5%	55.3%	48.7%	42.3%
	School 10	10	100.0%	100.0%	75.0%	87.5%
	Total	10	100.0%	100.0%	75.0%	87.5%
	School 11	30	60.9%	46.2%	60.0%	39.1%
	Class A	30	71.4%	82.4%	81.3%	39.3%
	Class B	29	82.6%	69.2%	54.5%	43.5%
Total	Class C	27	88.9%	65.0%	72.2%	44.4%
	Class D	116	76.2%	66.7%	68.3%	41.6%

School 12	Class A	26	87.0%	100.0%	42.9%	52.2%
	Class B	24	77.3%	63.6%	73.7%	36.4%
	Class C	29	100.0%	57.9%	70.0%	40.7%
	Class D	27	88.9%	54.5%	60.0%	50.0%
	Class E	25	94.7%	40.0%	50.0%	42.1%
	Class F	29	92.6%	83.3%	55.0%	48.1%
Total		160	90.4%	68.4%	59.8%	44.9%
School 13	Class A	27	88.9%	85.7%	69.6%	92.6%
Total		27	88.9%	85.7%	69.6%	92.6%
School 14	Class A	24	100.0%	68.8%	58.8%	43.5%
	Class B	28	96.3%	72.2%	57.1%	48.1%
Total		52	98.0%	70.6%	57.9%	46.0%
School 15	Class A	22	83.3%	50.0%	41.2%	55.6%
	Class B	23	100.0%	58.8%	64.7%	45.0%
Total		45	92.1%	54.8%	52.9%	50.0%
School 16	Class A	26	92.3%	76.2%	65.2%	69.2%
	Class B	16	93.3%	30.0%	33.3%	40.0%
	Class C	29	96.0%	61.1%	61.1%	44.0%
	Class D	25	83.3%	61.1%	44.4%	29.2%
Total		96	91.1%	61.2%	54.4%	46.7%
School 17	Class A	27	88.5%	72.2%	64.7%	42.3%
	Class B	26	84.0%	58.3%	45.5%	64.0%
Total		53	86.3%	66.7%	57.1%	52.9%
School 18	Class A	23	70.0%	56.3%	52.6%	45.0%
	Class B	23	89.0%	50.0%	60.0%	26.1%
	Class C	24	85.0%	92.9%	80.0%	70.0%
Total		70	74.8%	65.2%	63.0%	46.0%
School 19	Class A	29	96.8%	61.1%	68.8%	69.0%
	Class B	28	78.6%	68.2%	66.7%	75.0%
Total		57	87.7%	65.0%	67.6%	71.9%
School 20	Class A	23	77.8%	81.3%	70.6%	38.9%
	Class B	23	100.0%	66.7%	50.0%	50.0%
	Class C	25	86.4%	70.6%	83.3%	31.8%
Total		71	84.1%	75.0%	75.7%	36.4%
School 21	Class A	28	63.0%	61.5%	72.2%	29.6%
	Class B	25	82.6%	75.0%	47.1%	52.2%
	Class C	26	100.0%	100.0%	100.0%	61.5%
	Class D	27	81.5%	73.9%	78.3%	55.6%
Total		106	81.6%	79.2%	75.6%	49.5%
School 22	Class A	27	87.5%	86.7%	88.2%	54.2%
	Class B	25	83.3%	84.6%	84.6%	44.4%
Total		52	85.7%	85.7%	86.7%	50.0%
School 23	Class A	23	66.7%	77.8%	70.6%	28.6%
	Class B	20	95.0%	71.4%	75.0%	45.0%
Total		43	80.5%	73.9%	72.7%	36.6%
School 24	Class A	25	87.0%	73.7%	70.0%	39.1%
	Class B	23	100.0%	94.4%	100.0%	47.6%
	Class C	24	81.0%	75.0%	63.6%	42.9%
	Class D	24	80.0%	88.9%	64.7%	60.0%
	Class E	23	85.7%	60.0%	61.1%	61.9%
Total		119	86.8%	79.1%	71.6%	50.0%
Overall Total		3690	86.10%	69.50%	63.80%	49.70%

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children**



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216250 and SC037605

