

# LIFE EDUCATION QUEENSLAND

## Module Evaluation Term 3 and 4 2015

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# 1. Introduction

## 1.1 Life Education program overview

Life Education is the largest non-government provider of drug and health education to children and young people, and their families and communities, Australia wide.<sup>1</sup> It works with approximately 3,500 pre-schools and schools across Australia each year to provide tailored learning experiences for approximately 630,000 students to help them to develop the knowledge, strategies, confidence and skills that they need to make more informed, safer and healthier life choices.<sup>2</sup> In 2015 Life Education Queensland ran drug and health education programs in 796 schools across the State for approximately 179,000 students.<sup>3</sup>

The Life Education program provides students with practical information about a range of safety, health and wellbeing topics. Highly interactive and engaging educational sessions are delivered to students by specialist Life Education Educators, complemented by classroom based activities delivered by class teachers using supporting curriculum resources and tools provided by Life Education. These educational sessions are structured to suit different age groups in:<sup>4</sup>

Pre-school	Fun, highly interactive 45 minute sessions are specifically tailored to suit children aged 3-5 covering topics including the body, personal hygiene, the benefits of physical activity, nutrition, sleep, personal safety and social skills
Primary school	Fun, highly interactive 60 - 90 minute sessions are specifically tailored to suit children 5 - 13 years covering topics including the body and body systems, the benefits of physical activity, nutrition, personal safety, safety with medicines, social skills and self-esteem, cyber-safety, decision making, smoking and alcohol
Secondary school	Engaging, interactive 60 - 90 minute sessions specifically tailored to suit young people 13 - 15 years covering topics including smoking, alcohol and illicit drugs, sexual health, healthy relationships, identity, decision making and personal safety.

Life Education Educators work with schools to tailor the content of individual sessions to the specific needs of their school and student group; focusing material to complement schools' curriculum and course plans and responding to the specific learning needs of the student groups that they are working with.

Life Education provides class teachers with resources that they can use to deliver preparatory and follow up activities with their students to complement the Life Educator led sessions and link the sessions into their classroom curriculum. These resources include student workbooks as well as digital tools and games that students can use in the classroom and at home as part of their homework and more generally.

Life Education also makes resources available online to help parents and carers support the healthy development of their children and facilitates information sessions for school parents and carers to assist them to increase their knowledge, provide them with an opportunity to talk with one another and develop strategies to help them to raise healthy children.

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<sup>1</sup> Life Education website [www.lifeeducation.org.au](http://www.lifeeducation.org.au)

<sup>2</sup> Life Education National February 2016

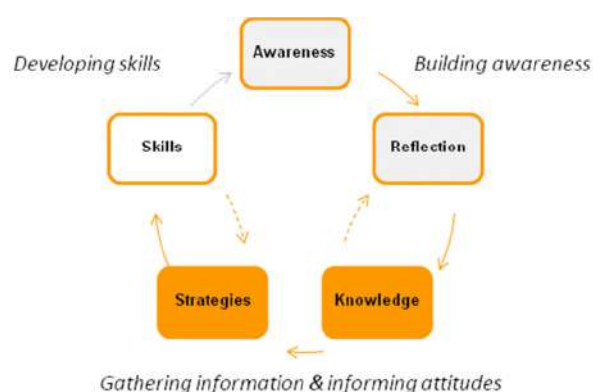
<sup>3</sup> Life Education Queensland January 2016

<sup>4</sup> Life Education website [www.lifeeducation.org.au](http://www.lifeeducation.org.au)

The Life Education program seeks to:<sup>5</sup>

- Build **AWARENESS** of the general topic or issue(s) being covered in the sessions
- Encourage **REFLECTION** on how the topic or issue affects the participating students
- Provide students with the information and **KNOWLEDGE** that they need to understand and respond to the ideas and / or issue(s) being covered
- Help students to identify and develop **STRATEGIES** to apply those ideas and / or respond to those issues and
- Help students to start to develop the **SKILLS** and confidence that they need to apply those strategies on a day to day basis.

Figure 1 – Life Education Learning Cycle



The time limited nature of the educational sessions delivered by Life Education means that the focus of the sessions tends to be on the earlier awareness building and information gathering and attitude forming stages of the learning cycle. The intention is to strengthen the pre-disposing knowledge and attributes that will help students to make informed, safer and healthier choices and to provide a foundation that will help them to build their skills over time.

The Life Education program is designed to form part of a broader school and community based response to help children and young people to develop the pre-disposition and capacity to make safer and healthier choices, thereby contributing to students' present and future health and wellbeing and that of the broader community.

A more detailed description of the rationale underlying the Life Education program and the structure of the program itself is provided in Appendices 1 and 2.

## 1.2 This Report

Life Education Queensland has commissioned specialist evaluation consultancy, Regina Hill Effective Consulting Pty Ltd, to prepare an evaluation report based on survey data that Life Education has collected from students in Years 4 and over participating in seven of its modules over Terms 3 and 4 of 2015. The above modules include a mix of programs covering healthy eating, physical activity, smoking, alcohol (mis)use, puberty and sexual health.

Figure 2 – Life Education modules included in evaluation

Focus	Module
Health (healthy eating and physical activity)	Harold's Diary All Systems Go
Drugs (smoking and alcohol)	On the Case Think Twice
Puberty and sexual health	Talk About It Years 5 - 6 Talk About It Years 7 - 8 Talk About It Years 9 - 10

The following report is structured in four sections. This Section provides an overview of the Life Education program; it provides an outline of the scope of this report and summarises key findings. Section 2 describes the methodology used to conduct the evaluation and provides an overview of the sample population on which the evaluation is based. Section 3 provides a detailed summary of the outcomes of the evaluation for each of the modules for which a sufficiently large data set is available and Section 4 sets out the key findings and conclusions of the report.

<sup>5</sup> Life Education Learning Cycle © Life Education 2014

### 1.3 Key findings

The evaluation demonstrates that the Life Education sessions are generally effective in getting students to think about health and safety issues and in providing them with information, both in terms of basic knowledge and options or strategies for dealing with different situations, that they can then draw on to make healthier and safer choices.

While, because of the constraints of the survey methodology required to be applied, the results of this evaluation do not demonstrate the longer term retention of what students identify as having learned in the Life Education sessions or assess changes in longer term attitudes or behaviour, they do indicate that students generally pick up the key health and safety messages presented in those sessions. In many cases the feedback provided by students indicates a significant change in understanding and immediate post-session disposition as a result of the Life Education session.

#### 1.3.1 Key learning outcomes

##### 1.3.1.1 *Nutrition and physical activity*

Two of the modules that have been evaluated focus on the importance of healthy eating and physical activity: Harold's Diary and All Systems Go.

Feedback from those modules indicates that they are effective in getting students to think about healthy eating and exercise and build awareness of what a healthy diet looks like and what level of exercise is needed to stay healthy. They also appear to have a positive impact on students' immediate post-session disposition to apply what they have learned in eating healthy food and being physically active.

4 in 5 students participating in the **Harold's Diary** session indicated that it had helped them to understand how exercise and healthy food can help the body to work better (79.3%), to reflect on their own behavior (79.9%) and to feel confident to do more things to stay active and healthy (79.7%); over half of the students indicated that it had helped them a lot in those areas. Over 90 percent of students said that they thought that they were more likely to eat healthy food because of what they had learned in the Harold's Diary session. Just under 85 percent said that they thought they were more likely to be physically active.

Approximately half of the students participating in the **All Systems Go** session indicated that it had helped them a lot to understand how the foods they eat affect their health (56.9%), to reflect on what they eat (49.8%), to work out what to eat to stay healthy (52.9%) and to feel like they could translate that knowledge into action (53.9%). Over 90 percent of students said that they thought that they were more likely to think about what they eat and to eat healthy food because of what they had learned in the session. Over 85 percent said that they thought they were more likely to be physically active.

##### 1.3.1.2 *Smoking*

One of the modules focused on smoking and the dangers associated with second hand smoke: On the Case.

Feedback from that module indicates that it is effective in getting students to think about smoking and its effects and providing them with information, in terms of both basic, general knowledge and options or strategies for dealing with different situations, that they can draw on to make responsible, informed decisions and stay healthy. On the Case also appears to have a positive, initial impact on some students' immediate post-session disposition to not smoke.

Just over 2 in 3 students indicated that the **On the Case** session had helped them to learn a lot about the effect that smoking has on the body (68.3%), and just under 2 in 3 indicated that it had played a significant role in getting them to think about how smoking was affecting people they knew (63.5%) and to know what to do if someone offered them a cigarette (63.5%).

Over 90 percent of students said that they thought that they were less likely to smoke because of what they had learned in the On the Case session. The proportion of students indicating that they would not smoke increased by approximately 6 percent between the start and the end of the session and seventy-one students providing open form feedback expressly indicated that they had learned that they should not smoke and / or indicated an intention not to do so.

#### *1.3.1.3 Alcohol (mis)use*

One of the modules focused on smoking and the dangers associated with alcohol (mis)use and underage drinking: **Think Twice**

Feedback from that module indicates that it is effective in helping students to understand the effects of alcohol generally and help them to think about how to stay safe around alcohol and be confident to make their own decisions.

Just over half of the students indicated that the **Think Twice** session had helped them to learn a lot about the effect that alcohol has on the body (56.9%) and 3 in 5 students indicated it played a significant role in helping them to be aware of the risks associated with alcohol (60.6%). Half of the students indicated that it had played a significant role in getting them to think about how alcohol was affecting people they knew (50.1%) and just under 2 in 3 students in helping them to know what to do if someone offered them a drink (63.5%).

Most of the students who were asked whether they thought that they would be likely to make safer decisions about alcohol in the future because of what they had learned in the **Think Twice** session said that they thought they would (848, 86.3%)<sup>6</sup>. Twenty-six students providing open feedback explicitly indicated that they had learned that they should not drink alcohol and / or indicated an intention not to do so and a further twenty-nine highlighted the importance of not drinking under age.

#### *1.3.1.4 Puberty and sexual health*

Two of the modules that have been evaluated focus on sexual health and safe relationships: **Talk About It Years 5-6** and **Talk About It Years 9-10**.

Feedback for the **Talk About It Years 5-6** module indicates that it is effective in helping students to understand the changes associated with puberty, recognise that it is a normal process that they should not be embarrassed about, be more confident seeking advice and more supportive of others as they journey through puberty.

Just over 4 in 5 students indicated that they have a better understanding of the changes that they (86.0%) and other young people (84.2%) go through during puberty. Eighty percent of students indicated that as a result of the Life Education session they were more likely to seek help from trusted adults or other places of information about puberty. Over 90 percent of students indicated that they were more likely to be respectful and caring of their class mates as they go through puberty.

Feedback for the **Talk About It Year 9-10** session module indicates that it is effective in helping students to build their understanding of their reproductive organs and how the reproductive system works, contraception options and how to use condoms correctly, sexually transmissible infections, healthy relationships and help seeking in regard to relationships and sexual health.

The feedback also indicates that the session had a positive impact on students predisposition immediately following the session to seek help and adopt behaviours to keep themselves healthy and safe when managing relationships and in relation to their sexual health.

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<sup>6</sup> Note this data relates to Term 3 students only as the relevant survey question was changed in Term 4 and so like data is not available for that period.



Over 90% of students indicated that the session had helped them to learn about how to stay safe and seek help regarding relationships and sexual health.

#### 1.3.2 Other observations

The above modules generally appear to resonate slightly more strongly with girls than boys and in a number of cases to have stronger outcomes with non-ATSI than ATSI students. It is not possible based on the available data to explain why that is the case. For example, it is not possible to determine what impact (if any) students' pre-existing knowledge, individual lived experience, learning interests and styles and literacy levels or other factors might have on the way that students engage and learn during the Life Education sessions and / or their ability to understand and complete the surveys that are being used to assess the program. It would be worthwhile undertaking further analysis to try to determine what factors might play a role in this and whether there are adjustments that could be made to the Life Education program and / or evaluation surveys to address those factors.

Student responses to some of the more detailed content based questions included in the surveys are more variable than others. In some cases that may be driven by factors relating to student comprehension of the question. It is also likely that in some cases, because of the nature of the Life Education modules and the fact that they are varied to meet the needs of the specific school and student cohort being delivered to, the specific content being tested has not been covered in some sessions. In order to exclude the latter option and better assess student responses to these questions, it would be useful if Life Education Educators could complete a checklist to identify which learning areas are or are not covered in different sessions.

#### 1.3.3 Conclusions

Overall the evaluation indicates that the educational sessions delivered by Life Education in the assessed modules are effective in enabling students to think about the health and safety issues that they cover and in providing them with information that students can draw on to make safer and healthier choices.

Student feedback indicates that many students are able to identify practical steps that they can take to be safer and healthier immediately following the sessions. Some student responses also explicitly express positive attitudes towards the adoption of safer and healthier behaviours immediately following the sessions.

The evaluation indicates that the Life Education sessions play a valuable role in helping schools to strengthen the understanding and pre-disposition of students to make healthy and safe choices. Research relating to like programs suggests that the knowledge and attitudinal effects that students identify in this evaluation are likely to require follow up to sustain them and that the best results are, therefore, likely to be seen when the Life Education sessions are complemented through school curriculum based activities and positive parental reinforcement (which are supported by Life Education through the resources that it provides to schools and parents for this purpose).<sup>7</sup>

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<sup>7</sup> McKay et al 2014., p1061.

## 2 Methodology

### 2.1 Evaluation focus and approach

Life Education Queensland is committed to evaluating and continuously improving its program. It has surveyed teachers to assess its program over many years. The results from those evaluation surveys have been consistently strong, indicating that schools value the Life Education program, believe that it is well structured and run and that it is a valuable complement to school-based curriculum and helps to build student understanding, knowledge and skills about how to stay healthy and safe.<sup>8</sup>

#### 2.1.1 Survey approach

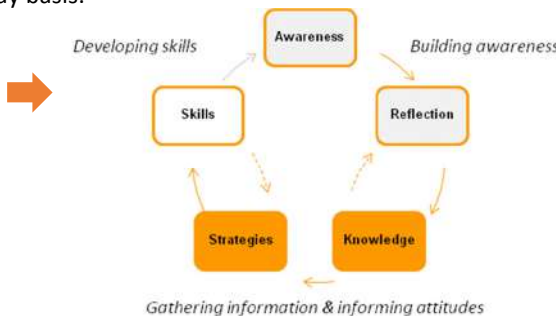
Life Education Queensland has recently developed a series of student evaluation surveys to complement its existing teacher based evaluation and assess the outcomes that students take out of its sessions. The above surveys have been developed in collaboration with, and have been signed off by, the Queensland Department of Health (Department of Health) as part of Life Education Queensland's current funding agreement with the Department.

Participating students are asked to complete a pre-session survey at the start of the Life Education session and a post-session survey immediately at the end of the session. The above surveys are designed to test student's pre-existing knowledge and pre-disposition to engage in behaviour to keep themselves healthy and safe, identify whether or not students learned something new in the session, test for short term recall of key content covered in the session and test whether, based on what they have learned in the session, students believe that they are more likely to adopt (protective) behaviours to keep themselves healthy and safe.

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<sup>8</sup> Life Education Program Evaluation October 2014.; Life Education Queensland NGO Performance Framework Reports July-September 2015 and October – December 2015.

Figure 3 – Evaluation focus

Element	Description
Pre-existing knowledge:	Test <b>pre-existing knowledge</b> in relation to key curriculum content relating to healthy behaviour (choices) and risk factors
Behaviour:	Identify <b>pre-existing behaviour / intention</b> in relation to adoption of healthy choices
Key learning:	Test for whether students learned something new about the session topic and improved their <b>awareness and understanding</b> of the importance of healthy behaviour / avoidance of risk factors
Content recall:	<p>Test specific <b>content recollection</b> relating to key curriculum elements and student progression around the learning and development cycle. In most modules this part of the survey is structured to test whether or not the Life Education session has helped:</p> <ul style="list-style-type: none"> <li>• Increase student <b>awareness</b> of key health and safety issues</li> <li>• Encourage <b>reflection</b> on how the topic or issue being covered affects them</li> <li>• Provide students with the <b>knowledge</b> that they need to understand and respond to the ideas and / or issue(s) being covered</li> <li>• Help students to identify and develop <b>strategies</b> to apply those ideas and / or respond to those issues and</li> <li>• Help students to start to develop the <b>skills</b> and confidence that they need to apply those strategies on a day to day basis.</li> </ul> <div style="text-align: center;"> <p><b>Life Education Learning Cycle:</b> →</p>  <pre> graph TD     Awareness[Awareness] -- "Developing skills" --&gt; Skills[Skills]     Skills -- "Building awareness" --&gt; Reflection[Reflection]     Reflection -- "Gathering information &amp; informing attitudes" --&gt; Knowledge[Knowledge]     Knowledge --&gt; Strategies[Strategies]     Strategies --&gt; Skills     </pre> </div>
Behavioural intention:	Test <b>post-session intention</b> in relation to adoption of healthy / safe behaviours and link to Life Education session experience

### 2.1.2 Considerations and constraints

A range of factors have influenced the design and implementation of the above surveys.

#### Focus

The intention when designing and implementing the surveys has been to collect feedback from as many students as possible across the State. The desire to do that, combined with the need to report on student feedback to the Department of Health on a Term by Term basis, is why both the pre- and post-session surveys have been embedded within the individual Life Education sessions. Incorporating the surveys into the sessions has allowed Life Education to avoid placing an additional administrative load on the schools that they have worked with and has increased survey coverage and school and student response rates.

The trade off in incorporating the post-session surveys into the end of the Life Education teaching sessions is that they are not able to demonstrate longer term retention of what students identify as having learned in the sessions or assess changes in longer term attitudes or behaviour. As such, the surveys are designed to assess students' short term recognition and recall of material covered in the sessions and their immediate post-session pre-disposition to adopt healthy and safe behaviours.

### *Coverage*

The timing of the post-session surveys also impacts the ability to assess the impact of complementary school based teaching activities.

The surveys focus solely on the short Life Education session delivered by Life Education Educators. They do not take into account follow up (consolidation) instruction and learning activities conducted by school teaching staff using complementary Life Education materials after the session.

Other teacher and school based surveys are used to collect information about these aspects of the Life Education program. It is recommended that this evaluation be read in conjunction with the results of those surveys.

### *Pre- and post-session survey matching and sample size estimation*

Student names have not been included in the surveys to mitigate privacy concerns on the part of some schools and encourage survey completion.

Because the surveys do not include student names it is not possible to match pre- and post-survey responses and determine exactly how many students were surveyed. For the purposes of this report it has been assumed that all students completing a post-session survey also completed a pre-session survey, with the exception of the limited cases where post-session survey numbers exceed pre-session survey numbers, where it is assumed that there were additional students that completed only a post-session survey and that the rest of the students completed both a pre- and post-session survey.

In order to try to get as accurate an alignment between pre- and post-survey responses as possible the following evaluation has been based only on the data from schools completing both pre- and post-session surveys.

### *Course variation*

Life Education modules are designed to be flexible and cover a wide range of health and safety information.

The more detailed questions included in the student surveys to test for recall of specific information have been defined in large part by the Department of Health and reflect key areas of interest on the part of the Department in understanding student's pre-existing and post-session knowledge. While the content being tested in these questions is included within the broad curriculum that underlies each of the Life Education modules being assessed, the way that individual Life Education sessions are tailored to meet individual school and student cohort needs means that the specific material being tested in those questions may not always be covered, or be a strong focus, in a given session. Responses to these questions therefore need to be interpreted with that in mind.

### *Student learning level, literacy and numeracy*

The framing of some of these more specific questions and the more advanced, technical terms used in some of them was identified by Life Education when the surveys were being finalised as being factors that may have an impact on the ability of students to interpret and respond to them; particularly students with lower levels of literacy and numeracy. Some of the data collected through the evaluation to date may reflect this. Where relevant, that has been noted in this report and suggestions have been made as to how some of the more specific questions might be reframed to test for and / or offset this issue going forward.

The following report should be read with the above considerations and constraints in mind.

It is recommended that this evaluation also be read in conjunction with other data that has been collected by Life Education Queensland from participating school and teaching staff and parents and carers in order to build a holistic view of the program, its fit within school teaching and curriculum and the impact that the program is having on students' awareness, knowledge, attitudes (predispositions), confidence and skills to adopt healthy behaviours and stay safe.

## 2.2 Data collection and sample population overview

The pre- and post-surveys signed off with the Department of Health were introduced at the start of Term 3 2015 and were used in Life Education sessions across 137 schools over Terms 3 and 4 of that year.

As noted above, because the surveys do not include student names it is not possible to match pre- and post-survey responses and determine exactly how many students were surveyed. It is estimated that 8,769 students were surveyed.<sup>9</sup> Based on the available data, it is not possible to differentiate between Year 3 and 4 students in composite Year 3/4 classes. For the purpose of this report students in those classes have therefore been included in the analysis.

In order to try to get as accurate an alignment between pre- and post-survey responses as possible the following evaluation has been based only on the data from schools completing both pre- and post-session surveys. Data from two schools that completed only post-session surveys has therefore been excluded from the analysis (reducing the overall surveyed sample size to 8,658 students.) Schools included in the analysis are referred to in this report as Eligible Schools.

Although Life Education Queensland has kept track of the number of individual sessions being conducted at a regional and State level overall, the number of individual sessions in which evaluation surveys were conducted in Terms 3 and 4 has not been centrally recorded. In order to check that the data collected for each of the modules being evaluated is likely to have been obtained from a mix of Life Education sessions (rather than a sample of just one or two), the number of sessions has been estimated based on the assumption that there were an average of 25 students per session (which is the number that Life Education Queensland have identified as being an appropriate estimate of the average size of their classroom sessions). Life Education Queensland will be collating session data for surveyed schools centrally going forward.

An overview of the number of sessions that Life Education Queensland has delivered to students in Year 4 and over for each of the modules being evaluated and the number of schools, estimated sessions and students that have been surveyed and for which data is available for consideration in this evaluation are outlined in the following table. (The survey data includes some Year 3 students who were in composite Year 3/4 classes.)

Eligible School sample sizes (based on the number of schools, estimated sessions and students from which data was collected in pre- and post-session surveys) are sufficiently large to support analysis for most of the seven modules sought to be assessed in this evaluation. Care needs to be taken when interpreting data for the Talk About It Year 9-10 module because of the small number of schools and sessions covered in the data set for that program. The data set for Talk About It Years 7-8 is too small to be informative and so that module has not been evaluated as part of this evaluation cycle.

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<sup>9</sup> For the purposes of this report it has been assumed that all students completing a post-session survey also completed a pre-session survey, with the exception of the limited cases where post-session survey numbers exceed pre-session survey numbers, where it is assumed that there were additional students that completed only a post-session survey and that the rest of the students completed both a pre- and post-session survey.

Figure 4 – Summary of no. sessions and students in Years 4 and over (including composite Year 3/4 classes) participating in relevant modules and associated surveyed and Eligible School data (Terms 3 and 4 2015) (statewide activity shaded in grey, surveyed schools in white and Eligible Schools in blue)<sup>10</sup>

		Harold's Diary	All Systems Go	On the Case	Think Twice	Talk About It 5-6	Talk About It 7-8	Talk About It 9-10	Total
Parameter	Attribute	# students	# students	# students	# students	# students	# students	# students	#
All schools	Total # sessions	167	175	206	162	280	34	16	1,040
	Total # students	3,912	3,870	4,428	3,697	6,223	955	634	23,719
Surveyed schools	# schools	31	34	61	35	32	1	2	137
	Est. # sessions*	54	53	93	64	77	1	10	351
	# students	1,349	1,316	2,334	1,592	1,913	15	249	8,768
	% total students	34.5%	34.0%	52.7%	43.1%	30.7%	1.6%	39.3%	37.0%
	# ATSI students	159	192	362	167	218	-	7	1,105
	% surveyed students	11.8%	14.6%	15.5%	10.5%	11.4%	-	2.8%	12.6%
Eligible schools (i.e. schools completing both pre- and post-session surveys)	# schools	31	34	60	34	31	1	2	136
	Est. # sessions*	54	53	92	63	74	1	10	346
	# students	1349	1,316	2,310	1,570	1,849	15	249	8,658
	% total students	34.5%	34.0%	52.2%	42.5%	29.7%	1.6%	39.3%	36.5%
	# ATSI students	159	192	361	167	213	-	7	1,099
	% eligible students	11.8%	14.6%	15.6%	10.6%	11.5%	-	2.8%	12.7%

\* The number of sessions for which surveys were collected has been estimated based on the assumption that there was an average of 25 students per session

The Eligible Schools from which data has been collected include schools in the south eastern, central and northern parts of Queensland; a slightly higher proportion of schools and students being based in the south east than in the other regions.

Figure 5 – Geographic profile of sample (proportion of Eligible Schools and students)

Queensland region	% schools	% students
South eastern	40.4%	44.3%
Central	33.1%	25.1%
Northern	36.5%	30.6%
Total	100%	100%

<sup>10</sup> Note survey and Eligible school student numbers assume that all students completing pre-session survey also completed a post-session survey and that where post-session response numbers are higher than pre-session responses that means that additional students completed the post-session survey. Student numbers have therefore been calculated by taking the number of pre-session responses for each school and adding in the number of additional post-session responses (if any).

Figure 6 – Number of Eligible Schools by region by module and overall (shading used to highlight south-eastern, central and northern regions)

Region	Harold's Diary	All Systems Go	On the Case	Think Twice	Talk About It Y5 – 6	Talk About It Y7 - 8	Talk About It Y9 - 10	All Modules	
1. Brisbane CC	3	2	2	1	4	-	1	11	8.1%
2. Logan CC	1	6	3	1	1	-	-	10	7.4%
3. Ipswich CC	1	4	7	1	2	-	-	11	8.1%
4. Gold Coast CC	1	1	1	2	10	1	-	13	9.6%
5. Sunshine Coast RC	-	-	2	-	-	-	-	2	1.5%
6. Noosa SC	-	3	-	3	-	-	-	3	2.2%
8. Moreton Bay RC	-	-	-	-	4	-	-	4	2.9%
9. Redland CC	-	-	-	-	1	-	-	1	0.7%
11. Scenic Rim RC	-	-	-	-	-	-	1	1	0.7%
12. Darling Downs & South West	6	7	12	7	-	-	-	16	11.8%
13. Wide Bay Burnett	7	1	8	9	-	-	-	20	14.7%
14. Central & Central West	4	1	6	2	-	-	-	8	5.9%
15. Mackay, Isaac & Whitsunday	2	3	7	5	4	-	-	15	11.0%
16. North & North West	1	-	8	2	5	-	-	12	8.8%
17. Far North	5	6	4	1	-	-	-	9	6.6%
Grand Total	31	34	60	34	31	1	2	136	100.0%

Figure 7 – Number of students by region by module and overall (shading used to highlight south-eastern, central and northern regions)

Region	Harold's Diary	All Systems Go	On the Case	Think Twice	Talk About It Y5 – 6	Talk About It Y7 - 8	Talk About It Y9 - 10	All Modules	
1. Brisbane CC	280	112	116	114	240	-	127	989	11.4%
2. Logan CC	40	183	195	71	38	-	-	527	6.1%
3. Ipswich CC	56	171	321	46	115	-	-	709	8.2%
4. Gold Coast CC	16	44	71	154	418	15	-	718	8.3%
5. Sunshine Coast RC	-	-	60	-	-	-	-	60	0.7%
6. Noosa SC	-	223	-	165	-	-	-	388	4.5%
8. Moreton Bay RC	-	-	-	-	408	-	-	408	4.7%
9. Redland CC	-	-	-	-	40	-	-	40	0.5%
11. Scenic Rim RC	-	-	-	-	-	-	122	122	1.4%
12. Darling Downs & South West	220	167	316	296	-	-	-	999	11.5%
13. Wide Bay Burnett	150	30	191	212	-	-	-	583	6.7%
14. Central & Central West	152	25	246	48	-	-	-	471	5.4%
15. Mackay, Isaac & Whitsunday	141	163	311	250	297	-	-	1,162	13.4%
16. North & North West	50		313	129	293	-	-	785	9.1%
17. Far North	244	198	170	85	-	-	-	697	8.1%
Grand Total	1,349	1,316	2,310	1,570	1,849	15	249	8,658	100.0%

A profile of the Eligible School students responding to the survey is set out in the following tables. The balance between male and female students is relatively even overall and across all modules except Talk About It Year 7-8, where there are more male respondents, and Talk About It Year 9-10, where there are slightly more female respondents. The proportion of Aboriginal and / or Torres Strait Islander (ATSI) students making up the sample population varies by module. Overall approximately 12 percent of the sample population identified themselves as being of ATSI background.



Figure 8 – No. surveyed student profile overall and by module (Eligible Schools only) (Note profile based on post-session survey responses)

Module		Overall	Harold's Diary	All Systems Go	On the Case	Think Twice	Talk About It 5-6	Talk About It 7-8	Talk About It 9-10
# students		8,545	1,308	1,270	2,273	1,564	1,873	8	249
Year level	Year 3	150	70	80	-	-	-	-	-
	Year 4	2,265	1,200	1,030	27	8	-	-	-
	Year 3/4	44	23	21	-	-	-	-	-
	Year 5	1,746	8	114	764	243	617	-	-
	Year 6	3,989	-	15	1,441	1,299	1,234	-	-
	Year 5/6	35	-	-	18	-	17	-	-
	Year 7	8	-	-	-	-	-	8	-
	Year 8	-	-	-	-	-	-	-	-
	Year 9	249	-	-	-	-	-	-	249
	Not specified	56	4	10	23	14	5	-	-
Age	7	1	1	-	-	-	-	-	-
	8	134	64	70	-	-	-	-	-
	9	1,531	826	682	17	5	1	-	-
	10	1,830	361	409	486	165	409	-	-
	11	3,067	4	44	1,172	894	952	1	-
	12	1,476	-	8	517	447	500	4	-
	13	23	-	-	6	2	3	3	9
	14	209	-	-	-	-	-	-	209
	15	28	-	-	-	-	-	-	28
	Not specified	246	52	57	75	51	8	-	3
Gender	Female	4,273	654	620	1,113	769	972	5	140
	Male	4,245	651	650	1,151	791	894	3	105
	Transgender^	3	NA	NA	NA	NA	NA	NA	3
	Not specified	24	3	-	9	4	7	-	1
Aboriginal status	Not ATSI	7,431	1,145	1,081	1,912	1,390	1,653	7	243
	ATSI	1,040	156	174	345	157	203	-	5
	Yes – Aboriginal	718	104	114	250	114	131	-	5
	Yes - Torres Strait Islander	135	23	26	35	14	37	-	-
	Yes – Both	187	29	34	60	29	35	-	-
	Not specified	74	7	15	16	17	17	1	1

\* Student data based on pre-session survey data ^ Option only provided for Talk About It Year 9-10 module

Figure 9 – Percentage surveyed student profile overall and by module (Eligible Schools only)

Module		Overall	Harold's Diary	All Systems Go	On the Case	Think Twice	Talk About It 5-6	Talk About It 7-8	Talk About It 9-10
Year level	Year 3	1.8%	5.4%	6.3%	-	-	-	-	-
	Year 4	26.5%	91.7%	81.1%	1.2%	0.5%	-	-	-
	Year 3/4	0.5%	1.8%	1.7%	-	-	-	-	-
	Year 5	20.4%	0.6%	9.0%	33.6%	15.5%	32.9%	-	-
	Year 6	46.7%	-	1.2%	63.4%	83.1%	65.9%	-	-
	Year 5/6	0.4%	-	-	0.8%	-	0.9%	-	-
	Year 7	0.1%	-	-	-	-	-	100.0%	-
	Year 8	-	-	-	-	-	-	-	-
	Year 9	2.9%	-	-	-	-	-	-	100.0%
	Not specified	0.7%	0.3%	0.8%	1.0%	0.9%	0.3%	-	-
Age	7	0.0%	0.1%	-	-	-	-	-	-
	8	1.6%	4.9%	5.5%	-	-	-	-	-
	9	17.9%	63.1%	53.7%	0.7%	0.3%	0.1%	0.0%	-
	10	21.4%	27.6%	32.2%	21.4%	10.5%	21.8%	0.0%	-
	11	35.9%	0.3%	3.5%	51.6%	57.2%	50.8%	12.5%	-
	12	17.3%	-	0.6%	22.7%	28.6%	26.7%	50.0%	-
	13	0.3%	-	-	0.3%	0.1%	0.2%	37.5%	3.6%
	14	2.4%	-	-	-	-	-	-	83.9%
	15	0.3%	-	-	-	-	-	-	11.2%
	Not specified	2.9%	4.0%	4.5%	3.3%	3.3%	0.4%	-	1.2%
Gender	Female	50.0%	50.0%	48.8%	49.0%	49.2%	51.9%	62.5%	56.2%
	Male	49.7%	49.8%	51.2%	50.6%	50.6%	47.7%	37.5%	42.2%
	Transgender^	NA	NA	NA	NA	NA	NA	NA	1.2%
	Not specified	0.3%	0.2%	-	0.4%	0.3%	0.4%	-	0.4%
Aboriginal status	Not ATSI	87.0%	87.5%	85.1%	84.1%	88.9%	88.3%	87.5%	97.6%
	ATSI	12.2%	11.9%	13.7%	15.2%	10.0%	10.8%	-	2.0%
	Yes – Aboriginal	8.4%	8.0%	9.0%	11.0%	7.3%	7.0%	-	2.0%
	Yes - Torres Strait Islander	1.6%	1.8%	2.0%	1.5%	0.9%	2.0%	-	-
	Yes – Both	2.2%	2.2%	2.7%	2.6%	1.9%	1.9%	-	-
	Not specified	0.9%	0.5%	1.2%	0.7%	1.1%	0.9%	12.5%	0.4%

\* Student data based on post-session survey data ^ Option only provided for Talk About It Year 9-10 module

### 2.3 Compliance with Queensland Department of Health benchmarks

Under its Queensland Department of Health funding agreement Life Education Queensland is required to survey at least 30 percent of the students in Year 4 and over participating in the following modules: Harold's Diary, All Systems Go, On the Case, Think Twice and the Talk About It suite of programs. Five percent of the sample population are required to be of ATSI background.

Over the course of Terms 3 and 4 2015 Life Education provided sessions to 23,719 Year 4 and over students, including Year 3 students in composite Year 3/4 classes. It surveyed 8,768 students (37.0%), 1,105 (12.6%) of whom identified themselves as being of ATSI background. The above figures indicate that Life Education exceeded the benchmark target for the proportion of students surveyed and the target of ensuring that at least five percent of the student group from whom feedback was sought be Aboriginal.

### 3 Module Reviews

A detailed analysis of each of the following modules is provided below: Harold's Diary, All Systems Go, On the Case, Think Twice, Talk About It Years 5-6 and Talk About It Years 9-10. As noted above, Talk About It Years 7-8 has not been reviewed on the basis that there is not yet sufficient data to support an evaluation.

Unless otherwise specified the use of the term sample and students in the rest of this report refers to Eligible Schools and their students.

#### 3.1 Harold's Diary

<b>Module Type:</b>	Blended <sup>11</sup>	<b>Focus:</b>	Healthy eating and physical activity	<b>Target student group:</b>	Years 3 - 4	Ages 8 - 10
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##### 3.1.1 Module overview

Harold's Diary is designed for students in Years 3 - 4 (aged 8 - 10 years old). The session uses interactive, activity based learning techniques to build student awareness of how to stay healthy and safe. It explores a number of themes relating to healthy eating and physical activity. It also provides an opportunity to introduce children to other topics including understanding the effect of stimulants such as caffeine, being safe around medicines, building and managing healthy and supportive relationships, dealing with peer pressure and bullying and managing change.

Harold's Diary is designed to allow educators to tailor sessions to meet the objectives and needs of the specific school and student group that they are working with. As such, different sessions may focus more or less on different learning areas.

##### 3.1.2 Sample population and composition

In Terms 3 and 4 of 2015 Life Education Queensland ran Harold's Diary sessions for 6,441 students, approximately 60 percent of whom (3,912, 60.7%) were eligible for inclusion in this evaluation because they were in composite Year 3/4 or Year 4 classes or over.

Thirty-one schools participated in evaluation activity. All of those schools completed both pre- and post-session surveys and so data from all of the schools has been included in the following analysis. Those schools include schools in the metropolitan south east region and the central and northern parts of the State.<sup>12</sup>

Harold's Diary evaluation surveys have been completed by 1,349 students. Based on post-session survey data, most of those students were in Year 4 and were 9 or 10 years old. Some students were in Year 3 and have been included in the evaluation because they are part of a composite Year 3 / 4 class. There are also a small number of Year 5 students included in the sample population. There was a relatively even mix of girls and boys participating in the evaluation. Approximately 12 percent of the students (156, 11.9%) identified themselves as being of ATSI background.

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<sup>11</sup> Module covers general health and safety with some exploration of specific issues.

<sup>12</sup> See Appendix 3 for a detailed breakdown of the schools participating in the evaluation.

Figure 10 – Module delivery and evaluation coverage

	All schools	Eligible schools
# schools	NCR	31
# sessions	167	*54
# pre-session survey responses	-	1,347
# post-session survey responses	-	1,308
# additional post-session survey responses^	-	2
# students^	3,912	1,349
Response rate~	34.5%	97.0%

NCR = data collected at a local level but not yet centrally collated at a State level and so not available for this report \* The number of sessions for which surveys were completed in Terms 3 and 4 has not been centrally recorded. It has been estimated here based on the assumption that there was an average of 25 students per session

^ Student numbers assume that all students completing a pre-session survey also completed a post-session survey and that where post-session response numbers were higher than pre-session responses additional students completed the post-session survey. Student numbers have therefore been calculated by taking the number of pre-session responses for each school and adding in the number of additional post-session responses (if any). ~ All schools = sample population / total population and Eligible schools = post-session responses / sample population

Figure 11 – Sample population profile (based on post-survey sample population)

Attribute		Student #	% students
# students completing pre-session survey		1,308	100.0%
Year level	Year 3	70	5.4%
	Year 4	1,200	91.7%
	Year 3/4	23	1.8%
	Year 5	8	0.6%
	Not specified	4	0.3%
Age	7	1	0.1%
	8	64	4.9%
	9	826	63.1%
	10	361	27.6%
	11	4	0.3%
	Not specified	52	4.0%
Gender	Female	654	50.0%
	Male	651	49.8%
	Not specified	3	0.2%
ATSI status	Not ATSI	1,145	87.5%
	ATSI	156	11.9%
	Yes – Aboriginal	104	8.0%
	Yes - Torres Strait Islander	23	1.8%
	Yes - both Aboriginal and Torres Strait Islander	29	2.2%
	Not specified	7	0.5%

### 3.1.3 Module evaluation focus

The Life Education evaluation survey for Harold's Diary focuses on two key learning areas covered in the module: healthy eating and physical activity.

### 3.1.4 Identified areas of learning

Most of the students from the Eligible Schools surveyed (1,186, 90.7%) indicated that they had learned something new in the Life Education session. Girls were slightly more likely to do so than boys (94.5% compared to 86.9%) and ATSI students were slightly more likely to do so than non-ATSI students (93.8% compared to 90.5%).

When asked about what they had learned in the session a number of students identified that they were more aware of the importance of staying active and eating a healthy diet and the positive effect that has on the body. Students identified learnings across a broad range of areas, reflecting the breadth of material covered in the module and the variation in focus across different schools and sessions.

A number of students identified that they had learned how important it was to exercise each day, about the types of food that made up a healthy diet, about the number of servings that they should have of different types of food each day and / or about how the body works. Some students identified that energy drinks contained caffeine and / or that children should not drink them and / or that water was a healthy drink and that it was important to drink enough water. Some students noted the importance of getting enough sleep. A small number of students identified that they had learned that they should not smoke or drink alcohol, that they should stay safe around medicines or that they had learned how to deal with issues such as bullying.

Figure 12 – Areas identified by students as “the most important things you learned about being active and healthy” (537 students, 989 coded response areas, percentage refers to percentage of responding students)

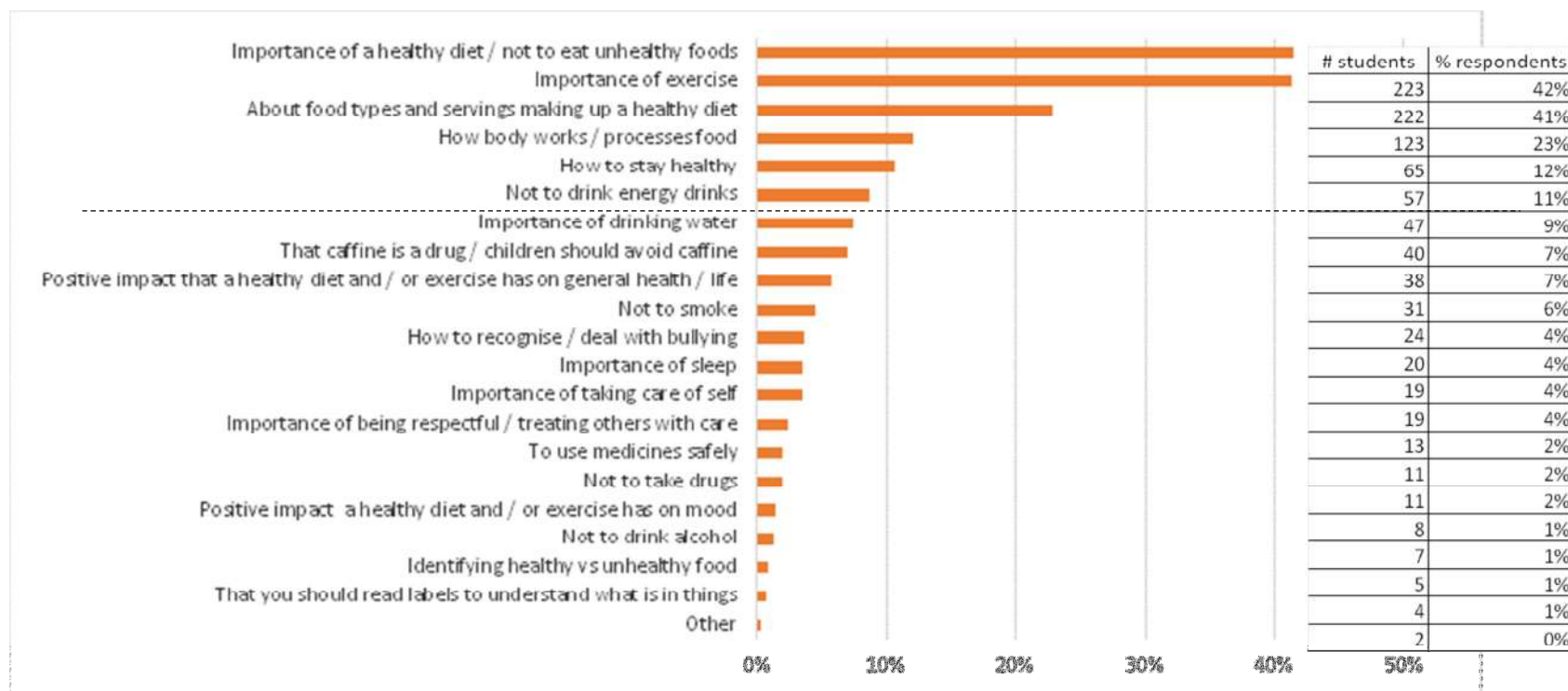


Figure 13 – Examples of what students identified as being “the most important things you learned about being active and healthy”

How to keep healthy  
 I learned that you need to make healthy food choices and do physical activity everyday  
 What are the sometimes foods. What the healthy foods are.  
 That you need to be careful with yourself and that everything you eat is not healthy  
 Sometimes foods are for special occasions  
 Don't eat lollies and sweets  
 To only eat foods which are full of sugar, salt etc sometimes  
 Don't eat fattening foods and do lots of exercise  
 Say no when people want you to drink soft drink because it has sugar  
 That you need more foods than I was eating  
 Learned about the digestive system and that caffeine is a drug  
 Learned that you need to do a lot of exercise and not to drink caffeine  
 That you shouldn't smoke or drink energy drinks

Energy drinks are very bad for children under 18  
 To move around and get active  
 It is important to exercise every day  
 That you need 1 hour of exercise a day to keep healthy  
 Play more exercise games and not on my iPad  
 I learned to never drink or eat medicines without an adults permission  
 How big of an impact smoking has on people  
 Not to smoke  
 Don't smoke or take drugs  
 How bad drugs can be  
 Don't drink alcohol and how to look after my body  
 How to avoid bullies  
 What to do if you are bullied

As well as being asked to provide open form feedback about what they learned in the Harold's Diary session, students were also asked specific questions designed to test whether the session had helped them to build an understanding of key knowledge areas and strategies relating to staying healthy and safe covered in the session (based on the Life Education Learning Cycle outlined in Section 1).

Students' answers to those questions indicate that the Harold's Diary session was generally successful in helping students to be more aware of how their body works and the importance of exercise (awareness), to reflect on what they do to stay active and healthy (reflection) and to understand how physical activity and food affects the way their body works (knowledge). Students' responses also indicate that the session helped them to think about what they can do to stay active and healthy (strategies) and helped them to develop confidence and skills to apply those strategies (skills).

Just over half of the students indicated that the Harold's Diary session had helped them a lot to understand how exercise and healthy food can help the body to work better (55.4%), reflect on their own behavior (55.2%) and feel confident to do more things to stay active and healthy (55.2%). Approximately 4 in 5 students said that the session had helped them to learn some things or a lot about each of those areas (see figure16 below.)

*Figure 14 – Contribution to key learning and development cycle (awareness, reflection, knowledge, strategies and skill development) outcomes – all students*

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	<b>I learned a lot</b>
Awareness	Understand how the body works?	1.8%	1.5%	1.8%	11.9%	35.9%	<b>47.0%</b>
Awareness	Understand the importance of doing exercise?	2.8%	1.8%	3.3%	14.2%	28.4%	<b>49.4%</b>
Knowledge	Understand how exercise and healthy food can help your body to work better?	3.7%	1.8%	11.2%	3.9%	23.9%	<b>55.4%</b>
Reflection	Think about the things you do to stay active and healthy?	2.8%	1.8%	2.1%	13.4%	24.7%	<b>55.2%</b>
Strategies	Work out what you can do to stay active and healthy?	4.4%	1.6%	3.3%	12.3%	29.1%	<b>49.3%</b>
Skills	Feel confident to do more things to stay active and healthy?	3.7%	1.8%	3.8%	10.9%	24.6%	<b>55.1%</b>

While positive responses from both girls and boys were strong, the proportion of girls responding positively to the above questions was higher than boys (see figures 15 and 17 below).



Figure 15 - Contribution to key learning and development cycle (awareness, reflection, knowledge, strategies and skill development) outcomes – girls compared to boys

**Girls:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how the body works?	1.1%	0.8%	0.5%	8.3%	36.4%	<b>53.1%</b>
Awareness	Understand the importance of doing exercise?	1.8%	0.9%	1.5%	12.8%	29.8%	<b>53.1%</b>
Knowledge	Understand how exercise and healthy food can help your body to work better?	2.9%	1.5%	10.6%	2.3%	22.2%	<b>60.6%</b>
Reflection	Think about the things you do to stay active and healthy?	2.0%	0.9%	0.8%	11.2%	25.1%	<b>60.1%</b>
Strategies	Work out what you can do to stay active and healthy?	3.2%	1.2%	1.7%	10.7%	30.1%	<b>53.1%</b>
Skills	Feel confident to do more things to stay active and healthy?	2.4%	0.9%	1.7%	9.3%	23.4%	<b>62.2%</b>

**Boys:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how the body works?	2.6%	2.2%	3.2%	15.7%	35.3%	<b>41.0%</b>
Awareness	Understand the importance of doing exercise?	3.8%	2.8%	5.1%	15.7%	27.2%	<b>45.5%</b>
Knowledge	Understand how exercise and healthy food can help your body to work better?	4.6%	2.2%	11.8%	5.5%	25.5%	<b>50.4%</b>
Reflection	Think about the things you do to stay active and healthy?	3.7%	2.8%	3.4%	15.5%	24.3%	<b>50.4%</b>
Strategies	Work out what you can do to stay active and healthy?	5.7%	2.0%	4.9%	13.8%	28.0%	<b>45.6%</b>
Skills	Feel confident to do more things to stay active and healthy?	5.1%	2.6%	6.0%	12.4%	25.8%	<b>48.1%</b>

Responses from ATSI students were also generally stronger than non-ATSI students (see figures 16 and 17 below).

Figure 16 - Contribution to key learning and development cycle (awareness, reflection, knowledge, strategies and skill development) outcomes – ATSI compared to non-ATSI students

**ATSI students:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how the body works?	1.3%	0.0%	0.0%	7.5%	35.0%	56.3%
Awareness	Understand the importance of doing exercise?	1.3%	1.3%	2.5%	13.8%	28.8%	52.5%
Knowledge	Understand how exercise and healthy food can help your body to work better?	3.8%	3.8%	3.8%	6.3%	22.5%	60.0%
Reflection	Think about the things you do to stay active and healthy?	1.3%	1.3%	0.0%	18.8%	18.8%	60.0%
Strategies	Work out what you can do to stay active and healthy?	6.3%	1.3%	0.0%	12.5%	26.3%	53.8%
Skills	Feel confident to do more things to stay active and healthy?	1.3%	2.5%	0.0%	11.3%	28.8%	56.3%

**Non-ATSI students:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how the body works?	1.9%	1.5%	2.0%	12.2%	36.0%	46.4%
Awareness	Understand the importance of doing exercise?	2.9%	1.9%	3.3%	14.3%	28.4%	49.2%
Knowledge	Understand how exercise and healthy food can help your body to work better?	3.7%	1.7%	3.9%	11.6%	24.0%	55.0%
Reflection	Think about the things you do to stay active and healthy?	2.9%	1.9%	2.2%	13.0%	25.1%	54.9%
Strategies	Work out what you can do to stay active and healthy?	4.3%	1.6%	3.5%	12.3%	29.2%	49.0%
Skills	Feel confident to do more things to stay active and healthy?	3.9%	1.7%	4.1%	10.9%	24.3%	55.0%

Figure 17 – Proportion of students indicating that they had learned some things or a lot of things compared overall, between girls and boys, and between ATSI and non-ATSI students

		All students	Girls	Boys	ATSI	Non-ATSI
Awareness	Understand how the body works?	83.0%	89.4%	76.3%	91.3%	82.4%
Awareness	Understand the importance of doing exercise?	77.8%	82.9%	72.7%	81.3%	77.6%
Knowledge	Understand how exercise and healthy food can help your body to work better?	79.3%	82.7%	75.9%	82.5%	79.1%
Reflection	Think about the things you do to stay active and healthy?	79.9%	85.2%	74.7%	78.8%	80.0%
Strategies	Work out what you can do to stay active and healthy?	78.4%	83.2%	73.6%	80.0%	78.3%
Skills	Feel confident to do more things to stay active and healthy?	79.7%	85.6%	73.9%	85.0%	79.4%

### 3.1.5 Healthy eating

Most students (1,178, 90.6%) indicated that the information from Life Education and Healthy Harold had made them more likely to eat healthy food. Although the proportion of both girls and boys responding positively to this question were relatively high, girls were again more likely to respond positively than boys (93.7% compared to 86.3%). The positive response rate for ATSI students was also higher than non-ATSI students (96.3% compared to 89.7%).

A series of true / false questions were asked in the pre-session survey to get a sense of what level of understanding the students had about what keeps them healthy (i.e. what constitutes healthy food and activity). The questions were repeated following the session to determine whether there is any change in student understanding of those areas.

Student survey responses indicate that students generally had a relatively good pre-existing understanding of which of the items listed were healthy options, with almost 90 percent of students being able to identify whether each of the items listed were healthy or unhealthy options and 3 in 5 students responding correctly to all of the options listed.

Post-sessions surveys completed immediately following the session indicate that there was an increase in the number of students that were able to correctly identify all of the healthy options from the list (an increase of approximately 14%), with just under 4 in 5 students correctly identifying all of the healthy options. There was also an increase in the proportion of students who were able to identify that energy drinks were not a healthy option for children of their age. There was a slight decline in proportion of correct responses for lollies and cordial. That may be due to changes in the composition of pre- and post-survey group.

Figure 18 – Number and proportion of students correctly identifying whether the listed item does or does not keep them healthy

	Pre-session response:		Post-session response:		Change:	
	#	%	#	%	Δ	%
<b>Correct responses to all listed items</b>	<b>868</b>	64.4%	<b>1,050</b>	78.0%	↑	13.5%
Vegetables	1,254	93.1%	1,259	93.5%	↑	0.4%
Lollies	1,329	98.7%	1,300	96.5%	↓	-2.2%
Cordial	1,322	98.1%	1,290	95.8%	↓	-2.4%
Energy drinks	1,156	85.8%	1,237	91.8%	↑	6.0%
Sleep	1,208	89.7%	1,227	91.1%	↑	1.4%
Fresh air	1,197	88.9%	1,215	90.2%	↑	1.3%
Walking	1,177	87.4%	1,213	90.1%	↑	2.7%
Playing outdoor games	1,179	87.5%	1,216	90.3%	↑	2.7%
Sample population	1,347	100.0%	1,347	100.0%		

There was no significant difference between boys and girls in the profile of their pre- and post-session responses.

The proportion of ATSI students' responding correctly in pre-session responses were similar or slightly lower than those of non-ATSI students in relation to the first three items (lollies, vegetables and cordial); there was a more significant difference in their responses in relation to energy drinks, identifying the importance of sleep and recognising that fresh air, walking and playing games outside were healthy options. The proportion of ATSI students responding to the latter set of questions correctly increased following the session. Over 90 percent of all students, both ATSI and non-ATSI, were able to correctly identify whether all of the items listed were healthy or unhealthy options with the one exception of playing outdoor games, where ATSI students' post-session responses were slightly below that level.

Figure 19 – Number and proportion of ATSI and non-ATSI students correctly identifying whether the listed item does or does not keep them healthy

	Pre-session response:			Post-session response:			Change:		
	All students	ATSI	Non-ATSI	All students	ATSI	Non-ATSI	All students	ATSI	Non-ATSI
Lollies	98.7%	98.4%	98.7%	96.3%	96.3%	96.3%	-2.4%	-2.1%	-2.4%
Vegetables	93.1%	91.1%	93.3%	99.4%	97.5%	99.5%	6.3%	6.4%	6.2%
Cordial	98.1%	97.6%	98.2%	98.6%	96.3%	98.8%	0.5%	-1.3%	0.6%
Energy drinks	85.8%	78.0%	86.6%	94.6%	93.8%	94.6%	8.8%	15.7%	8.0%
Sleep	89.7%	83.7%	90.3%	93.8%	91.3%	94.0%	4.1%	7.5%	3.7%
Fresh air	88.9%	82.9%	89.5%	92.9%	90.0%	93.1%	4.0%	7.1%	3.6%
Walking	87.4%	79.7%	88.2%	92.7%	92.5%	92.8%	5.4%	12.8%	4.6%
Playing outdoor games	87.5%	77.2%	88.6%	93.0%	85.0%	93.5%	5.4%	7.8%	4.9%
Sample population	1,347	123	1,224	1,308	80	1,228			

### 3.1.6 Physical activity

Prior to the Life Education session students were asked to identify how often a person of their age should do some form of physical activity to stay healthy. Approximately half of the students correctly identified that they should do some form of physical activity every day. A further 9 percent identified that they should do some form of physical activity almost every day (5-6 days in a week).

Figure 20 – Pre-existing knowledge about how often children of their age should exercise to stay healthy

Options provided:	#	%		
Every day	683	50.7%	→	Target response: 50.7%
5 or 6 days in a week	123	9.1%	→	Other: 49.3%
3 or 4 days in a week	300	22.3%		
1 or 2 days in a week	100	7.4%		
Less than 1 day each week	15	1.1%		
Don't know	111	8.2%		
No response	15	1.1%		
Grand Total	1,347	100.0%		

There was not a significant difference in the proportion of girls and boys or ATSI and non-ATSI students that identified that it was important to exercise every day. There was a slight difference between the groups in the proportion of students identifying that it was important to exercise every day or almost every day (5-6 days a week) though; with a slightly higher proportion of boys identifying those options than girls (61.5% compared to 58.4%), and a slightly higher proportion of non-ATSI students doing so compared to ATSI students (60.1% compared to 57.7%).

When asked how much physical activity they did each week outside of school, just under half of the students (46.8%) indicated that they did some form of physical activity every day. Sixty percent (60.7%) said that they exercised either every day or almost every day (5 – 6 days a week). Boys were slightly more likely than girls to indicate that they exercised every day (48.7% compared to 44.9%) and ATSI students were slightly more likely to exercise at that level than non-ATSI students (53.7% compared to 46.1%).

The variation between boys' and girls' responses narrows when students indicating that they exercise almost every day are included (61.2% compared to 60.4%); although there is still a distinction between ATSI and non-ATSI students' responses (65.9% compared to 60.2%).

When asked after the Harold's Diary session, from what they had learned how many times a week they thought they would now do physical activity outside of school, the proportion of students indicating that they thought they would exercise every day went up from 47 percent to approximately 65 percent and for those indicating that they would exercise every day or almost every day from 61 percent to 78 percent respectively.

Figure 21 – Pre-session activity level and post-session intention

**Outside of school, how much physical activity do you do each week?**

Pre-session response:

Options provided:	#	%			%
Everyday	630	46.8%	→	Every day:	46.8%
5 or 6 days a week	188	14.0%	→	5-6 days/ week or more:	60.7%
3 or 4 days a week	277	20.6%			
1 or 2 days a week	129	9.6%			
Less than 1 day each week	23	1.7%			
Don't know	71	5.3%			
No response	29	2.2%			
Total sample pop.	1,347	100.0%			

**From what you have learned, how many times a week do you think you will do physical activity when you are outside of school?**

Post-session response:

Options provided:	#	%			%	Change:	%
Everyday	849	64.9%	→	Every day:	64.9%	↑	18.1%
5 or 6 days a week	170	13.0%	→	5-6 days/ week or more:	77.9%	↑	17.2%
3 or 4 days a week	151	11.5%					
1 or 2 days a week	55	4.2%					
Less than 1 day each week	18	1.4%					
Don't know	36	2.8%					
No response	29	2.2%					
Total sample pop.	1,308	100.0%					

The above change in disposition is reflected across girls and boys and ATSI and non-ATSI students.

Figure 22 – Proportion of students identifying as exercising 5-6 days per week or more in pre-session survey compared to those indicating they intended to do so post-session

Cohort	Pre-session	Post-session	Change
Girls	60.4%	79.4%	19.0%
Boys	61.2%	76.3%	15.1%
ATSI students	65.9%	80.0%	14.1%
Non-ATSI students	60.2%	77.8%	17.6%

Over 70 percent of students (937, 71.6%) indicated that they knew more about the importance of physical activity after the Life Education session than they had before it and most students (1,106, 84.6%) indicated that the information from Life Education and Healthy Harold had made them more likely to be physically active. Although the positive response rates for both girls and boys were relatively high, girls were more likely to respond positively to both of these questions than boys. ATSI students were also more likely to respond positively than non-ATSI students.

Figure 23 – Comparison of responses by gender and ATSI status

Parameter	All students	Girls	Boys	ATSI	Non-ATSI
Increased awareness of the importance of physical activity post-session	71.6%	75.4%	68.1%	75.0%	71.4%
More likely to be physically active	84.6%	89.5%	79.7%	86.3%	84.5%

### 3.1.7 Observations and conclusions

The above feedback indicates that the Harold's Diary session is effective in getting students to think about healthy eating and exercise and build awareness of what a healthy diet looks like and what level of exercise is needed to stay healthy. It also appears to have a positive impact on students' immediate post-session disposition to apply what they have learned in eating healthy food and being physically active.

4 in 5 students participating in the Harold's Diary session indicated that it had helped them to understand how exercise and healthy food can help the body to work better, reflect on their own behavior and feel confident to do more things to stay active and healthy; over half of the students (55%) indicated that it had helped them a lot in those areas.

Over 90 percent of students said that they thought that they were more likely to eat healthy food because of what they had learned in the session. Just under 85 percent said that they thought they were more likely to be physically active.

Figure 24 – Proportion of students identifying that the session had help improve their understanding or awareness of the areas identified or influenced their (pre)disposition to adopt identified protective / healthy behaviours

		All students	Girls	Boys	ATSI	Non-ATSI
Understanding	Understand how the body works*	83.0%	89.4%	76.3%	91.3%	82.4%
	Understand how exercise and healthy food can help your body to work better*	79.3%	82.7%	75.9%	82.5%	79.1%
	Understand the importance of doing exercise*	77.8%	82.9%	72.7%	81.3%	77.6%
Awareness	Increased awareness of the importance of physical activity post-session	71.6%	75.4%	68.1%	75.0%	71.4%
Reflection	Think about the things you do to stay active and healthy*	79.9%	85.2%	74.7%	78.8%	80.0%
Disposition	Work out what you can do to stay active and healthy*	78.4%	83.2%	73.6%	80.0%	78.3%
	Feel confident to do more things to stay active and healthy*	79.7%	85.6%	73.9%	85.0%	79.4%
	Be more likely to be physically active	84.6%	89.5%	79.7%	86.3%	84.5%
	Be more likely to eat healthy food	90.6%	93.7%	71.6%	96.3%	89.7%

\* based on number of students indicating that the session had helped them to learn something or a lot about the identified area

Outcomes are strong for both girls and boys, although they generally appear to be slightly stronger for girls than boys. The program also appears to resonate with ATSI students, with those students demonstrating increases in both their knowledge base and immediate post-session disposition to eat a healthy diet and exercise regularly.<sup>13</sup>

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<sup>13</sup> As noted in the Methodology Section of this report, it is not possible to comment on longer term student retention and application of the material covered in the session.

## 3.2 All Systems Go

<b>Module Type:</b>	Blended <sup>14</sup>	<b>Focus:</b>	General health and wellbeing (physiology and nutrition)	<b>Target student group:</b>	Years 2 - 4	Ages 7 - 9
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### 3.2.1 Module overview

All Systems Go is designed for students in Years 2 - 4 (aged 7 - 9 years old). It aims to increase students' understanding of how the human body works and help them to make informed choices about how to stay safe and be healthy by eating well and being physically active. The session can be tailored to cover a range of general health and wellbeing related issues, including introductory discussions about things like smoking and safe use of medicines.

All Systems Go is designed to allow educators to tailor sessions to meet the objectives and needs of the specific school and student group that they are working with. As such, different sessions may focus more or less on different learning areas.

### 3.2.2 Sample population and composition

In Terms 3 and 4 of 2015 Life Education Queensland ran All Systems Go sessions for 7,272 students approximately 53 percent of whom (3,870, 53.27%) were eligible for inclusion in this evaluation because they were in composite Year 3/4 or Year 4 classes or over.

Thirty-four schools participated in evaluation activity. All of those schools completed both pre- and post-session surveys and so data from all of those schools has been included in the following analysis. Those schools include schools in the metropolitan south east region and the central and northern parts of the State.<sup>15</sup>

All Systems Go evaluation surveys have been completed by 1,316 students. Based on post-session survey data, most of those students were in Year 4 and were 9 or 10 years old. Some students were in Year 3 and have been included in the evaluation because they are part of a composite Year 3 / 4 class. There was a relatively even mix of girls and boys participating in the evaluation. Approximately 14 percent of the students (174, 13.7%) identified themselves as being of ATSI background.

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<sup>14</sup> Module covers general health and safety with some exploration of specific issues.

<sup>15</sup> See Appendix 3 for a detailed breakdown of the schools participating in the evaluation.



Figure 25 – Module delivery and evaluation coverage

	All schools	Eligible schools
# schools	NCR	<b>34</b>
# sessions	175	<b>*53</b>
# pre-session survey responses	-	<b>1,292</b>
# post-session survey responses	-	<b>1,270</b>
# additional post-session survey responses^	-	<b>24</b>
# students ^	3,870	<b>1,316</b>
Response rate~	34.0%	<b>96.5%</b>

NCR = data collected at a local level but not yet centrally collated at a State level and so not available for this report \* The number of sessions for which surveys were completed in Terms 3 and 4 has not been centrally recorded. It has been estimated here based on the assumption that there was an average of 25 students per session ^Student numbers assume that all students completing a pre-session survey also completed a post-session survey and that where post-session response numbers were higher than pre-session responses additional students completed the post-session survey. Student numbers have therefore been calculated by taking the number of pre-session responses for each school and adding in the number of additional post-session responses (if any). ~ All schools = sample population / total population and Eligible schools = post-session responses / sample population

Figure 26 – Sample population profile (based on post-survey sample population)

Attribute		Student #	% students
# students	[completing pre-session surveys]	1,270	100%
Year level	Year 3	80	6.3%
	Year 4	1,030	81.1%
	Year 3/4	21	1.7%
	Year 5	114	9.0%
	Year 6	15	1.2%
	Not specified	10	0.8%
Age	8	70	5.5%
	9	682	53.7%
	10	409	32.2%
	11	44	3.5%
	12	8	0.6%
	Not specified	57	4.5%
Gender	Female	620	48.8%
	Male	650	51.2%
	Not specified	-	-
Aboriginal status	Not ATSI	1,081	85.1%
	ATSI	174	13.7%
	Yes – Aboriginal	114	9.0%
	Yes - Torres Strait Islander	26	2.0%
	Yes - both Aboriginal and Torres Strait Islander	34	2.7%
	Not specified	15	1.2%

### 3.2.3 Module evaluation focus

The Life Education evaluation survey for All Systems Go focuses on healthy eating and makes some limited reference to physical activity.

### 3.2.4 Identified areas of learning

Most students (1,150, 90.6%) indicated that they had learned something new in the Life Education session. Girls were slightly more likely to do so than boys (92.9% compared to 88.3%). There was no significant difference between the responses from ATSI and non-ATSI students.

When asked what the most important thing that they had learned about healthy eating in the session was, a number of students identified that they were more aware of the importance of eating a healthy diet. A number of students indicated that they had learned about what types of food are healthy or unhealthy and the importance of managing what they consume, particularly in relation to sugars, fats and salt. A small proportion of students noted that they had learned about caffeine and that it was dangerous for children to drink energy drinks or that children should not drink them. A significant proportion of responding students indicated that they had learned about the different food groups that make up a healthy / balanced diet and how many servings they should have of different types of food each day. Some students specifically noted that they had learned how much they should eat each day and that they had realised that they should be eating more. Students also identified that they had learned about how food affects the body and how the body works. Some students identified that they had learned about other areas such as smoking and the dangers associated with second hand smoke, safe use of medicines, alcohol and drugs.

Figure 27 – Areas identified by students as “the most important things you learned about being active and healthy” (506 students, 714 coded response areas, percentage refers to percentage of responding students)

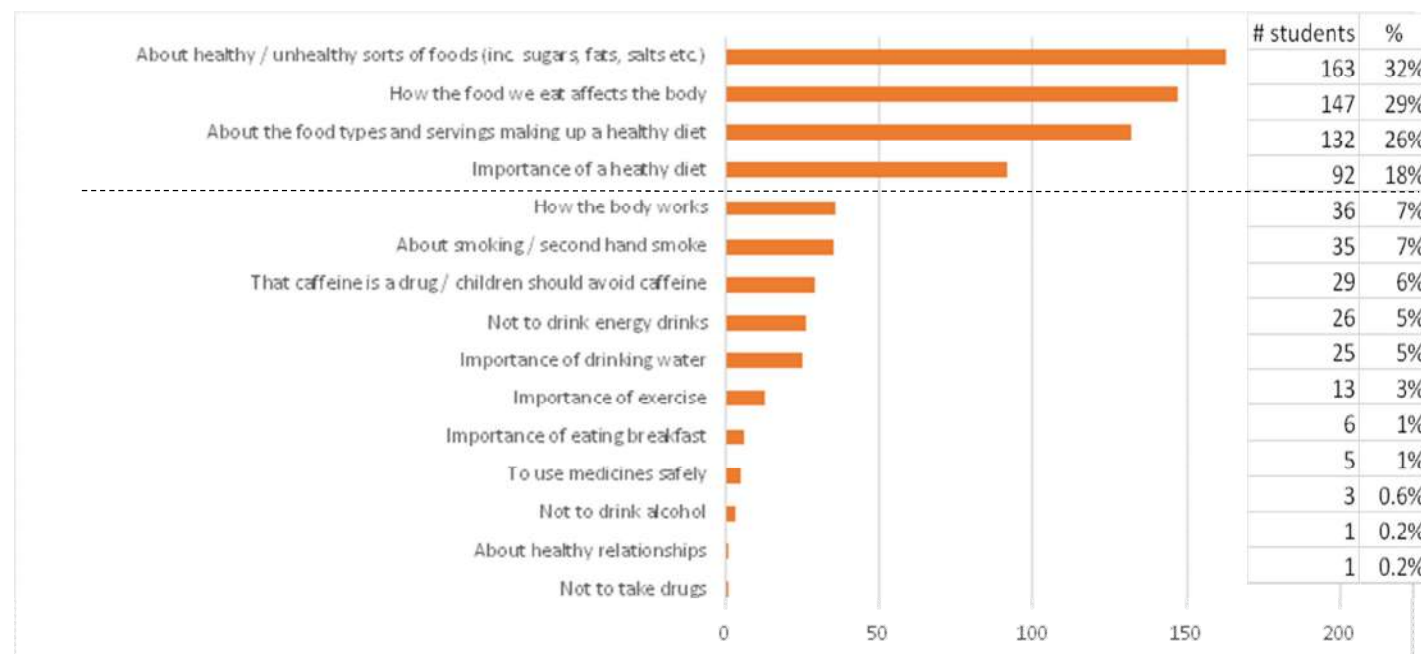


Figure 28 – Examples of what students identified as being “the most important things you learned about healthy eating”

I learned how to eat healthy  
To be healthy, to be active  
Eating bad food is bad for your body.  
To be careful what I eat every day.  
Be aware of what's in your food. Think about your body.  
Not to eat too much unhealthy food. To be more active  
Don't bring unhealthy food to school

I learned how much we should eat.  
That everybody must have something healthy for breakfast, lunch and dinner.  
That you need a balanced diet.  
How much of the food groups you have to eat each day.  
To balance your diet with dairy, grains, vegetables and fruit.  
What to eat and what not to eat, what healthy foods do to your body.  
To eat healthy, to drink lots of water and eat things like grains, vegetables, dairy, protein and fruit.  
Don't second-hand smoke - To eat healthy foods and drink lots of water - To eat five vegetables a day - Have a healthy breakfast  
- Don't skip breakfast - Have lunch - Have dinner  
Eat vegetables, fruit and dairy products every day. Don't eat junk food very often. Think about the food you eat.  
Eat lots of fruit and vegetables every day and try and stay away from junk food  
Only eat sometimes foods sometimes  
Eating some snacks can be ok, but only some (hardly any). You need at least 2 serves of fruit a day.  
That it is important to not eat a lot of junk food.  
Eat fruit and veges; don't have too much sugary foods - Now I know my eating  
I learned that I should eat 5 serves of vegetables, 2 serves of fruit and meat, 4 serves of grains, 3 serves of dairy and 6 glasses of water every day. I also learned that sugary drinks are bad for your health.  
How much sugar, sodium and fat are in the food we eat.  
Eat things with low sugar and eat more vegetables  
Most soft drinks have heaps of sugar.  
Caffeine is really bad for you so we can't have too much - Eat lots of vegetables  
That energy drinks are bad for you and you should make healthier choices

Eating healthy give us nutrients and make us strong  
It helps you grow and you need to eat more vegetables more than fruit.  
If you eat healthy your body processes it better and it's better for your body.  
When we eat healthy we become healthier.  
Eating health makes you strong, smart and active.  
I learned more about how healthy and unhealthy food affects your body.  
That you need good food for lasting energy  
Healthy eating gives you lots of energy but if you eat junk food you have some energy, then you don't.  
That if you drink or eat unhealthily you will get a blast of energy but after about 20 minutes you feel tired.  
You won't be able to think or make the right decisions and your brain won't get the right messages.

to be healthy you need to shop healthy  
That real food is around the edge of supermarkets  
That you should read the back of things to see how much sugar is in it.

As well as being asked to provide open form feedback about what they learned in the All Systems Go session, students were also asked a series of questions designed to test whether the session had helped them to build an understanding of key knowledge areas and strategies relating to staying healthy and safe covered in the session (based on the Life Education Learning Cycle outlined in Section 1).

Students' answers to those questions are consistent with the feedback outlined above and indicate that the All Systems Go session was generally successful in helping students to be more aware of how the food they eat affects the way their body works (awareness) and to think about their diet (reflection). It also appears to have helped students to be able to identify healthy and non-healthy food (knowledge), helped them to identify what they need to eat to stay healthy (strategies) and helped them to develop confidence and skills to make healthy food choices (skills).

Approximately half of the students indicated that the All Systems Go session had helped them a lot to understand how the foods they eat affect their health (56.9%), reflect on what they eat (49.8%), work out what to eat to stay healthy (52.9%) and feel like they could translate that knowledge into action (53.9%). Approximately 4 in 5 students said that the session had helped them to learn some things or a lot about each of those areas (see figure 32 below).

*Figure 29 – Contribution to key learning and development cycle (awareness, reflection, knowledge, strategies and skill development) outcomes – all students*

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	<b>I learned a lot</b>
Awareness	Understand how the foods we eat affect your health?	2.8%	1.9%	1.7%	12.7%	24.2%	<b>56.9%</b>
Reflection	Think about the types of food you eat?	1.2%	1.8%	1.0%	10.9%	35.3%	<b>49.8%</b>
Knowledge	Tell the difference between healthy food and sometimes food?	1.9%	3.1%	3.6%	17.5%	28.4%	<b>45.5%</b>
Strategies	Work out the things you should eat to be healthy?	2.8%	1.7%	3.1%	13.9%	25.9%	<b>52.6%</b>
Skills	Feel like you can make those decisions to eat healthy?	2.4%	2.8%	3.0%	11.5%	26.5%	<b>53.9%</b>

While positive responses from both girls and boys were strong, the proportion of girls responding positively to the above questions was higher than boys (see figures 30 and 32 below).

Figure 30 - Contribution to key learning and development cycle (awareness, reflection, knowledge, strategies and skill development) outcomes – girls compared to boys

**Girls:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how the foods we eat affect your health?	2.1%	1.3%	1.1%	9.4%	23.5%	<b>62.6%</b>
Reflection	Think about the types of food you eat?	1.3%	1.5%	0.3%	7.7%	35.2%	<b>54.0%</b>
Knowledge	Tell the difference between healthy food and sometimes food?	1.1%	3.4%	1.9%	16.3%	29.7%	<b>47.6%</b>
Strategies	Work out the things you should eat to be healthy?	2.4%	1.6%	1.8%	10.2%	25.2%	<b>58.9%</b>
Skills	Feel like you can make those decisions to eat healthy?	2.4%	2.3%	1.5%	8.9%	26.0%	<b>59.0%</b>

**Boys:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how the foods we eat affect your health?	3.4%	2.5%	2.2%	15.8%	24.8%	<b>51.4%</b>
Reflection	Think about the types of food you eat?	1.1%	2.2%	1.7%	13.8%	35.4%	<b>45.8%</b>
Knowledge	Tell the difference between healthy food and sometimes food?	2.6%	2.8%	5.2%	18.6%	27.2%	<b>43.5%</b>
Strategies	Work out the things you should eat to be healthy?	3.2%	1.8%	4.3%	17.4%	26.6%	<b>46.6%</b>
Skills	Feel like you can make those decisions to eat healthy?	2.3%	3.4%	4.5%	14.0%	26.9%	<b>48.9%</b>

There was some variation between ATSI and non-ATSI students' responses across the different questions. A slightly higher proportion of ATSI students indicated that the Life Education session had helped them to think about what they were eating and work out what they should eat to be healthy than non-ATSI students; however, the proportion of ATSI students that indicated that they felt like they could translate that learning into practice was slightly lower than non-ATSI students (see figures 31 and 32 below). This is in contrast to responses provided to specific questions about whether students felt that they would be more likely to think about what they eat and to eat healthy food based on what they had learned in the All Systems Go session where more than 90 percent of both ATSI and non-ATSI students indicated that they thought they would (see section 3.2.6 below).

Figure 31 - Contribution to key learning and development cycle (awareness, reflection, knowledge, strategies and skill development) outcomes – ATSI compared to non-ATSI students

**ATSI students:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how the foods we eat affect your health?	5.2%	2.3%	1.7%	17.2%	18.4%	<b>55.2%</b>
Reflection	Think about the types of food you eat?	2.3%	1.7%	0.0%	8.6%	29.9%	<b>57.5%</b>
Knowledge	Tell the difference between healthy food and sometimes food?	4.0%	2.9%	2.3%	14.9%	31.0%	<b>44.8%</b>
Strategies	Work out the things you should eat to be healthy?	2.3%	2.3%	3.4%	11.5%	18.4%	<b>62.1%</b>
Skills	Feel like you can make those decisions to eat healthy?	4.6%	1.7%	3.4%	11.5%	29.3%	<b>49.4%</b>

**Non-ATSI students:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how the foods we eat affect your health?	2.4%	1.8%	1.6%	12.0%	25.1%	<b>57.1%</b>
Reflection	Think about the types of food you eat?	1.0%	1.8%	1.2%	11.2%	36.1%	<b>48.6%</b>
Knowledge	Tell the difference between healthy food and sometimes food?	1.6%	3.1%	3.8%	17.9%	28.0%	<b>45.6%</b>
Strategies	Work out the things you should eat to be healthy?	2.9%	1.6%	3.0%	14.2%	27.1%	<b>51.1%</b>
Skills	Feel like you can make those decisions to eat healthy?	2.0%	3.0%	2.9%	11.5%	26.0%	<b>54.6%</b>

Figure 32 – Proportion of students indicating that they had learned some things or a lot of things compared overall, between girls and boys, and between ATSI and non-ATSI students

		All students	Girls	Boys	ATSI	Non-ATSI
Awareness	Understand how the foods we eat affect your health?	81.0%	86.1%	76.2%	73.6%	82.2%
Reflection	Think about the types of food you eat?	85.1%	89.2%	81.2%	87.4%	84.8%
Knowledge	Tell the difference between healthy food and sometimes food?	73.9%	77.3%	70.8%	75.9%	73.6%
Strategies	Work out the things you should eat to be healthy?	78.5%	84.0%	73.2%	80.5%	78.2%
Skills	Feel like you can make those decisions to eat healthy?	80.3%	85.0%	75.8%	78.7%	80.6%

### 3.2.5 Ability to identify healthy foods and healthy eating habits

Students were asked to identify how many serves of vegetables, fruit and dairy products a person aged between 9 and 11 years old should have a day. The questions were repeated following the session to determine whether there is any change in student understanding of those areas. Although there was some variation across the different food groups, student survey responses indicate that before the session only about 1 in 4 students knew how many servings of each of the individual food groups they should be consuming each day, and only a very small proportion of students (35, 2.7%) were able to correctly identify the number of servings that they should be consuming across all three of the food groups.

At the end of the session 3 in 5 students were able to correctly identify the number of servings they should be consuming across all three groups (an increase of 53.5%). The number of students who were able to correctly identify the recommended number of servings of vegetables they should eat each day increased from 1 in 5 (23%) to 4 in 5 students (80%) and the recommended number of servings of fruit from 1 in 4 (29%) to 3 in 4 students (75%). Although the increase in the proportion of students who could correctly identify the recommended number of servings of dairy products they should have each day was slightly lower, it also increased from 1 in 5 (24%) to 3 in 5 students (65%).

The above shifts in knowledge are consistent with the open form feedback that students provided indicating that they understood more about different types of food and how much of them they should eat each day.

Figure 33 – Students able to correctly identify the number of servings that they should consume of listed food groups per day

Food group	Pre-session		Post-session		Change	
	# students	%	# students	%	Δ	%
<b>Correct responses to all listed items</b>	35	2.7%	714	56.2%	↑	53.5%
Vegetables	293	22.7%	1,038	80.3%	↑	57.7%
Fruit	368	28.5%	963	74.5%	↑	46.1%
Milk, yogurt, cheese and / or other dairy	313	24.2%	835	64.6%	↑	40.4%

There was no significant difference between girls and boys in their pre- and post-session understanding. While the proportion of ATSI students correctly identifying the number of servings of each of the different food groups increased, the proportion of ATSI students identifying the correct response was lower than that of non-ATSI students.

A series of true / false questions were also asked in the pre-session survey to get a sense of what level of understanding the students had about what constitutes healthy food, the effect that healthy and unhealthy foods can have on the body and good nutritional habits. The questions were also repeated following the session to determine whether there was any change in student understanding of those areas. Slight changes were made to the above questions in consultation with the Queensland Department of Health following Life Education's submission of its Term 3 Performance Report. Those variations are identified in Figure 34 below (V1 = initial version and V2 = amended version).

Student pre-session survey responses indicate that students generally had a relatively good understanding of which of the items listed were healthy options except in relation to energy drinks, where the amended (V2) question indicated that there was a lack of understanding about the health and nutritional value of those drinks. Approximately half of the students correctly identified all of the healthy options listed.

Post-sessions surveys completed immediately following the session indicate that there was a significant increase (26.4%) in the number of students that were able to correctly identify all of the healthy options listed, so that at the end of the session 4 in 5 students were able to do so. There was also an increase in the proportion of students who were able to identify that energy drinks were not a healthy option for children in response to the amended (V2) question.

Figure 34 – Number and proportion of students correctly identifying whether the listed statement is or is not correct  
(Full sample pop. = 1,292, V1 sample pop. = 892, V2 sample pop. = 401)

Options provided:	Pre-session response:		Post-session response:		Change:	
	#	%	#	%	Δ	%
<b>Correct responses to all listed items</b>	692	53.6%	1016	80.0%	↑	26.4%
V1. Water is a healthy drink	874	98.0%	846	98.1%	-	0.2%
V2. Drinking fruit juice is more healthy than drinking water	324	81.0%	349	85.5%	↑	4.5%
V1. Drinking too many sugary drinks (such as soft drink, fruit juice or energy drinks) is bad for your teeth and can cause weight gain	853	95.6%	834	96.8%	↑	1.1%
V2. Drinking lots of sugary drinks (such as soft drink, fruit juice or energy drinks) is good for your teeth	361	90.3%	385	94.4%	↑	4.1%
V1. Energy drinks (such as Red Bull, Mother, Monster or V) are bad for children because they contain caffeine that speeds up the heart	810	90.8%	825	95.7%	↑	4.9%
V2. Energy drinks (such as Red Bull, Mother, Monster or V) are good for you because they give you lots of energy	233	58.3%	347	85.0%	↑	26.8%
It is important to eat a healthy breakfast every day	1,238	95.8%	1,224	96.4%	-	0.6%
Dairy products like yoghurt help to make your bones and teeth healthy and strong	1,102	85.3%	1,148	90.4%	↑	5.1%

Both the proportion of girls and boys correctly identifying the healthy options increased. In general, the proportion of girls responding correctly to the questions was higher than boys. While the proportion of ATSI students correctly identifying the healthy options increased, as was the case in relation to the previous set of questions relating to recommended daily servings, the proportion of ATSI students identifying the correct response following the session was still generally lower than that of non-ATSI students.

### 3.2.6 Healthy eating

Most students indicated that the information from Life Education and Healthy Harold had made them more likely to think about the food they eat (1,150, 90.6%) and to eat healthy food (1,177, 92.7%). The proportion of girls responding positively to the above questions tended to higher than boys (93.4% compared to 87.9%, and 95.7% compared to 89.9%, respectively). There was no significant difference between ATSI and non-ATSI students' responses.

Before the Life Education session just over 70 percent of students indicated that they choose to eat healthy food all or most of the time (927, 71.7%). Amendments were made to the follow up question being asked in the post-session survey to assess students' post-session intention as part of the changes made to the survey in Term 4. A typographical error was initially made when the question was amended in the student survey. The word "will" was omitted from the question and so, rather than asking, "From what you have learned, do you think you will choose healthy food" and listing a series of response options the question read "From what you have learned, do you think you choose healthy food". Although the error was amended as soon as it was identified, it is not possible to determine exactly how many of the V2 students completed the survey before or after the amendment was made. Because of that, only the V1 data has been analysed. Responses to the V1 question which asked students to indicate, given what they had learned, how often they would choose healthy food indicate that there was an increase (14%) in the proportion of students whose immediate post-session intention was to try to choose healthy food all or most of the time; equating to an increase from 7 in 10 (71%) to 8.5 in 10 students (85%).



Figure 35 – Student indication of how often they choose healthy food options and post-session intention

### How often do you choose to eat healthy food?

Pre-session response:

Options provided:	#	%
All the time	302	23.4%
Most of the time	625	48.4%
Some of the time	269	20.8%
Hardly ever	25	1.9%
Don't know	52	4.0%
No response	19	1.5%
Grand Total	1,292	100.0%

→

→

→

All of the time:  
All or most of the time:  
Other:

Full Sample
%
23.4%
71.7%
28.3%

V1 Sample	V2 Sample
%	%
22.2%	26.0%
71.1%	73.3%
28.9%	26.8%

### From what you have learned, will you choose healthy food:

V1 post-session response:

Options provided:	#	%
All the time	321	37.2%
Most of the time	411	47.7%
Some of the time	71	8.2%
Hardly ever	6	0.7%
Don't know	21	2.4%
No response	32	3.7%
Grand Total	862	100.0%

→

→

→

All of the time:  
All or most of the time:  
Other:

V1 Sample
%
37.2%
84.9%
15.1%

Change:

Δ	%
↑	15.0%
↑	13.8%

Girls tended to be slightly more likely to indicate that, based on what they had learned, they thought they would be likely to choose healthy options all or most of the time than boys, as did non-ATSI students compared to ATSI students.

Figure 36 – Comparison of proportion of students indicating that they chose healthy food all or most of the time prior to the session and indicating that they thought they would do so post-session

	Pre-session	V1 Post-session	Change
Girls	74.7%	88.6%	13.9%
Boys	68.7%	81.1%	12.4%
ATSI students	69.3%	79.0%	9.7%
Non-ATSI students	72.2%	85.8%	13.6%

### 3.2.7 Physical activity

Most students (1,104, 86.9%) indicated that the information from Life Education and Healthy Harold had made them more likely to be physically active. Girls tended to be more likely to indicate that, based on what they had learned, they thought that they would be more likely to be physically active than boys (89.2% compared to 84.8%), as did non-ATSI students compared to ATSI students (87.8% compared to 81.5%).

### 3.2.8 Observations and conclusions

The above feedback indicates that the All Systems Go session is effective in getting students to think about healthy eating and exercise and build awareness of what a healthy diet generally looks like. The All Systems Go session also appears to have a positive, initial impact on students' immediate post-session disposition to apply what they have learned in eating healthy food and being physically active.

Approximately half of the students indicated that the All Systems Go session had helped them a lot to understand how the foods they eat affect their health (56.9%), reflect on what they eat (49.8%), work out what to eat to stay healthy (52.9%) and feel like they could translate that knowledge into action (53.9%).

Over 90 percent of students said that they thought that they were more likely to think about what they eat and to eat healthy food because of what they had learned in the session. Over 85 percent said that they thought they were more likely to be physically active.

*Figure 37 – Proportion of students identifying that the session had help improve their understanding or awareness of the areas identified or influenced their (pre)disposition to adopt identified protective / healthy behaviours*

		All students	Girls	Boys	ATSI students	Non-ATSI students
Understanding	Understand how the foods we eat affect your health*	81.0%	86.1%	76.2%	73.6%	82.2%
	Tell the difference between healthy food and sometimes food*	73.9%	77.3%	70.8%	75.9%	73.6%
Reflection	Think about the types of food you eat*	85.1%	89.2%	81.2%	87.4%	84.8%
Disposition	Work out the things you should eat to be healthy*	78.5%	84.0%	73.2%	80.5%	78.2%
	Feel like you can make those decisions to eat healthy*	80.3%	85.0%	75.8%	78.7%	80.6%
	More likely to think about the food they eat	90.6%	93.4%	87.9%	90.2%	90.6%
	More likely to eat healthy food	92.7%	95.7%	89.9%	92.5%	92.7%
	More likely to be physically active	86.9%	89.2%	84.8%	81.5%	87.8%

\* based on number of students indicating that the session had helped them to learn something or a lot about the identified area

The outcomes generally appear to be stronger for girls than boys. Outcomes for both ATSI and non-ASTI students are strong although the patterns between them are more varied.<sup>16</sup>

<sup>16</sup> As noted in the Methodology Section of this report, it is not possible to comment on longer term student retention and application of the material covered in the session.

### 3.3 On the Case

<b>Module Type:</b>	Issue Based	<b>Focus:</b>	Smoking	<b>Target student group:</b>	Years 5 – 6	Ages 10 - 11
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#### 3.3.1 Module overview

On the Case is designed for students in Years 5 - 6 (aged 10 - 11 years old). It aims to increase students' awareness of the effects and danger of smoking and help students to identify strategies to avoid second hand smoke and to deal with community or peer pressure to smoke.

On the Case is designed to allow educators to tailor sessions to meet the objectives and needs of the specific school and student group that they are working with. As such, different sessions may focus more or less on different learning areas.

#### 3.3.2 Sample population and composition

In Terms 3 and 4 of 2015 Life Education Queensland ran On the Case sessions for 4,428 students. Sixty-one schools participated in evaluation activity. Sixty of those schools completed both pre- and post-session surveys. The following evaluation draws on data from those sixty schools (Eligible Schools) on the basis that the data from those schools allows for the most effective assessment of student's pre- and post-session awareness and understanding of the health and safety issues covered in the session and their immediate post session pre-disposition or intention in relation to those issues. The sixty Eligible Schools include schools in the metropolitan south east region and the central and northern parts of the State.<sup>17</sup>

On the Case evaluation surveys have been completed by 2,310 students. Based on post-session survey data most of those students were in Years 5 and 6 and were 10 - 12 years old. There was a relatively even mix of girls and boys participating in the evaluation. Approximately 15 percent of students (345, 15.2%) identified themselves as being of ATSI background.

Figure 38 – Module delivery and evaluation coverage

	All schools	Eligible schools
# schools	NCR	<b>60</b>
# sessions	206	<b>*92</b>
# pre-session survey responses	-	<b>2,296</b>
# post-session survey responses	-	<b>2,249</b>
# additional post-session survey responses^	-	<b>14</b>
# students^	4,428	<b>2,310</b>
Response rate~	52.2%	<b>97.4%</b>

NCR = data collected at a local level but not yet centrally collated at a State level and so not available for this report \* The number of sessions for which surveys were completed in Terms 3 and 4 has not been centrally recorded. It has been estimated here based on the assumption that there was an average of 25 students per session

^ Student numbers assume that all students completing a pre-session survey also completed a post-session survey and that where post-session response numbers were higher than pre-session responses additional students completed the post-session survey. Student numbers have therefore been calculated by taking the number of pre-session responses for each school and adding in the number of additional post-session responses (if any). ~ All schools = sample population / total population and Eligible schools = post-session responses / sample population

<sup>17</sup> See Appendix 3 for a detailed breakdown of the schools participating in the evaluation.

Figure 39 – Sample population profile (based on post-survey sample population)

Attribute		Student #	% students
# students	[completing pre-session surveys]	2273	100%
Year level	Year 4	27	1.2%
	Year 5	764	33.6%
	Year 6	1441	63.4%
	Year 5/6	18	0.8%
	Not specified	23	1.0%
Age	9	17	0.7%
	10	486	21.4%
	11	1172	51.6%
	12	517	22.7%
	13	6	0.3%
	Not specified	75	3.3%
Gender	Female	1113	49.0%
	Male	1151	50.6%
	Not specified	9	0.4%
Aboriginal status	Not ATSI	1912	84.1%
	ATSI	345	15.2%
	Yes – Aboriginal	250	11.0%
	Yes - Torres Strait Islander	35	1.5%
	Yes - both Aboriginal and Torres Strait Islander	60	2.6%
	Not specified	16	0.7%

### 3.3.3 Module evaluation focus

The Life Education evaluation survey for On the Case focuses on smoking and associated risks associated with second hand smoke.

### 3.3.4 Identified areas of learning

Most of the students from the Eligible Schools surveyed (1,250, 95.6%) indicated that they had learned something new in the Life Education session. Girls were slightly more likely to do so than boys (97.4% compared to 93.9%) and non-ATSI students were slightly more likely to than ATSI students (96.1% compared to 93.0%).

When asked about what they had learned in the session most students identified that they were more aware of the adverse effect that smoking had on the body and that it can kill you. A number also indicated that they had learned more about what was in cigarettes. Some students highlighted the addictive character of smoking and the dangers associated with second hand smoke. Just under 10 percent of students providing open form feedback (71 students) indicated that they had learned that they should not smoke and / or indicated an intention not to do so.

Figure 40 – Areas identified by students as “the most important things you learned about smoking” (991 students, 1,602 coded response areas, percentage refers to percentage of responding students)

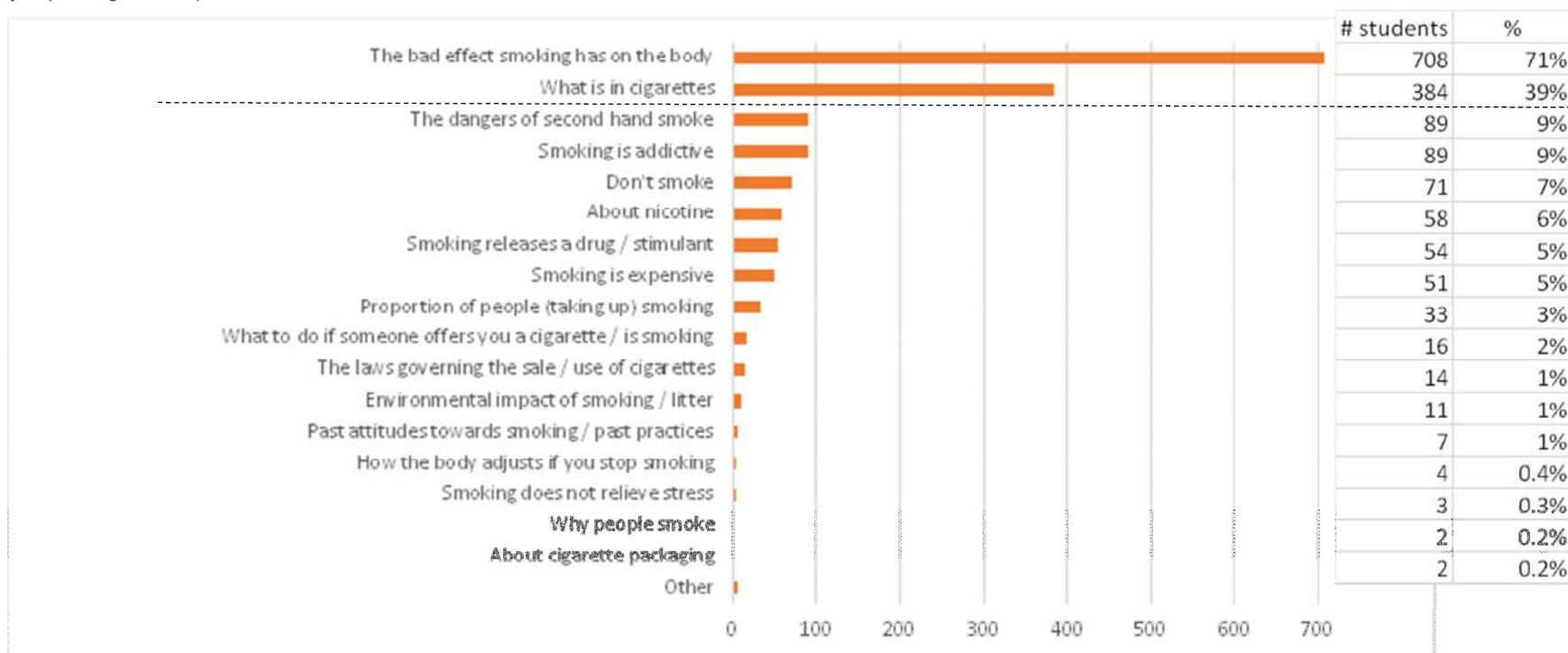


Figure 41 – Examples of what students identified as being “the most important things you learned about smoking”

Never Never Never Ever Smoke Ever!

Never do it. It has very bad things in it. I never want to do it.

Don't smoke. It's very addictive. It's a slow and painful way to die.

That you should not smoke - It harms your body - You should always make sure you make good choices.

That it is not cool and over 90% of teens don't.

... 94% of Australian teenagers have never smoked and smoking causes 15, 000 deaths each year.

I learned that smoking isn't cool for teenagers anymore ...

Not a lot of teenagers smoke.

I learned that smoking can damage your body a lot and it will kill you.

It is a lot more serious than I thought.

That it can kill you.

It can 1/2 your life span. It is just plain deadly.

It clogs up your blood vessels - Stops you breathing - You don't get enough oxygen for your muscles to work

... that smoking effect your energy so you can't play sport as well as you could before smoking.

Affects the way you look, contains 7000 chemicals, affects sports, increases rates of cancer. Most teenagers don't smoke.

That you are at a higher risk of getting many diseases than a non smoker

Increases your chances of heart disease

Smoking can cause a lot of diseases like heart disease and cancer.

It can give you cancer (different types). 2nd hand smoking is just as bad. 90% of teenagers don't smoke.

It can increase your chance of having a stroke

That it can shorten your life and destroy your looks

That it harms your body and changes your looks and senses.

Makes your fingers colder, damages your sense of taste, damages sense of smell, damages cila in lungs, reduces fitness.

It affects your looks, the way your body works and it is very addictive. Even when you around people who smoke you can get a smoking related disease (it's called second hand smoking). The bad drug in cigarettes is called nicotine (very addictive and can kill).

It could affect a baby if you were pregnant

Smokes are a drug.

What was in cigarettes and how addictive they can be.

Smoking is dangerous and it has more than 7,000 chemicals in it.

How quickly you can get addicted and how fast it starts to damage your body.

The younger you starts the harder to quit it is.

Smoking is addictive and quitting is hard for smokers so people around need to show a lot of support.

Smoking is bad for you and other people too.

What is in cigarettes and that when someone smokes, you could be affected by it too.

That second hand smoking can cause you to get ill.

That both smoking and second hand smoking is really bad.

I learned how easy it was to say no, now I feel confident to go to high school and not worry about cigarettes and alcohol.

Don't hang around people who smoke.

Not to smoke and tell people I know who smoke, that you have to be 18 to smoke.

Ways to say no to people when they ask you to have a smoke

It's your choice and it's bad for your health.

As well as being asked to provide open form feedback about what they learned in the On the Case session, students were also asked specific questions designed to test whether the session had helped them to build an understanding of key knowledge areas and strategies relating to staying healthy and safe covered in the session (based on the Life Education Learning Cycle outlined in Section 1).

Students' answers to those questions indicate that the On the Case session was generally successful in helping students to be more aware of the effect that smoking has on the body and why people choose to smoke (awareness), think about how smoking affects them or people they know (reflection) and identify what the law says about who can purchase cigarettes and where people can smoke (knowledge) and things that they could do to avoid second hand smoking and deal with pressure from other people to smoke (strategies).

Just over 2 in 3 students indicated that the On the Case session had helped them to learn a lot about the effect that smoking has on the body (68.3%), and just under 2 in 3 indicated that it had played a significant role in getting them to think about how smoking was affecting people they knew (63.5%) and to know what to do if someone offered them a cigarette (63.5%).

The wording of the final question in this section asking whether or not the Life Education session helped students to “feel confident to make a decision about smoking” is unclear. The framing of the question does not specify whether the decision relates to not smoking, it just relates to making a decision. If it is assumed that in the context of the On the Case session students would have interpreted this question to refer to a decision not to smoke, then the high positive response rate would indicate that a number of students felt like they could translate what they had learned in the session into practice outside of the classroom (skills). It is recommended that the wording of this question be revised to deal with the above issue.<sup>18</sup> Student responses to other questions in the survey indicate that over 90 percent of students thought that they were less likely to smoke because of what they had learned in the On the Case session (see section 3.3.7).

Figure 42 – Contribution to key learning and development cycle (awareness, reflection, knowledge, strategies and skill development) outcomes – all students

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	<b>I learned a lot</b>
Awareness	Understand the effect that smoking has on the body?	0.8%	1.0%	0.7%	5.2%	24.0%	<b>68.3%</b>
Awareness	Understand why people are choosing not to smoke?	1.1%	1.7%	1.6%	9.9%	29.9%	<b>55.8%</b>
Reflection	Think about how smoking affects you or people you know?	1.4%	2.0%	1.1%	8.5%	23.3%	<b>63.6%</b>
Knowledge	Know more about the laws relating to smoking in Australia?	1.3%	2.7%	3.3%	15.2%	28.5%	<b>49.0%</b>
Strategies	Work out things you can do to avoid second hand smoke?	1.6%	3.0%	3.2%	11.6%	25.4%	<b>55.3%</b>
Strategies	Know what to do if others try to offer you a cigarette?	1.6%	1.9%	2.9%	9.8%	20.2%	<b>63.5%</b>
Skills	Feel confident to make a decision about smoking?	1.2%	2.8%	2.4%	5.2%	12.7%	<b>75.7%</b>

While positive responses from girls and boys were both strong, the proportion of girls responding positively to these questions was higher than boys (see figures 43 and 45 below).

<sup>18</sup> For example: Feel confident to make a decision not to smoke / Feel confident to stay safe and not smoke.

Figure 43 - Contribution to key learning and development cycle (awareness, reflection, knowledge, strategies and skill development) outcomes – girls compared to boys

**Girls:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand the effect that smoking has on the body?	0.7%	0.6%	0.2%	3.5%	22.7%	<b>72.3%</b>
Awareness	Understand why people are choosing not to smoke?	0.9%	1.1%	1.2%	7.8%	30.8%	<b>58.2%</b>
Reflection	Think about how smoking affects you or people you know?	0.6%	1.1%	0.5%	5.9%	23.1%	<b>68.7%</b>
Knowledge	Know more about the laws relating to smoking in Australia?	1.0%	2.4%	2.5%	14.8%	28.1%	<b>51.2%</b>
Strategies	Work out things you can do to avoid second hand smoke?	1.5%	2.0%	2.2%	10.7%	26.0%	<b>57.5%</b>
Strategies	Know what to do if others try to offer you a cigarette?	1.4%	1.3%	1.9%	8.8%	17.0%	<b>69.6%</b>
Skills	Feel confident to make a decision about smoking?	0.9%	1.6%	1.5%	4.5%	10.6%	<b>80.9%</b>

**Boys:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand the effect that smoking has on the body?	0.8%	1.4%	1.1%	6.9%	25.4%	<b>64.3%</b>
Awareness	Understand why people are choosing not to smoke?	1.3%	2.3%	2.1%	11.9%	29.0%	<b>53.4%</b>
Reflection	Think about how smoking affects you or people you know?	2.1%	2.9%	1.7%	11.0%	23.7%	<b>58.7%</b>
Knowledge	Know more about the laws relating to smoking in Australia?	1.5%	3.1%	4.1%	15.3%	29.0%	<b>47.0%</b>
Strategies	Work out things you can do to avoid second hand smoke?	1.6%	4.0%	4.0%	12.4%	24.9%	<b>53.1%</b>
Strategies	Know what to do if others try to offer you a cigarette?	1.9%	2.5%	3.9%	10.9%	23.4%	<b>57.4%</b>
Skills	Feel confident to make a decision about smoking?	1.5%	3.9%	3.2%	5.8%	14.9%	<b>70.7%</b>

Positive responses were strong across both ATSI and non-ATSI groups, although there was some variation in their responses to the different questions. Overall the proportion of non-ATSI students responding positively tended to be slightly higher than ATSI students (see figures 44 and 45 below).



Figure 44 - Contribution to key learning and development cycle (awareness, reflection, knowledge, strategies and skill development) outcomes – ATSI compared to non-ATSI students

**ATSI students:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand the effect that smoking has on the body?	2.0%	2.6%	1.5%	4.9%	24.7%	<b>64.2%</b>
Awareness	Understand why people are choosing not to smoke?	2.6%	3.5%	2.3%	11.0%	27.3%	<b>53.2%</b>
Reflection	Think about how smoking affects you or people you know?	1.7%	2.6%	2.0%	7.6%	23.3%	<b>62.8%</b>
Knowledge	Know more about the laws relating to smoking in Australia?	1.7%	5.2%	3.2%	14.8%	22.1%	<b>52.9%</b>
Strategies	Work out things you can do to avoid second hand smoke?	2.9%	5.5%	4.4%	7.8%	21.8%	<b>57.6%</b>
Strategies	Know what to do if others try to offer you a cigarette?	2.0%	4.9%	3.2%	8.7%	16.3%	<b>64.8%</b>
Skills	Feel confident to make a decision about smoking?	2.0%	7.0%	2.9%	4.1%	13.7%	<b>70.3%</b>

**Non-ATSI students:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand the effect that smoking has on the body?	0.5%	0.7%	0.5%	5.3%	23.9%	<b>69.0%</b>
Awareness	Understand why people are choosing not to smoke?	0.8%	1.4%	1.5%	9.7%	30.4%	<b>56.2%</b>
Reflection	Think about how smoking affects you or people you know?	1.3%	1.9%	0.9%	8.7%	23.4%	<b>63.8%</b>
Knowledge	Know more about the laws relating to smoking in Australia?	1.2%	2.3%	3.3%	15.3%	29.7%	<b>48.3%</b>
Strategies	Work out things you can do to avoid second hand smoke?	1.3%	2.6%	2.9%	12.2%	26.0%	<b>54.9%</b>
Strategies	Know what to do if others try to offer you a cigarette?	1.6%	1.4%	2.8%	10.0%	20.9%	<b>63.3%</b>
Skills	Feel confident to make a decision about smoking?	1.1%	2.0%	2.3%	5.4%	12.5%	<b>76.6%</b>

Figure 45 – Proportion of students indicating that they had learned some things or a lot of things compared overall, between girls and boys, and between ATSI and non-ATSI students

		All students	Girls	Boys	ATSI	Non-ATSI
Awareness	Understand the effect that smoking has on the body?	92.3%	95.0%	89.7%	89.0%	92.9%
Awareness	Understand why people are choosing not to smoke?	85.7%	89.0%	82.4%	80.5%	86.6%
Reflection	Think about how smoking affects you or people you know?	87.0%	91.8%	82.4%	86.0%	87.1%
Knowledge	Know more about the laws relating to smoking in Australia?	77.5%	79.3%	76.0%	75.0%	78.0%
Strategies	Work out things you can do to avoid second hand smoke?	80.7%	83.5%	78.0%	79.4%	80.9%
Strategies	Know what to do if others try to offer you a cigarette?	83.7%	86.6%	80.8%	81.1%	84.2%
Skills	Feel confident to make a decision about smoking?	88.4%	91.4%	85.6%	84.0%	89.2%

### 3.3.5 Awareness of low take up of smoking in 12 to 17 year age group

Prior to the Life Education session students were asked to identify what percentage of 12 to 17 year old Australians have never smoked a cigarette. Only a small proportion of students (318, 13.9%) correctly identified that more than 90 percent of students in that age group had never smoked. Post-sessions surveys completed immediately following the session indicate that there was a significant increase (50.6%) in the proportion of students that were able to identify the correct response. At the end of the session just over 3 in 5 students were able to correctly identify the correct response option.

Figure 46 – Pre-existing knowledge about the proportion of young people aged 12 – 17 years who have tried smoking

Pre-session response:

Options provided:	#	%
About half have never smoked a cigarette	570	24.8%
Between half and 60% have never smoked a cigarette	598	26.0%
Between 60% and 80% have never smoked a cigarette	515	22.4%
Between 80% and 90% have never smoked a cigarette	271	11.8%
More than 90% have never smoked a cigarette	318	13.9%
No response	24	1.0%
Grand Total	2,296	100.0%

Target response (>90%):

Other:

Pre-session:

%
13.9%
86.1%

Post-session:

%
64.4%
35.6%

Change:

Δ	%
↑	50.6%

There was not a significant difference between girls and boys pre- and post-session responses to this question. The proportion of ATSI students correctly identifying the proportion of their young people in their age group that had not tried smoking a cigarette was significantly lower than non-ATSI students.

It may be worthwhile testing whether the framing of the question has had an impact on student responses in this case by rewording the question to avoid the use of percentages. It would also be interesting to include a question in the pre-session survey asking about what proportion of students' immediate friends and family smoke as a means of trying to understand differences in individual students' lived experience and so be able to explore how that might impact student responses.

Figure 47 – Comparison of proportion of students correctly identifying the proportion of young people who have tried smoking pre- and post-session

	Pre-session	Post-session	Change
Girls	13.2%	66.5%	53.3%
Boys	14.6%	65.0%	50.4%
ATSI students	15.6%	54.1%	38.5%
Non-ATSI students	13.3%	67.9%	54.6%

### 3.3.6 Understanding of addictive character and harms associated with smoking

A series of true / false questions were also asked in the pre-session survey to get a sense of what level of understanding the students had about the addictive nature of smoking, the chemicals and drugs in cigarette smoke and the harm that they cause. The questions were repeated following the session to determine whether there was any change in student understanding of those areas.

Student survey responses indicate that students generally understood that smoking was addictive. Some students were aware that there were a number of chemicals in cigarette smoke and that smoking is a significant cause of drug related death. Only a small proportion of students were able to identify how the chemicals and drugs in cigarette smoke affected the body at a more specific level. Post-sessions surveys completed immediately following the session indicate that there was a significant increase in the number of students that were able to identify the correct responses to the questions referring to the above areas.

Although there was a significant increase in the number of students who were able to identify that tobacco was not the main drug inside cigarettes (41.1%) the overall proportion of students responding to this question was significantly lower than the other questions listed.<sup>19</sup> This may reflect a lack of understanding of the distinction between tobacco as the primary material in cigarettes and nicotine as the drug generated from it. It may also reflect a failure of students to read the question carefully and register the importance of the term “drug” in the statement. It is recommended that the wording of the statement be changed to address this possibility.<sup>20</sup>

Figure 48 – Number and proportion of students correctly identifying whether the listed item does or does not keep them healthy pre- and post-session

Pre-session response:			Post-session response:		Change:	
Options provided:	#	%	#	%	Δ	% change
<b>All responses correct</b>	8	0.3%	609	27.1%	↑	26.7%
Smoking is addictive	2,172	94.6%	2,164	96.2%	↑	1.6%
Tobacco smoke contains more than 7,000 chemicals	1,367	59.5%	2,046	91.0%	↑	31.4%
The drug inside cigarettes is called tobacco	161	7.0%	1,081	48.1%	↑	41.1%
Smoking cigarettes slows down the heart	265	11.5%	1,373	61.0%	↑	49.5%
Cigarette smoking causes the most drug related deaths in Australia	1,570	68.4%	1,834	81.5%	↑	13.2%
Grand Total	2,296	100.0%	2,249	100.0%		

Girls’ post-session survey responses tended to be slightly stronger than boys. Non-ATSI student post-session responses tended to be stronger than ATSI students.

### 3.3.7 Pre-disposition of students to smoke

Almost 90 percent of students (2,008, 89.3%) indicated that they knew more about the harms of smoking after the Life Education session than they had before it and most students (2,032, 90.4%) indicated that the information from Life Education had made them less likely to smoke. Girls tended to respond to both questions more positively than boys (92.0% compared to 86.7%, and 89.1% compared to 81.5%, respectively). Non-ATSI students tended to respond to both questions more positively than ATSI students (90.5% compared to 82.9%, and 86.9% compared to 75.6%, respectively).

Prior to the Life Education session students were asked to identify how likely they were to smoke cigarettes. Just under 80 percent (1,810, 78.8%) said that they would never smoke, just over 85 percent said that they thought they would never or probably not smoke cigarettes (1,980, 86.2%). When asked immediately after the On the Case session, from what they had learned, whether they thought that they would smoke the proportion of students indicating that they thought they would never smoke increased to 85 percent (1,916, 85.2%). The proportion of students saying that they thought they would never or probably not smoke cigarettes went up to just over 90 percent (2,045, 91.4%). The number of students indicating that they did not know what they would do in relation to smoking also decreased (from 8.9% to 4.3%).

<sup>19</sup> Which has an influence on the proportion of students identified as responding to all of the questions correctly.

<sup>20</sup> Options would include: Tobacco is a drug that is in cigarettes and makes cigarette smoke harmful; Nicotine is a stimulant (or drug) that comes from the tobacco in cigarettes.

Figure 49 – Pre-session disposition and post-session intention

**From what you know about cigarettes, which of the following will you do?**

*Pre-session response:*

Options provided:	#	%		
I will never smoke cigarettes	1,810	78.8%	→	Target response (never): 78.8%
I probably won't smoke cigarettes	170	7.4%		Never / probably won't: 86.2%
I may smoke cigarettes	50	2.2%	→	Other: 13.8%
I probably will smoke cigarettes	27	1.2%		
I don't know	204	8.9%		
No response	35	1.5%		
Grand Total	2,296	100.0%		

**From what you have learned about cigarette smoking from Life Education, which of the following will you do?<sup>21</sup>**

*Post-session response:*

Options provided:	#	%		
I will never smoke cigarettes	1,916	85.2%	→	Target response (never): 85.2%
I probably won't smoke cigarettes	139	6.2%		Never / probably won't: 91.4%
I may smoke cigarettes	34	1.5%	→	Other: 8.6%
I probably will smoke cigarettes	21	0.9%		
I don't know	97	4.3%		
No response	42	1.9%		
Grand Total	2,249	100.0%		

A slightly higher proportion of girls than boys indicated that, from what they had learned in the session, they thought that they would never smoke cigarettes; the proportion of girls and boys saying that they thought they would never or probably would not smoke cigarettes was similar. A slightly higher proportion of non-ATSI students indicated that they would never smoke than ATSI students.

<sup>21</sup> V1 question shown. V2 question amended to read "From what you have learned about cigarette smoking from Life Education, which of the following do you think you will do?". Given the like tenor of the two questions the responses to both questions have been aggregated and analysed together.

Figure 50 – Comparison of post-session intention between girls and boys, and between ATSI and non-ATSI students

	Never smoke	Probably won't smoke	Combined total
All students	85.2%	6.2%	91.4%
Girls	81.7%	1.4%	83.1%
Boys	76.3%	8.5%	84.8%
ATSI students	73.5%	7.8%	80.3%
Non-ATSI students	79.8%	7.4%	87.2%

### 3.3.8 Observations and conclusions

The above feedback indicates that the On the Case session is effective in getting students to think about the smoking and its effects and providing them with information, in terms of both basic, general knowledge and options or strategies for dealing with different situations, that they can draw on to make responsible, informed decisions and stay healthy. On the Case also appears to have a positive, initial impact on some students' immediate post-session disposition to not smoke.

Just over 2 in 3 students indicated that the On the Case session had helped them to learn a lot about the effect that smoking has on the body (68.3%), and just under 2 in 3 indicated that it had played a significant role in getting them to think about how smoking was affecting people they knew (63.5%) and to know what to do if someone offered them a cigarette (63.5%).

Over 90 percent of students said that they thought that they were less likely to smoke because of what they had learned in the On the Case session. The proportion of students indicating that they would not smoke increased by approximately 6 percent between the start and the end of the session and seventy-one students providing open form feedback expressly indicated that they had learned that they should not smoke and / or indicated an intention not to do so.

Figure 51 – Proportion of students identifying that the session had help improve their understanding or awareness of the areas identified or influenced their (pre)disposition to adopt identified protective / healthy behaviours

		All students	Girls	Boys	ATSI	Non-ATSI
Understanding	Know more about the laws relating to smoking in Australia*	77.5%	79.3%	76.0%	75.0%	78.0%
	Understand the effect that smoking has on the body*	92.3%	95.0%	89.7%	89.0%	92.9%
	Understand more about the harms of smoking	89.3%	92.0%	86.7%	82.9%	90.5%
	Understand why people are choosing not to smoke*	85.7%	89.0%	82.4%	80.5%	86.6%
Reflection	Think about how smoking affects you or people you know*	87.0%	91.8%	82.4%	86.0%	87.1%
Disposition	Work out things you can do to avoid second hand smoke*	80.7%	83.5%	78.0%	79.4%	80.9%
	Know what to do if others try to offer you a cigarette*	83.7%	86.6%	80.8%	81.1%	84.2%
	Feel confident to make a decision about smoking*	88.4%	91.4%	85.6%	84.0%	89.2%
	Make you less likely to smoke	90.4%	89.1%	81.5%	75.6%	86.9%

\* based on number of students indicating that the session had helped them to learn something or a lot about the identified area

The outcomes generally appear to be stronger for girls than boys and for non-ATSI than ATSI students.<sup>22</sup>

<sup>22</sup> As noted in the Methodology Section of this report, it is not possible to comment on longer term student retention and application of the material covered in the session.

### 3.4 Think Twice

<b>Module Type:</b>	Issue Based	<b>Focus:</b>	Being safe around alcohol	<b>Target student group:</b>	Years 5 - 7	Ages 10 - 13
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#### 3.4.1 Module overview

Think Twice is designed for students in Years 5 - 7 (aged 10 - 13 years old). It aims to increase students' awareness of the effect that alcohol has on the body and to help students to understand what research says about what is and is not safe in relation to alcohol use and what is happening in the community in relation to alcohol use. The session aims to help students to make informed choices about how to stay safe around alcohol and to equip students with strategies and skills to deal with peer pressure to drink or (mis)use alcohol.

Think Twice is designed to allow educators to tailor the module to the interests and needs of the specific school and student group that they are working with. As such, different sessions may focus more or less on different learning areas. For example, some sessions may be more heavily biased towards providing students with information about the effect of alcohol, how it is processed by the body and the risks associated with (mis)use, while other sessions may focus more heavily on how to stay safe around alcohol and deal with peer and community pressure around drinking.

#### 3.4.2 Sample population and composition

In Terms 3 and 4 of 2015 Life Education Queensland ran Think Twice sessions for 3,697 students. Thirty-five schools participated in evaluation activity. Thirty-four of those schools completed both pre- and post-session surveys. The following evaluation draws on data from those thirty-four schools (Eligible Schools) on the basis that the data from those schools allows for the most effective assessment of students' pre- and post-session awareness and understanding of the issues covered in the session and their immediate post session pre-disposition or intention in relation to those issues. The thirty-three Eligible Schools included schools in the metropolitan south east region and the central and northern parts of the State.<sup>23</sup>

Evaluation surveys have been completed by 1,570 students from the above schools. Based on post-session survey data most of those students were in Years 5 or 6 and were 10 to 12 years old. There was a relatively even mix of girls and boys participating in the evaluation. Approximately 10 percent (157 students, 10.0%) identified themselves as being of ATSI background.

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<sup>23</sup> See Appendix 3 for a detailed breakdown of the schools participating in the evaluation.

Figure 52 – Module delivery and evaluation coverage

	All schools	Eligible schools
# schools	NCR	<b>34</b>
# sessions	162	<b>*63</b>
# pre-session survey responses	-	<b>1,550</b>
# post-session survey responses	-	<b>1,542</b>
# additional post-session survey responses^	-	<b>20</b>
# students^	3,697	<b>1,570</b>
Response rate~	42.5%	<b>98.2%</b>

NCR = data collected at a local level but not yet centrally collated at a State level and so not available for this report \* The number of sessions for which surveys were completed in Terms 3 and 4 has not been centrally recorded. It has been estimated here based on the assumption that there was an average of 25 students per session

^ Student numbers assume that all students completing a pre-session survey also completed a post-session survey and that where post-session response numbers were higher than pre-session responses additional students completed the post-session survey. Student numbers have therefore been calculated by taking the number of pre-session responses for each school and adding in the number of additional post-session responses (if any). ~ All schools = sample population / total population and Eligible schools = post-session responses / sample population

Figure 53 – Sample population profile (based on post-survey sample population)

Attribute		Student #	% students
# students	[completing pre-session surveys]	1564	100%
Year level	Year 4	8	0.5%
	Year 5	243	15.5%
	Year 6	1299	83.1%
	Not specified	14	0.9%
Age	9	5	0.3%
	10	165	10.5%
	11	894	57.2%
	12	447	28.6%
	13	2	0.1%
	Not specified	51	3.3%
Gender	Female	769	49.2%
	Male	791	50.6%
	Not specified	4	0.3%
Aboriginal status	Not ATSI	1390	88.9%
	ATSI	157	10.0%
	Yes – Aboriginal	114	7.3%
	Yes - Torres Strait Islander	14	0.9%
	Yes - both Aboriginal and Torres Strait Islander	29	1.9%
	Not specified	17	1.1%

### 3.4.3 Module evaluation focus

The Life Education evaluation survey for Think Twice focuses on key learning areas covered in the module relating to students' understanding of the effect that alcohol has on the body, the risks associated with drinking alcohol and students' confidence and pre-disposition to make safe decisions about drinking alcohol.

### 3.4.4 Identified areas of learning

Most of the students surveyed (1,454, 94.3%) indicated that they had learned something new in the Life Education session. Girls were slightly more likely to do so than boys (96.2% compared to 92.7%) and non-ATSI students were slightly more likely to do so than ATSI students (94.8% compared to 89.8%).

When asked about what they had learned in the session a large number of students identified that they had learned about the risks associated with drinking alcohol and the effect that alcohol has on the body. A number of students indicated that they had learned that alcohol was a drug; a small number noted that they had learned that it was addictive. Some students noted that it is illegal to drink or purchase alcohol when you are under eighteen years old. Other students noted the additional risk associated with drinking under age and / or before you are mature (e.g. because of the body's reduced ability to process alcohol). A number of students indicated that they had learned that it was important not to drink too much alcohol; they noted how long it took for the body to process alcohol and referred to the importance of not drinking more than one standard drink an hour or having more than two standard drinks a day.

Four percent of the students providing open feedback explicitly indicated that they had learned that they should not drink alcohol and / or indicated an intention not to do so and a further 4 percent highlighted the importance of not drinking under age.

Some students highlighted the importance of not drinking and driving and staying safe when with others who were drinking by not getting in a car with a drunk driver.



Figure 54 – Areas identified by students as “the most important things you learned about alcohol” (698 students, 1,024 coded response areas, percentage refers to percentage of responding students)

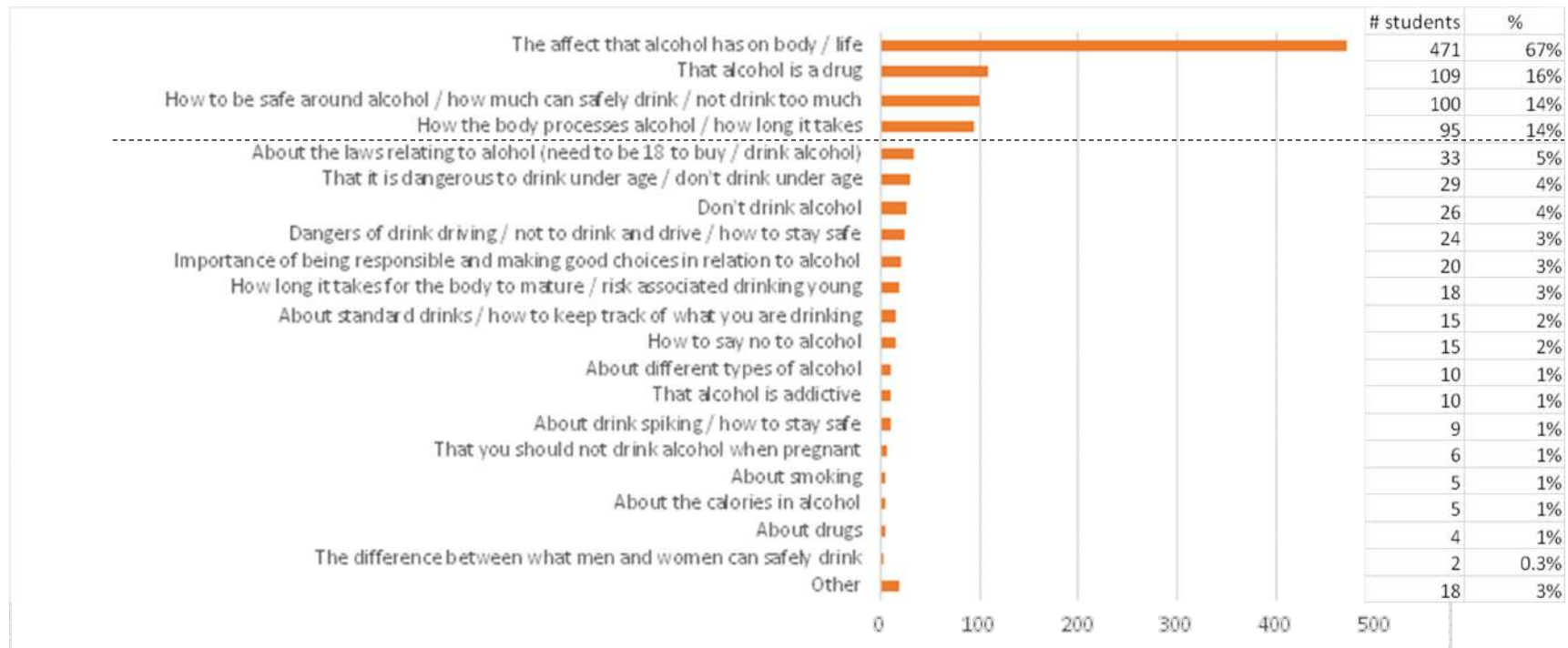


Figure 55 – Examples of what students identified as being “the most important things you learned about alcohol”

I learnt how much dad drinks and smokes is not good at all

Don't drink alcohol

No alcohol - No smoking - No taking drugs

The effects of alcohol and what you can do to stop yourself from making bad decisions.

The most important things I learnt about alcohol was that you need to be responsible about it when you drink it.

To be careful when you are drinking your first alcoholic drink.

Effects - How it can affect your body - Drink alcohol for enjoyment, not to be drunk

Being safe with the amount of alcohol to have. Being a better friend.

How dangerous alcohol really is

It is a drug and I did not no that

Alcohol is a drug - It can kill you if you have too much

It's addictive - It's a drug - It can affect your body

I learnt about the effects of alcohol the stages of the effects of alcohol

What alcohol can do to you and how to stop.

You have to be over the age of 18 to drink alcohol. You have to be over 18 to buy alcohol.

Kids under 18 get fined \$2,500 if they buy alcohol.

That it is extremely dangerous to under 18-25 year olds; it's bad because we are still growing.

That it can have long-term effects on the body.

That it's dangerous for people under the age of 18. People shouldn't drink when driving.

It can affect the whole of your body - It can cause dangerous accidents

Its fatal even not in a car.

That it harms you in many ways, socially and physically.

That alcohol damages every part of your body. It can effect the way you act and feel.

It is a drug and depressant which slows the brain.

It causes you to change your actions and mood.

If you're sad and depressed, drinking alcohol makes you more depressed - If your parents had problems with alcohol it is passed through the genes

That it slows down your body and it make you sick

I learnt how alcohol affects the liver

That it is not just your liver that is damaged.

I learned that alcohol is a drug and it can cause cancer.

Consuming too much can kill you.

That if you drink alcohol when you drink medicine that may cause bad things in your body.

The most important things I learnt were that there are limits to how much alcohol you drink.

That it is bad for you and it takes time for alcohol to get out of your body.

I learnt about standard drinks and how much a standard drink is

I learned how many servings there are in different alcohol.

That you should only drink one standard drink an hour. That just because a glass of alcohol is small doesn't mean it has less alcohol in it.

The one most important thing I learnt about alcohol is that you can only drink 1 standard drink every hour and take 2 days off to let the liver rest.

Only have one an hour. Don't have too much.  
 Not to drink more than two standard drinks per day.  
 Not to drink that much and don't do it every day.  
 The most important thing I learnt is that the liver removes alcohol from your blood but it can only go at 1 drink an hour.  
 That alcohol is very dangerous more dangerous then I thought. Putting a soft drink into a alcohol doesn't make the drink less stronger.  
 Dont leave your drink alone, dont drive with someone who is drunk, it affects your brain and liver

Not to drink under the age of 18 - If you drink, not to drive straight away, wait a while  
 To not drink before driving on P plates not even 1 drink  
 If you are drunk get someone else to drive  
 If you have one drink of alcohol you have to wait approx 1 hour to drive.  
 Dont get in the car with a drunk person

How to be responsible with alcohol and how to deal with people who are trying to make you drink alcohol.  
 To say no if you don't want it  
 How to say no when your asked and what effects alcohol has.  
 ... Drinking too much can get you addicted - It can give you cancer - When your peers pressure you, ignore them and walk away  
 If friends try to offer to you, say no - you walk away - It is a drug and addictive  
 If your friends try to give you alcohol, say no, make simple excuses - Lots of people die from alcohol - You have to be responsible when you drink

As well as being asked to provide open form feedback about what they learned in the Think Twice session, students were also asked specific questions designed to test whether the session had helped them to build an understanding of key knowledge areas and strategies relating to alcohol and safe alcohol use (based on the Life Education Learning Cycle outlined in Section 1).

Students' answers to those questions indicate that the Think Twice session was generally successful in helping students to understand the effect that alcohol has on the body and the risks associated with drinking alcohol (awareness) and to think about how drinking can affect them or people they know (reflection). Students indicated that the session had helped them to understand what the law says about the use of alcohol and to identify things that they could do to stay safe if people offer them alcohol (strategies) and feel confident to make their own decisions (skills).

Just over half of the students indicated that the On the Case session had helped them to learn a lot about the effect that alcohol has on the body (56.9%) and 3 in 5 students indicated it played a significant role in helping them to be aware of the risks associated with alcohol (60.6%). Half of the students indicated that it had played a significant role in getting them to think about how alcohol was affecting people they knew (50.1%) and just under 2 in 3 students in helping them to know what to do if someone offered them a drink (63.5%).

As was the case with On the Case, the wording of the final question in this section asking whether or not the Life Education session helped students to "feel confident to make their own decisions" is unclear. The framing of the question does not specify whether the decision relates to not drinking alcohol or staying safe around alcohol, it just relates to making an independent decision. If it is assumed that in the context of the Think Twice session students would have interpreted this question to refer to a decision to stay safe around alcohol, then the high positive response rate would indicate that a number of students felt like they could translate what they had learned in the session into practice outside of the classroom (skills). It is recommended that the wording of this question be revised

to deal with the above issue.<sup>24</sup> Student responses to other questions in the survey indicate that over 85 percent of students thought that they were more likely to make safer decisions with alcohol because of what they had learned in the Think Twice session (see section 3.4.6).

Figure 56 – Contribution to key learning and development cycle (awareness, reflection, knowledge, strategies and skill development) outcomes – all students

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how alcohol affects the body?	1.7%	0.8%	0.9%	9.7%	30.0%	<b>56.9%</b>
Awareness	Be more aware of the risks of drinking alcohol?	1.8%	1.1%	1.7%	8.1%	26.8%	<b>60.6%</b>
Reflection	Think about how alcohol affects you or people you know?	2.1%	2.0%	2.2%	13.4%	30.2%	<b>50.1%</b>
Knowledge	Know about the laws surrounding alcohol use in Australia?	2.9%	2.1%	5.0%	18.1%	29.3%	<b>42.6%</b>
Strategies	Know what to do if other people offer you alcohol?	3.0%	1.9%	4.7%	11.0%	20.4%	<b>58.9%</b>
Skills	Feel confident to make your own decisions?	2.0%	2.5%	2.9%	8.7%	21.3%	<b>62.6%</b>

While positive responses from both girls and boys were strong, the proportion of girls responding positively to these questions was higher than boys (see figures 57 and 59).

Figure 57 - Contribution to key learning and development cycle (awareness, reflection, knowledge, strategies and skill development) outcomes – girls compared to boys

#### Girls:

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how alcohol affects the body?	1.3%	0.4%	0.1%	6.5%	25.7%	<b>66.0%</b>
Awareness	Be more aware of the risks of drinking alcohol?	1.5%	0.9%	0.4%	5.7%	25.4%	<b>66.1%</b>
Reflection	Think about how alcohol affects you or people you know?	1.7%	2.0%	0.7%	9.8%	32.0%	<b>53.8%</b>
Knowledge	Know about the laws surrounding alcohol use in Australia?	2.0%	2.2%	4.0%	15.3%	31.2%	<b>45.2%</b>
Strategies	Know what to do if other people offer you alcohol?	2.1%	1.1%	2.2%	10.4%	19.4%	<b>64.7%</b>
Skills	Feel confident to make your own decisions?	1.9%	1.6%	1.1%	7.0%	18.3%	<b>70.2%</b>

#### Boys:

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how alcohol affects the body?	1.9%	1.3%	1.7%	12.7%	34.3%	<b>48.2%</b>
Awareness	Be more aware of the risks of drinking alcohol?	1.9%	1.3%	2.9%	10.5%	28.3%	<b>55.1%</b>
Reflection	Think about how alcohol affects you or people you know?	2.3%	2.0%	3.7%	16.9%	28.5%	<b>46.5%</b>
Knowledge	Know about the laws surrounding alcohol use in Australia?	3.7%	1.9%	6.0%	20.8%	27.6%	<b>39.9%</b>
Strategies	Know what to do if other people offer you alcohol?	3.7%	2.8%	7.2%	11.5%	21.4%	<b>53.5%</b>
Skills	Feel confident to make your own decisions?	2.0%	3.3%	4.6%	10.4%	24.4%	<b>55.2%</b>

Responses from non-ATSI students were also generally more positive than ATSI students (see figures 58 and 59).

Figure 58 - Contribution to key learning and development cycle (awareness, reflection, knowledge, strategies and skill development) outcomes – ATSI compared to non-ATSI students

<sup>24</sup> For example: Feel confident to make a decision to stay safe around alcohol / feel confident to make decision that keep you safe in relation to alcohol.

**ATSI students:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how alcohol affects the body?	1.9%	1.3%	1.7%	12.7%	34.3%	<b>48.2%</b>
Awareness	Be more aware of the risks of drinking alcohol?	1.9%	1.3%	2.9%	10.5%	28.3%	<b>55.1%</b>
Reflection	Think about how alcohol affects you or people you know?	2.3%	2.0%	3.7%	16.9%	28.5%	<b>46.5%</b>
Knowledge	Know about the laws surrounding alcohol use in Australia?	3.7%	1.9%	6.0%	20.8%	27.6%	<b>39.9%</b>
Strategies	Know what to do if other people offer you alcohol?	3.7%	2.8%	7.2%	11.5%	21.4%	<b>53.5%</b>
Skills	Feel confident to make your own decisions?	2.0%	3.3%	4.6%	10.4%	24.4%	<b>55.2%</b>

**Non-ATSI students:**

Focus	Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Awareness	Understand how alcohol affects the body?	1.9%	0.6%	0.6%	9.2%	30.4%	<b>57.3%</b>
Awareness	Be more aware of the risks of drinking alcohol?	1.9%	0.8%	1.7%	7.9%	26.5%	<b>61.2%</b>
Reflection	Think about how alcohol affects you or people you know?	2.2%	1.4%	1.9%	13.7%	30.8%	<b>50.0%</b>
Knowledge	Know about the laws surrounding alcohol use in Australia?	3.0%	1.7%	4.9%	18.6%	30.9%	<b>40.9%</b>
Strategies	Know what to do if other people offer you alcohol?	3.1%	1.5%	4.8%	11.6%	20.4%	<b>58.6%</b>
Skills	Feel confident to make your own decisions?	2.0%	1.9%	2.9%	8.3%	22.2%	<b>62.7%</b>

Figure 59 – Proportion of students indicating that they had learned some things or a lot of things compared overall, between girls and boys, and between ATSI and non-ATSI students

		All students	Girls	Boys	ATSI	Non-ATSI
Awareness	Understand how alcohol affects the body?	86.9%	91.7%	82.5%	80.3%	87.7%
Awareness	Be more aware of the risks of drinking alcohol?	87.4%	91.5%	83.4%	84.7%	87.7%
Reflection	Think about how alcohol affects you or people you know?	80.4%	85.8%	75.1%	77.1%	80.7%
Knowledge	Know about the laws surrounding alcohol use in Australia?	71.9%	76.5%	67.5%	73.2%	71.8%
Strategies	Know what to do if other people offer you alcohol?	79.4%	84.1%	74.8%	82.2%	79.1%
Skills	Feel confident to make your own decisions?	84.0%	88.5%	79.7%	75.8%	84.9%

### 3.4.5 Understanding of addictive character and harms associated with alcohol

A series of true / false questions were asked in the pre-session survey to get a sense of what level of understanding the students had about alcohol, the effect that it has on the body and the laws relating to the sale of alcohol. The questions were repeated following the session to determine whether there was any change in student understanding of those areas.

Student survey responses indicated that most students already understood that it is illegal to sell alcohol to people under 18 years of age. A lower proportion of students were aware that alcohol is a drug or understood the effect that alcohol has on the body, how fast the body processes alcohol or the type of harmful effects that it can have.

Post-session surveys completed immediately following the session indicate that following the session most students understood that alcohol is a drug and that an increased proportion of students understood the effect that alcohol has on the body, how fast the body processes alcohol or the type of harmful effects that it can have. Just under 2 in 5 students answered all of the questions correctly; that was largely due to there

being slightly lower correct response rates to some of the more detailed questions about the effect that alcohol has on the body. Given the fact that the content of the Think Twice sessions is varied to suit the different needs and interests of different schools and student cohorts, this may be because only some of the sessions covered all of this material.

Figure 60 – Number and proportion of students correctly identifying whether the listed item does or does not keep them healthy pre- and post-session

Options provided:	Pre-session response:		Post-session response:		Change:	
	#	%	#	%	Δ	%
<b>All responses correct</b>	123	7.9%	586	38.0%	↑	30.1%
Alcohol is a drug	1018	65.7%	1428	92.6%	↑	26.9%
It is illegal to sell alcohol to persons under the age of 18	1426	92.0%	1409	91.4%	-	-0.6%
Alcohol is a stimulant that speeds up the way our body works	707	45.6%	1075	69.7%	↑	24.1%
The liver can process two standard alcoholic drinks every hour	582	37.5%	1101	71.4%	↑	33.9%
Drinking alcohol can cause cancers such as mouth cancer and breast cancer	888	57.3%	1145	74.3%	↑	17.0%
Grand Total	1550	100.0%	1542	100.0%		

Although there was some variation, the proportion of girls and boys correctly identifying the listed items in post-session survey responses tended to be fairly similar. ATSI and non-ATSI student post-session responses to the first two questions were similar. Non-ATSI responses tended to be stronger to the following questions relating to the effect that alcohol has on the body and the way the liver processes alcohol, although ATSI student responses were stronger when identifying that drinking alcohol can cause different forms of cancer.

There was no significant variation between girls and boys and ATSI and non-ATSI students in the proportion of students answering all of the questions correctly, although the proportion of ATSI students doing so was slightly lower than non-ATSI students.

Figure 61 – Comparison of proportion of students correctly responding to all questions post-session

	# students	%
All students	586	38.0%
Girls	283	37.6%
Boys	302	38.2%
ATSI students	55	35.9%
Non-ATSI students	531	38.4%

#### 3.4.6 Pre-disposition of students to drink alcohol

Almost 90 percent of students (1,376, 88.0%) indicated that they knew more about the effects of alcohol after the Think Twice session than they did before it. Girls tended to respond more strongly than boys (90.9% compared to 85.3%). Non-ATSI students tended to respond more strongly than ATSI students (89.2% compared to 76.4%).

Some of the students were asked whether the information they had learned from Life Education made them more likely to make safer choices with drinking alcohol in the future. Most of those students indicated that they thought that it did (848, 86.3%)<sup>25</sup>. Girls' and boys' responses to this question were fairly similar (91.9% compared to 89.9%). Non-ATSI student responses were more positive than ATSI students (91.2% compared to 84.8%).

<sup>25</sup> V1 post-survey question, sample population = 983.

The above question was subsequently amended and students were asked whether the information they had learned from Life Education made them feel more confident to make their own decisions about alcohol. Just over 90 percent of the students asked that question indicated that they thought that they did feel more confident making their own decisions (848, 86.3%)<sup>26</sup>. Girls' responses to this question tended to be stronger than boys' (90.5% compared to 82.3%). There was no substantive difference between ATSI and non-ATSI student responses (84%). (This varies from the data obtained through the Life Education Learning Cycle questions outlined in section 3.4.4. The sample sizes for the two questions vary, however, with the former question drawing on data from both Terms 3 and 4 and this question drawing on only Term 4 data. )

It is important to note that the tenor of the amended question is fundamentally different from the prior version, as it only goes to whether students felt confident about making an independent decision about alcohol, not whether students feels confident making a decision to stay safe around alcohol. If it is intended that the question test for intention then it is recommended that the wording of this question be revised to deal with this issue.<sup>27</sup>

In order to better contextualise and understand student responses to questions relating to students' pre-disposition to drink and confidence in dealing with peer or community pressure, it would be useful to include a question(s) in the pre-session survey to understand what proportion of students had tried alcohol or thought that they would drink alcohol before they are 18 years old, whether they thought that there was pressure on people their age to consume alcohol and how confident they were in making their own decisions about alcohol.

#### 3.4.7 Observations and conclusions

The above feedback indicates that the Think Twice session is effective in helping students to understand the effects of alcohol generally and help them to think about how to stay safe around alcohol and be confident to make their own decisions.

Just over half of the students indicated that the Think Twice session had helped them to learn a lot about the effect that alcohol has on the body (56.9%) and 3 in 5 students indicated it played a significant role in helping them to be aware of the risks associated with alcohol (60.6%). Half of the students indicated that it had played a significant role in getting them to think about how alcohol was affecting people they knew (50.1%) and just under 2 in 3 students in helping them to know what to do if someone offered them a drink (63.5%).

Most of the students who were asked whether they thought that they would be likely to make safer decisions about alcohol in the future because of what they had learned in the Think Twice session said that they thought they would (848, 86.3%)<sup>28</sup>. Twenty-six students providing open feedback explicitly indicated that they had learned that they should not drink alcohol and / or indicated an intention not to do so and a further twenty-nine highlighted the importance of not drinking under age.

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<sup>26</sup> V1 post-survey question, sample population = 983.

<sup>27</sup> For example: Feel confident to make a decision to stay safe around alcohol / feel confident to make decision that keeps you safe in relation to alcohol.

<sup>28</sup> Note this data relates to Term 3 students only as the relevant survey question was changed in Term 4 and so like data is not available for that period.

Figure 62 – Proportion of students identifying that the session had help improve their understanding or awareness of the areas identified or influenced their (pre)disposition to adopt identified protective / healthy behaviours

		All students	Girls	Boys	ATSI	Non-ATSI
Understanding	Know about the laws surrounding alcohol use in Australia*	71.9%	76.5%	67.5%	73.2%	71.8%
	Understand how alcohol affects the body*	86.9%	91.7%	82.5%	80.3%	87.7%
Awareness	Be more aware of the risks of drinking alcohol*	87.4%	91.5%	83.4%	84.7%	87.7%
Reflection	Think about how alcohol affects you or people you know*	80.4%	85.8%	75.1%	77.1%	80.7%
Disposition	Know what to do if other people offer you alcohol*	79.4%	84.1%	74.8%	82.2%	79.1%
	Feel confident to make your own decisions*	84.0%	88.5%	79.7%	75.8%	84.9%
	Be more likely to make safer choices with drinking alcohol in the future^	86.3%	91.9%	89.9%	84.8%	91.2%

\* based on number of students indicating that the session had helped them to learn something or a lot about the identified area ^ Note this data relates to Term 3 students only as the relevant survey question was changed in Term 4 and so like data is not available for that period

The outcomes generally appear to be stronger for girls than boys. Outcomes for both ATSI and non-ASTI students are strong although the patterns between them are more varied.<sup>29</sup>

<sup>29</sup> As noted in the Methodology Section of this report, it is not possible to comment on longer term student retention and application of the material covered in the session.



### 3.5 Talk About It Years 5 - 6

<b>Module Type:</b>	Issue Based	<b>Focus:</b>	Puberty	<b>Target student group:</b>	Years 5 - 6	Ages 10 - 12
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#### 3.5.1 Module overview

The Talk About It suite of modules is designed to explore contextual factors influencing sexual and social health and provide an appropriate learning environment to talk about puberty, relationships and identity.

Talk About It Years 5 - 6 is designed for students in Years 5-6 (aged 10 - 12 years old). It aims to increase students' understanding of anatomy and the reproductive system, to build their awareness of the changes that occur during puberty and their knowledge about how to recognise and manage the changes that occur, to help students to build and maintain healthy relationships and to help support their journey through puberty.

Talk About It is designed to allow educators to tailor the module to the interests and needs of the specific school and student group that they are working with. As such, different sessions may focus more or less on different learning areas. For example, some sessions may be more heavily biased towards providing students with information about how the body works and the changes that occur during puberty and how to manage them, while other sessions may focus more on issues relating to identity, healthy relationships or sexual health.

#### 3.5.2 Sample population and composition

In Terms 3 and 4 of 2015 Life Education Queensland ran Talk About It Year 5-6 sessions for 6,223 students. Thirty-two schools participated in evaluation activity. Thirty-one of those schools completed both pre- and post-session surveys. The following evaluation draws on data from those thirty-one schools (Eligible Schools) on the basis that the data from those schools allows for the most effective assessment of students' pre- and post-session awareness and understanding of the issues covered in the session and their immediate post session pre-disposition or intention in relation to those issues. The thirty-one Eligible Schools included schools in the metropolitan south east region and the central and northern parts of the State.<sup>30</sup>

Talk About It Years 5-6 evaluation surveys were completed by 1,849 students. Based on post-session survey data almost all of those students were in Years 5 or 6 and most were 10 to 12 years old. Slightly more girls (972, 51.9%) than boys (894, 47.7%) provided feedback. Approximately 11 percent of students (203, 10.8%) identified themselves as being of ATSI background.

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<sup>30</sup> See Appendix 3 for a detailed breakdown of the schools participating in the evaluation.

Figure 63 – Module delivery and evaluation coverage

	All schools	Eligible schools
# schools	NCR	<b>31</b>
# sessions	280	<b>*74</b>
# pre-session survey responses	-	<b>1,831</b>
# post-session survey responses	-	<b>1,809</b>
# additional post-session survey responses^	-	<b>18</b>
Estimated # students^	6,223	<b>1,849</b>
Response rate~	29.7%	<b>97.8%</b>

NCR = data collected at a local level but not yet centrally collated at a State level and so not available for this report \* The number of sessions for which surveys were completed in Terms 3 and 4 has not been centrally recorded. It has been estimated here based on the assumption that there was an average of 25 students per session

^Student numbers assume that all students completing a pre-session survey also completed a post-session survey and that where post-session response numbers were higher than pre-session responses additional students completed the post-session survey. Student numbers have therefore been calculated by taking the number of pre-session responses for each school and adding in the number of additional post-session responses (if any). ~ All schools = sample population / total population and Eligible schools = post-session responses / sample population

Figure 64 – Sample population profile (based on post-survey sample population)

Attribute		Student #	% students
# students	[completing pre-session surveys]	1873	100%
Year level	Year 5	617	32.9%
	Year 6	1234	65.9%
	Year 5/6	17	0.9%
	Not specified	5	0.3%
Age	9	1	0.1%
	10	409	21.8%
	11	952	50.8%
	12	500	26.7%
	13	3	0.2%
	Not specified	8	0.4%
Gender	Female	972	51.9%
	Male	894	47.7%
	Not specified	7	0.4%
Aboriginal status	Not ATSI	1653	88.3%
	ATSI	203	10.8%
	Yes – Aboriginal	131	7.0%
	Yes - Torres Strait Islander	37	2.0%
	Yes - both Aboriginal and Torres Strait Islander	35	1.9%
	Not specified	17	0.9%

### 3.5.3 Module evaluation focus

The Life Education evaluation survey for Talk About It Year 5-6 focuses on key learning areas covered in the module relating to students' understanding of the changes that occur during puberty and how to deal with those changes and how to support others as they go through them.

### 3.5.4 Awareness of whom to talk to about puberty

Approximately 3 out of 5 students (1,126, 61.5%) indicated that the Talk About It session was their first lesson on puberty. When asked prior to the session if they knew whom to speak to about puberty approximately 1 in 3 students (531, 29.0%) indicated that they did not know or were unsure. Most of the remaining students indicated that they did know whom to speak to (1,262, 68.9). A small number of students did not respond to the question (38, 2.1%). Girls tended to have a stronger understanding of whom to go to talk to than boys (76.0% compared to 61.6%), as did non-ATSI compared to ATSI students (70.0% compared to 59.1%).

### 3.5.5 Understanding the changes associated with puberty

Students were asked two true / false questions in the pre-session survey to get a sense of what level of understanding the students had about puberty. The questions were repeated following the session to determine whether there was any change in student understanding. The two questions were fairly general in their tenor testing whether students recognised that people do not go through puberty at the same time and that puberty was associated with a mix of physical, social and emotional changes.

Student survey responses indicate that most students understood those things prior to the session. In both pre- and post-survey responses a higher proportion of girls answered correctly than boys and a higher proportion of non-ASTI students answered correctly than ATSI students.

Figure 65 – Number and proportion of students correctly responding to listed statement pre- and post-session

	Pre-session response:		Post-session response:		Change:	
	#	%	#	%	Δ	%
<b>Both responses correct</b>	1,466	80.1%	1,610	89.0%	↑	8.9%
People go through puberty at the same time	1,576	86.1%	1,651	91.3%	↑	5.2%
There are physical, social and emotional changes in puberty	1,603	87.5%	1,704	94.2%	↑	6.6%
Grand Total	1,831	100.0%	1,809	100.0%		

Following the session students were specifically asked whether it had helped them to build an understanding of the changes that occur during puberty and the basic hygiene practices to deal with and manage those changes. Students' answers to those questions indicate that the Talk About It session was generally successful in helping students to understand the changes that occur to themselves and others during puberty and how to use basic hygiene and menstrual products.

Just over 4 in 5 students indicated that they have a better understanding of the changes that young people go through during puberty (see figures 66 and 69).

Figure 66 – Contribution to understanding in key learning areas – all students

Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Understand the names of the sexual body parts?	1.4%	1.9%	1.1%	9.8%	33.4%	<b>52.4%</b>
Understand changes happening to you as you go through puberty?	1.8%	1.7%	1.7%	8.9%	26.1%	<b>59.8%</b>
Understand changes happening to others as they go through puberty?	2.4%	2.2%	1.2%	10.1%	28.9%	<b>55.3%</b>
Understand how products such as pads and deodorant can be used?	2.7%	1.8%	3.8%	13.8%	22.0%	<b>55.9%</b>

While both girls' and boys' positive responses were strong, girls' responses were generally slightly stronger than boys' particularly in relation to the used of sanitary and hygiene products (see figures 67 and 69 below). Although there was some variation, ATSI and non-ATSI student responses were fairly similar (see figures 68 and 69 below).

Figure 67 - Contribution to understanding in key learning areas – girls compared to boys

**Girls:**

Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Understand the names of the sexual body parts?	1.2%	1.9%	1.0%	9.8%	33.8%	<b>52.4%</b>
Understand changes happening to you as you go through puberty?	1.6%	1.4%	1.6%	7.8%	25.0%	<b>62.7%</b>
Understand changes happening to others as they go through puberty?	1.8%	2.4%	1.0%	8.7%	28.4%	<b>57.7%</b>
Understand how products such as pads and deodorant can be used?	2.7%	1.1%	3.5%	10.6%	21.5%	<b>60.7%</b>

**Boys:**

Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Understand the names of the sexual body parts?	1.6%	2.0%	1.2%	9.9%	32.9%	<b>52.5%</b>
Understand changes happening to you as you go through puberty?	2.0%	2.0%	1.7%	10.1%	27.5%	<b>56.7%</b>
Understand changes happening to others as they go through puberty?	2.9%	1.9%	1.5%	11.5%	29.5%	<b>52.7%</b>
Understand how products such as pads and deodorant can be used?	2.6%	2.6%	4.1%	17.4%	22.6%	<b>50.8%</b>

Figure 68 - Contribution to understanding in key learning areas – ATSI compared to non-ATSI students

**ATSI students:**

Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Understand the names of the sexual body parts?	2.5%	2.0%	1.5%	8.6%	33.3%	<b>52.0%</b>
Understand changes happening to you as you go through puberty?	3.0%	3.0%	-	9.6%	24.7%	<b>59.6%</b>
Understand changes happening to others as they go through puberty?	3.0%	1.5%	1.0%	9.6%	31.3%	<b>53.5%</b>
Understand how products such as pads and deodorant can be used?	3.0%	1.5%	1.5%	13.6%	23.7%	<b>56.6%</b>

**Non-ATSI students:**

Learning area	No response	I don't know	I learned nothing	I learned a little	I learned some things	I learned a lot
Understand the names of the sexual body parts?	1.3%	1.9%	1.0%	9.9%	33.4%	<b>52.5%</b>
Understand changes happening to you as you go through puberty?	1.7%	1.5%	1.9%	8.8%	26.3%	<b>59.8%</b>
Understand changes happening to others as they go through puberty?	2.3%	2.2%	1.2%	10.1%	28.6%	<b>55.5%</b>
Understand how products such as pads and deodorant can be used?	2.7%	1.8%	4.1%	13.8%	21.8%	<b>55.8%</b>

Figure 69 – Proportion of students indicating that they had learned some things or a lot of things compared overall, between girls and boys, and between ATSI and non-ATSI students

	All students	Girls	Boys	ATSI students	Non-ATSI students
Understand the names of the sexual body parts?	85.8%	86.2%	85.4%	85.4%	85.8%
Understand changes happening to you as you go through puberty?	86.0%	87.7%	84.2%	84.3%	86.2%
Understand changes happening to others as they go through puberty?	84.2%	86.1%	82.2%	84.8%	84.1%
Understand how products such as pads and deodorant can be used?	77.9%	82.1%	73.4%	80.3%	77.6%

### 3.5.6 Identified areas of learning

Approximately 9 in 10 students (1,680, 92.9%) indicated that they had learned something new in the Life Education session. There was no significant difference between girls and boys and between ATSI and non-ATSI student responses respectively.

When asked about what they had learned in the session a number of students indicated that they had learned about the changes that happen to girls and boys during puberty. Students also identified that they were more aware of what to expect and felt more prepared for puberty; they highlighted that puberty was normal, that it happens to everyone and that it is not something to be embarrassed or afraid of and that it was important to be supportive of people going through puberty. Some students identified that they had learned about sex and the reproductive process, about periods and how to use sanitary products safely. Some students identified that they had learned who they could talk to about things and / or that it was ok to talk to people about what they were experiencing. A few students specifically identified that they felt more confident / comfortable about puberty as a result of what they had learned.

Figure 70 – Areas identified by students as “the most important things you learned about puberty” (629 students, 919 coded response areas, percentage refers to percentage of responding students)

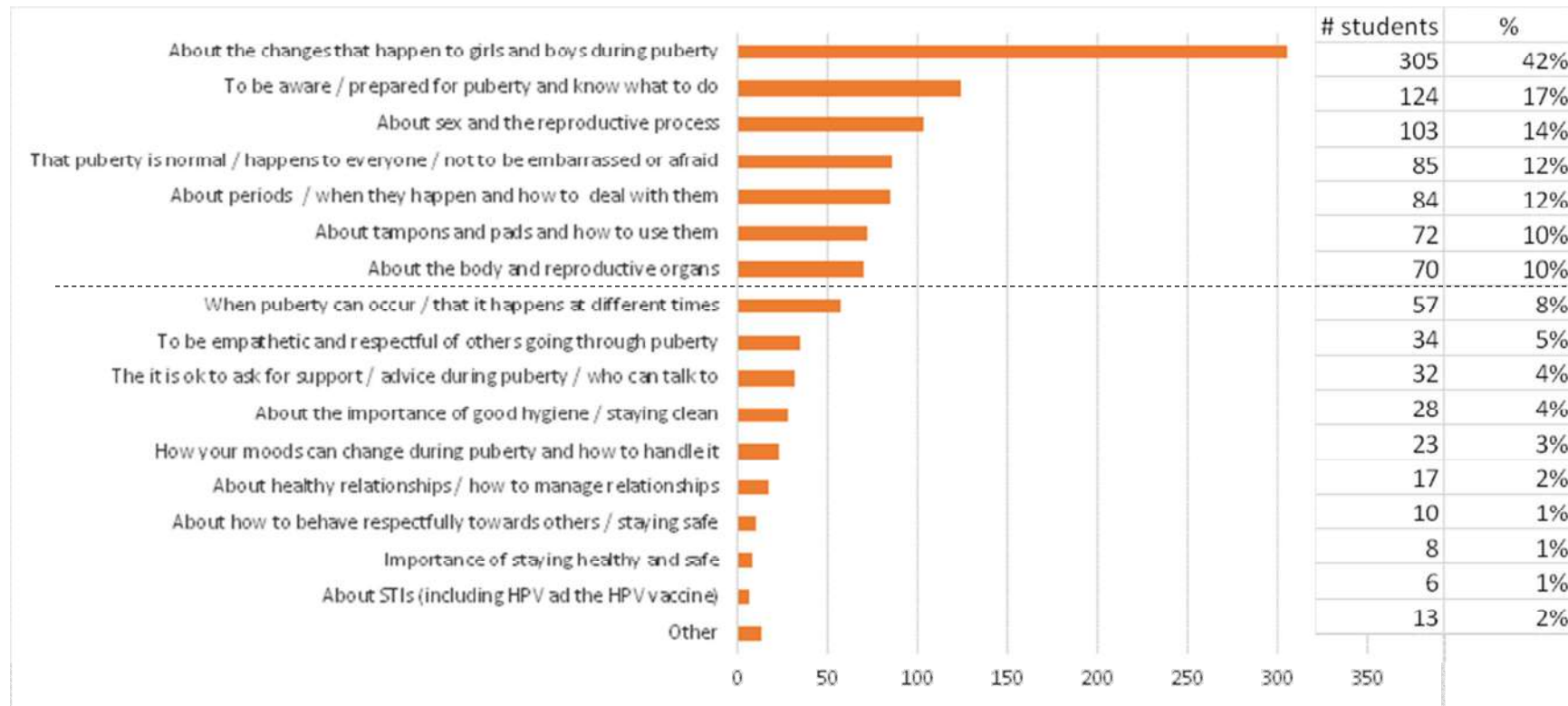


Figure 71 – Examples of what students identified as being “the most important things you learned about puberty”

I'm going to be threw a lot of stuff. that can help

That the stuff that happens to us is normal.

That it's completely natural everyone gets it and it's nothing to be ashamed about. ... this makes me feel so much better about these things.

I learnt that puberty is normal and happens to everyone.

Not to be ashamed and to always help each other through the journey.

Not to be embarrassed when you have stuff like wet dreams.

That it happens to everyone and both genders go through something. And to never be ashamed of my period.

That you don't have to be embarrassed about the changes through out the body in both genders, and to just be normal about these situations.

That you have to be ready and not freak out about it.

That you can't stop puberty and just have to go with it.

I learnt that people go through puberty at different times.

That you can hit puberty about 8-16 and so much more.

That people are different. Changes are normal. Changes happen at different times.

The most important things I have learnt is how sperm is produced and what an erection is and how the male and female reproductive system works.

About all the detailed features of the male and female reproductive system and body parts names. How to deal with periods and how to be safe about it.

I learnt that I'm nearly capable of reproduction.

What's going to happen to me.

I learnt about our body maturing and changing and I think this will help everyone be confident while going through puberty.

What happens to your body as you mature and what to do.

what happens. why it happens. and why its important in life.

Effects of puberty on males and females. What happens to human body parts when you go through puberty.

That girls can get their periods at different times. Boys will get lots of changes too. There are some things that happen to both girls and boys.

The stages that you go through when and how it happens. On what the opposite gender goes through and how we can help them in awkward moments.

The most important things I learnt about puberty are: What changes occur for both boys and girls. How to deal with the changes.

It will not just happen to me, it will happen to everyone. We can have mood swings. We start/might feel feelings for the same or the opposite gender.

That you can change a lot and have emotional changes, social and physical changes

The changes to your body, for example body odour, hair growing, and the certain features of boys and girls. I learnt interesting facts and things I thought I knew but were wrong.

That your hormones change and you feel different moods.

That sometimes you can have mood swings for no reason and that you cant control

How to handle your emotions, what to do when puberty occurs.

We learnt not to be embarrassed and not to tease people who are having a hard time.

Don't make fun of a girl or boy if the girl is having her period and if a boy gets an erection.

That you shouldn't tease somebody about puberty because you're going to have it yourself.

How to deal with puberty.

What I need to be aware of. What I need to know when it happens so it's not a shock to me when most of it does happen.

I learnt useful information about the physical changes that occur during puberty. I also learnt about how to stay physically and mentally healthy during puberty.

Eat healthy. Have good exercise. Sleep well. Clean yourself every night.

How to deal with puberty and how to deal with friendships and when to be cautious about friendships

To be prepared when you get your first period, and when it will happen

When you start noticing that there is white stuff on your undies you should start carrying pads around.

What pads and tampons are used for

what to do when I have my period how to put a tampon or pads

Not to leave pads or tampons on or in for more than 4 hours

That girls should have a safety kit. Girls also have to change their tampons and pads regularly.

To not let periods stop you from doing what you want.

That there are people to talk to.

Be confident and not scared/embarrassed to help someone or seek an adult for help or guidance.

The most important things I learnt about puberty was what happens during this and how to cope with the changes. I also think another important thing I learnt was how to get help if I feel uncomfortable.

That you shouldn't be afraid to ask for help when going through different stages.

How to talk about it.

That it happens to everyone and to not hide it from our parents.

You can feel comfortable about it. There are people to support you.

Eighty percent of students (1,453, 80.3%) indicated that as a result of the Life Education session they were more likely to seek help from trusted adults or other places of information about puberty. Over 90 percent of students (1,665, 92.0%) indicated that they were more likely to be respectful and caring of their class mates as they go through puberty. Girls tended to respond more positively to both questions than boys (84.8% compared to 75.4% and 94.7% compared to 89.3% respectively). There was no substantive difference between ATSI and non-ATSI student responses to the first question about seeking help (81%), although non-ATSI students were more likely than ATSI students to indicate that they thought they would be more respectful and caring of their classmates as a result of the session (92.6% compared to 83.4%).

#### 3.5.7 Sexual health

Students were also asked a question relating to sexual health, specifically whether the Human Papillomavirus (HPV) vaccine is only for girls. Only a relatively low proportion of students were able to correctly identify that the HPV vaccine is for both boys and girls prior to the session. Following the session approximately 3 in 5 students answered the question correctly. Given the nature of the Talk About It module and the fact that the content of the sessions is varied to suit the different needs and interests of different schools and student cohorts, this material may only have been covered in some sessions.



Figure 72 – Number and proportion of students correctly responding to listed statement pre- and post-session

	Pre-session response:		Post-session response:		Change:	
	#	%	#	%	Δ	%
The Human Papillomavirus (HPV) vaccine is only for girls	428	23.4%	1,051	58.1%	↑	34.7%
Grand Total	1,831	100.0%	1,809	100.0%		

Pre- and post-session responses from girls and boys were fairly similar. A higher proportion of ATSI students identified that the HPV vaccine was for both girls and boys prior to the session than non-ATSI students (27.8% compared to 22.9%); however that pattern was reversed post-session (50.5% compared to 59.0%). This may be influenced by changes in the sample of students providing feedback prior to and after the session.

In order to assess the above data more effectively, it would be useful if Life Education Educators could keep a record of what aspects of the Talk about It module the different sessions focus on and the extent to which the session is directed to particular topic areas. This would provide information that could help contextualise some of the variation in the above student responses.

### 3.5.8 Observations and conclusions

The above feedback indicates that the Talk About It Year 5-6 session is effective in helping students to understand the changes associated with puberty, recognise that it is a normal process that they should not be embarrassed about, be more confident seeking advice and more supportive of others as they journey through puberty.

Just over 4 in 5 students indicated that they have a better understanding of the changes that young people go through during puberty.

Eighty percent of students (1,453, 80.3%) indicated that as a result of the Life Education session they were more likely to seek help from trusted adults or other places of information about puberty. Over 90 percent of students (1,665, 92.0%) indicated that they were more likely to be respectful and caring of their class mates as they go through puberty.

Figure 73 – Proportion of students identifying that the session had help improve their understanding or awareness of the areas identified or influenced their (pre)disposition to adopt identified protective / healthy behaviours

		All students	Girls	Boys	ATSI	Non-ATSI
Understanding	Understand the names of the sexual body parts*	85.8%	86.2%	85.4%	85.4%	85.8%
	Understand changes happening to you as you go through puberty*	86.0%	87.7%	84.2%	84.3%	86.2%
	Understand changes happening to others as they go through puberty*	84.2%	86.1%	82.2%	84.8%	84.1%
	Understand how products such as pads and deodorant can be used*	77.9%	82.1%	73.4%	80.3%	77.6%
Disposition	More likely to seek help from trusted adults or other places of information about puberty	80.3%	84.8%	75.4%	80.3%	80.3%
	More likely to be respectful and caring of your classmates as they go through puberty	92.0%	94.7%	89.3%	87.4%	92.6%

\* based on number of students indicating that the session had helped them to learn something or a lot about the identified area

The outcomes generally appear to be stronger for girls than boys. Outcomes for both ATSI and non-ASTI students are strong although the patterns between them are more varied.<sup>31</sup>

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<sup>31</sup> As noted in the Methodology Section of this report, it is not possible to comment on longer term student retention and application of the material covered in the session.

### 3.6 Talk About It Years 9 – 10

<b>Module Type:</b>	Issue Based	<b>Focus:</b>	Sexual health and healthy relationships	<b>Target student group:</b>	Years 9 - 10	Ages 13 - 15
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#### 3.6.1 Module overview

The Talk About It suite of modules is designed to explore contextual factors influencing sexual and social health and provide an appropriate learning environment to talk about puberty, relationships, sexual health and identity.

Talk About It Years 9-10 is designed for students in those year levels (aged 13 - 15 years old). It aims to increase students' understanding of the reproductive system, issues relating to sexual health including sexually transmitted infections (STIs), safe sex practices including condom use and healthy relationships.

Talk About It is designed to allow educators to tailor sessions to meet the specific objectives and needs of the specific school and student group that they are working with. As such, different sessions may focus more or less on different learning areas. For example, some sessions may be more heavily biased towards providing students with information about how the reproductive systems works, sexually transmissible infections, the risks associated with unsafe sex and strategies to stay healthy and safe, while other sessions may focus more on issues relating to identity and healthy relationships.

#### 3.6.2 Sample population and composition

In Terms 3 and 4 of 2015 Life Education Queensland ran Talk About It Year 9-10 sessions for 634 students. Two schools participated in evaluation activity. Both of the schools completed both pre- and post-session surveys, although it appears that in the case of one of the schools there was a session in which the students completed only a post-session survey (27 students or 11.2% of the data set). Given that student names are not included in the data set it is not possible to identify and exclude the data for those students. The following evaluation therefore draws on the full data set from both of the schools. Care needs to be taken when interpreting the analysis of this module to take into consideration the relatively small sample size, the limited number of discrete sessions being covered and the potential impact of not having pre-session survey data for just over 10 percent of the data set.

The two schools come from the metropolitan south east region and the scenic rim respectively.<sup>32</sup>

Talk About It Year 9-10 evaluation surveys were completed by 249 students<sup>33</sup>. Based on post-session survey data all of those students were in Year 9 and most were 14 to 15 years old. There were slightly more girls (140, 56.2%) than boys (105, 42.2%) participating in the evaluation and a small number of transgender students (3, 1.2%). Two percent of the students (5, 2.0%) identified themselves as being of ATSI background. (Please note that we have not analysed data breaking out the transgender population and ATSI compared to non-ATSI population or this module because of the small size of the transgender and ATSI populations in the current data set.)

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<sup>32</sup> See Appendix 3 for a detailed breakdown of the schools participating in the evaluation.

<sup>33</sup> Student names were not collected as part of the evaluation so it is not possible to match pre- and post-survey responses to determine exactly how many different students participated in the evaluation. For the purposes of this report it has been assumed that all students completing a post-session survey also completed a pre-session survey, with the exception of the limited number of cases where post-session survey numbers exceed pre-session survey numbers. It is assumed that there were a few students that completed only a post-session survey but the rest of the students completed both a pre- and post-session survey.

Figure 74 – Module delivery and evaluation coverage

	All schools	Eligible schools
# schools	NCR	2
# sessions	16	*10
# pre-session survey responses	-	221
# post-session survey responses	-	249
# additional post-session survey responses^	-	28
Estimated # students^	634	249
Response rate~	39.3%	100%

NCR = data collected at a local level but not yet centrally collated at a State level and so not available for this report \* The number of sessions for which surveys were completed in Terms 3 and 4 has not been centrally recorded. It has been estimated here based on the assumption that there was an average of 25 students per session

^ Student numbers assume that all students completing a pre-session survey also completed a post-session survey and that where post-session response numbers were higher than pre-session responses additional students completed the post-session survey. Student numbers have therefore been calculated by taking the number of pre-session responses for each school and adding in the number of additional post-session responses (if any). ~ All schools = sample population / total population and Eligible schools = post-session responses / sample population

Figure 75 – Sample population profile (based on post-survey sample population)

Attribute		Student #	% students
# students	[completing post-session surveys]	249	100%
Year level	Year 9	249	100.0%
	Not specified	-	-
Age	13	9	3.6%
	14	209	83.9%
	15	28	11.2%
	Not specified	3	1.2%
Gender	Female	140	56.2%
	Male	105	42.2%
	Transgender	3	1.2%
	Not specified	1	0.4%
Aboriginal status	Not ATSI	243	97.6%
	ATSI	5	2.0%
	Yes – Aboriginal	5	2.0%
	Yes - Torres Strait Islander	-	-
	Yes - both Aboriginal and Torres Strait Islander	-	-
	Not specified	1	0.4%

### 3.6.3 Module evaluation focus

The Life Education evaluation survey for the Talk About It Year 9-10 module focuses on key learning areas relating to students' understanding of sexual health, sexually transmissible infections, healthy relationships and students' pre-disposition to behave in a way that will help keep them healthy and safe.

### 3.6.4 Identified areas of learning

Most of the students surveyed (207, 83.1%) indicated that they had learned something new in the Life Education session. Girls tended to respond more positively than boys (87.9% compared to 78.1%).

When asked about what they had learned in the session a number of students identified that they had learned about STIs and the importance of always using protection when having sex, about how condoms can protect against contraception and STIs and about how to use condoms. A number of students indicated that they had learned about the importance of their giving consent when engaging in sex and some students highlighted the difference between open consent, pressure and assault and / or that they had learned how to act respectfully or how to say no to sex. A number of students indicated that they had learned more about their contraceptive options. Some students noted the importance of having regular sexual health checkups and a few students indicated that they had learned where sexual health clinics were located.

Figure 76 – Areas identified by students as “the most important things you learned about sexual health in today's session” (57 students, 99 coded response areas, percentage refers to percentage of responding students)

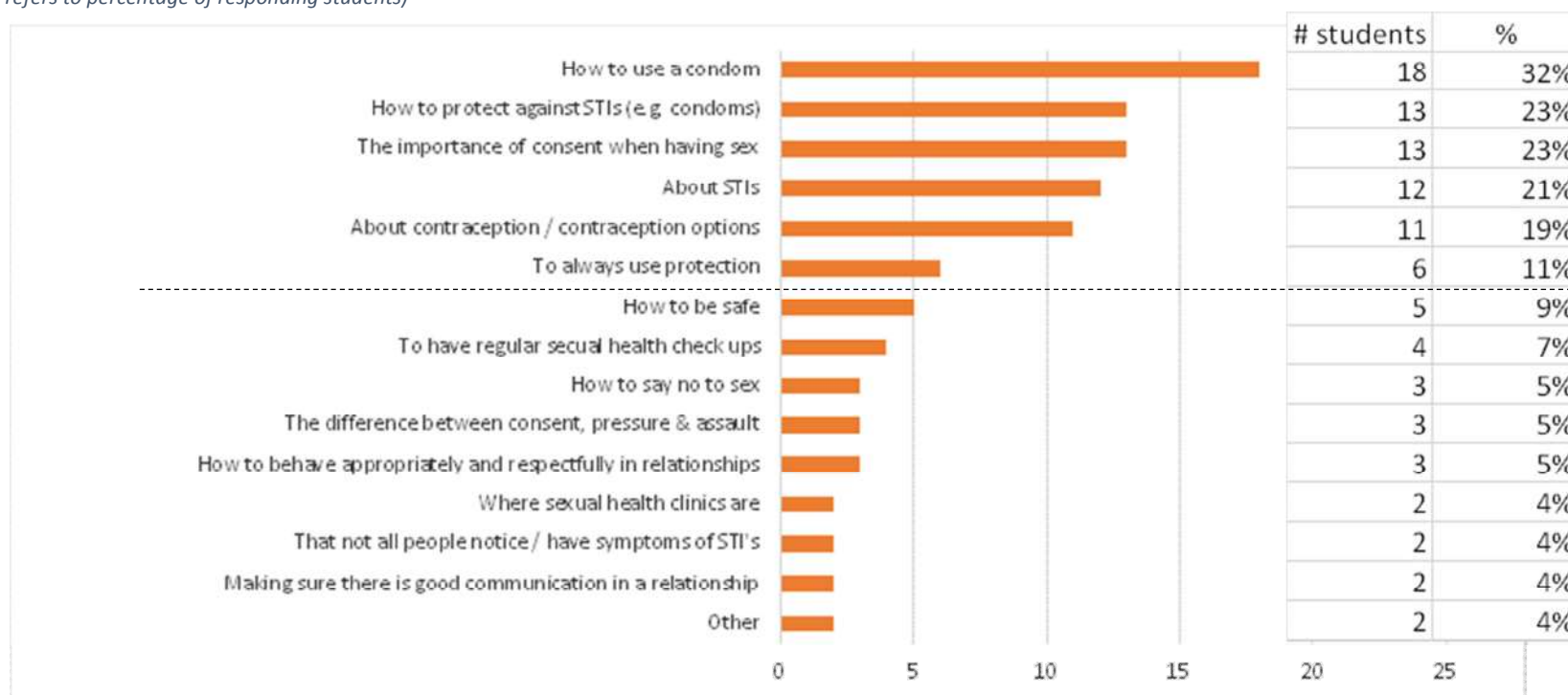


Figure 77 – Examples of what students identified as being “the most important things you learned about sexual health in today's session”

Being safe and making sure there is communication.  
 The importance of consent.  
 Consent is necessary. Contraception is recommended. STI's are bad.  
 Get consent.  
 Be responsible.  
 The importance of safe sex  
 How to be safe. To go for sexual health check ups.  
 That you have to be protected and careful.  
 There are heaps of ways to protect yourself.  
 Always use protection, STI's aren't always going to show symptoms. Have a health check up.  
 Always wear a condom before you have sex to prevent the girl to get pregnant and STI.  
 To always use protection (condoms, contraceptive pills etc.), always get consent from your partner and get check ups often.  
 All about STI's and how you could get one and ways to protect yourself from getting one.  
 Some STI's aren't curable.  
 That STI's can have worse affects than I realised.  
 Safe sex is good sex! Not all contraceptions stop STI's.  
 That there are all types of contraceptions and all different clinics, helplines and doctors to talk to.  
 How to use condoms and what the consequences are if you don't use them.  
 How to put on a condom properly and where to get them.  
 How to put a condom on. How to respond appropriately. How to act responsibly.  
 How important consent is and to not let anyone pressure you into sex if you're not ready. How to put a condom on correctly in order to have safe sex.  
 There is more than two contraceptions. It is okay to say no.  
 The differences between consent, pressure and assault. How to say no, and the excuses guys make. Contraception - how to use a condom.

Following the session students were specifically asked whether the Talk About It session it had helped them to build an understanding of their reproductive organs and how the reproductive system works, contraception options and how to use condoms correctly, sexually transmissible infections, healthy relationships and help seeking in relation to relationships and sexual health.

Students' answers to those questions indicate that the Talk About It session was generally successful in helping students to understand those areas. Girls generally tended to respond more positively than boys, with the exception of the question relating to the Human Papillomavirus (HPV) vaccine, which may reflect a higher pre-existing level of knowledge across that group.

Figure 78 – Number and proportion of students indicating that the Talk About It session had improved their understanding of the areas listed (total sample population = 249, females = 140, males = 105)

	All students		Girls	Boys
	#	%	%	%
Understand the organs in the reproductive system and how they work?	209	83.9%	84.3%	83.8%
Understand what contraceptive choices are available?	237	95.2%	99.3%	89.5%
Understand how to use condoms correctly?	233	93.6%	98.6%	86.7%
Understand what sexually transmissible infections (STIs) are?	235	94.4%	96.4%	91.4%
Learn more about how STI's are transmitted?	199	79.9%	84.3%	75.2%
Understand what the Human Papillomavirus (HPV) vaccine is for?	192	77.1%	71.4%	84.8%
Understand what healthy and unhealthy relationships are?	232	93.2%	95.0%	90.5%
Understand the importance of consent in a sexual relationship?	241	96.8%	99.3%	93.3%
Learn how to stay safe and seek help regarding relationships and sexual health?	227	91.2%	99.3%	94.3%

### 3.6.5 Awareness of peer group participation in sexual intercourse

Prior to the Life Education session students were asked to identify what percentage of Grade 10 students they thought had participated in sexual intercourse. Just under 1 in 5 students (39, 17.6%) correctly identified that about 25 percent of Grade 10 students had participated in sexual intercourse. Just under half of the students (102, 46.2%) either under-estimated or correctly identified the participation rate. Just under 30 percent of students (60, 27.1%) over-estimated the participation rate. The remaining students indicated that they were unsure of the answer or did not respond to the question (59, 26.7%).

Responses to the same question in post-sessions surveys completed immediately following the session indicate that there was an increase (15.3%) in the number of students that were able to correctly identify what proportion of students had had intercourse; however, approximately half of the students still either overstated the proportion of students in Grade 10 that had participated in sexual intercourse or were unsure or did not respond to the question. A slightly higher proportion of girls responded correctly to the post-survey question than boys (35.7% compared to 28.6%). Given the fact that the content of the Talk About It session is varied to suit the different needs and interests of different schools and student cohorts, the relatively low proportion of correct responses may be because only some of the session covered all of this material.

Figure 79 – Student pre- and post- session awareness of peer group participation in sexual intercourse

Pre-session response:			Post-session response:		Change:	
Options provided:	#	%	#	%	Δ	%
About 10% of students or less	63	28.5%	40	16.1%		
About 25% of students	39	17.6%	82	32.9%	↑	15.3%
About 50% of students	31	14.0%	30	12.0%		
About 75% of students	14	6.3%	11	4.4%		
More than 75% of students	15	6.8%	10	4.0%		
I don't know	58	26.2%	69	27.7%		
No response	1	0.5%	7	2.8%		
Grand Total	221	100.0%	249	100.0%		

Figure 80 – Change in proportion of students under or over estimating peer group participation in sexual intercourse pre- and post-session

	Pre-session response:		Post-session response:		Change:	
	#	%	#	%	Δ	%
Correct or low	102	46.2%	122	49.0%	↑	2.8%
High	60	27.1%	51	20.5%	↓	-6.7%
Unsure or no response	59	26.7%	76	30.5%	↑	3.8%
Total	221	100.0%	249	100.0%		

### 3.6.6 Understanding of STIs and factors relating to sexual health

A series of true / false questions were also asked in the pre-session survey to get a sense of what level of understanding the students had about sexually transmitted infections, the incidence of some diseases and the protective function of condoms. The questions were repeated following the session to determine whether there was any change in student understanding of those areas.

Student survey responses indicate that there was an increase in the proportion of students correctly responding to statements referring to the general attributes of STIs, the incidence of Chlamydia and the contraceptive and protective function of condoms. The responses to some more specific questions relating to particular STIs, such as Human Papillomavirus (HPV), Hepatitis C and Human Immunodeficiency Virus (HIV) are more variable. Again, given the nature of the Talk About It module and the fact that the content of the sessions is varied to suit the different needs and interests of different schools and student cohorts, it may be because less focus was placed on these areas in some sessions. There is no record of what topics were / were not covered in the different sessions and so it is not possible to determine whether or not this is the case.

There is also a decline in the proportion of students responding correctly to some of those questions relating to HPV and HIV. Again, it is not clear why this is the case. It may also be influenced by the inclusion of data from students who did not complete a pre-session survey in the data set. It is not possible to determine whether or not this is the case given the data that is available.

Figure 81 – Number and proportion of students correctly responding to listed statement pre- and post-session – all students

Category	Options provided:	Pre-session response:		Post-session response:		Change:	
		#	%	#	%	Δ	%
All areas	<b>All responses correct</b>	16	7.2%	91	36.5%	↑	29.3%
General STI	All STI's have symptoms	108	48.9%	207	83.1%	↑	34.3%
	Some STI's can lead to infertility	176	79.6%	231	92.8%	↑	13.1%
Specific STI	Human Papillomavirus (HPV) is a virus that causes genital warts	155	70.1%	181	72.7%	↑	2.6%
	HPV only affects females	168	76.0%	172	69.1%	↓	-6.9%
	Hepatitis C can be transmitted by tattooing and body piercing	106	48.0%	159	63.9%	↑	15.9%
	You can get Human Immunodeficiency Virus (HIV) from hugging someone	189	85.5%	179	71.9%	↓	-13.6%
Incidence STI	Chlamydia cases are highest in young people (15-24 yrs)	133	60.2%	227	91.2%	↑	31.0%
Protection	Condoms reduce the risk of both pregnancy and contracting STI's	196	88.7%	232	93.2%	↑	4.5%
	A female can get HIV by having sex with a male who has HIV who is not wearing a condom	197	89.1%	234	94.0%	↑	4.8%
-	Grand Total	221	100.0%	249	100.0%		



The post-session responses from both girls and boys relating to the general STI questions and questions relating to the protective attributes of condoms (which are likely to have been covered as more standard material across most sessions) were relatively strong. Responses from girls tended to be slightly stronger than boys. Responses to the other questions varied and are harder to interpret.

Figure 82 – Number and proportion of students correctly responding to listed statement pre- and post-session – girls compared to boys

#### Girls:

Category	Options provided:	Pre-session	Post-session	Δ	%
All areas	<b>All responses correct</b>			↑	
General STI	All STI's have symptoms	50.5%	<b>87.1%</b>	↑	36.6%
	Some STI's can lead to infertility	84.7%	<b>93.6%</b>	↑	8.9%
Specific STI	Human Papillomavirus (HPV) is a virus that causes genital warts	76.6%	70.0%	↓	-3.4%
	HPV only affects females	76.7%	72.9%	↓	-3.8%
	Hepatitis C can be transmitted by tattooing and body piercing	46.9%	59.3%	↑	12.4%
	You can get Human Immunodeficiency Virus (HIV) from hugging someone	90.1%	76.4%	↓	-13.7%
Incidence STI	Chlamydia cases are highest in young people (15-24 yrs)	58.6%	<b>92.9%</b>	↑	34.3%
Protection	Condoms reduce the risk of both pregnancy and contracting STI's	90.1%	<b>94.3%</b>	↑	4.2%
	A female can get HIV by having sex with a male who has HIV who is not wearing a condom	90.1%	<b>95.0%</b>	↑	4.9%

#### Boys:

Category	Options provided:	Pre-session	Post-session	Δ	%
All areas	<b>All responses correct</b>			↑	
General STI	All STI's have symptoms	47.2%	<b>77.1%</b>	↑	29.9%
	Some STI's can lead to infertility	74.1%	<b>91.4%</b>	↑	17.3%
Specific STI	Human Papillomavirus (HPV) is a virus that causes genital warts	63.0%	76.2%	↑	13.2%
	HPV only affects females	75.9%	63.8%	↓	-12.1
	Hepatitis C can be transmitted by tattooing and body piercing	48.2%	69.5%	↑	21.3%
	You can get Human Immunodeficiency Virus (HIV) from hugging someone	80.6%	64.8%	↓	-15.8%
Incidence STI	Chlamydia cases are highest in young people (15-24 yrs)	62.0%	<b>88.6%</b>	↑	26.6%
Protection	Condoms reduce the risk of both pregnancy and contracting STI's	87.0%	<b>91.4%</b>	↑	4.4%
	A female can get HIV by having sex with a male who has HIV who is not wearing a condom	88.0%	<b>92.4%</b>	↑	4.4%

In order to assess the above data more effectively, it would be useful if Life Education Educators could keep a record of what aspects of the Talk about It module the different sessions focus on and the extent to which the session is directed to particular topic areas. This would provide information that could help contextualise some of the variation in the above student responses.

#### 3.6.7 Student pre-disposition to stay healthy and safe

Following the session students were specifically asked whether, from what they had learned in the Life Education session, they thought they were more likely to adopt behaviours that would help keep them and others safe in relation to their relationships and sexual health. Students'

answers to those questions indicate that students generally thought that they were more likely to adopt those behaviours as a result of what they had learned. Girls tended to respond more positively than boys.

Figure 83 – Proportion of students indicating that they thought that they were more likely to adopt the listed behaviours given what they had learned in the Talk About It session

Identified behaviour	No response	Strongly disagree	Disagree	Don't know	Agree	Strongly agree	Agree & Strongly Agree
Seek help regarding your sexual health	4.8%	0.4%	2.0%	9.6%	45.8%	<b>37.3%</b>	<b>83.1%</b>
Stay safe by abstaining or delaying sexual activity	4.8%	4.8%	4.4%	1.2%	34.5%	<b>50.2%</b>	<b>84.7%</b>
Stay safe by using a condom or dental dam during sexual activities	4.4%	-	0.8%	2.4%	23.7%	<b>68.7%</b>	<b>92.4%</b>
Communicate your boundaries clearly	4.4%	0.4%	1.6%	2.8%	25.3%	<b>65.5%</b>	<b>90.8%</b>
Respect other's boundaries	4.8%	-	0.8%	2.4%	20.5%	<b>71.5%</b>	<b>92.0%</b>
Recognise and report inappropriate sexual behaviour	4.4%	0.8%	1.6%	5.2%	31.7%	<b>56.2%</b>	<b>87.9%</b>

Figure 84 – Comparison of girls' and boys' responses

Girls:

Identified behaviour	No response	Strongly disagree	Disagree	Don't know	Agree	Strongly agree	Agree & Strongly Agree
Seek help regarding your sexual health	1.4%	0.7%	2.1%	10.0%	46.4%	<b>39.3%</b>	<b>85.7%</b>
Stay safe by abstaining or delaying sexual activity	2.1%	1.4%	3.6%	3.6%	31.4%	<b>57.9%</b>	<b>89.3%</b>
Stay safe by using a condom or dental dam during sexual activities	1.4%		0.0%	2.1%	20.7%	<b>75.7%</b>	<b>96.4%</b>
Communicate your boundaries clearly	1.4%	0.7%	1.4%	1.4%	22.9%	<b>72.1%</b>	<b>95.0%</b>
Respect other's boundaries	1.4%		0.7%	1.4%	18.6%	<b>77.9%</b>	<b>96.4%</b>
Recognise and report inappropriate sexual behavior	1.4%	0.7%	0.7%	3.6%	30.7%	<b>62.9%</b>	<b>93.6%</b>

Boys:

Identified behaviour	No response	Strongly disagree	Disagree	Don't know	Agree	Strongly agree	Agree & Strongly Agree
Seek help regarding your sexual health	9.5%	0%	1.9%	9.5%	43.8%	<b>35.2%</b>	<b>79.0%</b>
Stay safe by abstaining or delaying sexual activity	8.6%	1.0%	6.7%	5.7%	37.1%	<b>41.0%</b>	<b>78.1%</b>
Stay safe by using a condom or dental dam during sexual activities	8.6%		1.0%	2.9%	27.6%	<b>60.0%</b>	<b>87.6%</b>
Communicate your boundaries clearly	8.6%	0.0%	1.9%	4.8%	28.6%	<b>56.2%</b>	<b>84.8%</b>
Respect other's boundaries	9.5%		1.0%	3.8%	21.9%	<b>63.8%</b>	<b>85.7%</b>
Recognise and report inappropriate sexual behavior	8.6%	1.0%	2.9%	7.6%	33.3%	<b>46.7%</b>	<b>80.0%</b>

### 3.6.8 Observations and conclusions

The above feedback indicates that the Talk About It Year 9-10 session is effective in helping students to build their understanding of their reproductive organs and how the reproductive system works, contraception options and how to use condoms correctly, sexually transmissible infections, healthy relationships and help seeking in relation to relationships and sexual health.

The feedback also indicates that the session has a positive impact on students' predisposition immediately following the session to seek help and adopt behaviours to keep themselves healthy and safe when managing relationships and in relation to their sexual health.

Over 90% of students (227, 91.2%) indicated that the Talk About It session had helped them to learn about how to stay safe and seek help regarding relationships and sexual health.

*Figure 85 – Proportion of students identifying that the session had help improve their understanding or awareness of the areas identified or influenced their (pre)disposition to adopt identified protective / healthy behaviours*

		All students	Females	Males
Understanding	Understand the organs in the reproductive system and how they work?	83.9%	84.3%	83.8%
	Understand what contraceptive choices are available?	95.2%	99.3%	89.5%
	Understand how to use condoms correctly?	93.6%	98.6%	86.7%
	Understand what sexually transmissible infections (STIs) are?	94.4%	96.4%	91.4%
	Learn more about how STI's are transmitted	79.9%	84.3%	75.2%
	Understand what the Human Papillomavirus (HPV) vaccine is for?	77.1%	71.4%	84.8%
	Understand what healthy and unhealthy relationships are?	93.2%	95.0%	90.5%
	Understand the importance of consent in a sexual relationship?	96.8%	99.3%	93.3%
Disposition	Seek help regarding your sexual health	83.1%	85.7%	79.0%
	Stay safe by abstaining or delaying sexual activity	84.7%	89.3%	78.1%
	Stay safe by using a condom or dental dam during sexual activities	92.4%	96.4%	87.6%
	Communicate your boundaries clearly	90.8%	95.0%	84.8%
	Respect other's boundaries	92.0%	96.4%	85.7%
	Recognise and report inappropriate sexual behaviour	87.9%	93.6%	80.0%

\* based on number of students indicating that the session had helped them to learn something or a lot about the identified area

The outcomes generally appear to be stronger for girls than boys.<sup>34</sup>

<sup>34</sup> As noted in the Methodology Section of this report, it is not possible to comment on longer term student retention and application of the material covered in the session.

## 4 Key Findings:

### 4.1 General comments

This evaluation has assessed student feedback relating to six Life Education modules delivered by Life Education Queensland in Terms 3 and 4 of 2015: *Harold's Diary*, *All Systems Go*, *On the Case*, *Think Twice* and *Talk About It* Years 5-6 and Years 9-10.

The above modules cover a range of topics including healthy eating and physical activity, smoking, alcohol (mis)use, puberty and sexual health.

The evaluation demonstrates that the Life Education's sessions are effective in getting students to think about health and safety issues and in providing them with information, in terms of both basic knowledge and options or strategies for dealing with different situations, that they can draw on to make healthier and safer choices.

While, because of the constraints of the survey methodology required to be applied, the results of this evaluation do not demonstrate the longer term retention of what students identify as having learned in the Life Education sessions or assess changes in longer term attitudes or behaviour, they do indicate that students generally pick up the key health and safety messages presented in those sessions. In many cases the feedback provided by students indicates a significant change in understanding and immediate post-session disposition as a result of the Life Education session.

### 4.2 Key learning outcomes

#### 4.2.1 Nutrition and physical activity

Two of the modules that have been evaluated focus on the importance of healthy eating and physical activity: *Harold's Diary* and *All Systems Go*.

Feedback from those modules indicates that they are effective in getting students to think about healthy eating and exercise and build awareness of what a healthy diet looks like and what level of exercise is needed to stay healthy. They also appear to have a positive impact on students' immediate post-session disposition to apply what they have learned in eating healthy food and being physically active.

4 in 5 students participating in the **Harold's Diary** session indicated that it had helped them to understand how exercise and healthy food can help the body to work better (79.3%), to reflect on their own behavior (79.9%) and to feel confident to do more things to stay active and healthy (79.7%); over half of the students indicated that it had helped them a lot in those areas. Over 90 percent of students said that they thought that they were more likely to eat healthy food because of what they had learned in the *Harold's Diary* session. Just under 85 percent said that they thought they were more likely to be physically active.

Approximately half of the students participating in the **All Systems Go** session indicated that it had helped them a lot to understand how the foods they eat affect their health (56.9%), to reflect on what they eat (49.8%), to work out what to eat to stay healthy (52.9%) and to feel like they could translate that knowledge into action (53.9%). Over 90 percent of students said that they thought that they were more likely to think about what they eat and to eat healthy food because of what they had learned in the session. Over 85 percent said that they thought they were more likely to be physically active.

#### 4.2.2 Smoking

One of the modules focused on smoking and the dangers associated with second hand smoke: *On the Case*.

Feedback from that module indicates that it is effective in getting students to think about smoking and its effects and providing them with information, in terms of both basic, general knowledge and options or

strategies for dealing with different situations, that they can draw on to make responsible, informed decisions and stay healthy. On the Case also appears to have a positive, initial impact on some students' immediate post-session disposition to not smoke.

Just over 2 in 3 students indicated that the **On the Case** session had helped them to learn a lot about the effect that smoking has on the body (68.3%), and just under 2 in 3 indicated that it had played a significant role in getting them to think about how smoking was affecting people they knew (63.5%) and to know what to do if someone offered them a cigarette (63.5%).

Over 90 percent of students said that they thought that they were less likely to smoke because of what they had learned in the On the Case session. The proportion of students indicating that they would not smoke increased by approximately 6 percent between the start and the end of the session and seventy-one students providing open form feedback expressly indicated that they had learned that they should not smoke and / or indicated an intention not to do so.

#### 4.2.3 Alcohol (mis)use

One of the modules focused on smoking and the dangers associated with alcohol (mis)use and underage drinking: **Think Twice**

Feedback from that module indicates that it is effective in helping students to understand the effects of alcohol generally and help them to think about how to stay safe around alcohol and be confident to make their own decisions.

Just over half of the students indicated that the **Think Twice** session had helped them to learn a lot about the effect that alcohol has on the body (56.9%) and 3 in 5 students indicated it played a significant role in helping them to be aware of the risks associated with alcohol (60.6%). Half of the students indicated that it had played a significant role in getting them to think about how alcohol was affecting people they knew (50.1%) and just under 2 in 3 students in helping them to know what to do if someone offered them a drink (63.5%).

Most of the students who were asked whether they thought that they would be likely to make safer decisions about alcohol in the future because of what they had learned in the Think Twice session said that they thought they would (848, 86.3%)<sup>35</sup>. Twenty-six students providing open feedback explicitly indicated that they had learned that they should not drink alcohol and / or indicated an intention not to do so and a further twenty-nine highlighted the importance of not drinking under age.

#### 4.2.4 Puberty and sexual health

Two of the modules that have been evaluated focus on sexual health and safe relationships: **Talk About It Years 5-6** and **Talk About It Years 9-10**.

Feedback for the **Talk About It Years 5-6** module indicates that it is effective in helping students to understand the changes associated with puberty, recognise that it is a normal process that they should not be embarrassed about, be more confident seeking advice and more supportive of others as they journey through puberty.

Just over 4 in 5 students indicated that they had a better understanding of the changes that they (86.0%) and other young people (84.2%) go through during puberty. Eighty percent of students indicated that as a result of the Life Education session they were more likely to seek help from trusted adults or other places of information about puberty. Over 90 percent of students indicated that they were more likely to be respectful and caring of their class mates as they go through puberty.

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<sup>35</sup> Note this data relates to Term 3 students only as the relevant survey question was changed in Term 4 and so like data is not available for that period.

Feedback for the **Talk About It Year 9-10** session module indicates that it was effective in helping students to build their understanding of their reproductive organs and how the reproductive system works, contraception options and how to use condoms correctly, sexually transmissible infections, healthy relationships and help seeking in regard to relationships and sexual health.

The feedback also indicates that the session had a positive impact on students predisposition immediately following the session to seek help and adopt behaviours to keep themselves healthy and safe when managing relationships and in relation to their sexual health.

Over 90 percent of students indicated that the session had helped them to learn about how to stay safe and seek help regarding relationships and sexual health.

#### 4.3 Other observations

The above modules generally appear to resonate slightly more strongly with girls than boys. There was also some variation in ATSI and non-ATSI responses. Younger ASTI students tended to respond more strongly to the Harold's Diary module about healthy eating and physical activity than non-ATSI students. Responses across the other modules were more varied and in the On the Case module relating to smoking ATSI student responses were not as strong as non-ATSI students. It is not possible to identify the basis for the variation in responses. For example, it is not possible to determine what impact (if any) students' pre-existing knowledge, individual lived experience, learning interests and styles and literacy levels or other factors might have on the way that students engage and learn during the Life Education sessions and / or their ability to understand and complete the surveys that are being used to assess the program. It would be worthwhile undertaking further analysis to try to determine what factors might play a role in this and whether there are adjustments that could be made to the Life Education program and / or evaluation surveys to address those factors.

Student responses to some of the more detailed content based questions included in the surveys are more variable than others. In some cases that may be driven by factors relating to student comprehension of the question. It is also likely that in some cases, because of the nature of the Life Education modules and the fact that they are varied to meet the needs of the specific school and student cohort that they are being delivered to, it may be because the specific content being tested has not been covered in some sessions. In order to exclude the latter option and better assess student responses to these questions, it would be useful if Life Education Educators could complete a checklist to identify which learning areas are or are not covered in difference sessions.

#### 4.4 Conclusions

Overall the evaluation indicates that the educational sessions delivered by Life Education in the assessed modules are effective in getting students to think about the health and safety issues that they cover and in providing them with information that students can draw on to make safer and healthier choices.

Student feedback indicates that many students are able to identify practical steps that they can take to be safer and healthier immediately following the sessions. Some student responses also explicitly express positive attitudes towards the adoption of safer and healthier behaviours immediately following the sessions.

More than 90 percent of students participating in modules focusing on healthy eating and physical activity indicated that they were more likely to eat healthy food following the session and 85 percent indicated that they were more likely to be physically active.

Over 90 percent of students participating in the On the Case module relating to smoking said that they thought that they were less likely to smoke and over 85 percent of students participating in the Think twice module

relating to alcohol (mis)use who were asked whether they thought that they would be likely to make safer decisions about alcohol in the future said that they thought they would<sup>36</sup>.

Eighty percent of students participating in the Talk About It module relating to puberty indicated they were more likely to seek help from trusted adults or other places of information about puberty and over 90 percent indicated that they were more likely to be respectful and caring of their class mates as they go through puberty.

Over 90 percent of students in the Talk About It sessions with older students indicated that the session had helped them to learn about how to stay safe and seek help regarding relationships and sexual health.

The evaluation indicates that the Life Education sessions play a valuable role in helping schools to strengthen the understanding and pre-disposition of students to make healthy and safe choices. Research relating to like programs suggests that the knowledge and attitudinal effects that students identify in this evaluation are likely to require follow up to sustain them and that the best results are therefore likely to be seen when the Life Education sessions are complemented through school curriculum based activities and positive parental reinforcement (which are supported by Life Education through the resources that it provides to schools and parents for this purpose).<sup>37</sup>

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<sup>36</sup> Note this data relates to Term 3 students only as the relevant survey question was changed in Term 4 and so like data is not available for that period.

<sup>37</sup> McKay et al 2014., p1061.

## Appendix 1: Why focus on helping students make safer and healthier choices?

There is a range of potentially unhealthy choices or unsafe situations that children and young people are exposed to on a day to day basis at home, at school, in the playground or around the community that can affect their safety and health.

We know that a person's knowledge, attitudes and beliefs about health can influence their choices and behaviours, and consequently their present and future health status. The likelihood of an individual being motivated to adopt safe, health enhancing behaviours, rather than risk taking behaviours or ones which are not conducive to personal safety or health, is in part a function of the level of knowledge that the individual has about those risks and the attitudes, confidence and skills that influence how they respond to them.<sup>38</sup>

An individual's knowledge, attitudes, beliefs, confidence and skills are influenced by many things including the environment in which they live and the things that they are exposed to and learn from their family, peer group and community.<sup>39</sup>

It is important for parents, teachers and the community generally to help children and young people to navigate the world around them and to be able to make informed, safe and healthy choices. Given the complex mix of factors that influence how children and young people behave, that involves helping them to:

- Build their awareness and understanding of how different things can influence their safety and health and that of those around them
- Value their safety and health and that of others
- Develop attitudes that can pre-dispose them to make safer and healthier choices and
- Identify strategies and build confidence and skills that can help them to deal with peer and community pressure so that they can make safer and healthier choices.

The above attributes are sometimes described in health promotion literature as 'predisposing factors' which can influence how individuals behave. Research indicates that well designed school based health education programs can play an important role as part of a broader based community approach in helping to strengthen the pre-disposing factors that lead children and young people to make safer and healthier choices.<sup>40</sup> This is particularly true during periods when students are just starting to be exposed to and to learn about different risk factors, when they are beginning to experiment with risk taking behaviour and the potential for harm is high.<sup>41</sup>

Programs appear to be most effective when they are:<sup>42</sup>

- Tailored to be relevant to the age and life experiences of the participating student group
- Have a health promotion and / or harm reduction focus
- Are delivered in a way that takes into account the psychosocial factors that influence behaviour
- Provide students with both information and practical skill development activities to help them to build their awareness and understanding of the issues that they are dealing with and develop practical strategies and skills to respond to them and
- Provide professional development support to teachers to help them to deliver and reinforce key health and safety messages.

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<sup>38</sup> AIHW 2008., p.129ff

<sup>39</sup> Australian Drug Foundation., p.5.

<sup>40</sup> National Drug Research Institute., <http://ndri.curtin.edu.au/research/shahrp/ypaa/schools.cfm>; Commissioner for Children & Young People WA., p.1ff.; Australian Drug Foundation., p.9.

<sup>41</sup> National Drug Research Institute., <http://ndri.curtin.edu.au/research/shahrp/ypaa/schools.cfm>; Commissioner for Children & Young People WA., p.4.

<sup>42</sup> McKay et al 2014., pp.1057-1059.; McKay et al., 2012., pp.99 and p.118.; Commissioner for Children & Young People WA., p.2-3.



## Appendix 2: What is Life Education's program and how does it work?

The Life Education program seeks to contribute to the health and wellbeing of children and young people by helping them to develop the awareness, knowledge, confidence and skills that they need to make more informed, safer and healthier choices through the:

- Delivery of high quality, tailored, age appropriate education sessions for students and
- Provision of supporting resources and information sessions for teachers and parents to help them to reinforce the learnings that students take out of those sessions. (See program logic summary in Figure 2A below).

Life Education Educators work with schools to identify which modules are most appropriate for different class or student groups across the school. The Educators also tailor the content and delivery of the selected module to the needs of the school and / or individual classes.

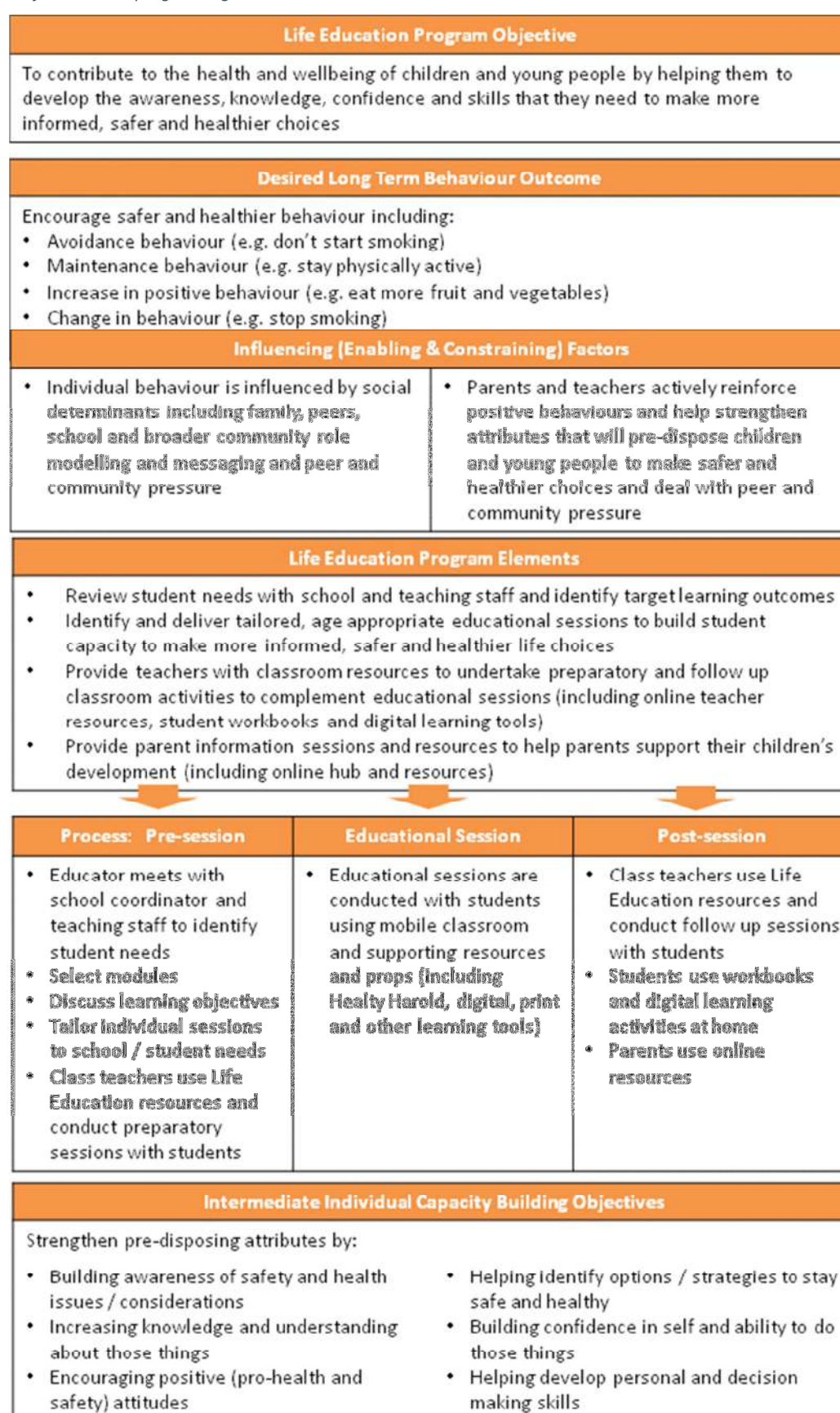
Teachers are provided with supporting resources relating to the module that their class will be participating in so that they can run classroom activities both before and after the Life Education session to complement the session and consolidate and reinforce student learning.

The Life Education sessions are conducted on the school grounds in a specially equipped mobile classroom. The mobile classroom is used to provide students with a distinctive, engaging, hands-on learning environment and experience.

Character devices – like Life Education's mascot Healthy Harold the Giraffe – and interactive storytelling approaches are used to engage younger children and help them to connect with and explore the ideas being covered in the sessions. A range of digital and interactive tools are also used to support student learning.

The composite nature of the program involving the mobile classroom session, classroom-based (pre / post session) learning activities and home based (homework) activity provides students with a range of learning experiences, in a range of settings, using different learning formats and various forms of supportive media.

Figure 2A – Life Education program logic



How is Life Education's primary school program structured and what does it cover?

The Life Education program is a broadly focused health and drug education program. Individual modules cover a range of different learning areas / issues. The learning outcomes in each module are aligned with relevant content descriptors in the Australian Curriculum.

Figure 2B – Life Education program content

Pre School	Primary School	Secondary School
<ul style="list-style-type: none"> <li>• Body knowledge</li> <li>• Personal safety</li> <li>• Healthy lifestyle</li> <li>• Social skills</li> </ul>	<ul style="list-style-type: none"> <li>• Body knowledge</li> <li>• Safety</li> <li>• Cybersafety</li> <li>• Nutrition</li> <li>• Physical activity</li> <li>• Puberty</li> <li>• Relationships</li> <li>• Medicines</li> <li>• Decision making</li> <li>• Tobacco</li> <li>• Alcohol</li> </ul>	<ul style="list-style-type: none"> <li>• Peer pressure</li> <li>• Decision making</li> <li>• Tobacco</li> <li>• Alcohol</li> <li>• Cannabis and other drugs</li> <li>• Puberty</li> <li>• Relationships</li> <li>• Sexual health</li> <li>• Identity</li> </ul>

The structure, content and instructional approaches used in each of the Life Education modules are tailored to suit students across different age groups. Modules for the lower primary years (Foundation – Year 2) are structured to be highly interactive and use story-based teaching / learning approaches to explore generalised health, wellbeing and / or safety themes. In this Report we have referred to this group of modules as *General Modules*. Modules for the middle primary school years reinforce general health and safety themes and start to explore specific health and safety issues. We have referred to these modules as *Blended Modules*. Modules for the upper primary and secondary school years have a more specific issue focus, covering topics including medicines, alcohol, smoking, bullying, cyber-safety, puberty and sexual health. We have referred to this group of Modules as *Issue Based Modules*.

The content and structure of all of the modules and sessions are grounded in health promotion, harm minimisation and behavioural theory. They are designed to be:<sup>43</sup>

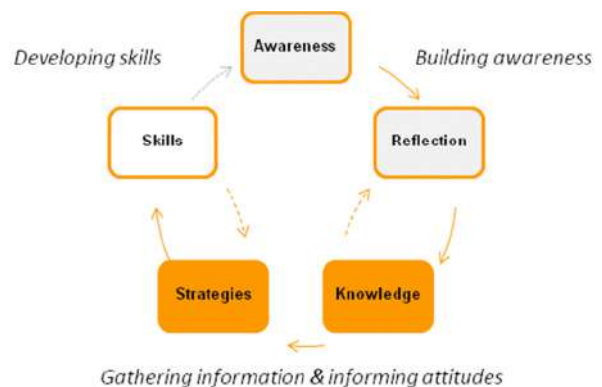
1. Engaging: Activities are designed and delivered in an engaging , interactive, hands on way in a distinctive learning environment that is appealing for students
2. Inclusive: Life Education Educators actively work to involve all students in the learning experience
3. Age appropriate: Sessions provide age appropriate information in a way that students can engage with and understand easily
4. Informative: Students are provided with up to date, useful information about the topic and whom and where they can go to get more information
5. Credible: Information is provided that is factual rather than values based
6. Relevant: Information is presented in an interesting way that is likely to resonate with students and be relevant to them
7. Practical: Students are provided with practical strategies that they can use to deal with situations that might come up for them and help build the confidence and skills that students need to put those strategies into practice.

<sup>43</sup> Ajzen., 2007.

Individual sessions are structured to:

- Build **AWARENESS** of the general topic or issue(s) being covered
- Encourage **REFLECTION** on how the topic or issue affects the students
- Provide students with the information and **KNOWLEDGE** that they need to understand and respond to the ideas and / or issue(s) being covered
- Help students to identify and develop **STRATEGIES** to apply those ideas and / or respond to those issues and
- Help students to start to develop the **SKILLS** and confidence that they need to apply those strategies on a day to day basis.

Figure 2C – Life Education learning cycle



The time limited nature of the educational sessions delivered by Life Education means that the focus of those sessions tends to be on the earlier awareness building and information gathering and attitude forming stages of the Learning Cycle. The intention is to strengthen the pre-disposing attributes that will help students to make informed, safer and healthier choices and to provide a foundation that will help them to build out their skills over time.

How do schools incorporate Life Education into their curriculum?

Schools engage with Life Education in different ways. Some schools incorporate the Life Education program into their curriculum on an annual basis and make it available to students across some or all of their year levels each year; other schools work with Life Education on a two yearly cycle and some schools work on a more periodic or ad hoc basis.

In some cases schools also get Life Education to deliver information sessions at the school for parents and carers. Those sessions are designed to help parents and carers to increase their knowledge, provide them with an opportunity to talk with one another and develop strategies to help them to raise healthy children. An online hub is also provided to help parents and carers to continue their children's learning in the home.

### Appendix 3: Participating schools by module

Row Labels	Harold's Diary	All Systems Go	On the Case	Think Twice	Talk About It 5-6	Talk About It 7-8	Talk About It 9-10
<b>1. Brisbane CC</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>-</b>	<b>1</b>
Ascot SS	1						
Bracken Ridge SS					1		
Chapel Hill SS	1						
Ferny Grove SHS							1
Forest Lake SS	1		1	1			
Jamboree Heights SS					1		
Manly West SS			1				
St Pius X					1		
Stafford SS					1		
Wynnum SS		1					
Yeronga SS		1					
<b>2. Logan CC</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>-</b>
Canterbury College		1					
Eagleby South SS		1	1				
Edens Landing SS		1					
Greenbank SS		1					
Loganholme SS	1		1				
Marsden SS				1			
Mt Warren Park SS		1					
Waterford SS		1					
Windaroo SS			1				
Bethania Lutheran					1		
<b>3. Ipswich CC</b>	<b>1</b>	<b>4</b>	<b>7</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>-</b>
Carole Park SS			1				
Churchill SS		1	1				
Fernvale SS			1				
Goodna SS			1				
Ipswich East SS			1				
Ipswich Grammar School		1					
Leichhardt SS		1	1	1	1		
Park Ridge SS					1		
Rosewood SS		1					

Row Labels	Harold's Diary	All Systems Go	On the Case	Think Twice	Talk About It 5-6	Talk About It 7-8	Talk About It 9-10
St Bernadine's			1				
Westside CC	1						
<b>4. Gold Coast CC</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>11</b>	<b>1</b>	<b>-</b>
Coolangatta SS					1		
Coomera SS					1		
Gaven SS		1		1	1		
Ingleside SS					1		
Miami SS					1		
Musgrave Hill SS					1		
Nerang SS					1		
Park Lake SS			1	1	1		
Qld Independent College						1	
St Bernard SS					1		
Tamborine Mountain College	1						
Upper Coomera SS					1		
Worongary SS					1		
<b>5. Sunshine Coast RC</b>	<b>-</b>	<b>-</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Buderim Mountain SS			1				
Wamuran SS			1				
<b>6. Noosa SC</b>	<b>-</b>	<b>3</b>	<b>-</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>-</b>
Cooroy SS		1		1			
Noosaville SS		1		1			
Tewantin SS		1		1			
<b>8. Moreton Bay RC</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>-</b>
Bribie Island SS					1		
Burpengary SS					1		
Humpybong SS					1		
Kallangur SS					1		
<b>9. Redland CC</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>-</b>
Beerwah SS					1		
<b>11. Scenic Rim RC</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>
Mt Tamborine SHS							1
<b>12. Darling Downs &amp; South West</b>	<b>6</b>	<b>7</b>	<b>12</b>	<b>7</b>	<b>-</b>	<b>-</b>	<b>-</b>
Charleville SS	1	1	1	1			
Gabbinbar SS			1	1			
Glenore Grove SS	1		1				

Row Labels	Harold's Diary	All Systems Go	On the Case	Think Twice	Talk About It 5-6	Talk About It 7-8	Talk About It 9-10
Maroon SS		1	1				
Mater Dei	1		1	1			
Middle Ridge SS	1		1	1			
Miles SS			1				
Mitchell SS		1	1				
Mt Alford SS		1	1				
Sacred Heart Parish School		1	1				
St Anthony's Toowoomba			1	1			
St Mary's Charleville	1		1				
St Mary's Warwick		1		1			
Wilsonton SS		1		1			
Warwick East SS	1						
<b>13. Wide Bay Burnett</b>	<b>7</b>	<b>1</b>	<b>9</b>	<b>10</b>	<b>-</b>	<b>-</b>	<b>-</b>
Bargara SS			1	1			
Bauple SS	1						
Biggenden SS				1			
Bundaberg Central SS			1	1			
Cherbourg SS			1				
Eidsvold SS				1			
Gayndah SS			1	1			
Gin Gin SS				1			
Gundiah SS	1						
Monto SS			1	1			
Mount Perry SS			1				
Norville SS				1			
Parke SS	1						
Pialba SS			1				
St Joseph's Bundaberg			1	1			
St Joseph's Murgon	1						
St Patrick's Nanango	1						
Tinana SS	1						
Torbanlea SS		1					
Urangan Point SS	1						
Walkervale Bundaberg SS			1	1			
<b>14. Central &amp; Central West</b>	<b>4</b>	<b>1</b>	<b>6</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>
Berserker St SS			1				

Row Labels	Harold's Diary	All Systems Go	On the Case	Think Twice	Talk About It 5-6	Talk About It 7-8	Talk About It 9-10
Bouldercombe SS	1		1				
Crescent Lagoon SS			1				
Gladstone West SS	1		1				
Glenmore SS		1		1			
Jambin SS	1						
Redeemer Lutheran College			1	1			
St Joseph's Biloela	1		1				
<b>15. Mackay, Isaac &amp; Whitsunday</b>	<b>2</b>	<b>3</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>-</b>	<b>-</b>
Andergrove SS					1		
Bli Bli SS					1		
Bowen SS			1				
Cannonvale SS		1		1	1		
Chelona SS			1				
Eimeo SS	1		1	1			
Gargett SS				1			
Mackay North SS		1			1		
Marian SS			1	1			
Nebo SS			1				
North Mackay SS		1					
Pinnacle SS				1			
Queens Beach SS			1				
Victoria Park SS			1				
Walkerston SS	1						
<b>16. North &amp; North West</b>	<b>1</b>		<b>8</b>	<b>2</b>	<b>5</b>	<b>-</b>	<b>-</b>
Aitkenvale SS					1		
Annandale SS					1		
Cloncurry SS			1				
Collinsville SS			1				
Garbutt SS					1		
Kirwan SS			1	1			
Mundingburra SS			1	1			
Oonoonba SS					1		
Railway Estate SS			1				
Richmond SS			1				
Scottville SS			1				
Weir SS	1		1		1		



Row Labels	Harold's Diary	All Systems Go	On the Case	Think Twice	Talk About It 5-6	Talk About It 7-8	Talk About It 9-10
<b>17. Far North</b>	<b>5</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>
Good Counsel Primary Innisfail	1		1				
Isabella SS	1	1					
Malanda SS		1	1				
Mourilyan SS		1					
Ravenshoe SS	1						
St Patrick's, Mitchell		1	1				
St Rita's South Johnstone	1	1					
St Teresa's - Ravenshoe		1					
St Therese's Bentley Park	1		1	1			
<b>Grand Total</b>	<b>31</b>	<b>34</b>	<b>61</b>	<b>35</b>	<b>32</b>	<b>1</b>	<b>2</b>

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