



Coram Life Education

Evaluation of Coram Life Education in Wessex

September 2015 – August 2016



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Summary

Life Education Wessex helps children in Devon, Dorset, Hampshire and Somerset make healthy choices. We are a recognised Delivery Partner of the UK's leading health and drug education programme, Coram Life Education.

Coram Life Education and its Delivery Partners reach over 800,000 children every year in over 3,500 primary and secondary schools, teaching life skills to children aged 3-16 years old through fun, interactive and age-specific activities.

Coram Life Education helps children make healthy choices by working with schools to support and contribute to their existing provision for PSHE, including children's health and well-being, behaviour and safety. This report presents the findings of an online questionnaire-based evaluation for the Coram Life Education programme based in the **Life Education Wessex** area. It presents findings from data collected from **08/09/2015 to 14/07/2016**. Over **1400 children** and **200 members of school staff** took part in the online evaluation during this period.

The key findings demonstrate that Coram Life Education sessions have increased health knowledge and life skills for children and positively altered attitudes about health-related practices among their peers. In particular:

- 96% of children surveyed on the "Decisions" programme (10- to 11-year-olds) agreed or strongly agreed that they understand the risks of drinking alcohol
- 94% of children surveyed on the "Decisions" programme (10- to 11-year-olds) agreed or strongly agreed that they understand how others can influence the choices they make
- 94% of children surveyed on the "Decisions" programme (10- to 11-year-olds) know that all drugs (legal, illegal and medical) can be harmful if not used correctly
- 92% of children surveyed on the "Decisions" programme (10- to 11-year-olds) know that someone with a criminal record may have difficulty in getting a job & travelling to other countries
- 93% of children surveyed on the "Friends" programme (9- to 10-year-olds) agreed or strongly agreed that they know how their emotions and needs change in different situations
- 94% of children surveyed on the "Friends" programme (9- to 10-year-olds) agreed or strongly agreed that they know that smoking is risky to a person's health
- 91% of children surveyed on the "Friends" programme (9- to 10-year-olds) know that medicines can sometimes be harmful

- 91% of children surveyed on the “Friends” programme (9- to 10-year-olds) know that it is best to be assertive by doing things like speaking clearly with a friendly and calm voice, repeating your points and explaining your reasons
- 90% of children surveyed on the “Feelings” programme (6- to 7-year-olds) said they know what their body needs to stay healthy
- 87% of children surveyed on the “Feelings” programme (6- to 7-year-olds) said they know what is inside their body
- 87% of children surveyed on the “Feelings” programme (6- to 7-year-olds) said they know when they need to take medicine and when not

Perhaps most powerfully, children reported that they have used learning from previous visits. Statements included:

“I have tried to look after my body and be healthy.”

“My dad was addicted to smoking once so I told him about it and he stopped.”

“I made a promise to myself that I wouldn't smoke or take drugs except medicine that helps you.”

“I have used the word no in a friendly way.”

“I have become more confident at making my own opinion with my friends but being nice about it at the same time.”

“Last year I remember talking about eating healthy food and ever since then I have eaten healthy food!”

1 Background

Coram Life Education contributes to the PSHE curriculum. Coram Life Education educators visit children, usually with mobile classrooms, and facilitate sessions working towards key learning outcomes, that are individual to each age group. Educators use a life-skills approach, designed to increase children’s knowledge, develop skills and confidence, explore attitudes and clarify values. These three inter-related strands work together to support children in making informed health choices. Coram Life Education provides a number of different programmes to suit the needs of different schools and children (see references for Coram Life Education’s Programme Overview and Learning Outcomes).

Coram Life Education programmes are strongly evidence-based and the organisation was one of the first to achieve the Department of Health’s Information Standard, a quality mark awarded for the production of accurate, credible and evidence-based health and social care information for the public. Coram Life Education supports schools in delivering recommended best practice in health and drug education as outlined in ‘Drugs: Guidance for schools’ (DfES, 2004), as well as helping schools to meet key criteria of the Ofsted Inspection Framework (see references for Coram Life Education’s Ofsted Briefing Paper). Coram Life Education has been delivered within Wessex for over 20 years.

Coram Life Education, with the help of Coram’s Policy and Research team, have designed outcomes-based questionnaires, to provide evidence of the impact of

facilitators' work with children and young people. The questionnaires were completed using online survey software after each session. This report provides the findings of data collected using these tools in the 2015-2016 school year.

2 CLE in Wessex schools

In Wessex schools 441 children completed the “Decisions” programme (10- to 11-year-olds) evaluation questionnaire; 495 children completed the “Friends” programme (9- to 10-year-olds) evaluation questionnaire; and 550 children completed the “Feelings” programme (6- to 7-year-olds) evaluation questionnaire. These simple surveys asked for their views on the visit and what they had learnt.

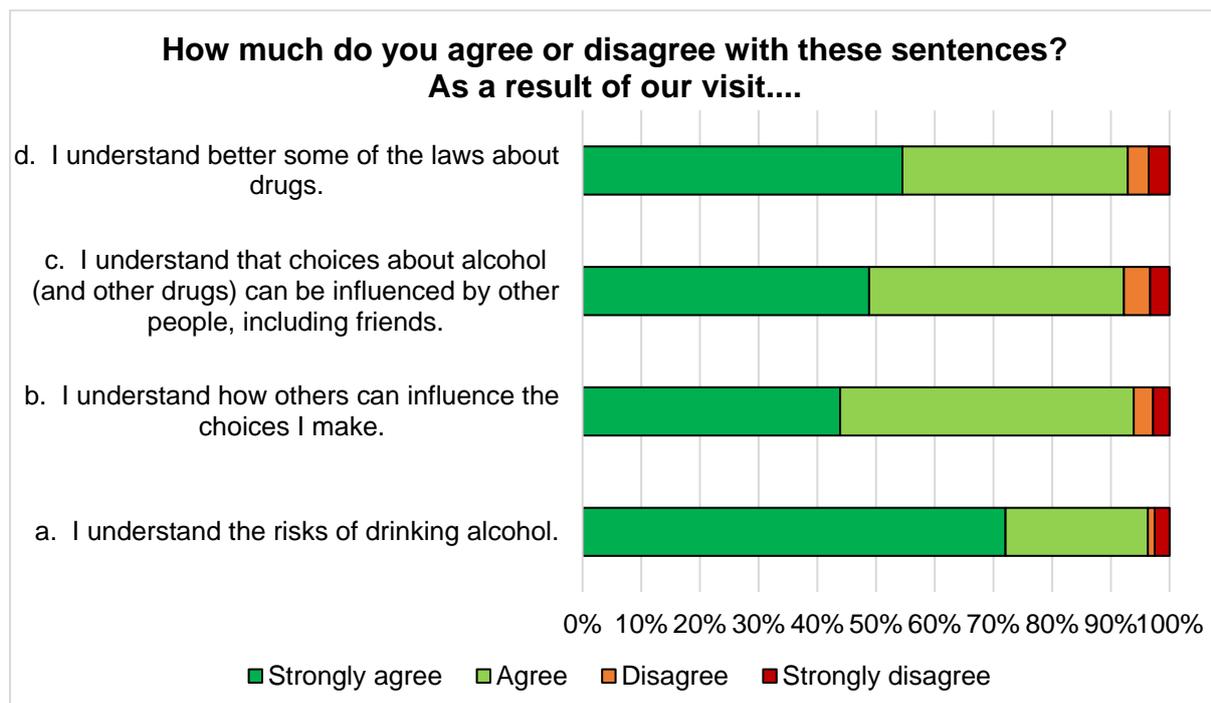
221 members of school staff, including class teachers, teaching assistants, PSHE coordinators and head teachers, also completed a questionnaire about how the sessions were delivered and the value of the programme to their schools.

3 Evidencing Outcomes for Children

3.1 Learning from the Decisions Programme (10- to 11-year-old pupils)

Children reported that they had gained substantial knowledge from the Coram Life Education session (see figure 1). A majority of children agreed or strongly agreed that, as a result of the visit, they understand the risks of drinking alcohol (96%), they understand how others can influence the choices they make (94%), they understand that choices about alcohol (and other drugs) can be influenced by other people, including friends (92%), and they understand better some of the laws about drugs (93%).

Figure 1



Children were also asked eight true or false statements to test their knowledge gain and attitude changes (see table 1 below). Results from this section of the questionnaire show that (i) 94% of children now know that all drugs (legal, illegal and medical) can be harmful if not used correctly (ii) 92% of children now know that someone with a criminal record may have difficulty in getting a job and travelling to other countries.

Table 1: Children’s learning from the Decisions Programme (10- to 11-year old pupils)

Statement (<i>Correct answer</i>)	True	False
a. Legal drugs do not cause any harm. (FALSE)	19%	81%
b. All drugs (legal, illegal and medical) can be harmful if not used correctly. (TRUE)	94%	6%
c. Someone with a criminal record may have difficulty in getting a job & travelling to other countries. (TRUE)	92%	8%
d. It is illegal (against the law) to be in possession of cannabis (e.g. if someone has it in their pocket /bag/ house etc.) (TRUE)	79%	21%
e. It is legal to sell cigarettes to anyone of any age. (FALSE)	30%	70%
f. Most 11- to 15-year-olds have never had a drink of alcohol (e.g. a whole can, bottle or glass). (TRUE)	75%	25%
g. There are fewer young people who drink alcohol now than 10 years ago. (TRUE)	76%	24%
h. It is best to be assertive by doing things like speaking clearly with a friendly and calm voice, repeating your points and explaining your reasons. (TRUE)	88%	12%

Social Norms research has demonstrated that children’s knowledge about peers’ and older children’s alcohol use is commonly incorrect. Children (and adults) often overestimate the number of people engaged in risk taking behaviours; these misperceptions can influence children and young people’s future use of alcohol (in this case) and other drugs. A crucial part of a drugs education intervention therefore is to correct misperceptions of the norm by providing up to date and credible, accurate data about the actual norms around use. Research has shown that correcting misperceptions can have dramatic effects in influencing and predicting positive health behaviours.

Children were asked about the drinking behaviours of 11- to 15-year-olds and also teenage drinking patterns compared with those of ten years ago. After their Coram Life Education session 75% of children correctly answered that most 11- to 15-year-olds have never had a drink of alcohol (e.g. a whole can, bottle or glass) and 76%

correctly answered that there are fewer young people who drink alcohol now than 10 years ago. Typically, pre-intervention collected data indicates that children at this age (and the population generally) misperceive greatly the number of people who drink alcohol regularly.

The evaluation data demonstrates substantial learning for children in many areas. In fact 93% of children reported that what they had learnt during the session would help them in the future. Comments made by children included:

“I think it will help me to make good choices about drugs, alcohol and smoking because I now understand the effects they can have on you.”

“I think this will help me to understand that it’s my decision to do what I want and not others. I also know how bad and dangerous things can be.”

“Not to smoke because there are lots of toxic chemicals.”

“I will make healthier choices and keep myself safe.”

“Now I know the effects on you (mentally and physically) when you take drugs, I know how to use legal drugs (medicine) and not to overdose, that drugs and alcohol can be extremely harmful for your body, same goes with smoking and not to give into peer pressure and how to say no.”

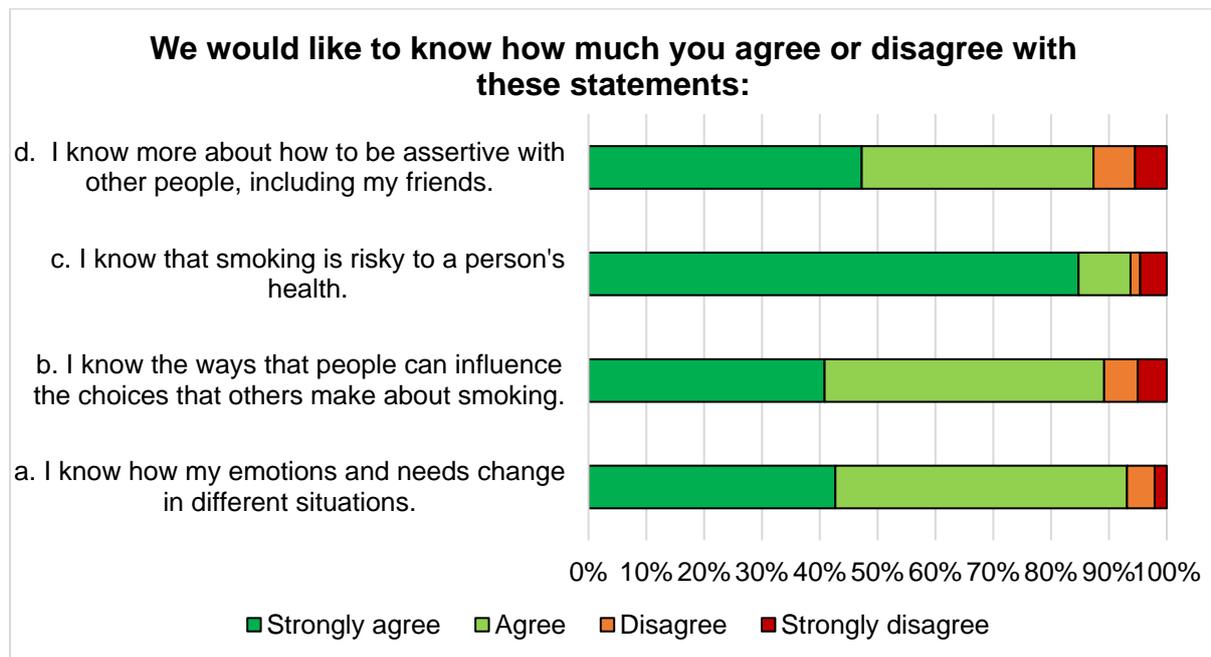
“In the future I know the consequences of drinking and what it can cause you to do to your body and it sometimes can make you do things that you wouldn’t usually do or it could make you fall asleep.”

“Now I know what drinking can do to my liver and what smoking can do.”

3.2 Learning from the Friends Programme (9- to 10-year-olds)

Children reported that they had gained substantial knowledge from the Coram Life Education session (see figure 2). A majority of children agreed or strongly agreed that, as a result of the visit, they know how their emotions and needs change in different situations (93%), they know the ways that people can influence the choices that others make about smoking (89%), they know that smoking is risky to a person’s health (94%), and they know more about how to be assertive with other people, including their friends (87%).

Figure 2



Children were also asked nine true or false statements to test their knowledge gain and attitude changes (see table 2 below). Results from this section of the questionnaire show that (i) 91% of children now know that medicines can sometimes be harmful; and that it is best to be assertive by doing things like speaking clearly with a friendly and calm voice, repeating your points and explaining your reasons (ii) 90% of children now know that it is against the law to sell cigarettes to people under 18 years old.

Table 2

Statement	True	False
a. All medicines are drugs. (TRUE)	66%	34%
b. All drugs are medicines. (FALSE)	11%	89%
c. Medicines can always make people feel better. (FALSE)	22%	78%
d. Medicines can sometimes be harmful. (TRUE)	91%	9%
e. The same drug can have a medical and a non-medical use. (TRUE)	64%	36%
f. It is against the law to sell cigarettes to people under 18 years old. (TRUE)	90%	10%

g. When someone is being aggressive they are forcing their ideas onto somebody else. (TRUE)	71%	29%
h. When someone is being assertive they are standing firm but trying to keep things calm and friendly. (TRUE)	84%	16%
i. It is best to be assertive by doing things like speaking clearly with a friendly and calm voice, repeating your points and explaining your reasons. (TRUE)	91%	9%

Social Norms research has demonstrated that children’s knowledge about peers’ and older children’s smoking is commonly incorrect. Children (and adults) often overestimate the number of people engaged in risk taking behaviours; these misperceptions can influence children and young people’s future use of tobacco (in this case) and other drugs. A crucial part of a drugs education intervention therefore is to correct misperceptions of the norm by providing up to date and credible, accurate data about the actual norms around use. Research has shown that correcting misperceptions can have dramatic effects in influencing and predicting positive health behaviours.

Children taking part in this evaluation were asked to identify how many children between 11- and 15-years-old in England regularly smoke. 88% correctly answered that only 3% do regularly smoke. Typically, pre-intervention collected data indicates that children at this age (and the population generally) misperceive very greatly the number of young people that smoke regularly.

The evaluation data demonstrates substantial learning for children in many areas. In fact 89% of children reported that what they had learnt during the session would help them in the future. Comments made by children included:

“Before I didn’t know what smoking would do to you and now I know, I will never smoke!”

“I will try and be assertive if someone is trying to influence me to do something I don’t agree with.”

“I know not to have too much of my inhaler.”

“I know the consequences of smoking and drugs so I won’t do it and I will try to encourage people to stop.”

“Now I know my emotional and physical needs and I can take care of them.”

“I have learnt to use an assertive voice in situations where I am not happy.”

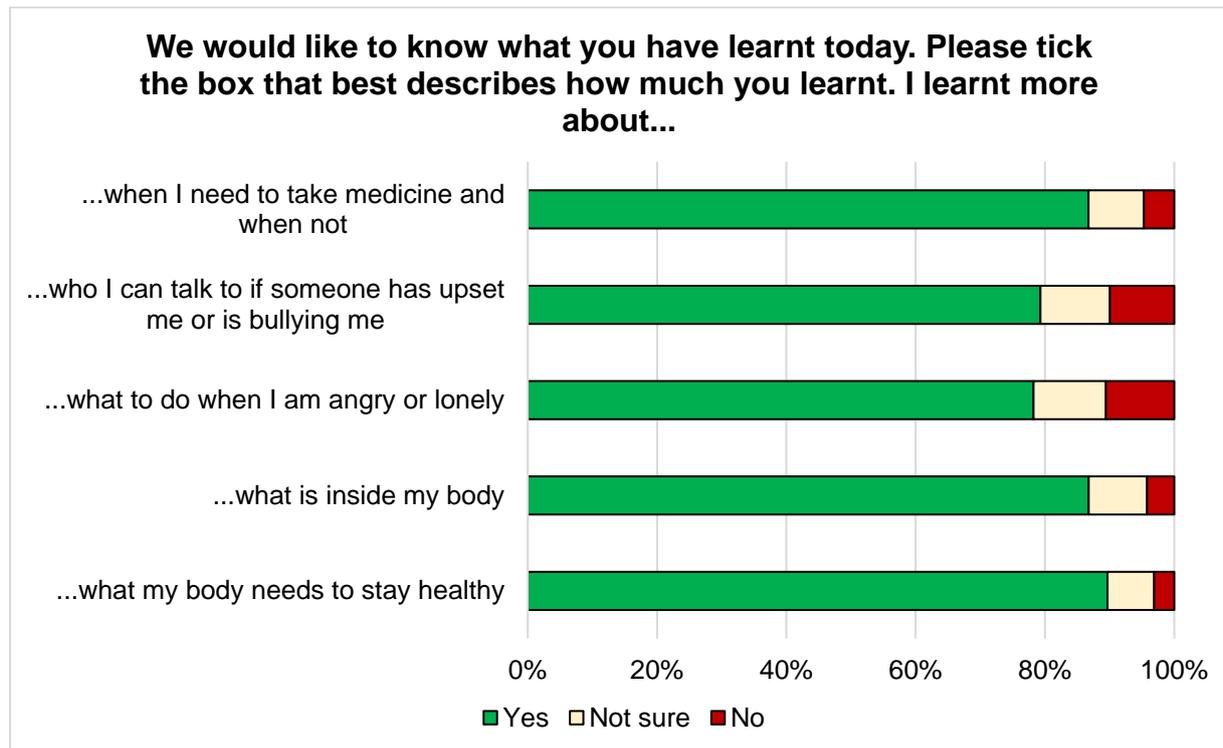
“It will help me to have the confidence to say no in situations I don’t feel comfortable.”

“It will help me stay strong and stand up for myself.”

3.3 Learning from the Feelings Programme (6- to 7-year-olds)

Children reported that they had gained substantial knowledge from the Coram Life Education session (see figure 3). A majority of children reported that they learnt more about what their body needs to stay healthy (90%), what is inside their body (87%), what to do if they are angry or lonely (78%), who they can talk to if someone has upset or is bullying them (79%), and when they need to take medicine and when not (87%).

Figure 3



When asked if they had learned anything else today, children said:

“I learnt that leaving people out of a game is upsetting for them.”

“There is a long tube from your throat to your belly.”

“Your rib cage protects your heart.”

“How to help my friends if they are feeling sad or if they think they are being bullied.”

“I learnt that you can’t take medicine unless an adult has said you can.”

“Not to eat too many fats and sugars.”

“To be kind to each other.”

4 Benefits of Coram Life Education to schools in the Wessex area

Staff reported that:

- They are more confident to deliver PSHE activities (62%)
- They understand better how drug education fits into a PSHE (including Health and Well-being) framework (60%)

- They are more aware of their own attitude towards drugs (including alcohol and tobacco) and how this might impact on the way they teach about this (47%)
- They have learnt about their pupils' understanding of issues relating to their health and well-being, including behaviour and safety (91%)
- They have been able to integrate Life Education's contribution into their planning and PSHE curriculum (67%)
- The quality of the content was appropriate to the class (95%)
- The learning outcomes were covered (93%)
- They have gained new ideas (53%)

Comments from staff included:

"I enjoyed how interactive the session was. Sometimes I worry about what the children might say when discussing sensitive issues. The session gave me ideas on how I can make each child feel valued whilst moving away from any inappropriate comments."

"I have used the thought tunnel before but a reminder of this practice was great and I will use again."

"I like the way this was presented by eliciting the knowledge the children already have and building potential life experiences into it and explaining the impact on their health and wellbeing."

"I liked the characters and putting the focus on helping them rather than the children putting themselves in the position of needing help."

"I really liked the use of a puppet. I realised how to create a sense of awe and wonder in PSHE lessons."

"It has made me think more about not just teaching to make the right decision but explaining why some people may make the wrong decision. You discussed issues about smoking in a really non-judgemental way. I find it difficult to not say the wrong thing when parents of children in my class smoke."

"Loved the objects in the bag and in groups they had to take one out at a time and discuss the link between the legal drugs and the object."

"The children always engage with Harold. I will foster this link through writing to Harold in literacy. Will have Harold's friends come to our classroom, giraffe puppets, to reinforce PSHE."

"Using a video to give context for discussions as an external stimulus focus on the characters and not children in class."

"Very lively session. Liked the visual body resources. Felt like a 10 minute session not an hour as it was so interesting."

PSHE coordinators and head teachers reported that the Coram Life Education programme in Wessex schools supports and contributes to:

- The delivery of PSHE at their school (100%)
- The integration of Life Education into their school's curriculum planning (63%)
- Meeting the needs their school has identified in relation to drug education (88%)
- The curriculum for Science and PSHE (including Health and Well-being) (100%)
- The school meeting Ofsted requirements in relation to pupil well-being, including behaviour and safety (88%)
- The school's strategies for raising achievement (81%)
- Parental engagement in school (100%)
- The Healthy Schools programme (94%)
- The confidence of staff to deliver PSHE activities (56%)
- Staff's understanding of how drug education fits into a PSHE framework (88%)
- Staff's awareness of their own attitudes towards drugs (including alcohol and tobacco) and how these might impact on the way that they teach about this (50%)
- Staff's understanding of the three-strand approach to drug education (skills, knowledge, attitudes) (63%)
- Staff's understanding of good practice in relation to health education (88%)

One commented, *"Having now worked with [name of educator] and seen the presentations we would now feel far more able to integrate the visit into our overall programme especially with regard to follow up sessions."*

The head teachers and PSHE coordinators suggested the main reasons they use Coram Life Education are:

- Supporting and enhancing the PSHE curriculum (100%)
- Links to the science curriculum (56%)
- Provides specialist teaching (56%)
- Gives children the opportunity for learning in a new environment (75%)
- Quality of teaching and delivery of materials (44%)
- In line with our school's ethos and values (63%)
- Children enjoy the sessions (75%)
- Encourages parents to be involved in their child's education (25%)
- Other (please specify) (13%)
 - *"Our school's feedback has always been positive."*
 - *"We were also lucky enough to have been offered a free session through our involvement with the [name of Rotary Club]. However, the sessions have been so beneficial, we will definitely be booking again for next year through our own school budget."*

5 Satisfaction with the programme

5.1 Staff's satisfaction with CLE

95% of school staff (teachers, teaching assistants, PSHE coordinators and head teachers) were either very satisfied or satisfied with Life Education's work at their school. Staff agreed that:

- The sessions were well delivered (95%)
- The quality of the content was good (95%)
- The content met children's needs (94%)

Comments from staff included:

“Children always look forward to their visit and it is very memorable. Great opportunity to observe and assess pupils listening, speaking, science knowledge plus elements of PSHE. Thanks!!”

“For EYFS the pitch was perfect with lots of short bursts and interaction they just loved it.”

“The children were really engaged and interested in the topics discussed. It was interactive and the children were able to ask questions and join in with deciding the best course of action (video). They loved Harold the giraffe and got really enthused by all of the learning opportunities provided. Thankyou! They are still talking about it now!”

“Very engaging for the children and questions were responded to thoughtfully and sensitively.”

“The children love going into the van to see Harold and enjoy the sensory/kinaesthetic elements of the session especially. The content is presented in memorable ways through chants and actions. Thank you!”

5.2 Children's satisfaction with CLE

Children were generally very satisfied with the programme they had received.

Of the children who received the “Decisions” programme (10- to 11-year-olds) 87% reported it was ‘excellent’ or ‘good’. 66% of them would like Life Education to visit again in the future.

Children receiving the “Decisions” programme particularly liked learning about different types of drugs and the effects they have on the body, social norms and laws about drugs; and responding to audio visual stimuli to explore peer group dynamics and handling peer pressure. One child said, *“I think the most interesting thing was watching someone in real life having a friendship/drug situation and seeing what happened to show us how to solve a sticky situation like that in real life.”* 32% of children found something boring. This included learning about drugs as they felt that they either already knew the information about drugs or that they were too young to

be learning about drugs; and not being active enough during their session as there is less space available for the older children to move about inside the mobile classroom.

Of the children who received the “Friends” programme (9- to 10-year-olds) 87% reported it was ‘excellent’ or ‘good’. 78% of them would like Life Education to visit again in the future.

Children receiving the “Friends” programme particularly liked learning about different types of drugs, especially the effects that smoking has on the body; rehearsing assertiveness skills following audio visual input; and learning about the human body. One child said, *“In a clip we watched I found it interesting how Chris could answer no to Tyler in three different ways. Assertive was the best.”* 31% of children found something boring. This included learning about drugs as they felt that this part of the session relied too heavily on discussion or was not relevant to them; and considering the relative importance of emotional needs as they did not enjoy the group activity.

Of the children who received the “Feelings” programme (6- to 7-year-olds) 90% reported it was ‘good’, with 8% saying they were ‘not sure’. 91% of them would like Life Education to visit again in the future.

Children receiving the “Feelings” programme particularly liked Harold the giraffe and helping Harold and his friends to manage their feelings; using TAM to learn about how their body works; and the starry ceiling. One child said, *“I liked it when we touched the body and it lit up. I liked it when they all made Kiki a pretty dress.”* Another child said, *“I liked it when I looked at the gorgeous sparkly bright stars that twinkled in the dark with two beautiful colours.”* Only a few children commented that they didn’t like anything about the programme. One child said, *“When the penguin got mad with Kiki. When Sam was poorly.”*

6 Conclusions

Overall CLE sessions have been highly successful. The vast majority of children report increases in knowledge and understanding of the sessions’ key learning outcome areas, especially in understanding the risks of drinking alcohol (“Decisions”) and knowing that smoking is risky to a person’s health (“Friends”) and learning more about what their body needs to stay healthy (“Feelings”). Teachers also highly valued the contribution to the curriculum.

7 References

- i. CLE’s [**Programme Overview**](#) gives an overview of individual year groups’ programme learning outcomes
- ii. The [**Ofsted Briefing Paper**](#) details how CLE programmes contribute to meeting Ofsted’s requirements