

2024 Evaluation of the DAaRT Programme

Pupil Survey Results



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1. Summary

Overall, 128 pupils across four schools completed the baseline survey, and 120 completed the follow-up survey by the end of the programme. Results were broadly positive, with an **increase** in pupils' confidence, knowledge, and ability to understand and use the skills the programme teaches. In relation to pupils' confidence and knowledge, the evaluation found:

- Pupils reporting the ability (and willingness) to talk to adults about substance use **increased** by 22% at the end of the programme compared to the baseline.
- Pupil's reporting resilience to peer pressure and bullying **increased**, both through their ability to recognise these in practice (for bullying, this rose from 73% to 87% of pupils recognising this type of behaviour) and through a corresponding increase for peer pressure (rising from 86% to 94% at follow-up).
- The number of pupils reporting the ability to cope with the stress of engaging with peers on issues surrounding substance use **increased** from 47% to 64% by the close of the programme.
- Pupils reporting a greater ability to understand the consequences of their actions on others (and vice versa) when issues about substance use were concerned **increased** from 69% at baseline to 83% at the end of the programme.
- Pupils reporting higher confidence to apply DAaRT learning in practice **increased** by 15% (rising from 76% at baseline to 92% at follow-up).

- The number of pupils demonstrating a greater knowledge and awareness of the issues surrounding substance use increased - with a 20% **increase** in the number of pupils reporting a greater understanding of the law around the issues DAaRT addresses compared to baseline.

2. Introduction – about this report

This report highlights the results of a survey administered to pupils in schools delivering Life Skills' DAaRT programme (Drug, Alcohol and Resilience Training). This report is the first of three and presents the findings from four schools. The findings presented below form part of a wider exploration of the impact of the DAaRT programme that includes teacher interviews, and parent feedback. In section 3 below there is a brief description of the DAaRT programme, followed by an outline of the methodology employed to collect and analyse data.

3. About the DAaRT Programme

DAaRT is an 11-week interactive programme delivered to years 5 and 6 in schools through a partnership with Life Skills Education, the programme developer. Through DAaRT, the organisation delivers school-based programmes that build vital social skills and empower young people to make informed and confident choices in response to risky behaviours. Since its inception in 1995, this programme has been delivered to over 500,000 young people. Through school partnerships, DAaRT enhances the PSHE curriculum, ensuring pupils can access an evidence-led, value-for-money product. The programme equips young people with the knowledge and skills they can use as they transition to secondary and beyond. Results presented here are reported

against Life Skills Education outcomes (see Appendix 1 for the full Outcomes Framework).

4. What we did (Methodology)

Between March and December 2024, a mixed methods evaluation was undertaken using pre- and post-programme pupil surveys, parent surveys, and teacher interviews. Surveys explored the difference the DAaRT programme had for pupils against six outcomes. DAaRT outcomes explore young people's ability to talk about their experiences and concerns about alcohol and substance misuse (Communication); their understanding of the impact of their behaviour on others and vice versa (Relationships); how they feel (Well-Being); their ability to use the learning and skills from DAaRT in practice (Self-Efficacy); their ability to withstand the influence of others (Resilience); and their knowledge and understanding of the law surrounding substance and illegal substance misuse (Knowledge and Understanding). Outcomes are measured against a number of measurement 'indicators', each describing what observers might 'expect to see' if its parent outcome was being achieved in practice. Indicators were used to develop the pupil survey (the outcome framework is provided in Appendix 1 below). Teachers administered a baseline and end-of-programme (follow-up) pupil survey in the 2023/24 summer term in 4 schools. Parent surveys were administered via schools at the end of the programme to explore what change in their children had been observed outside of the classroom during programme delivery. Parent survey responses are reported in a separate impact report. Table 1 below shows the baseline and follow-up responses for each school.

Table 1 – Response rates

School	Baseline	Follow-up
Arnold View	43	38
Harworth	28	26
St Ann's	28	26
St. Patricks	29	30
Total	128	120

The pupil survey contained 11 questions, with the baseline and follow-up survey each asking substantively identical questions that differed only in the tense (e.g. the follow-up question asked, “having completed the programme....” As a preface to each question). The baseline survey is provided in Appendix 2 below. Each survey question is based on a measurement indicator. In this way, the pupil survey collects data against each outcome - this data is used to report the impact in the sections below.

The results from the survey data provided here are incorporated into a separate summary report, combining teacher, pupil, and parent feedback into a single overview of the DAaRT programme's effectiveness.

5. What we found (Results)

The evaluation of the DAaRT programme explored the impact of participation across the term in which it was provided in relation to pupils' communication skills, quality of and the ability to manage relationships, well-being, self-efficacy, resilience, and knowledge and understanding of the law. Questions 1, 6, 7, 8, and 9 asked pupils to score themselves on a 1-7 scale (7-high), with questions 2, 3, 10, and 11 offering yes/No/Not Sure response options. For scale questions, the baseline and follow-up data were analysed using a Mann-

Whitney U test for statistical significance – the ‘likelihood’ of the effects observed (difference seen between data collection points) being simply down to chance. For yes/no questions, a two-proportion z-test was used to assess whether the percentage of pupils selecting “Yes” had changed significantly over time, helping determine if the observed shift was likely due to the programme rather than random variation. An indication of significance is given for each question where relevant.

5.1 Communication

One question asked about pupils' confidence and ability to talk to others about the issues the DAaRT programme addresses (*‘To what extent do you feel confident talking to adults about any concerns you have about your own, or others' misuse of drugs, alcohol, or medicines?’*). This was a 7-point scale question, with 1 indicating a low score and 7 a high score. An effect is observed if the proportion of responses at 5 or higher increases between baseline and follow-up.

Q1	Baseline		Follow-up	
1	9	7%	2	2%
2	5	4%	0	0%
3	17	13%	11	9%
4	31	24%	19	16%
5	33	26%	31	26%
6	17	13%	36	30%
7	16	13%	21	18%
	128	100%	120	100%

(Z= -2.70813. The p-value is .00672. The result is significant at p < .05.)

By the end of the programme, the number of pupils reporting a score between 1 and 3 **decreased** by 13% ($n=31$ to $n=13$). Alongside this, the proportion of pupils scoring themselves between 5 and 7 **increased** by 22% ($n=66$ to $n=88$ at the end of the programme), showing how pupil responses had shifted to the higher end of the scale by the time the follow-up survey was administered.

5.2 Resilience

Four questions explored pupils' understanding of negative and positive relationships and their role in relationship management (both the pupil's behaviour to others and by others to the pupil):

Q2: *Do you think you can recognise peer pressure?*

Q3: *Do you think you can recognise bullying when you see it?*

Q4: *Can you give an example of bullying and an example of peer pressure?*

Q5: *What would you do if you were subjected to bullying or peer pressure?*

Questions 2 and 3 provided Yes/No/Not Sure response categories; for questions 4 and 5, the pupil was required to give open responses. In relation to question 2 (recognising peer pressure), just over half of pupils (57%, $n=73$) said they did know what this looked like in practice, with this rising to 87% (an increase of 30%, or $n=31$) by the end of the programme.

Q2	Baseline		Follow-up		% Diff
	No	7	5%	0	
Yes	73	57%	104	87%	30%
N/S	48	38%	16	13%	-24%
	128	100%	120	100%	

(Z = 5.15961. The p-value is 0.00000. The result is significant at $p < .05$.)

Interestingly, pupils' understanding of what bullying looks like in practice was much higher than their awareness of peer pressure. Rates of recognition of bullying at baseline were high for 86% ($n=110$) of pupils (compared to only 57% of pupils recognising peer pressure at baseline), rising by only 9% by the end of the programme.

Q3	Baseline		Follow-up		% Diff
	No	1	1%	2	
Yes	110	86%	113	94%	8%
N/S	17	13%	5	4%	-9%
	128	100%	120	100%	

(Z = 2.15107. The p-value is 0.03147. The result is significant at $p < .05$.)

The difference in understanding of peer pressure and bullying suggests that peer pressure is a more nuanced set of behaviours compared to bullying. Question 4 was designed to test this and explore how pupil perceptions changed throughout the programme. In question 4, pupils were asked to give examples of peer pressure and bullying. Responses were 'open', and pupils gave short descriptions of what they felt constituted both types of behaviour. During analysis, responses were collated into broader categories that captured the essence of the description. At baseline, for example, 29% ($n=36$) of pupils

described *bullying* as a form of behaviour directed at themselves or another (for instance, 'being mean', being 'violent', or 'singling out' an individual for specific treatment). Compared to this, 69% ($n=86$) of baseline responses described bullying as ongoing or 'persistent'. At follow-up, pupils' perception had shifted, with 13% fewer responses citing either 'being mean', being 'violent', or 'singling out' a person compared to baseline, and far more (86%, $n=102$) citing repeated instances ('persistent') as the primary descriptor of bullying behaviour (and **increase** of 17% ($n=16$) of pupils recognising that bullying is an 'ongoing' and 'persistent' behaviour, not just a one-off act, however ill-intended or malicious). In relation to peer pressure the most significant change in how pupils understood this was in relation to what counts as a 'peer'. At baseline, most (82%, $n=98$) saw peer pressure as involving either an element of 'coercion' through some form of force or as a verbal but consistent 'haranguing' to do something they didn't want to do. While this remained broadly consistent between baseline and follow-up (83%, $n=95$), a significant difference between the two sets of responses was that at follow-up, 12% ($n=14$) cited the age of the other person attempting to put them under pressure. This suggests that one **success** of the programme is to enable pupils to understand not just what pressure to do something looks like (behaviour that is coercive or ongoing haranguing) but also who the perpetrator has to be.

Understanding the nature of both bullying and peer pressure is essential in the context of question 5, as well as what pupils understand as the power dynamic in a negative relationship and their strategy for addressing it. In question 5, pupils were asked to reflect on what they would do if they were pressured by peers or bullied. At follow-up, pupils were just as likely to 'tell someone' or 'walk away' as they would have done before participating in the programme.

However, there was a slight decrease in the proportion of pupils at follow-up (around 2% fewer than baseline) whose strategy to deal with bullying especially would be to ‘retaliate’. Overall, at follow-up, 12% of respondents at follow-up ($n=13$) would ‘walk away’ from a bully or situation, and 71% ($n=77$) ‘tell someone’ they could trust (an **increase** of 1% compared to baseline for both categories).

5.3 Well-being

One question (question 6, ‘How confident are you that you can deal with stressful situations?’) explored a well-being outcome, using a 1-7 scale, with 7 indicating very confident.

Q6	Baseline		Follow-up	
1	11	9%	4	3%
2	17	13%	4	3%
3	22	17%	8	7%
4	17	13%	26	22%
5	22	17%	27	23%
6	24	19%	32	27%
7	13	10%	16	14%
	126	100%	117	98%

($Z = -2.11806$. The p-value is .034. The result is significant at $p < .05$)

By the end of the programme, 26% fewer pupils ($n=16$) scored themselves between 1 and 3 (the lowest scores indicating a decrease in the number reporting low confidence in their ability to deal with stress compared to baseline ($n=50$, 40% of pupils)). At follow-up, pupil responses to the top three

scores (5 and above) increased from 47% of pupils (n=59) to 64% (n=75)—an **increase** of 17%.

5.4 Relationships

One scale question was asked to explore pupils' changing perceptions of their relationships throughout the programme. This question (*'How aware are you about how your behaviour might make others feel?'*) was specifically asked to explore how pupils understood the consequences of their actions on others.

Q7	Baseline		Follow-up	
1	5	4%	1	1%
2	5	4%	0	0%
3	7	6%	5	4%
4	22	18%	14	12%
5	22	18%	23	19%
6	25	20%	38	32%
7	38	31%	38	32%
	124	100%	119	99%

(Z= -1.21252. The *p*-value is .22628. The result is *not* significant at $p < .05$)

By the end of the programme, the proportion of pupils reporting an **increased** awareness (5 or above on the scale used) of the consequences of their peer's behaviour on others (including themselves) rose from 69% at baseline (n=85) to 83% (n=99) at follow-up. Consistent with this was a **decrease** in the proportion of pupils scoring themselves 3 and under (an indication of poor awareness), from 14% at baseline (n=17) to 5% at follow-up (n=5). Although an effect was observed, this was the only measure that was not statistically

significant, meaning that the effect observed (the change might be down to chance and not only exposure to the programme).

5.5 Self-Efficacy

Question 9 ('How confident are you that you can make good decisions about the misuse of drugs, alcohol and medicines, now and in the future?') explored pupils' ability to use the learning and skills gained through the DAaRT programme in the future (especially away from the safety of the classroom). This was asked on a scale of 1-7 (again, 1 indicating low confidence and 7 high) and indicates programme effect sustainability over time.

Q9	Baseline		Follow-up	
1	8	6%	1	1%
2	4	3%	0	0%
3	4	3%	1	1%
4	14	11%	8	7%
5	23	18%	19	16%
6	28	22%	29	24%
7	46	36%	61	51%
	127	100%	119	99%

The z-score is -2.04014. The p-value is .04136. The result is significant at $p < .05$.

By the end of the programme, the proportion of pupils reporting more confidence in their ability to make good decisions in the future (5 or above on the 1-7 scale) increased by 15% from a baseline of 76% (n=97) to 92% (n=109)—an increase of 15%. A corresponding 11% **decrease** in low or poor confidence was observed, with only 2% of pupils reporting this at follow-up compared to 13% at baseline.

5.6 Knowledge and understanding

Three questions (questions 8, 10, and 11) explored pupils' ability to understand the law relating to substance use and where to go for support if needed.

Question 8 was measured on a 1-7 scale, and questions 10 and 11 on nominal yes/no/not sure response categories.

Question 8 asked, '*How confident are you that you know what the law says about drugs and alcohol?*'. A 1-7 scale was used, with 7 indicating a high level of pupil confidence.

Q8	Baseline		Follow-up	
1	7	6%	1	1%
2	5	4%	0	0%
3	6	5%	4	3%
4	19	15%	7	6%
5	27	22%	17	14%
6	28	22%	35	29%
7	33	26%	55	46%
	125	100%	119	99%

The z-score is -3.45001. The p-value is .00056. The result is significant at $p < .05$.

By the end of the programme, the proportion of pupils scoring themselves 5 or higher in relation to their confidence that they know the law relating to substance use **increased** by 20%, from a baseline of 70% ($n=88$) to 90% ($n=107$). A corresponding **decrease** in pupils reporting a lower level of confidence was also seen, with 10% fewer pupils scoring themselves 3 or lower on the scale provided (14% at baseline to 4% at follow-up, or $n=18$ to $n=5$).

Question 10 asked pupils if they knew where to go for support about the issues DAaRT addresses (*'Do you know where to go for help and support if you had a problem with your own or others misuse of drugs, alcohol and medicines?'*). Pupils were offered a choice of three responses (Yes/No/Not Sure). At follow-up, the proportion of pupils reporting that they did know where to go for support **increased** by 19% (from a baseline of 66% ($n=85$) to 85% at follow-up ($n=103$)). A corresponding **decrease** in the proportion of pupils reporting that they did not know where support could be found was seen – with only 2% of pupils ($n=2$) placing themselves in this category by the end of the programme.

Q10	Baseline		Follow-up		% Diff
No	6	5%	2	2%	-3%
Yes	85	66%	103	86%	19%
N/S	37	29%	14	12%	-17%
	128	100%	119	99%	

($Z = 3.71075$. The p-value is 0.00021. The result is significant at $p < .05$.)

Increases in pupils' overall confidence to resist future pressure to misuse substances (*'Right now, do you feel you have the knowledge and understanding of drugs, Alcohol and medicines to avoid becoming involved with their misuse?'*) were also seen. Again, using a yes/no/not sure response category, the proportion of pupils reporting that they had the knowledge and understanding to inform the decision-making about substance use (and misuse) **increased** from 31% ($n=40$) at baseline to 89% ($n=107$) at follow-up.

Q11	Baseline		Follow-up		% Diff
No	14	11%	0	0%	-11%
Yes	73	57%	12	10%	-47%
N/S	40	31%	107	89%	58%
	127	99%	119	99%	

(Z = 5.73796. The p-value is 0.00000. The result is significant at $p < .05$.)

6. Conclusions

The survey results show an impact for the programme across all DAaRT outcomes. Taken together, survey responses show that exposure to the programme over a school term (usually 11-13 weeks) increases pupils' competency to manage issues surrounding substance use (illegal or otherwise) in practice. Pupils are better able to recognise the types of situations that may increase the risk of involvement with substance use (through bullying or negative peer pressure) and are well able to articulate what each of these looks like in practice – as well as what types of strategy are available to them in addressing each of these. Clustering survey responses together show interesting results in relation to the application of DAaRT learning in future situations pupils might encounter. For example, pupils were specifically asked to rate their ability to apply DAaRT learning in the future. This self-efficacy question offers a way of assessing pupil confidence once away from the safety of the classroom (e.g. in 'real life'). Taken together with other questions asking pupils to reflect on their level of awareness of substances (their use and role, for example); their ability to deal with stress brought in by negative peer influence, and the knowledge of where to look for support, all indicate that

DAaRT offers a practical set of tools and resources that pupils can continue to reflect on and *employ* as they transition through the education system as well as within their communities.

7. About the evaluators

Community Impact is an independent evaluation organisation specialising in the evaluation of services and programmes delivered to vulnerable and hard-to-reach groups. Jason Pollard, the principal evaluator on this report, has 15 years of experience delivering high-quality evaluation projects for organisations such as Age UK, YMCA, the National Citizenship Service, and the Foyer Federation, as well as smaller charities across the UK. Jason holds an M.Sc. in Evidence-Based Social Intervention from the University of Oxford. He started his career in the children's sector, working with The Children's Society, Action for Children, and the World Association of Girl Guides.

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Appendix 1 – DAaRT Outcomes and Indicators

A. Communication	B. Relationships	C. Well-Being	D. Self-Efficacy	E. Resilience	F. Knowledge and Understanding
... Improved Communication and listening skills	... Effectively dealing with bullying and peer pressure on themselves and others	... Managing personal feelings	... Sustainability of the programme effect over time through improved risk management and increased awareness of risk	... Making safe and responsible choices for themselves and others	... Knowledge about drugs, alcohol and substance abuse
<i>A1. The young person can tell others what they think, and how they feel.</i>	<i>B1. The young person understands what peer pressure, and bullying, look like in practice.</i>	<i>C1. The young person understands the situations that they will find stressful and influence their feelings.</i>	<i>D1. The young person can assess how their choices have positive and negative consequences</i>	<i>E1. Young people are able to recognise and demonstrate resistance strategies to help them make safe and responsible choices.</i>	<i>F1. The young person is empowered through accurate and relevant data about drug, alcohol and substance use.</i>
<i>A2. The young can recognise and demonstrate nonverbal communication.</i>	<i>B2. The Young person can react positively to peer pressure and bullying.</i>	<i>C2. The young person is able to recognise the signs of stress in themselves and act on them</i>	<i>D2. The young person has the tools to assess risk in context [as well as work through outcomes and consequences].</i>	<i>E2. Young people are able to recognise the benefit of giving and receiving help to others.</i>	<i>F2. The young person understands the facts and health effects of drugs and Alcohol.</i>
<i>A3. The young person can express and discuss ideas with others.</i>	<i>B3. The young person can avoid negative peer influences.</i>	<i>C3. Young people understand how small incidents [situations] can escalate if [they don't take action], allowed to continue.</i>	<i>D3. The young person has knowledge of the law and the legal consequences of their decisions</i>	<i>E3. The young person has a strong support network, and who to go to for help and support.</i>	<i>F3. The young person is able to make balanced decisions about the use of drugs, alcohol and other substances</i>
<i>A5. The young person can discuss how to deal effectively with feelings</i>	<i>B4. (empathy) The young person is sensitive to situations where others might feel stressed or be under pressure to do things.</i>	<i>C4. (empathy) Young people can reflect on the positive and negative emotions and feelings people have (for example, happiness or anxiety)</i>	<i>D4. The young person is confident they can apply the tools needed to make good decisions. (The SKILL Decision Making Model).</i>	<i>E4. The young person can consider ways to respond to and report incidents.</i>	
<i>A6. The young person can talk about the choices they make, and why.</i>	<i>B5. (empathy) Young people understand the impact they can have on others and the personal consequences of bullying.</i>				

Appendix 2 – Pupil Survey (baseline)

- 1) To what extent do you feel confident talking to adults about any concerns you have about your own, or others misuse of drugs, alcohol, or medicines? (Please circle the number that best reflects how you feel!
- 2) Do you think you can recognise peer pressure?
- 3) Do you think you can recognise bullying when you see it?
- 4) Can you give an example of bullying and an example of peer pressure (in the paper survey there are TWO boxes (Please add both answers here)
- 5) What would you do if you were subjected to bullying or peer pressure?
- 6) How confident are you that you can deal with stressful situations?
- 7) How aware are you about how your behaviour might make others feel?
- 8) How confident are you that you know what the law says about drugs and alcohol?
- 9) How confident are you that you can make good decisions about the misuse of drugs, alcohol and medicines, now and in the future?
- 10) Do you know where to go for help and support if you had a problem with your own or others misuse of drugs, alcohol and medicines?
- 11) Right now, do you feel you have the knowledge and understanding of drugs, Alcohol and medicines to avoid becoming involved with their misuse?