

Assessment in Drug Education

A briefing paper for Teachers and other Drug Education Practitioners



PURPOSE OF BRIEFING

The briefing summarises:

- Current guidance and thinking on assessment in Personal Social Health Education (PSHE)/Drug Education
- The role and purpose of assessment
- Self, peer and teacher/tutor led assessment
- Examples of recording and evidencing outcomes

and identifies:

- Assessment activities suitable for different types of assessment and different settings
- Examples of how work can be planned to include assessment.

WHO IS THE BRIEFING FOR?

The briefing will be of particular relevance to teachers and other drug education practitioners working in schools and youth work settings, including:

- Those with responsibility for co-ordinating drug education
- Teachers/tutors and other staff who deliver drug education
- Youth workers who deliver drug education
- Learning support assistants
- Other providers of drug education
- School recording and reporting coordinators/leaders

TERMINOLOGY

Children and young people

For the purposes of this briefing 'children' refers to those younger than 11 years of age.

'Young people' refers to those between 11 and 19.

Pupils

'Pupils' refers to those children and young people in schools.

Teacher/Educator

Refers to all adult educators facilitating drug education, whether in formal or informal settings

Drugs

The definition of a drug given by the United Nations Office on Drugs and Crime is: A substance people take to change the way they feel, think or behave.

The term 'drugs' unless otherwise stated, is used throughout this briefing paper to refer to all drugs including medicines, volatile substances, alcohol, tobacco and illegal drugs.

Learning Objectives

What the teacher/educator intends pupils to learn

Learning Outcomes

Specifies what is expected from the learner as a result of a task or session, i.e. how achievement will be demonstrated by the learners.

WHAT IS ASSESSMENT?

In education assessment can be described in three ways:

- to measure the progress of an individual pupil with reference to some external standard e.g. what has been learned (sometimes known as criterion referencing)

or

- to discriminate between pupils e.g. who has achieved the most, (known as norm referencing)

or

- to enable an individual to compare their progress against their own starting point (known as ipsative referencing)

Assessment should not be confused with **Evaluation**, to which it may contribute. Evaluation is concerned with finding out how effective activities, materials and approaches have been in achieving the aims and objectives of a learning experience and their impact on the target audience. Evaluating drug education is particularly important as it offers valuable knowledge and insight for the educator to use so that, as future work evolves and develops, effectiveness is improved. (For more information on evaluation, see *Evaluation Guidance for Practitioners: A Practical Guide to Evaluating Drug Education and Prevention Services for Young People*, Drug Education and Prevention Information Services (DEPIS), DrugScope 2005)

<http://www.drugscope.org.uk/uploads/projects/documents/prac-guidance.pdf>

What does assessment mean in PSHE and drug education?

All good practitioners use various forms of assessment in their work but in PSHE it isn't necessarily formalised or even recognised as such. However, these activities are always an integral part of learning. Formal assessment in PSHE has been perceived as a 'personal judgement' of a young persons' own values or behaviour. For this reason it has often been dismissed as something not relevant to drug education, especially to that work undertaken outside of formal education settings.

All the forms of assessment listed above have a role in drug education. For example practitioners may wish to establish who has learned what (criterion referencing), and individuals may wish to reflect on what they have learned and learned to do (ipsative referencing). Norm referencing (who has achieved the most) can encourage judgements about young people rather than their achievement and abilities, but sensitively handled e.g. in the context of a group achievement, where both teachers and learners have contributed to the assessment, can be used positively.

Recently The National Children's Bureau (NCB) has defined assessment in PSHE as:

A range of activities that includes:

- Informing the learning process through identifying needs.
 - Completing the learning cycle effectively by providing opportunities to reflect upon what has been learnt and how it can be put into action, thus having the potential to affect behaviour change.
 - Collecting information to certify achievement and competence and inform others.
- (NCB, Nov 2004)*

Assessment involves the application of a range of activities designed to gauge aspects of learning for a variety of purposes. The purpose of the assessment will in turn direct the 'how', i.e., the nature of the activity, 'when' it occurs, 'who' undertakes it and 'what', if anything, needs to be recorded.

This document adopts a terminology, which reflects the overall purpose of the assessment process. This reflects that assessment can be used both to assess what has been learnt and what needs to be learnt.

The key types of assessment are:

Type	Purpose	Possible Activities
Baseline assessment (or needs assessment)	Determines need through gaining an understanding of prior learning, existing knowledge and abilities. Provides a starting point for planning to ensure sessions and learning objectives are appropriate to meet the needs of the group.	Thought-showers, structured discussions, quizzes, draw and write activities, value continuums, 'everything we know about...sheets.
Formative assessment (Assessment FOR Learning)	To provide reflection and evidence for use by both learners and providers to decide where they are in their development/ learning against agreed learning objectives in order to determine where they need to go next and how to get there.	Role-play, self-reflection diaries, group observation, one to one discussion, presentation, piece of course work.
Summative Assessment	To determine progress and achievement at the end of a piece of work against a set of criteria.	Display, quiz, presentation, written assignment, observed group activity, self-assessment reflection sheet.

Baseline assessment

Most practitioners will undertake some form of **baseline (or needs)** assessment in order to inform their own planning and ensure that their sessions are suitable and relevant to their groups' needs and abilities. Practitioners do a baseline assessment to determine where to start, and to guide them in how the work should be developed including selecting appropriate language and resources. (For detailed guidance see *Consulting young people about the world of drugs* <http://www.drugscope.org.uk/uploads/projects/documents/consultingyoung.pdf>)

Formative assessment or 'assessment for learning, (AfL)' has become far more familiar over recent years, particularly within the school setting, as it features strongly in both the DfES National Primary and Secondary Strategies. Its essential characteristic is that it cannot be about 'being done to', but has to be about 'being done with' the learner.

Summative assessment

Within formal educational settings assessment has been most commonly linked with accreditation. This is a somewhat narrow view, centring on a particular use of summative assessment and is often linked with knowledge-based outcomes. This formality comes from the pressure to produce 'evidence' of learning for external bodies and often is carried out at the end of a period of time or particular piece of work. Progress is judged either in relation to a set of external criteria (e.g. end of key stage indicators or personal education plan (PEP) or in relation to the achievements of others (relative position in the class) but may also include action plans, developed by children and young people with a key worker. The results of the assessment may be used to provide quantitative evidence for reporting to parents, teachers and other professionals and in developing future learning goals. Whilst this has its place, the opportunity to celebrate achievement for learners and providers should not be overlooked.

To use the analogy of a learning journey, to use a web based route finder you need to first put in where you are starting from (baseline) and then where you want to go (outcomes). Making the journey is a whole lot easier if the driver and navigator work together to interpret the instructions. They can return to the map and review the route if necessary, unforeseen road works or an interesting place to visit nearby for example, by looking at where they have got to compared to where they want to be – this is formative assessment.

Assessment for learning:

- Involves sharing learning goals with learners – what do we want to achieve
- Aims to help learners to know and recognise what they are aiming for
- Actively involves learners in their own assessment
- Provides feedback, which leads to learners recognising their next steps and how to take them
- Promotes confidence so everyone can improve
- Involves both provider and learner reviewing and reflecting on collected information

(Adapted from 'Assessment for learning: beyond the black box', Assessment Reform Group 1999.)

HOW ASSESSMENT CONTRIBUTES TO GOOD DRUG EDUCATION

The UN Convention on the Rights of the Child (1989) gives children the right to participate in all issues that affect them and the best possible education (Articles 12 and 13). Assessment brings to the fore the importance of children and young people participating in the learning process through the setting of personal learning goals and monitoring their own and others' progress.

Assessment helps to set clear expectations for standards and achievement and can improve learning. This is however dependent on five key factors:

1. The provision of effective feedback to learners.
2. The active involvement of pupils in their own learning.
3. Adjusting teaching to take account of the results of assessment.
4. Recognition of the profound influence assessment has on the motivation and self-esteem of learners, both of which are crucial influences on learning.
5. The need for learners to be able to assess themselves and understand how to improve.

(Quality and Curriculum Authority (QCA), 2005)

The most successful approaches to drug education also lend themselves well to assessment, particularly formative assessment for learning. Good drug education is characterised by:

- Active learning and participatory teaching methods.
- A learning climate that clarifies boundaries, maintains respect and enables learners to discuss sensitive issues.
- Often deals with unplanned issues.
- Teachers challenge prejudice and enable pupils to reflect on their own and other peoples' views.
- Provision based on identified needs.

Assessment in drug education should:

- Reflect the learning and achievements of all pupils;
- Measure what we value about drug education and not value only those aspects that are easy to measure;
- Raise standards and achievement;
- Not judge the worth, personality or value of an individual pupil or their family;
- Give equal weighting to the development of skills of enquiry and communication, active participation and knowledge and understanding;
- Involve pupils as partners in the assessment processes.

Learners should be involved in discussions about criteria for assessing their work, so that they know and can recognise what they are aiming for. This in turn enables them to:

- Set their own targets and plan how they will achieve their learning goals;
- Collect a range of evidence of their progress and achievement wherever it occurs;
- Know and understand what they need to develop;
- Feel confident about their progress;
- Recognise, demonstrate and celebrate their achievements; and
- Gain credit for active participation.

Assessment in drug education should therefore:

- be planned from the beginning as an integral part of teaching and learning;
- provide regular opportunities for pupils to give and receive feedback on their progress and achievements, helping them identify what they should do next;
- involve pupils in discussion about learning objectives and desired outcomes;
- include pupils as partners in the assessment process;
- reflect evidence of progress in skills of participation as well as knowledge;
- reflect the principles of inclusion and range of pupils' learning styles and intelligences; and
- provide opportunities for pupils to collect evidence of their achievements, using, where possible, appropriate existing mechanisms.

(Adapted from Citizenship at Key Stages 1-4: Guidance on Assessment, QCA 2002)

WHO IS ASSESSING WHOM?

Given that assessment can have several purposes ranging from a measure of effective teaching, to enhancing personal development, a natural question may be who is the assessment actually for and therefore who needs to be doing it?

A study of various learning theories can help shape what 'good' assessment may look like. Good assessment is likely to:

- Focus on the participant rather than the teacher/educator.
- Concentrate on what is learned, understood or achieved rather than what is 'taught'.
- Promote or facilitate learning by allowing participants to recognise and work within their own strengths and weaknesses.
- Relate closely to specified learning outcomes.
- Assess what is valuable and relevant for the participant not merely what is easy to assess.

Most importantly good assessment should be fit for purpose. It must be able to enhance the learning and not hinder it. Too often assessment can be seen as a tick box exercise imposed on a programme for external processes, not owned by participant or educator. If this is the case the learning experience can become skewed to focus only on what has to be assessed at the expense of those things that are not (valuing what is easy to measure as opposed to measuring what we value).

If assessment is to be 'fit for purpose' there needs to be a variety of assessment approaches available to providers in order to dovetail into their normal working practices. Similarly if assessment is to provide information for teacher/educators,

participants, stakeholders and more, then ‘who does the assessing’ needs to be equally broad.

Models of assessment

OFSTED suggests three models of assessment for use in PSHE, including drug education. These are equally applicable in other settings.

Model	Description	Methods
(Pupil) Self-assessment	Individual reflects on their own learning in terms of knowledge, understanding, skills and values.	Private reflection, one to one or group work
Provider/teacher assessment	Traditionally seen as formal summative assessment of learning. Usually structured and linked to session planning and recording. Can be informal such as individual feedback as part of a session.	Individual, small or large group activity. Can support self and peer assessment by identifying contributions and highlighting strengths.
Peer assessment	Peers make ‘judgements’ about each others knowledge, understanding and skills. Involves giving and receiving constructive feedback.	Usually in small groups. Emphasis on a safe learning environment and mutual trust.

Laying the groundwork for self and peer assessment

Self-assessment involves participants in taking responsibility for monitoring and making judgements about aspects of their own learning. It can be used to assess the ‘end results’ but it is also a learning process in itself. Thus it can be both formative and summative. Likewise peer assessment can also be formative or summative.

Self and peer assessment are useful approaches as they provide a structure for discussion about the work or activity, and its application to an individual’s circumstances. They can be useful methods to evidence levels of engagement as much as an achieved outcome. They also enable participants to understand the subjective nature of judgements in some areas and the need to reference their own work/learning for themselves.

Self and peer assessment should not be about passing and failing, as they may have far greater ramifications for a person’s self-concept and self-esteem. The way feedback is given or commented upon can deeply influence someone’s view of themselves or others around them and, more importantly, impact on their future actions and behaviours. Therefore giving feedback on performance is as important as any teaching input and should be planned with equally as much care.

Giving feedback that enhances learning is a skill that can be learned and developed by both providers and within peer groups. Handled well it can also contribute to an individual's self esteem, as it intrinsically respects their individuality and self worth. Feedback should help participants to correct misapprehensions, respond to suggestions, recognise what is positive and see how they may make changes to achieve their aims.

These skills can only be developed over time. However, there are a number of activities that may be used by providers to introduce and promote the development of such concepts. For example, simply asking individuals to 'traffic light' their own work, understanding or contribution following a session (green for 'I understand', amber for 'I'm not sure' and red for 'sorry I don't understand this') can be developed by questioning on what grounds they made their judgement, and what areas they would like to develop in another session. Asking a group to all give either a 'thumbs up, down or sideways' on a count of three, to indicate their understanding, during a session can also give the provider a snap shot of feelings before working with concepts or moving on.

Self-assessment

Using generic prompt questions can shape self-assessment. Beginning with the very broad, *'What did you find most challenging/difficult today?'* to more specific, *'Which areas of your work do you think you could improve? What would help?'* A learning or reflective diary is also a good introduction to self-assessment. This too may be guided with generic questions to form a framework, but has the added advantage of building up an evidence portfolio of development at the same time. The frame can be as simple as, *'what we did, what was interesting, what I did well and what I'd like to do next'*.

Peer assessment

It is most important to negotiate ground rules before introducing any kind of peer assessment in order to maintain a comfortable and safe learning environment. Whilst these rules should be individual to each group, the following may be used as a guide:

Encourage peer assessors to comment on:

- Strengths of the work being assessed before areas for improvement.
- Give feedback based on concrete examples, not general impressions or opinions. (Teacher/educator needs to ensure that feedback is clearly understood before moving on).
- Always end on a positive note of encouragement.

The teacher/educator may wish to offer the young person a self-assessment opportunity prior to inviting others to comment e.g. young person says to the group what s/he thinks about the presentation/piece of work.

Constructive feedback should be:

- Clear
- Specific – why was it right or good? What could be done differently? What else could be considered?
- Honest
- Kind

RECORDING AND PROVIDING EVIDENCING OF OUTCOMES

Assessment in drug education, as in everything else, should be both manageable and meaningful. The same is true of recording and evidence gathering. Just as decisions need to be taken on what to assess, similar questions have to be asked about what to record:

- Why does it need evidencing?
- Who is the evidence for?
- How much material is needed?
- How can it be best recorded?

The key thing is, just as not everything needs to be assessed, not everything that is assessed, needs to be recorded. The most important questions are what is it for and for whom? The necessary type and nature of the evidence/recording required is likely to flow from this.

There are broadly three reasons for collecting evidence: because it is required; to celebrate achievement and success and to evidence impact of provision. Most pieces of evidence can be used for a variety of different purposes and audiences. The following table charts some of the predominant reasons for recording assessment material and suggests some appropriate forms.

For:	Why:	Evidence
<p>Participants E.g. the learner</p>	<p>Accreditation purposes Self-esteem—show development Celebrating achievement</p>	<p>Portfolios, Reflection diaries, photos of displays, videos, certificates, mentor/professionals statements or reports, participant produced information or newsletters.</p>
<p>Provider E.g. teacher, facilitator</p>	<p>Professional accountability Statutory requirements Inform future planning Ensure consistency/standards Demonstrate impact Demonstrate progression</p>	<p>Test results, work samples, videos, baseline and summative assessments, case studies, participant produced information or newsletters, independent observers reports.</p>
<p>Stakeholders E.g. funding bodies, partner agencies, strategic partnerships</p>	<p>Demonstrate impact. Satisfy funding requirements. Demonstrate contribution to shared targets. Inform future partnership planning. Demonstrate and share good practice.</p>	<p>Case studies, test/accreditation results, statistics taken from baseline and summative assessments, work samples, participant's presentations, displays.</p>
<p>Community E.g. parents/carers, local community</p>	<p>Demonstrate contribution of the group. Celebrate achievement. Share good practice. Inform wider audience.</p>	<p>Displays, participant's presentations, video/DVDs, photographs, participant produced information or newsletters.</p>

It is important to note that the same form of evidence can meet the needs of different groups e.g. a display can demonstrate to participants and parents what has been achieved.

PUTTING IT INTO PRACTICE

We know that best practice in drug education for children and young people comprises teaching and learning opportunities to:

- Increase personal **knowledge and understanding** and clarify misconceptions about drugs and drug use
- Develop personal and social **skills** to make informed decisions and keep themselves safe and healthy
- Enable exploration of one's own and other peoples' **attitudes** towards drugs, drug use and drug users

The aim of drug education is to provide opportunities for pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions' (Drugs: Guidance for Schools, DfES 2004)

Any programme of work for drug education should begin with opportunities for children and young people to share, in an appropriate way, the knowledge and understanding and attitudes which they have about drugs and drug use. This is in effect, a baseline assessment, which will help establish both the levels of existing knowledge, beliefs, experiences of young people and what they want to learn.

Baseline assessment will help to develop learning objectives and learning outcomes. This form of assessment will ensure that the content is both credible and relevant to pupils and it provides a baseline against which new learning can be assessed and against which the programme can be evaluated.

(For more information see *Appendix 1 Step by step process for using assessment in drug education* and *Consulting young people about the world of drugs*

<http://www.drugscope.org.uk/uploads/projects/documents/consultingyoung.pdf>)

Learning outcomes indicate the knowledge, skills and understanding that the pupils should have developed through the teaching and learning activities. They provide opportunities for checking progress and reviewing with young people (formative assessment), and measuring achievement – what young people know, understand and can do (summative assessment).

Questions to help educators and young people plan assessment, recording and reporting as integral parts of drug education, adapted from *PSHE at key stages 1–4: guidance on assessment, recording and reporting* (QCA 2005), are:

- What are the learning objectives of the session/module of work?
- What do pupils/young people know already about the topic or issue?
- What do we want to achieve? (Learning outcomes)
- What kinds of teaching and learning activities will we plan?
- Who will help us to achieve our goals and measure our success? (Assessment partners)
- How will we know what to aim for?
- How will we know what we have achieved?
- What evidence can we collect to show what we have learnt/ achieved

- How will we ensure progression?
- How will we report progress and/or achievement to others?
- What do we want to do next?

What follows is a selection of commonly used teaching and learning activities, used in both formal and informal settings for drug education, with a brief consideration of how they lend themselves to different types of assessment.

Attitude ranking statements or continuums

These activities lend themselves to teacher/educator assessment of children and young peoples' ability to express their beliefs and listen to the views of others. The aim is not to agree or judge a person based on their values, rather the assessment process is to enable a judgement to be made about people's ability to discuss and engage with a range of beliefs and values.

Diamond nines

This activity lends itself to teacher/educator assessment of young people's understanding of issues, as well as communication and reasoning skills. (A Diamond four is a simpler version which can be used with younger children or those with special educational needs). The statements, which are placed from most important or most agreed with, at the top, to least important/agreed with at the bottom, can be provided by the educator or can be generated from an earlier brainstorm/mind shower activity with the group.

Draw and Write

This activity lends it self to baseline assessment.

Children and young people are invited to respond to a question or series of questions around a story line or statement. The children and young peoples' responses provide the teacher/educator with baseline information about children and young peoples' current levels of knowledge and understanding, attitudes and beliefs about drugs, drug users and drug use. In other words it determines for the educator, and for the young people if shared with them, what is already known and misconceived; it clarifies learning needs and provides a starting point for work to achieve these (learning outcomes).

For more detailed information refer to Health for Life, Wetton and Williams (2000) *and In a class of its own: Introducing a new tool for understanding adolescents' perceptions of the world of drugs, McWhirter, Young, Wetton, 2004*

The draw and write activity can be repeated after a programme of drug education work has occurred and used for formative or summative assessment by the teacher, individual young person (self assessment) or the group (peer assessment) to ascertain what learning has taken place and what and further learning needs may be.

Graffiti boards/sheets/post-it notes

These activities provide a useful and easy way to assess levels of knowledge, skill development and children and young peoples' ability to engage with different attitudes and beliefs.

They lend themselves to both baseline and formative assessment. Children and young people either complete sentences or key words about what they know & feel before embarking on a scheme of work (baseline assessment) or what they feel they have learnt and what impact this learning has had on their thoughts and actions, together with questions about future learning needs (formative self assessment).

Leaflet/poster design

This activity lends itself to summative assessment by peers and/or teacher/educator, and can be used as evidence of achievement of both knowledge and skills. The leaflets/posters can be sent to relevant people/organisations or displayed in a public place.

Children and young people can be asked, as individuals or in pairs, to prepare a leaflet/poster on a particular aspect of the work they have covered/been engaged in e.g. safe use of medicines; finding and accessing local drug related services for young people; what makes good drug education; alcohol and sexual health

Presentations

Presentations can range from a carefully prepared formal presentation, to an impromptu one-minute presentation on 'something I have found interesting today'. Presentations provide an opportunity, through observation and review, to identify each individual's ability to work in a group, research skills and presentation skills, as well as knowledge and understanding of a topic or issue. Formal presentations lend themselves to formative peer assessment (requiring preliminary work or reminder about constructive feedback). Feedback can be recorded by the teacher/educator and given to the 'presenters' for their records as well as informing summative assessment and providing evidence of achievement.

Quizzes

Short quizzes and questionnaires are useful for self assessment and teacher/educator assessment of what young people have learnt and what else needs to be learnt.

Quizzes produced by children and young people themselves can be used by the teacher/educator for formative assessment of children and young peoples' level of knowledge and understanding of an issue including an understanding of differing attitudes and values about that issue.

Review Sheet

This activity can be used for formative self-assessment. Filling in a review sheet offers an opportunity for the young person to reflect on what has been learnt and the process of learning.

- What did you learn about?
- What did you learn to do?
- Has the work changed your opinions in any way? If yes, how?
- Have you learnt all the things we agreed as a class/group we needed to learn?
- What else do you feel you need to know/think about?

How did you best learn?

- By discussion with my peers
- By writing about my opinions
- By visiting a local young people's drop in /drug service
- By researching on the internet
- By doing a quiz
- By looking at leaflets
- By watching a video
- By drawing and art work
- By drama activities
- By listening to a speaker

Role Play/Scenarios

Role play is particularly helpful for assessing the development of skills, the ability to communicate and engage with others, and for discussing different values and beliefs. The educator and or peers provide feedback (teacher/peer assessment) on the content of the role play and the effort made (formative assessment). This requires preliminary work and/or a reminder to peers who are watching on how to give constructive feedback.

Feedback can be video-recorded and/or subsequently be written down and included in portfolios if need be for the purpose of summative assessment.

Sentence Stems

These are a good way for the teacher/educator to assess children and young people's levels of understanding and of obtaining feedback on the effectiveness of the work.

One version of this activity can be undertaken on a sheet, to be anonymous e.g. Please complete the following sentences to say what you thought of the session
Today I learnt about...

I thought about ...

I can now do

Right now I feel...

In the future I would like

Another use of sentence stems brings children and young people together in a circle where each person is invited to contribute.

Both activities using sentence stems lend themselves to formative self-assessment.

Song/Rap, commercial, poem

This activity can be used as an assessment tool at the end of a piece of work. Children and young people are asked, in pairs or groups, to develop a song/rap, commercial or poem about a topic that is relevant to the work just completed. This can be performed to peers, parents and carers and other interested parties and/or recorded.

The story so far: (where have we got to?)

This activity provides a quick (5–10 minutes) and easy means of assessing levels of understanding during a session on a given aspect of drug education and can help the educator to summarise and confirm the learning so far and ensure that the learning needs of different children and young people are met (formative assessment led by the educator, involving self assessment).

Stop at a relevant point in the work you are doing. Ask the children/young people, as individuals or small groups, to summarise the 'story so far' – that is what they have learnt about and what they have learnt to do e.g.

We have been learning about ways of keeping ourselves safe with medicines/alcohol. What do you think is the most important thing we have thought about so far?

We have been learning about volatile substances. What are the two most important things you have learnt? What else do we need to learn?

Reflect back what the children and young people say, clarify any misconceptions and identify future learning needs.

Video diary

Video recording individuals or groups (with their consent and understanding of how the process will work, and who will see the video) lends itself to formative assessment by self, peers and teacher/educator. Children and young people can be recorded as they engage in an activity e.g. diamond nine, role-play, or they can speak in front of the camera about the activity or session they have just taken part in. This is a good assessment activity for children and young people who are not comfortable with reading and writing, and the recording can form part of a portfolio of evidence for summative assessment.

Mock radio or TV interview on a 'hot topic'

This activity can be used as an assessment tool at the end of a piece of work. Children and young people are asked, in pairs or groups, to prepare and carry out a mock radio or TV interview about a topic that they have covered in their drug education sessions. This can be performed to peers, parents and carers and other interested parties and/or recorded.

Formal debate

This activity can involve the whole class/group of young people. A formal debate can provide through observation and review of the young people who are participating their research skills and presentation skills, as well as knowledge and understanding of a topic or issue.

Care needs to be taken in choosing topics, for example the topic should not be about whether smoking is bad for you but could focus on whether smoking prevention messages should include shock horror tactics.

Conclusion

Assessment in drug education is a valuable aid to learning and can be achieved in a variety of ways which fits with what is known about effective teaching and learning in PSHE. Concerns about assessment in drug education leading to personal judgements about pupils and their behaviour can be addressed through careful planning based on a clear statement of the purpose of the assessment, who it is for and who is involved. Pupils and teachers can engage actively in assessing and celebrating young people's achievements.

Appendix 1

Step by step process for using assessment in drug education:

The following examples demonstrate how assessment (including baseline, formative and summative assessment) can be used throughout the development of small scale projects or topics.

Example 1

In the following scenario consider the impact that the use of assessment is making and what may be lacking if it was not there.

The Brief: A needs analysis in the area has identified a rise in alcohol related anti social behaviour. Young women's drinking has been particularly identified as a growing and worrying new trend. As part of the strategy to tackle this all agencies are asked to contribute to improving the situation. How could the use of assessment activities help to deliver this aim?

Possible Learning Objectives:

- Increased knowledge of physical and mental health effects of alcohol use and misuse
- Greater awareness of associated risks
- Development of personal protection strategies
- Self-awareness of own/peers behaviour

First session:

- Negotiate ground rules
- Structured discussion around issues for the community/young people in the area
- Explore perceptions of alcohol use by various sectors of the community using values continuum
- Personal self-reflection behaviours and attitude assessment sheet to include personal concerns or questions to explore

(Baseline assessment) As a result the provider can now tailor relevant and appropriate learning outcomes for the group or individuals based on the possible learning objectives.

Any specific concerns about individuals could lead to further discussions and specialist support accessed for either the provider or personal referral to services.

Second session:

- Outline the intended learning outcomes to the group, explain where they have come from and negotiate any changes. Clarify what everyone wants to get out of the sessions and what will be achieved at the end of it.

- At the end of the session ask each person to say something they liked, did well or found interesting about the session, and if appropriate, something they thought someone else had done well or they had found interesting.

This begins to lay the foundations for peer and self-assessment.

Mid point session:

- Remind group of overall learning objectives/outcomes, and what has been done in the sessions so far.
- In small groups use a diamond 9 or similar priority sorting exercise based on the original values continuum exercise. ***(Provider observation)***
- Based on this each group decides an aspect (linked to the objectives/outcomes) for greater study to result in a presentation, display, folder or similar to share with the rest of the group.
- Each group explains how they made their choice of focus, what they are planning to do. Possible opportunity for suggestions from the rest of the group.

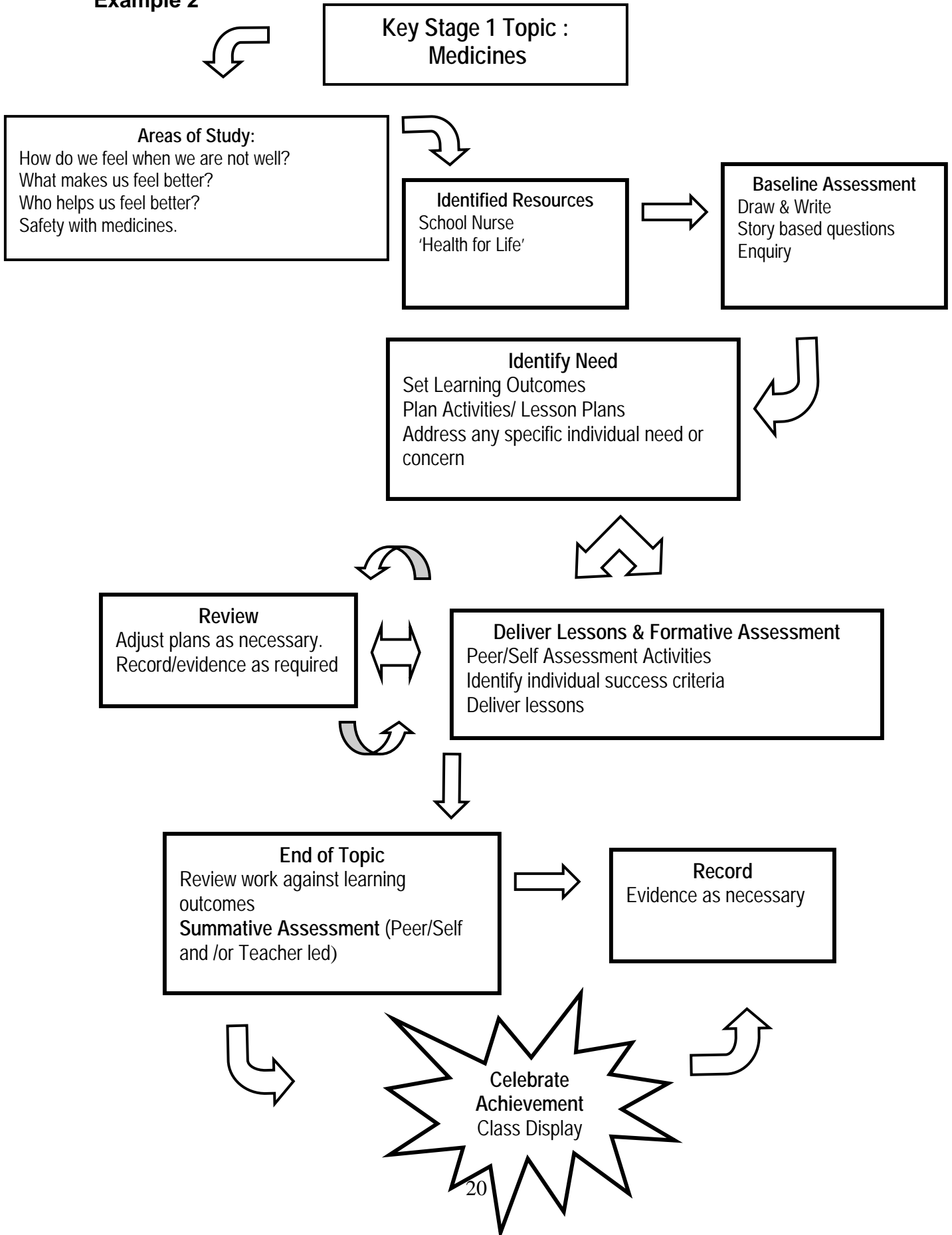
(Formative assessment) Peer and self-assessment are beginning to play a bigger role. Based on their observations the provider is able to review individual and group progress. There may be a need to adapt future sessions to either review areas that are still unclear or to allow for the areas of individual study chosen by the group, e.g. Arrange a visit or ask an outside agency in to answer the groups questions.

Final session:

- Individual groups present the results of their own study through presentation, display, talk, posters etc. ***(Evidence)***
- Feedback given by rest of group – structured as appropriate.
- Review of work over the sessions against learning outcomes.
- Participants asked to revisit original self-assessment and add comment in a different colour or complete more formal assessment against the learning outcomes.
- Lessons for the community – what would they like to pass on about what could be done, how things could be improved? Flip chart graffiti wall. ***(Evidence)***
- Celebrate achievement of everyone.

(Summative assessment) A full range of summative assessment activities are used here including peer and self-assessment. There is opportunity for the collection of recorded evidence and the identification of possible further areas of work. Participants can clearly see what they have done, have an opportunity to reflect on the impact on them and celebrate their achievements whilst having them recognised by their peers and others. They also have opportunity to apply their learning to the wider c.

Example 2



Appendix 2

Lesson/Session Plans examples – which highlight assessment opportunities.

The following examples demonstrate how assessment activities can be identified during individual sessions.

Youth Setting:

Age range: 12 – 15 years

Session focus: Our Needs

Aim: to assess the young people's needs in order to meet these needs in future sessions.

Whole group brainstorm/mind shower

- What do I know about drugs?
- What do I feel about drugs?

Seek clarification and analyse responses as a group, challenge misconceptions/stereotypes. ***(This type of activity provides a baseline assessment)***

In groups with large piece of paper for composite response

- Drugs - what do we want to find out?
- Drugs - what do we want to learn how to be able to do?

Display all the sheets, seeking clarification if necessary, to establish a group version. Decide on importance of issues/items - *The 'What'*. ***(This type of activity establishes learning outcomes)***

Who is going to be responsible for finding out and how? - Establish roles including educator's and the young peoples, and ways of working – *The 'Who' is going to do it and how?*.

Who else can help us?

When?

Are there any areas which cannot be dealt with and why?

How are we going to know that we've achieved what we've set out to do?

(Provides the learner with information about their progress towards learning outcome and how they are going to get there – formative assessment i.e. assessment for learning)

Ask young people to review their own participation in the session and their thoughts/feelings about the agreed programme for teaching and learning. What have they learnt from participation in this session?

Sentence stem: Something I've learned from joining in this session is

(This type of activity lends itself to informal formative self-assessment)

School based drug education lesson activities – taken from *Drug, alcohol and tobacco education curriculum guidance for schools at key stages 1 – 4 (QCA 2003)*.

Key Stage 1

Curriculum lesson in school taken from Unit A Keeping ourselves and others safe.

Activities which lend themselves to assessment and which ‘could’ be used for assessment purposes are italicised in bold

Feeling unwell and the role of medicines

- Establish and agree (or review) ground rules for talking about feelings.
- Read a short story or poem that expresses how it feels to be fit and well.
- In circle time the children talk about times when they have been well and when they have been ill or needed treatment. Discuss what steps were taken to make them feel better, e.g. rest, talking about it, as well as whether they took medicines. What else made them feel better and who helped them?
- ***Make a class list of medicines or treatments the children have heard about and add further examples (baseline assessment)***. The list could include examples from different cultures and countries. Explain that medicines have a range of functions. Ask the children to work in pairs to categorise them, e.g. whether they prevent illness (such as vaccinations), ease pain (such as headache pills), help the body fight illness (such as antibiotics).
- Discuss alternatives to taking medicines, and explain that it can be harmful to use the wrong medicines or other people’s medicines.
- With the children working in pairs, in groups or as a whole class, give them an outline of a human body. They decide whether the medicines they have discussed go inside or outside the body and then write or stick pictures of explore them in the appropriate place.
- The children list all the ways that medicines get into the body, e.g. swallowed, inhaled, injected, absorbed through the skin. Explain that medicines should be taken only in the way they are intended, or they could damage the body.
- Ask the children to consider who can give different types of medicine, e.g. doctor, nurse, pharmacist, school nurse, parent. Explain that some medicines can be prescribed only by a doctor and must be obtained from a pharmacist. The children could make finger puppets of various characters or masks, or be given picture cards e.g. doctor, pharmacist, nurse, teacher, parent, friend, themselves. Talk about the role each of these people has and who can give different types of medicine. Avoid stereotypes by discussing a range of people.

- **The children could use their puppets, masks or pictures to role-play going to the doctor and then collecting a prescription.** (teacher assessment – formative - through observation)
- **Review what the children have learnt by considering what rules apply to the safe use of medicines, e.g. which adults can give out medicine, following the instructions, not taking other people's medicines.** (formative assessment by teacher)
- Talk about the school's policy on medicines. Discuss why the rules are in place and what might happen if children did not follow the rules. **The children could produce a poster for display, drawing attention to the school's policy on medicines.** (could be used for formative and summative assessment)

How medicines can be harmful

- Tell a story about a child who, not knowing any better, decided to take some of a friend's medicine. **Ask the children to explain why taking someone else's medicine is dangerous** (baseline)
- The children work in pairs or small groups to discuss simple scenarios about how medicines could be misused, e.g. forgetting to take a medicine, taking too much medicine in one go, taking medicines too often. Video clips or pictures may be useful triggers for the discussions. **Each pair or group feeds back their key points about one situation.** (lends itself to formative peer assessment)
- Discuss some key points about using medicines safely. **The children design a short safety leaflet explaining what they have learnt about rules.**
- The children could invite a **primary care worker, e.g. a GP, a nurse, to see their work and** talk in more detail about the role of medicines and of the different people who give them. (Opportunity for formative assessment)
- Ask the children to find out where medicines are kept at home and to draw or write their findings.

Key Stage 2 (7 – 11 years)

Taken from Unit C Building Knowledge and understanding about drugs and alcohol – practising skills to deal with situations.

What do we already know and understand about drugs?

- **Use a 'draw and write' activity to assess the children's current levels of knowledge and understanding about medicines and drugs.** (baseline assessment)
- Display and discuss the children's answers. Explain that drugs can include medicines, alcohol, tobacco, illegal drugs, glues and other volatile

- substances, as well as everyday substances such as caffeine. Negotiate with children a definition of what is meant by the term 'drug'.
- Ask the children in small groups or pairs to think more about a particular drug. Supply each group or pair with a large sheet of paper divided three. Ask the children to write in one section everything they know about the drug, including whether it is legal to have, sell or share it. In the second section they could write all the questions they have about the drug. **Ask the children to present the sheet to another group or pair**, or to display the sheets around the room. *(This provides an opportunity for formative assessment by peers or teacher).*
Let other children add to the appropriate columns what else they know about the drug, possible answers to the questions, or any additional questions they might have.
 - Explain that the children will now research some drugs to find the correct answers to their questions. Draw from the children any ideas they have about where they might find the information.
The children carry out the research in pairs or threes. They could investigate, for example, over-the-counter medicines, caffeine or tobacco, using a range of sources of information, e.g. leaflets, other literature, ICT, people with appropriate knowledge such as primary care workers, the school nurse, the police. Children could consider:
 - what the drug looks like
 - how it is used
 - how it affects the user
 - whether it is legal to have or sell it
 - **The children present their findings as a poster or leaflet that they will show to the class and then display for the rest of the school, and take home to discuss with their parents.** *(Opportunity for formative assessment by teacher)*
 - During presentations encourage the other children in the class to check that they have answered all the questions from their earlier activity, and to correct any misconceptions they had. They could fill in a chart for this purpose. Discuss ways the children could find further information.
 - **The children reflect on what they learnt, identifying new information they gained and the sources they found most helpful.** *(Opportunity for formative self-assessment)*

Key Stage 3 (11 – 14 years)

Taken from Unit E - Skills to deal with situations involving drugs

- **Ask the pupils to provide examples of real-life scenarios where people their age might be faced with a decision about using drugs, alcohol or tobacco.** *(baseline)*
Alternatively, provide them with prepared scenarios. In small groups, the pupils discuss:
 - the reasons the person/people in the scenario might want to use drugs

- alternatives to using drugs, alcohol or tobacco in different situations, *e.g. how could the persons/people in the scenario enjoy themselves without using drugs, alcohol or tobacco? What could someone do to help them get through a difficult situation without using drugs, alcohol or tobacco?*
- what someone who did not want to use drugs could do to resist the pressure being put on them.
- The pupils develop their ideas into short role-plays, where they practise ways to refuse or resist drugs. The role-plays are then developed into dramas, which are presented to the class. Other pupils analyse the ideas for refusing/resisting the drugs portrayed, thinking about their realism and workability.
- Discuss further ways in which the pupils might respond to pressure. List the skills they think they would need in a situation involving drugs. **Use this work, and the issues raised in the role-plays and dramas, to focus on meeting the specific needs of the pupils.** (*Formative assessment – self, peers, teacher*) For example, they may need:
 - more assertiveness training
 - help with developing refusal skills
 - more information about different substances
 - skills to access the support that is available, *eg from Connexions personal advisers, school nurses, local drug and alcohol advisory services*

Ask the pupils to reflect independently on what they have learnt, and to look back at the opinions on drug, alcohol or tobacco use they had at the start of the unit. They should consider:

- ***whether their opinions have changed and, if so, why what or who influences their opinions on issues related to drugs, alcohol and tobacco.***
- ***whether they ever feel pressured to use drugs, alcohol or tobacco and, if so, by what/whom.***
- ***things they can do to resist unhelpful pressure.*** (*Formative self-assessment which could feed provide evidence for summative assessment*)

Key Stage 4 (14 – 16 years)

Taken from Unit F managing risk

The consequences of using drugs and how to respond positively in drug-related situations.

- Give small groups of pupils, different scenarios relating to drug use, eg
 - A has taken three ecstasy tablets and has been dancing for five hours without a break.
 - B is having a party and, with a friend, has baked a cake with a large amount of cannabis in – but she hasn't told any of the guests.

- C has smoked cannabis and tried heroin (not injecting) once before. C's older boyfriend and his friends are all injecting and offer her a syringe.
- D is on medication to help control mental illness. Someone offers him ecstasy.
- Ask the pupils to identify what the potential bad consequences of each scenario are, what they think the person should do and what difficulties the person faces. The pupils may need to research accurate information, e.g. using leaflets, ICT, before deciding their response.
- In pairs, the pupils discuss the reasons why people might take such risks. The pupils may need to research the way the drug makes the user feel, and to consider the context of the use, e.g. the role of drugs in clubbing or music culture.
- **The pupils report back through class presentations or group-to-group exchange** whereby members of each group move to another group and explain what they have learnt. (*Opportunity for formative peer or teacher assessment*)
- Explain that sometimes medical emergencies and deaths do occur as a result of drug use, and that whether or not the pupils themselves decide to use drugs there may be occasions where people around them do use them. **The pupils learn emergency aid techniques with a qualified instructor.** (*Opportunity for evidence of achievement and summative assessment*)

RECOMMENDED FURTHER READING

- PSHE at key stages 1 – 4, Guidance on assessment, recording and reporting. (QCA, Oct 2005)
- Assessment, Evaluation and Sex & Relationships Education. Blake & Muttock (NCB,2004)
- The Association for Achievement and Improvement through Assessment (AAIA) website, www.aaia.org.uk
- Assessment for Learning (on the QCA website, in ages 3-14) www.qca.org.uk

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