Acknowledgements

The evaluation team is appreciative of the efforts of staff of Life Education Australia in assisting the project team to complete this review. In particular, we wish to thank Mr Jay Bacik and Ms Ann Hudson for their leadership, advice and assistance throughout the project.

We also wish to thank State and Territory Life Education Educators and related staff located in the various capital cities of Australia, representatives of Australian Government departments and State and Territory education jurisdictions, principal and parent representatives and teachers who gave time and insights so willingly for a valued cause, as part of this project.

We are grateful for the way they were able to accommodate our inquiries, often at very short notice. We are very conscious of the demands made on such personnel and acknowledge the imposition we made on their time.

The evaluation team would also like to thank the organisations who participated in the project Reference Group. These group included Ms Colette Colman, Director, Drug Education & Student Wellbeing Quality Schooling Branch Australian Government Department of Education, Science and Training, Ms Jan Warren, Policy and Program Officer, Drug Strategy, South Australian Department of Education and Children’s Services, Ms Wendy Teasdale-Smith, Australian National Council on Drugs and The Hon Terry Aulich, Australian Council of State School Organisations. The guidance provided by the Reference Group enhanced the overall quality of the final report for Life Education.

While the information presented in this report draws on the contributions of a range of stakeholders, responsibility for the accuracy of the findings and the conclusions drawn are, however, the responsibility of the evaluation team.

Dr Robert Carbin
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Erebus International
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Executive Summary

As a not-for-profit organisation, Life Education Australia provides positive, preventative drug and health education programs which motivate, encourage and empower young people to make smart life choices for a healthy future, free from the harms associated with drug misuse. Life Education's mission is excellence in drug education especially for young people. Life Education is the largest non-government provider of drug and health education throughout Australia reaching 750,000 primary and secondary school students each year.

This Review has been commissioned by the Australian Government Department of Health and Ageing, to provide Life Education with a means of conducting a scoping study that will identify the key principles of effective delivery of drug education in schools. The key outcome expected of this work is to provide Life Education Australia with an overview of current activities in this area in order to review and possibly refine its current drug education models, and if necessary, adapt programs in line with identified best practice. Life Education subsequently engaged Erebus International to undertake the scoping study.

This Review focussed on the central questions of firstly, whether Life Education’s current approach to delivering drug education is in line with the research on known best practice in school drug education and secondly, whether Life Education’s current delivery model is the most appropriate means through which it can achieve its mission.

The Life Education approach has been questioned by some members of the broader educational community, particularly since the publication of research by Hawthorn in the mid-1990s. However, Hawthorn’s report on Life Education in the mid 1990s is not an accurate reflection on programs and practices in 2006.

The review of Life Education identified significant achievements in a range of areas:

- **Life Education’s materials and resources are based on sound theory and current research. The overall efficacy of the materials is also being enhanced through the drive towards seeking national consistency.**

- **Life Education adopts a holistic perspective to its work by focussing on the overall health and well being of students as its essential guiding principle with schools and students.**

- **From the early years of schooling, Life Education, through its various lessons, puts students in situations where they need to make decisions, solve problems and interact with other students in discussing possible alternative actions to address problem situations relating to their own health and well-being.**

- **The real life settings of the learning experiences, complemented in the early years by the charismatic Healthy Harold, provide an excellent model for teachers to follow up in this area, once the Life Educator has left the school.**

- **The comprehensive and detailed links within learning materials to State and Territory curriculum frameworks are greatly appreciated by teachers and school executive.**

Emerging challenges for Life Education were also identified:
• **The need to develop strategies that Life Education can initiate in empowering and assisting teachers and schools to more systematically engage students with the area of health and well-being.**

• **As an organization that is external to education systems, Life Education can only operate as an “agent of influence”. It is, however, now well placed to play a strong leadership role, given its national structure and depth of human resources resident in the team of Educators it employs. Leadership in this sense should be viewed in the broadest sense of that word, not as a top-down approach, but as working through partnerships and strategic alliances to achieve the common goals of all concerned.**

• **Life Education’s modus operandi for the future could encompass an increased advocacy role for good practice in drug education. Drug education is best taught as part of a sustained, whole school program. Building the capacity of classroom teachers to undertake this role is central to creating the conditions for school success.**

Despite these emerging challenges, a recent survey indicated that over 91% of teachers who had been recipients of the Life Education visit, sought to ensure the visit was repeated for their students. Such evidence reinforces the current levels of teacher satisfaction with the service provided by Life Education and further highlights the active role it can play as it begins to focus on local teacher capacity building to ensure sustained student outcomes in the future.
1. Introduction

Life Education Australia was founded by Reverend Ted Noffs, Pastor of the Wayside Chapel in Sydney in 1979. Reverend Noffs had the vision of Australians enjoying life free from the effects of drug misuse. This vision still forms the basis of the programs and resources produced by Life Education in 2006.

As a non-profit national organisation, Life Education provides positive, preventative drug and health education programs which motivate, encourage and empower young people to make smart life choices for a healthy future, free from the harms associated with drug misuse. With active participation from families, schools, communities and complementing health agencies, Life Education aims to ensure that every child in Australia lives a safe and healthy life.

Each year, approximately 750,000 primary and secondary school students are reached by Life Education in various schools across Australia, including rural and remote areas. Programs are delivered by 120 full and part-time educators via approximately 100 Mobile Learning Centres. This direct delivery method has been utilised in all schools (including rural and remote areas) as Life Education believes this to be the most effective teaching methodology. Such an approach to educating young people is unique to Life Education and has therefore provided the organization with a source of differentiation when compared with other complementary education providers.

The Mobile Learning Centres visit schools throughout Australia, by invitation, usually once per year. The Mobile Learning Centre is an integral part of the Life Education program. It has been designed to be a place of magic, intrigue and fun. The interactive programs combine special effects and exciting story lines which engage students to challenge their values and attitudes, expand on their knowledge and develop skills which ultimately empower them to make the best choices for a healthy future.

The Mobile Learning Centre is equipped with high-tech, multi-media equipment which includes a Transparent Anatomical Model (TAM), a talking brain and electronic modules showing the body systems. The stars that light up on the roof when the lights dim are a favourite with all ages! The ‘classroom of the 21st Century’ is designed for informality and spontaneity and for establishing trust. The fleet of Mobile Learning Centres is constantly upgraded to remain consistent with emerging technology and the most effective approaches for teaching young people about healthy lifestyles and drug education. Life Education’s approach to learning is centred on these Mobile Learning Centres. Each Centre is equipped with “state of the art” technology to deliver Life Education programs.

Life Education develops many programs and resources to support schools and their local communities in the development of healthy lifestyles for young people. The remainder of this Section addresses both the enduring icon of Life Education, “Healthy Harold” and also focuses on the diverse programs and resources available to schools at both primary and secondary levels.

Healthy Harold

Over the period of almost 27 years of operation, Life Education has adapted its focus to the changing needs of students, teachers and families. However the most enduring feature of its program has been the Life Education mascot, entitled Healthy Harold. In the form of a
puppet giraffe, Healthy Harold has become the icon of Life Education and is particularly popular with students in the early and primary years of schooling. Healthy Harold features as an integrated dimension of teaching and learning in the diverse programs offered, particularly through the Mobile Learning Centres and is seen as a trustworthy friend and strong source of advice for young students in relation to healthy lifestyles. Young children have the opportunity to talk with Healthy Harold and to even pat the giraffe, a memorable experience for some students!

Many parents of students attending Life Education today still recall with great affection the visit made to their school by Healthy Harold. It is estimated that Healthy Harold has impacted on some five and a half million students throughout Australia since its establishment.

In an attempt to perpetuate the positive role model established by Healthy Harold, Life Education has also established an annual Healthy Harold Day to be celebrated by schools. This event is also now supported by the establishment of a customized website for the purpose. In an attempt to leverage the positive perception of the puppet giraffe, children also have the opportunity to receive a Healthy Harold workbook to be used for follow up work in the early years of schooling, consequent upon the visit of the Mobile Learning Centre. In contrast however, at the senior primary and secondary levels Healthy Harold as a brand icon and the related workbook is used more as a reference tool. While a small minority of interviewees considered the “Harold brand” to be anachronistic, the vast majority considers that the “Harold brand” is alive and well and worth perpetuating, especially for junior primary students, well into the future.

**Life Education Program and Resources**

It is important to note that the key emphasis in Life Education programs is not on narrow issues relating to the implications of taking drugs. More appropriately, the focus is on the development of healthy lifestyles and the uniqueness of each human being. These key messages are conveyed on the Life Education Australia website in the following way:

1. To teach every child how special and unique they are, to make every child comfortable with their identity. In the whole world there will never be another you.

2. To show children the magnificence of the human body, and all its systems - digestive, circulatory, sensory - using technology to demonstrate how mysterious these functions are, and stressing the body's needs for food, oxygen, water. He would then ask where these things come from. Mother Earth and so he encapsulated a beautiful picture of our planet and all its ingredients and how we must look after the environment.

3. The third message of Life Education derives from the first two. If I am unique then so is the person sitting next to me. If I am so special so are my school mates. If my body systems are miraculous then so are theirs and therefore if I learn to respect myself, I have to respect others, and he concluded that our happy existence on this planet depended on our respect for each other. The genius of this message is
By focusing on three principles, Life Education, through its programs, assists young people to achieve the following outcomes:

- acquire age appropriate knowledge to support informed health choices
- develop and practise skills and strategies to act upon individual decisions
- recognise the values and attitudes that may influence lifestyle choices and behaviours.

Life Education's programs and resources are based on research into effective drug education. By linking directly to school curricula, they provide high quality drug education that impacts on the life skills, attitudes and values that empower young people to make appropriate life choices to enhance their health and wellbeing.

Rather than a ‘one size fits all’ resource, the program has been developed as a modular resource which aims to meet individual school needs. It offers choices at both the topic and educational outcome levels and aims to facilitate a whole school integrated approach to drug education by including both family education and community links modules. In this way it provides a unique approach of engaging the community in the work of Life Education. Indeed, consistent with the Australian Government’s Department of Education Science and Training, Principles for School Drug Education (developed by Meyer et al, 2004), Life Education works hard to develop connections between home and school, between families, children and their teachers.

The program therefore aims to:

- engage students in their learning about health and drug issues
- promote student acquisition of knowledge to support informed health choices
- lighten student understanding of the implications of drug use
- ensure students recognise the values and attitudes that may influence lifestyle choices and behaviour
- develop in students the skills and strategies necessary to minimise drug-related harms at both the personal and community levels
- increase family communication
- develop in students a sense of connectedness to school, family and community
- improve family management of drug-related issues.
- facilitate access to other community health and drug (education) services.

The Life Education program consists of a range of resources pitched at both Primary and Secondary school levels. At the Primary level, resources typically provide teachers with a range of practical ideas focussing on student well being, self esteem and healthy lifestyles. One such resource is called “Harold’s Surprise”. This module is recommended for the first year of schooling.
The context of this resource is that Possum holds a party in the park for the friends who looked after her while she was sick. Harold and the class are invited to the party and are asked to take some healthy food. They have lots of fun following the map to the picnic spot in the park. As well as providing some delicious party food, Possum has a surprise for everyone at the party.

Issues raised include:

- handling illness and injury
- syringe safety
- safety in the park

One of the more common Secondary resources is called “Face the Facts”. This resource is a program which uses a harm minimisation approach to drug education to assist schools in implementing their drug education policy and initiatives which promote student well-being and connectedness. The program offers Alcohol, Tobacco and Illicit Drugs modules, each with their own set of specific educational outcomes.

The program is guided by the Principles for School Drug Education 2004, whereby it promotes a supportive climate and relationships, is targeted to schools’ contexts and priorities, utilises effective pedagogy and ensures all curriculum content is evidence-based. The design of classroom sessions in “Face the Facts” reflects the ‘engaging curriculum’ model which meets individual student needs, relies on interactive, student centred activities and aims to build student engagement and connectedness to healthy life outcomes.

Such resources are not however provided as a “stand alone package”. On the contrary, the package is complemented by a range of resources that are designed to facilitate the teacher’s task and enhance students’ learning.

The package available to schools comprises:

- a pre-visit from the Life Educator to assess school requirements
- teacher professional development
- parent information sessions
- interactive student-centred learning experiences, involving the class teacher
- a teacher manual with a wide range of activities to use in the classroom
- units of work plus student workbooks for use at school and home
- evaluation documentation from teachers and students
- websites to support ongoing communication and learning experiences
- links to curriculum outcomes, mapped to State and Territory curriculum frameworks.
- links to Australian, State and Territory Government related teaching resources.
2. Purpose of this Review

This Review has been commissioned by the Australian Government Department of Health and Ageing, to provide Life Education with a means of conducting a scoping study that will identify the key principles of effective delivery of drug education in schools. The key outcome expected of this work is to provide Life Education Australia with an overview of current activities in this area in order to review and possibly refine its current drug education models, and if necessary, adapt programs in line with identified best practice.

3. Methodology for this Review

The methodology for this Project has drawn on a range of data sources to provide an informed view of best practice for the delivery of drug education in schools. The methodology for the Project constituted four key data gathering methodologies, which are summarised below.

1. **Document Analysis**

The context for the Project was established by an analysis of existing documentation. This step provided an overview of the general background of drug education delivery in schools by education providers nationally and the complementary role that is intended by Life Education in relation to this responsibility.

2. **Analysis of Life Education Practices, Procedures, Products and Programmes**

A detailed analysis of the current way Life Education Australia delivers drug education in schools was undertaken to provide a picture of the existing situation. This step enabled the consultants to fully understand the current delivery of programmes, particularly in relation to where commonalities occur with best practice. The analysis also served to identify any gaps where improvement could be made and the organization can continue to add value in a changing educational context for young people. This analysis included the following steps:

- Extensive discussions with Life Education Australia national office (Director of Programs & Training) in terms of the current suite of products and program delivery methodologies.
- Visits to Life Education Mobile Learning Centres to observe the delivery of programs in reality.
- Requests for information from Life Education Australia State and Territory staff

3. **Consultations with key stakeholders**

Consultations with key stakeholders were a primary methodology for building a national picture of the principles of best practice in the delivery of drug education. A Project Outline was developed for use by all stakeholders as a background to the Review (see Appendix 1)

Information from representatives of key stakeholder organisations formed an important part of the data gathering activities for this project. Stakeholders included:

- State and Territory Life Education staff
- Australian Government departments
These consultations had to be conducted within a limited timeframe. Consultations were therefore conducted using a variety of approaches, including face to face interviews, requests for information sought by email, and telephone interviews. A semi structured interview schedule was developed from the research questions to facilitate gathering of data from the consultations (See Appendices 2, 3 and 4).

4. Focus Group to Identify Future Directions for Life Education Australia

The purpose of this step was to share emerging findings with key Life Education stakeholders and to discuss implications and future directions for Life Education Australia. This step involved a focus group with representatives from each State and Territory office of Life Education to discuss the findings of the best practice analysis and identify ways in which Life Education Australia could align their current approaches for the future.

We have also visited Life Education static centres and observed delivery of lessons in action. The review has drawn on a wide range of research literature in relation to drug education, Life Education resource materials, and resources and research produced by the Australian Government Department of Education, Science and Training under the National School Drug Education Strategy (1999). In addition we have interviewed principals and teachers in a range of schools across Australia about their experiences with developing and implementing drug education programs in general, and the place of Life Education within these programs.

4. What is Best Practice in School Drug Education?

The Australian Government, through the Department of Education, Science and Training has commissioned a series of on-going investigations into what constitutes best practice in drug education in the Australian school context. These projects include reviews of the literature (e.g. Midford, 2000) as well as case studies conducted in more than 90 Australian primary and secondary schools (Erebus Consulting Partners, 2002).

Several key publications that have helped shape policy and practice in Australian schools and school systems have been produced as a result of the above research, including the Good Practice Monographs (Erebus Consulting Partners 2002), and the Principles for School Drug Education (Meyer et al, 2004). This last document sets out what is now accepted as the principles on which Australian school drug education programs should be based, and therefore provides the yard stick against which Life Education’s programs and resources should be evaluated.

Consultations with Life Education staff have indicated that both the above documents have been used to shape the direction and content of current Life Education materials. The question of whether this has, and can be achieved, is taken up later in this report.
To provide a context for the analysis of Life Education, the following sections summarise the salient points from the *Principles* document.

The 12 Principles for School Drug Education provide a broad conceptual tool to inform the planning, implementation and review of school drug education programs, policies and practices. The Principles are intended to convey the essence of what is currently understood as effective school practice, without prescribing a specific set of actions or procedures within a school.

The specifics of effective practice are dependent upon the local context and needs and the Principles have been developed so they can be interpreted at this level.

The 12 Principles are organised around four key interconnecting themes for effective school drug education:

- Comprehensive and evidence-based practice,
- Positive school climate and relationships,
- Targeted to needs and context, and
- Effective pedagogy.

The Principles are described in the following Table.

<table>
<thead>
<tr>
<th>Comprehensive and evidence-based practice</th>
<th>Principle 1: Base drug education on sound theory and current research and use evaluation to inform decisions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>School practice based in evidence</td>
<td>Drug education needs to be based on what works. Evidence-based practice within a school involves staff: using current theory and research to determine programs that are appropriate to their students; staying informed about effective curriculum practice; applying professional judgment to implement and monitor programs; and evaluating outcomes to determine their impact. Regular evaluation of the school’s drug education processes and outcomes is critical, providing evidence of the value of activities and informing future school practice.</td>
</tr>
<tr>
<td>A whole school approach</td>
<td>Principle 2: Embed drug education within a comprehensive whole school approach to promoting health and wellbeing.</td>
</tr>
<tr>
<td>Clear educational outcomes</td>
<td>Principle 3: Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimizing drug-related harm.</td>
</tr>
</tbody>
</table>
When schools establish agreed goals and outcomes for drug education they have a common understanding for consistent and coordinated practice. The process of ensuring that those goals and outcomes are clear and realistic supports schools in achieving targets within their sphere of influence.

### Positive school climate and relationship

<table>
<thead>
<tr>
<th>Safe and supportive environment</th>
<th>Principle 4:</th>
<th>Promote a safe, supportive and inclusive school environment as part of seeking to prevent or reduce drug-related harm.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A safe and supportive school environment is protective for young people against a range of health related risks, including substance use problems. A positive climate within and beyond the classroom fosters learning, resilience and wellbeing in students and staff. An inclusive school provides a setting where students, staff, families and the broader community can connect and engage in meaningful learning, decision-making and positive relationships.</td>
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<thead>
<tr>
<th>Positive and collaborative relationships</th>
<th>Principle 5:</th>
<th>Promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Schools that use collaborative processes whereby students, staff, families and the broader community are consulted, are more likely to provide relevant and responsive drug education. Broad approaches that integrate school, family, community and the media are likely to be more successful than a single component strategy. Strong relationships with families, external agencies and the broader community can enhance students’ sense of connectedness, and support access to relevant services.</td>
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</table>

### Targeted to needs and context

<table>
<thead>
<tr>
<th>Culturally appropriate and targeted drug education</th>
<th>Principle 6:</th>
<th>Provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and priorities.</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Drug education needs to be relevant to all students. In providing programs, schools should be sensitive to the cultural background and experience of students. Diverse components of identity, including gender, culture, language, socio-economic status and developmental stage, should be considered when providing drug education that is targeted to meet students’ needs.</td>
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<tr>
<th>Recognition of risk and protective factors</th>
<th>Principle 7:</th>
<th>Acknowledge that a range of risk and protective factors impact on health and education outcomes, and influence choices about drug use.</th>
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<tr>
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<td></td>
<td>Drug education should be based on an understanding of the risk and protective factors that affect young people’s health and education. Schools that recognise...</td>
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the complexity of issues that may impact on students’ drug use are in a better position to provide relevant drug education.

<table>
<thead>
<tr>
<th>Consistent policy and practice</th>
<th>Principle 8: Use consistent policy and practice to inform and manage responses to drug-related incidents and risks.</th>
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<tbody>
<tr>
<td></td>
<td>The school’s discipline and welfare responses should protect the safety and wellbeing of all students and staff. Policies and procedures to manage drug-related incidents and support students who are at risk are best determined through whole school consultation and implemented through well-defined procedures for all school staff. Vulnerable students may require additional support from the school and relevant community agencies. Retaining students in an educational pathway should be a priority of care for students who are at risk.</td>
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</table>

**Effective Pedagogy**

<table>
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<tr>
<th>Timely programs within a curriculum framework</th>
<th>Principle 9: Locate programs within a curriculum framework, thus providing timely, developmentally appropriate and ongoing drug education.</th>
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<td></td>
<td>Drug education programs are best provided within a clear curriculum framework for achieving student learning outcomes. Drug issues should be addressed within a broader health context relevant to students concerns and stage of development. The timing and continuity of drug education across students’ schooling is critical. Programs should commence before young people start to make decisions about drug use, be developmentally appropriate, ongoing and sequenced, and provide for progression and continuity.</td>
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<tr>
<th>Programs delivered by teachers</th>
<th>Principle 10: Ensure that teachers are resourced and supported in their central role in delivering drug education programs.</th>
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<tbody>
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<td></td>
<td>Teachers are best placed to provide drug education as part of an ongoing school program. Effective professional development and support enhance the teacher’s repertoire of facilitation skills and provide current and accurate information and resources. Appropriately trained and supported peer leaders and visiting presenters can complement the teacher’s role.</td>
</tr>
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</table>

<table>
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<tr>
<th>Interactive strategies and skills development</th>
<th>Principle 11: Use student-centred, interactive strategies to develop students’ knowledge, skills, attitudes and values.</th>
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<tbody>
<tr>
<td></td>
<td>Skills development is a critical component of effective drug education programs. Inclusive and interactive teaching strategies have been demonstrated to be the most effective way to develop students’ drug-related knowledge, skills and attitudes. These strategies assist students to develop their problem solving, decision-making, assertiveness and help-seeking skills. Inclusive methods that ensure all students are actively engaged</td>
</tr>
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are the key to effective implementation of interactive strategies.

| Credible and meaningful learning activities | Principle 12: Provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real life contexts and challenges. Students need credible and relevant information about drugs and the contexts in which choices about drugs are made. They need to engage in meaningful activities with their peers, examine the social influences impacting on drug use and encounter normative information about the prevalence of use, which is typically lower than students expect. |


An alternative view of what best practice in drug education looks like in practice is summarised in the following table. There are many similarities with the above principles. Indeed they both draw on the same research base. Table 2 below is however, more explicit in articulating the relationship between components.

<p>| Table 2: Summary of Critical Elements in Effective School-Based Drug Education |
|----------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------|
| <strong>Theme</strong> | <strong>Component</strong> | <strong>Source</strong> | <strong>Comment</strong> |
| Consistency | Drug education messages across the school environment should be consistent and coherent. | Ballard et al (1994) | School policies and practices should reinforce the objectives of drug education programs. |
| Collaborative Approaches | Mechanisms should be developed to involve students, parents and the wider community in school-based drug education. | Ballard et al (1994) Dusenbury and Falco (1995) | Broadening school-based education by including family, community and media components will reinforce desired behaviours by providing a supportive environment for school-based programs. |
| Sensitivity to Different Needs | Drug education should be responsive to developmental, gender, cultural, language, socio-economic, and lifestyle differences. | Ballard et al (1994) Dusenbury and Falco (1995) | Drug education programs that are sensitive to the different backgrounds of the young people they target will be more relevant and effective. |
| Basis in Evidence | Drug education needs to be based on research as to effective curriculum practice and the needs of students. | Ballard et al (1994) Dusenbury and Falco (1995) | Effective programs are based on an understanding of contemporary theory and research evidence as to what causes drug use and what factors provide protection. |</p>
<table>
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<tr>
<th><strong>Best Practice Principles as Applied to Life Education Australia</strong></th>
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<tbody>
<tr>
<td><strong>Programs should be evaluated.</strong></td>
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<td><strong>Timing of Education</strong></td>
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<td><strong>Education Goals</strong></td>
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<td><strong>Education Strategies</strong></td>
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<tr>
<td><strong>Content</strong></td>
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Drug use that is most likely and most harmful should be emphasised. Ballard et al (1994) Generally, school based drug education should concentrate on lawfully available drugs because their use by young people is more likely. While illicit drug use disproportionately attracts media attention and public concern it should be addressed in particular contexts or subgroups, where it is prevalent and harmful.

**Teachers**

Teachers should be trained and supported to conduct drug education. Ballard et al (1994) Dusenbury and Falco (1995) The classroom teacher, with specific knowledge of students and the learning context, is best placed to provide contextual drug education. Programs are most successful when teachers receive training and support, particularly in undertaking interactive teaching activities.

Drug education programs and resources should be selected to complement the role of the classroom teacher. Ballard et al (1994) The classroom teacher is central to the delivery of effective drug education and should not be compromised by external programs.

**Program Implementation**

Drug education programs should demonstrate adequate coverage, sufficient follow-up and ability to achieve long-term change. Ballard et al (1994) Dusenbury and Falco (1995) An adequate intervention, complemented by ongoing follow-up or strategically time ‘booster’ sessions is needed to counter effect decay and the ongoing influence to use drugs. Stand alone and one off interventions are not likely to be effective.

Drug education programs should be implemented as intended. Dielman, (1994). Monitoring should, be undertaken to ensure programs are delivered in the intended manner, as failure may occur because of inadequate implementation, rather than as a result of any deficiency in the design of the program.


Tables 1 and 2 above identify many similarities in terms of principles of best practice and the critical elements in effective school based drug education. However, within the broader education community, the principles for school drug education identified in Table 1 are more generally accepted and more commonly employed by teachers in classrooms throughout Australia. For this reason, the 12 Principles identified in Table 1 above will be employed to analyse Life Education practices for the purposes of this Review.
5. How well does Life Education’s practices align with these Principles of best practice in drug education?

Life Education has been an important element in the drug education landscape of Australia for more than a quarter of a century. At grass roots level, it is both well-known and well respected for the contribution it has made towards encouraging young people to lead healthy lives.

Today, the programs Life Education offers align strongly with the outcomes intended from State and Territory curriculum frameworks, sharing essentially similar goals, and using pedagogical approaches that mirror those suggested in both State and Territory and nationally-developed resources (such as the Resilience Education and Drug Information, 2003 resources produced by the Australian Government).

This strong level of alignment and the capacity for Life Education to support schools in pursuit of their curriculum objectives are no accident. It has come about as a consequence of a deliberate effort to be seen as a complementary, rather than an alternate, provider of drug education for school-aged children and their families. It has also involved considerable effort. However this represents an investment that has paid rich rewards in enabling Life Education to provide a common approach to program delivery, and to form the basis for quality management of the delivery of these programs on a national basis.

The Views of Teachers

Current Life Education practice, in terms of attempting to engage teachers in each school in units of work that extend beyond the visit of the Life Education Mobile Learning Centre is also beginning to pay dividends. Post visit evaluations completed by participating teachers in some States show that the majority of teachers who have worked with Life Educators have increased their inclusion of drug education into their own classroom practices and conduct several post-visit lessons to support student learning from the experience. Further, the responding teachers agree that the Life Education resources and manuals have been valuable and support both classroom practice and school drug education policy and planning. Indeed an analysis (see Table 3 below) of the responses of almost 500 teachers from a sample of 438 schools receiving Life Education support highlights the positive satisfaction levels of teachers:

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>High level of assistance provided by Life Education to include drug education activities in classroom practices</td>
<td>91.2%</td>
</tr>
<tr>
<td>Good/excellent support provided by Life Education in supporting the School Drug Education Plan</td>
<td>96.2%</td>
</tr>
<tr>
<td>Recommendation that Life Education be booked again by the school</td>
<td>98%</td>
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Despite these promising developments, the perceptions of the value added by Life Education are not uniformly positive. The Life Education approach has been questioned by some members of the broader educational community, particularly since the publication of research by Hawthorn in the mid-1990s. However, Hawthorn’s report on Life Education in the mid 1990s is not an accurate reflection on programs and practices in 2006. Indeed, Hawthorn’s research appears to be in line with a wide range of research studies which suggest an approach to drug education that is solely based on giving information about various drugs. Moreover, it provides information on how drugs are used and what effects they have on people. Consequently, such strategies may be less effective than more holistic approaches that address underlying skills and attitudes. It is also consistent with research that demonstrates that one-off experiences (in relation to drug education) are relatively ineffective compared to more sustained programs.

The fact that Life Education’s current approach is neither solely information-based nor intended as a one-off experience has been a message that many critics have chosen to ignore. The somewhat negative message continues to be perpetuated and continues to shape opinions in some academic and educational circles, despite being now more than 10 years out of date. Overcoming the legacy of this now outdated research remains a considerable challenge for Life Education. Despite this, the critical mass of teachers, who regularly make use of the Life Education resources; find it efficacious for students and of practical assistance in facilitating their own teaching.

Another possible area of criticism of Life Education — that the visit by the Mobile Learning Centre allows some schools to abrogate their responsibility to conduct more sustained drug education programs and is used as a substitute for more effective long term strategies — may also have some validity, but is hardly the “fault” of Life Education alone. If any school chooses to use any resource inappropriately, this cannot be considered a flaw in the resource itself. This issue of how the potential for Life Education and its resources can be used most appropriately by schools and communities is a serious issue, which is discussed further below. Again, the perception if not the reality that Life Education offers only a transitory experience is one that must be vigorously addressed in future, as it is not the current way that Life Education interacts with schools.

Countering these negative messages is exacerbated by the lack of good quality research about the impact of Life Education programs on student learning — a weakness that applies equally to other forms of drug education in Australia. The credibility of Life Education can be enhanced if greater priority is given to efforts to identify the specific learning outcomes achieved by students who participate in Life Education programs. In saying this, it is acknowledged that measuring the unique impact of any program, intervention or experience in drug education can be a complex, difficult and expensive exercise, particularly because of the need to control so many intervening variables. However, this investment may well be necessary in the longer term.

In the absence of strong outcomes data that might demonstrate Life Education’s effectiveness, it is reasonable to ask whether Life Education’s educational practices match those of known best practices in drug education and pedagogical practices generally.

**The Best Practice Principles**

As discussed earlier in this report, in the Australian schooling context, best practice in this area is documented in the *Principles for School Drug Education* (2004) agreed and accepted
by all government and non-government school systems. The education community’s present understanding of these best practice principles is evolving, and will continue to evolve. The current set of Principles builds on earlier efforts (Ballard et al, 1994 in Midford 2000) and takes into account both recent overseas research and that conducted in Australia.

The following Section now highlights an analysis of Life Education practices against the Principles for School Drug Education (2004) as discussed above.

Areas of strong alignment

Life Education’s current provision rates well overall against the set of 12 best practice principles considered. However, there are clearly some areas where the level of alignment is much higher than others. Areas where it is believed Life Education’s practices are particularly strong include

- **Drug education based on sound theory and current research (Principle 1)**

  As indicated earlier in the Report, members of Life Education are absolutely diligent in ensuring that students and teachers are receiving materials that directly reflect the most recently emerging research in the area. The materials are constantly updated and regularly reviewed in terms of student and teacher reactions. In fact a number of Educators regularly referred to the Best Practice principles in relation to the pedagogy and nature of interactions they have with schools. The overall efficacy of the materials is also being enhanced through the drive towards seeking national consistency. Such initiatives will not only ensure higher quality delivery of the Life Education experience but will also ensure more consistently positive responses from schools

- **A whole school approach to drug education (Principle 2)**

  Although Life Education does not articulate its holistic approach as much as it might with schools, the emphasis of its materials is strongly focussed on the overall health and well being of students as its essential guiding principle with schools and students. While some uninformed would suggest that Life Education takes a narrow drug education perspective in its work with students, the direct opposite is in fact the case. From the early years of schooling the emphasis is on student well being and healthy lifestyles, pitched at appropriate year levels. The challenge however is that Life Education cannot directly mandate a whole school, healthy lifestyle approach. Ultimately it is the school and the teachers that can use the materials and approaches developed by Life Education for their own implementation. Such issues cannot and should not be controlled by Life Education. Neither does it seek to have such control over schools. Despite this, there would appear to be an emerging and important need to more actively and overtly promote the healthy lifestyle message that underpins the Life Education approach.

- **An understanding of the range of risk and protective factors on health and education outcomes and how these influence choices about drug use (Principle 7)**

  The materials developed by Life Education take strong cognisance of these factors in their development. Moreover the holistic approach adopted by Life Education ensures that such issues are taken into account in its overall approach. In this way any circumstances that may increase students’ likelihood of engaging in risky behaviors are carefully examined. Conversely, any circumstances that promote healthy student behaviours are addressed to
increase the chance that young people will engage in risky behaviors. Parental forums conducted currently through Life Education are pivotal to this issue.

- **The use of student-centred, interactive strategies to develop students’ knowledge, skills, attitudes and values (Principle 11)**

From the early years of schooling, Life Education, through its various lessons, puts students in situations where they need to make decisions, solve problems and interact with other students in discussing possible alternative actions to address problem situations. While Life Education cannot mandate these pedagogies in classrooms, such approaches are demonstrated to teachers and constant opportunities are provided for teacher and student follow up in materials provided. The real life settings of the learning experiences, complemented by the charismatic Healthy Harold, provide an excellent model for teachers to follow up in this area, once the Life Educator has left the school.

- **Providing accurate information and meaningful learning activities that dispel myths about drugs and focus on real life contexts and challenges (Principle 12).**

The provision of effective pedagogy that teachers can model is a strong feature of the Life Education experience. The organization is fortunate to have a group of teachers with high levels of expertise, commitment and enthusiasm. These Educators ensure that students receive most relevant information about drugs in a manner that is entertaining for students and conducive to learning. From the class teachers’ perspective, they have access to a teaching model that can be emulated and is known to have a positive impact on student learning. At a more generic level, it is noteworthy that interviewees have consistently commented on the greater quality of learning materials being produced by Life Education. The links within learning materials to State and Territory curriculum frameworks are greatly appreciated by teachers and school executive, the former indicating the reduced workload that it creates.

**Support for Teachers**

There are other areas where Life Education’s programs clearly make a strong contribution towards school practice, but where there is scope for considerable development. **Principle 10**, for example relates to ensuring teachers are resourced and supported in their central role in delivering drug education programs. This principle has two equally important elements. The first, concerning the provision of resources, may provide the central rationale for schools to engage with Life Education. The organization’s suite of products and services should be viewed, as one among many resources that are available to support schools. Indeed, in schools with effective drug education programs, Life Education’s resources will be used as part of a school-developed program, employing the visit by the Mobile Learning Centre as a means of engaging students in more extensive units of work.

It is incumbent on Life Education to ensure that the materials that it does produce are consistent with current research and approaches that underpin current Australian school curriculum standards. In this regard, we consider that most of the current Life Education materials are in fact, well-researched and well-connected with the curriculum frameworks of the various jurisdictions. For example, “Harold’s Heroes”, a Life Education resource for junior primary students, is appropriately focussed on safe behaviours, in line with the expectations of the curriculum at that level. The activities appropriately focus not only on knowledge aspects, for example, about safe use of medicines, but also suggest pedagogical
approaches that promote social skill development such as sharing and teamwork, and also encourage both critical thinking and active learning.

All materials contain a wealth of linkages to other curriculum resources. However, initiatives undertaken by Life Education in this area are very positively acknowledged by educational practitioners because of the practical and comprehensive approach undertaken by Life Education. This is particularly the case in linking Life Education outcomes with existing State and Territory curriculum frameworks and related resources.

It is the second aspect of Principle 10 that is most problematic for Life Education and concerns the central role of the classroom teacher in providing drug education. Clearly, if Life Education were to be the sole provider of drug education experiences for students, the spirit of this Principle would not be complied with. The perception that Life Education does not seek this role has been a difficult one to shift from the perspective of many class teachers, despite the multiple efforts to do so over recent years. It may be that stronger action is needed, in partnership with other stakeholders, to ensure that Life Education is seen to be a supporter of teachers and school programs, not a replacement for them.

One of the challenges to be considered in thinking about Life Education’s future derives from the fact that the visit of the Life Education Mobile Learning Centre, and the investment in the technology used within the Mobile Learning Centre provides such a powerful experience for students that it may overshadow all other aspects of the services provided by Life Education. In the following section we also consider whether the centrality of the Mobile Learning Centre model is the best or only way, for providing support to schools and teachers.

Provision for students with diverse learning needs

One area where Life Education’s work at present does not score highly, but it is within Life Education’s capacity to enhance, (given sufficient resources) relates to Principle 6 (culturally appropriate and targeted drug education). Some concerns were expressed during this review in relation to the appropriateness of Life Education resource material for culturally and linguistically diverse student populations, including Indigenous students. It was noted by several stakeholders consulted that they believed Life Education programs were aimed at a “mainstream” audience, reflecting a “one size fits all” model. Certainly, Life Education’s programs at present are not differentiated for students with particular needs, such as children with drug using parents or those who may be using drugs (including alcohol and tobacco) themselves. This may be appropriate at primary school level, particularly in the early years, but may be less appropriate if Life Education is to expand its presence in secondary schools. Despite these limitations, it is noted that Life Education is a private organization and therefore develops and implements its programs in accordance with supply and demand criteria. In this way, Life Education works with those schools who invite Life Education to work with them.

Promoting collaborative relationships among all key stakeholders

Principle 5, which relates to the promotion of collaborative relationships between students, staff and families in the planning and implementation of drug education, is also an area in which many feel that Life Education’s current model is moving in the right direction but requires greater emphasis. It is undeniable that the visit from the Mobile Learning Centre often provides children with an opportunity to share information and experiences with their parents. The Family Forums conducted by Life Education also
provide at least a starting point for developing stronger parent-child discussions about drugs and healthy living. Indeed, an increasing number of parents have been recipients of the Life Education experience as young people and have positive memories of the organization and what it seeks to achieve.

However, some concerns have been expressed about the effectiveness of these experiences in creating the sustained relationships and depth of relationships that are needed. Again, the question of the extent to which Life Education should be expected to bear this responsibility is raised, and clearly, this is not a responsibility that Life Education should be expected to carry alone. While feedback from schools is generally positive about the Family Forum, there would appear to be some scope, however, for re-thinking how the Family Forums could be positioned to more effectively support the development of the school-community relations promoted within this principle. While current practice provides opportunity for schools to negotiate the positioning of the Family Forums within the timing of the Life Education visit, its importance cannot be underestimated. For these reasons it may be worth considering that the place of the Family Forum could initiate the Life Education visit and drive the achievement of outcomes through the partnership of school, Life Education and parents.

Principles with limited relevance to Life Education

Some of the Principles are clearly not relevant to Life Education, and not within its capacity to influence or control. Principle 8, for example, refers to schools using consistent policy and practice to inform and manage responses to drug related incidents. It would be entirely inappropriate, indeed impossible, for Life Education to play a role in relation to the management of particular incidents, except to the extent it should be aware of, sensitive to, and comply with existing school and/or systemic requirements in relation to disclosures that may be made by students. Similarly, it is not within Life Education’s province to be establishing drug education outcomes for schools (Principle 3). This is a matter for the school and school authorities alone to action. However, Life Education can help teachers think about what outcomes from drug education activities should be expected, and how they can be most effectively measured. It should be noted, the assessment of student learning outcomes from drug education, and even the Life Education activities, is not generally strong practice.

Likewise, it is not possible for Life Education to contribute directly to, nor take responsibility for promoting a safe, supportive and inclusive school environment as part of seeking to prevent and reduce drug related harm (Principle 4). This again, is a school responsibility. Life Education’s contribution in this area extends only to ensuring that in developing activities as part of the units of work it makes available to schools, that the activities provide scope for inclusion of all students, and that it gives prominence to activities that allow students to demonstrate care and support for each other. In the sample of resources analysed for this review, it is clear that these conditions are well met through the variety of tools and activities suggested. It is however, the classroom teacher’s responsibility to ensure that the intentions of these activities are achieved with fidelity.

The situation is similar in relation to Principle 9, which articulates the need for teachers to locate programs within a broader curriculum framework. While Life Education can and does provide practical advice and ideas to both schools and teachers, it is the ultimate responsibility of the resident staff to ensure that such embedding occurs.
It is however incumbent on Life Education to ensure that there is a quality management system in place to guarantee that its own Educators are familiar and compliant with, local and systemic policies in relation to student safety, and that all Educator interactions with children are conducted in positive, supportive and inclusive ways. Again, this is an area that appears to be adequately addressed at present within Life Education’s current management development plans, but which needs to be adequately resourced to give confidence to all stakeholders that Educator quality and performance is effectively monitored and managed.

6. Conclusions and Proposed Future Directions

Life Education’s approach as well as its programs and resources inescapably and unapologetically derive from its central moral and ethical purpose, which includes educating and advocating for healthy living for the benefit of individual children, their families and our nation as a whole. This has, and should continue to provide the basic platform from which Life Education’s goals, activities and support structures take their form. These goals are commonly shared by parents across a wide spectrum of Australian society. The goal of healthy living, in its broadest sense, and specifically a life free from the harmful use of drugs (including alcohol and tobacco) are high among the priorities of Australian schools and school systems.

This Review has focussed on the central questions of firstly, whether Life Education’s current approach to delivering drug education is in line with what would be indicated from the research on known best practice in school drug education, and secondly, whether Life Education’s current delivery model is the most appropriate means through which it can achieve its mission.

The evidence available to this Review in relation to both questions is varied. While certainly there are many aspects of Life Education’s resources and programs that are clearly in line with best practice, there is scope for further development in other areas, and some areas where best practice can only be achieved if the services that Life Education provides are used “properly” by the schools and teachers that access the Life Education resource. Whether Life Education will ever be in a position to demand that schools “use them properly” is not an easy question to answer.

What this question also raises is the need for deeper consideration of some fundamental questions about the way in which Life Education attempts to fulfil its mission. These deeper questions include:

- Is it viable to attempt to provide access to a Life Education experience in its current form to all students in Australia, no matter where they live? Is this a feasible outcome within existing resource constraints?
- Is the current emphasis on working directly with students through the Mobile Learning Centres the most effective means of supporting students to lead healthy and drug free lives?
- Is the intellectual resource base provided by the Educators being used most effectively?
• Are there other ways that Life Education could achieve more with its current level of resources?

Answers to these questions require consideration also of the context within which Life Education works. This context is continually changing, and may not be the same in five years time as it is today. This context is influenced by many factors including the overall political climate that places greater or lesser emphasis on the need for drug education in schools, which is in turn influenced by public perceptions about the extent to which the harm that can be caused by drugs (and the prevalence of the underlying factors that lead people to misuse drugs) is a social “problem”. It is also critically influenced by the priority that schools and school systems place on drug education and healthy living within the curriculum, and the human and other resources that they provide to assist schools to implement this curriculum. It is also shaped by the growing availability of technology that makes delivery of learning experiences to students possible in ways that have not previously been possible. It is also influenced by the ways that schools plan for the achievement of curriculum goals in this area for students across the school. Similarly, it is influenced by the levels of knowledge, confidence and skills of classroom teachers and their willingness to give priority to drug education.

Perhaps the most important of these contextual factors derives from the economic base from which Life Education currently works. At present this comprises a mix of government grants, contributions towards the cost of the Life Education experience paid by parents; donations from individuals and corporations and fundraising by Life Education staff and numerous volunteers across the country. It is fair to say that the level of these combined resources is barely sufficient at present to enable Life Education to operate within its current delivery model. Further, none of these funding sources, particularly the government contributions, are guaranteed into the future at any predictable level.

Life Education’s greatest challenge in working with schools will always come from the essential nature of the organization (and its programs) as being independent from formal schooling structures and systems. As an “outsider”, it will never have the capacity to dictate the nature of their engagement with schools. It will never be able to demand that teachers follow up or apply Life Education’s resources in any particular way. It can never expect that every teacher in any school engaging Life Education will agree with its basic philosophies and approaches. Of course, there are advantages to this independence, in having a degree of flexibility and mobility that large school systems cannot match.

In considering these contextual factors, it is clear that Life Education cannot, and should not, attempt to “own” the drug education agenda in Australia. It should rightly seek to complement, not substitute for, whole school programs that in totality address each of the best practice principles identified earlier in this report.

In doing so, Life Education can make its greatest contribution to national outcomes in this area when it is perceived to be a valued and respected partner of those who have the major responsibility for educating young students, that is, parents, schools, and school systems.

As discussed above, Life Education has significant benefits as an independent organisation, but at the same time, as an outsider to education systems and schools, it can only work at optimal effectiveness when the right set of alliances are in place. At present, alliances are strong at grass roots levels (as evidenced by the continued level of demand from schools
and the level of activity of local Life Education committees), but is less strong at policy levels (evidenced by mixed levels of financial support and recognition from governments).

More pointedly, relationships with school systems and other professional agencies concerned with drug education at present are at best lukewarm, with Life Education tolerated as a player in the field of drug education rather than embraced as a valued and credible partner. In addition, it is difficult to identify any significant relationships with academic institutions that would provide a transparent and strong intellectual basis for Life Education’s work.

Indeed it may be valuable to consider the future composition of the Board in terms of people who can have increasing levels of influence at the education system or even senior government level. In this way, such members can play a more influential role in relation to the relationships with the various education departments within states and territories. These members can also have greater influence over the more integrated role that Life Education can play in relation to educational agenda at both national and State and Territory levels.

As an outsider to education systems, Life Education can only operate as an “agent of influence” and cannot and should not attempt to “own” the drug education agenda. It is, however, well placed to play a strong leadership role, given its national structure and depth of human resources resident in the team of Educators it employs. Leadership in this sense should be viewed in the broadest sense of that word, not as a top-down approach, but as working through partnerships and strategic alliances to achieve the common goals of all concerned.

To enhance its leadership potential, Life Education’s modus operandi for the future could therefore encompass an increased advocacy role for good practice in drug education. The research literature (and the Principles for School Drug Education) suggests that drug education is best taught as part of a sustained, whole school program. Building the capacity of classroom teachers to undertake this role is central to creating the conditions for school success. The Australian Government and State and Territory education jurisdictions have invested heavily in professional development in drug education for teachers in recent years, but there are still many teachers who are not confident in this area. Life education could play a valuable role in building this capacity, indeed it already attempts to do so by engaging teachers in the delivery of units of work and through modelling by Educators during the visits to schools. Such an approach to drug education in no way denies the unique and effective delivery currently provided to students in schools across Australia by the MLCs. However, it is suggested that in accordance with the principles of best practice, a blended approach of the use of the MLCs and local teacher capacity building would appear to be the most appropriate solution to ensure sustained outcomes.

The most effective approach towards such capacity building requires some serious consideration, given the current financial situation of Life Education. Without additional funding, to develop a significant teacher professional development capacity would require Life Education to rationalize its current model that seeks to make a visit from the Life Education Mobile Learning Centre possible for all schools, even if the visit is not cost-efficient. Whether the current model is sustainable or not remains a moot point and change may well be necessary in any case. In the longer term, technology-based models may provide an additional solution for achieving the goal of availability of Life Education
resources (accepting the current limitations of technology in schools, particularly those in remote locations). In the meantime, it may be possible for the static centres already established in some States to play an increased role in the capacity building and knowledge transfer processes between Life Educators and classroom teachers.

Multiple strategies operating on several levels will be needed to build the alliances that will bring enhanced credibility and acceptance of Life Education as a legitimate partner in school drug education. There is no magic bullet, or a single pathway that will guarantee the future success of Life Education. But Life Education should not be afraid to change to meet new challenges.

Life Education should therefore give serious consideration to where it can achieve the most influence. Current and possible future emphases are summarised in the following diagram.

In considering the way forward and developing appropriate strategies for the future, Life Education needs to be cognizant of the emerging trends in relation to school governance in education jurisdictions, including:

- Increasing emphasis on the leadership and management roles of principals
- Professional learning controlled by and conducted at local school level
- Competition for a place for drug education in an already crowded curriculum
- Increasing demands for parents to play a more active role in school decision making processes
- Increasing demand for schools to be more accountable for outcomes across the curriculum (including social outcomes).

The implications for Life Education from these trends, in increasing the extent to which its services and resources are more deeply embedded in whole school programs (and in which
schools accept the responsibility for sustained and on-going implementation of drug education programs) include:

- Enlisting the support of professional organizations (such as the Australian Principals Association Professional Development Council) and national and State and Territory parent associations as champions for Life Education in the broad area of promotion of student well-being

- Targeting mid-level education administrators, curriculum developers and regional or district drug education consultants to build professional credibility

- Persuading school principals to make use of Life Education resources within their drug education program a priority

- Providing the school leadership team, including the Principal and other school leaders, with a rationale of justification for drug education that they could use in school level decision making that acknowledges the contestability issues

- Providing a practical model based on effective change theory that would structure high quality teacher professional development

- Supporting teachers responsible for in-school or cluster professional development with resources

- Continuing to provide materials and resources for teachers as needs emerge

- Encouraging greater educational authority and teacher education representation on the Board

None of this is to suggest that Life Education should not continue to play at least some role in working directly with students. The Mobile Learning Centres have a special and perhaps unique place in the drug education landscape in Australia, and fulfil a vital role in energising school programs. However nothing should be taken for granted and nothing should remain the same forever, if the circumstances cannot support them. The process of change for Life Education will most certainly be evolutionary, rather than revolutionary, and may not be straightforward. As has been the experience to date in creating a more nationally focussed and unified organisation, there will be triumphs and heartbreaks along the way.

In the end, Life Education will be sustained by the knowledge of the fundamental soundness of its founding vision, which remains of enduring significance in the lives of all Australians.
Appendices

Appendix 1:  Project Outline for data gathering purposes
Appendix 2:  Other Stakeholders Interview Schedule
Appendix 3:  State and Territory Educational Authorities Interview Schedule
Appendix 4:  Life Education National Office & Life Education State and Territory offices Interview Schedule
Appendix 5:  Bibliography
SCOPING STUDY FOR THE IDENTIFICATION OF KEY PRINCIPLES OF DRUG EDUCATION IN SCHOOLS

Background

Life Education Australia has engaged Erebus International to undertake a scoping study that will identify the key principles of effective delivery of drug education in schools. The key outcome of this work is to provide Life Education Australia with an overview of current work in this area in order to review and refine its current drug education models and adapt programs in line with identified best practice.

Life Education's mission is excellence in drug education especially for young people. Life Education is the largest non-government provider of drug and health education throughout Australia reaching 750,000 primary and secondary school students each year.

A not-for-profit organisation, Life Education provides positive, preventative drug and health education programs which motivate, encourage and empower young people to make smart life choices for a healthy future, free from the harms associated with drug misuse. With active participation from families, schools, communities and complementing health agencies, Life Education aims to ensure that every child in Australia lives a safe and healthy life.

A Project Reference Group will be convened in order to guide and direct the Project in line with future development of work in this area.

Methodology

The methodology for this Project will draw on a range of data sources to provide an informed view of best practice for the delivery of drug education in schools. The proposed methodology for the Project has four key data gathering methodologies, which are summarised below.

1. Document Analysis

The context for the Project will be established by an analysis of existing documentation. This step will provide an overview of the general background of drug education delivery in schools by education providers nationally.

2. Analysis of Life Education Practices, Procedures, Products and Programmes
A detailed analysis of the current way Life Education Australia delivers drug education in schools will be undertaken to provide a picture of the existing situation. This step will allow the consultants to fully understand the current delivery of programmes and assist in identifying where commonalities occur with best practice and identify any gaps where improvement can be made. This analysis will include the following steps:

- Extensive discussions with Life Education Australia national office (Director of Programs & Training) in terms of the current suite of products and program delivery methodologies.
- Visits to Life Education Vans to observe the delivery of programs in reality.
- Requests for information from Life Education Australia State and Territory staff

3. Consultations with key stakeholders

Consultations with key stakeholders will be a primary methodology for building a national picture of the principles of best practice in the delivery of drug education.

Information from representatives of key stakeholder organisations will form an important part of the data gathering activities for this project. Stakeholders to be approached include:

- Australian Government departments (e.g. DEST and Health)
- State and Territory education jurisdictions
- Principals’ Associations (including APAPDC)
- Parent organisations (including ACCSO and APC)

These consultations will need to be conducted within a limited timeframe. Consultations will therefore need to be conducted using a variety of approaches, including face to face interviews, requests for information sought by email, and telephone interviews. A semi structured interview schedule will be developed from the research questions to facilitate gathering of data from the consultations.

4. Focus Group to Identify Future Directions for Life Education Australia

The purpose of this step is to share emerging findings and to discuss implications and future directions for Life Education Australia. This step will involve a focus group with representatives from each State and Territory office of Life Education to discuss the findings of the best practice analysis and identify ways in which Life Education Australia can align their current approaches for the future.

**Project Timeline**

This Project is to commence in June 2006. Data gathering activities are planned to take place in June/July 2006. The final report for the project will be complete by mid August 2006.

**Contact for Further Information**

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<tr>
<th>Name</th>
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Appendix 2 - Interview Schedule - Other Stakeholders

Context of Life Education

1. What do you see as the key purposes of Life Education?
2. Do you see a link between the work of Life Education and the broader context and policies of national and State and Territory education in relation to drug education?
3. How does Life Education add value to the current drug education context?

Current Life Education Practices

4. What value do you consider Life Education adds to existing drug education programmes? How might this be enhanced?
5. What could facilitate the delivery of Life Education programmes in schools?
6. What do you believe currently inhibits the delivery of Life Education programmes in schools?

Best Practice in Drug Education

7. What does your experience tell you are the key principles of best practice in drug education (nationally and internationally)?
8. How can key stakeholders in the local school community enhance the quality of the Life Education experience for students in schools?

Areas for Future Development

9. How could Life Education enhance the quality of the delivery of its programmes in schools?
10. In what areas of development should Life Education focus to enhance its future programme delivery in schools?
11. How might Life Education ensure best practice in drug education in its promotion to schools?
12. Is there a place for future Life Education programmes in pre-schools and in secondary schools? Please describe in details?
Appendix 3 - Interview Schedule – State and Territory Educational Authorities

Context of Life Education

1. What do you see as the key purposes of Life Education?
2. Do you see a link between the work of Life Education and the broader context and policies of national and State and Territory education in relation to drug education?
3. How does Life Education add value to the current drug education context?

Current Life Education Practices

4. Could you describe what programmes and materials Life Education provides to schools and how these are tailored to meet school based priorities?
5. Could you describe how Life Education programmes and materials align with current State and Territory policies relating to harm minimisation?
6. How do you believe Life Education align within existing system/sector and school based priorities in drug education?
7. What value do you consider Life Education adds to existing drug education programmes? How might this be enhanced?
8. What could facilitate the delivery of Life Education programmes in schools?
9. What do you believe currently inhibits the delivery of Life Education programmes in schools?

Best Practice in Drug Education

10. What does your experience tell you are the key principles of best practice in drug education (nationally and internationally)?
11. Could you describe the characteristics of best practice in current delivery of drug education in schools/systems/sectors?
12. What is current best practice in the development of drug education programmes and materials?
13. Do you have any views on how Life Education might contribute to best practice in drug education in State and Territory systems/sectors?

Areas for Future Development

14. How could Life Education enhance the quality of the delivery of its programmes in schools?
15. In what areas of development should Life Education focus to enhance its future programme delivery in schools?
16. How might Life Education ensure best practice in drug education in its promotion to schools?
17. Is there a place for future Life Education programmes in pre-schools and in secondary schools? Please describe in details?
Appendix 4 - Interview Schedule - Life Education
National Office & Life Education State and Territory Offices

Context of Life Education

1. What has been the historical development of Life Education since its origin? (National Office only)
2. Does the Life Education programme derive from a particular philosophy? (National Office only)
3. What are the key purposes of Life Education?
4. Are there any currently planned future strategic directions for Life Education?
5. How does the work of Life Education fit within the broader context and policies of national and State and Territory education?
6. What are the existing structure and administrative arrangements for delivery of Life Education programmes and materials (nationally and State and Territory)?
7. How will the existing funding sources facilitate the future direction of Life Education?
8. Who are the current and future target audiences for Life Education programmes and materials?
9. How does Life Education add value to the current drug education context?

Current Life Education Practices

10. What programmes and materials does Life Education provide to schools and how are these tailored to meet school based priorities?
11. How do Life Education programmes and materials align with current State and Territory policies relating to harm minimisation?
12. What processes are used to develop, validate and refine existing programmes and materials?
13. What statistics are currently maintained in regard to Life Education programme performance in schools?
14. How does Life Education currently evaluate its effectiveness and ensure its currency?
15. How does Life Education align within existing system/sector and school based priorities in drug education?
16. What value does Life Education add to existing drug education programmes? How might this be enhanced?
17. What currently facilitates the delivery of Life Education programmes in schools?
18. What currently inhibits the delivery of Life Education programmes in schools?

**Best Practice in Drug Education**

19. What are the key principles of best practice in drug education (nationally and internationally)?

20. How do these align with current programmes provided by Life Education? What are the strengths and areas for future development?

21. What is best practice in current delivery of drug education in schools/systems/sectors?

22. How does this align with current delivery of programmes provided by Life Education? What are the strengths and areas for future development?

23. What is current best practice in the development of drug education programmes and materials?

24. What aspects of best practice are reflected in Life Education’s approach to the development of drug education programmes and materials?

25. How can key stakeholders in the local school community enhance the quality of the Life Education experience for students in schools?

26. How might Life Education contribute to best practice in drug education in State and Territory educational authorities?

**Areas for Future Development**

27. How might Life Education leverage existing strengths to enhance the quality of the delivery of its programmes in schools?

28. In what areas of development should Life Education focus to enhance its future programme delivery in schools?

29. How do these align with the planned future direction of Life Education?

30. How will Life Education adapt its practice to align with changing practices in drug education in schools?

31. How might Life Education ensure best practice in drug education in its promotion to schools?

32. How might Life Education position itself in the future to be perceived as a preferred partner to schools in the delivery of education?

33. Is there a place for future Life Education programmes in pre-schools and in secondary schools? Please describe in details?
Appendix 5 - Bibliography


