



Coram Life Education

Evaluation of Coram Life Education in Wessex

September 2014 – July 2015



Evaluation of Coram Life Education: *Life Education Wessex; September 2014 – July 2015*

Summary

Coram Life Education (CLE) aims to help 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 CLE programme based in the **Life Education Wessex** area. It presents findings from data collected from **08/08/2014** to **16/07/2015**. Over **1900 children** and **200 members of school staff** took part in the online evaluation during this period.

The key findings demonstrate that CLE sessions have increased health knowledge and life skills for children and altered attitudes about health-related practices among their peers. The vast majority of children felt they gained knowledge and skills in their respective learning outcome areas, in particular **98% of Year 6 children** felt they had **gained knowledge about the risks of drinking alcohol**; **97% of Year 5 children** felt they had **gained knowledge about smoking being risky to a person's health**; and **93% of Year 2 children** felt they had **gained knowledge about what their bodies need to stay healthy**.

1 Background

Coram Life Education (CLE) is a national charity working with schools, parents and others in the community throughout the UK to help children make healthy choices. CLE contributes to the PSHE curriculum. CLE 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. CLE provides a number of different programmes to suit the needs of different schools and children (see references for CLE's Programme Overview).

CLE programmes are strongly evidence-based and CLE is one of the first organisations to achieve the Department of Health's Information Standard, a quality mark awarded for the production of reliable, credible and evidence-based information for the public. CLE 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 2012 Ofsted Inspection Framework (see references for Ofsted Briefing Paper). CLE has been delivered within Wessex for over 20 years.

CLE, 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 (SurveyMonkey) after each session. This report provides the findings of data collected using these tools in the 2014-2015 school year.

2 CLE in Wessex schools

In Wessex schools 782 children in Year 6 completed the “Decisions” programme and a follow-up evaluation questionnaire; 695 children in Year 5 completed the “Friends” programme and a follow-up evaluation questionnaire; and 426 children in Year 2 completed the “Feelings” programme and a follow-up evaluation questionnaire. This simple survey asked for their views on the visit and what they had learnt.

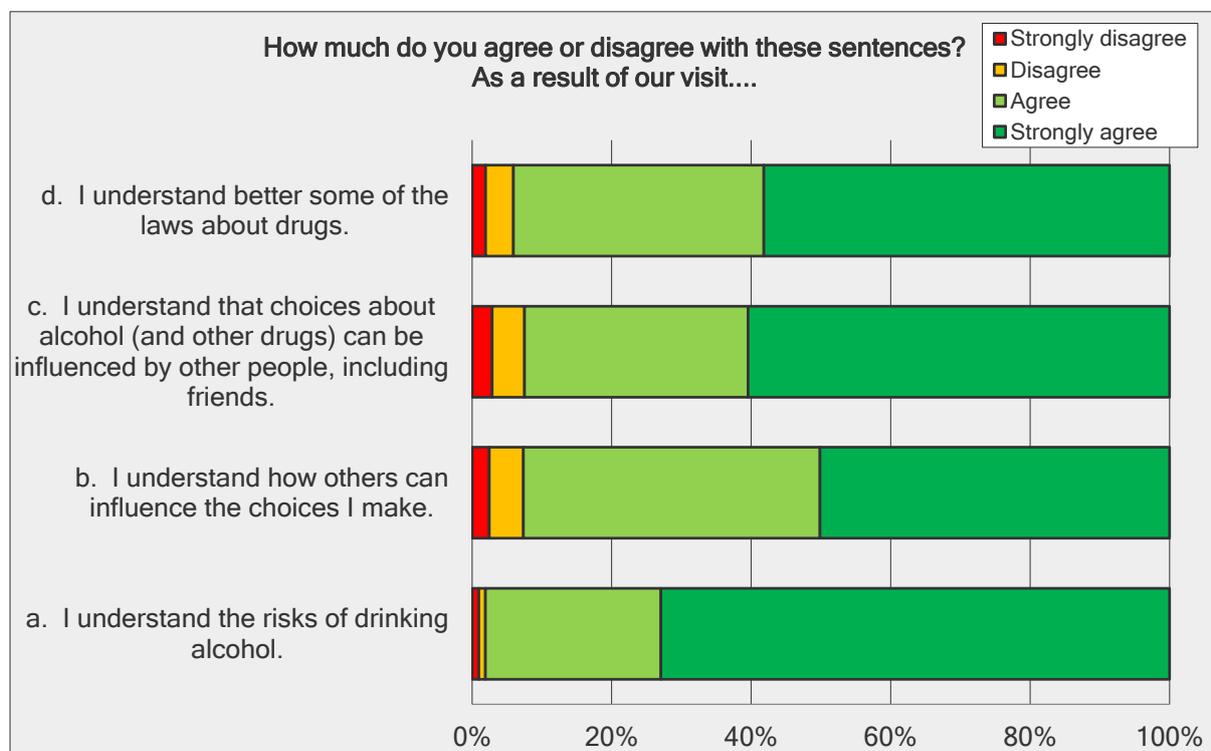
204 members of school staff, including class teachers, teaching assistants, PSHE coordinators and head teachers, also completed a questionnaire about how the sessions were delivered and the value of the programme to their schools.

3 Evidencing Outcomes for Children

3.1 Learning from the Decisions Programme (Year 6)

Children reported that they had gained substantial knowledge from the CLE session (see figure 1). They reported that they learnt the most about the risks of drinking alcohol (98%), laws concerning drugs (94%) and how others influence the choices they make (93%).

Figure 1: Making healthy choices (Year 6)



Children were also asked seven 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 97% of children now know that all drugs (legal, illegal and medical) can be harmful if not used correctly and 95% 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 (Year 6)

Statement (<i>Correct answer</i>)	True	False
a. Legal drugs do not cause any harm. (FALSE)	10%	90%
b. All drugs (legal, illegal and medical) can be harmful if not used correctly. (TRUE)	97%	3%
c. Someone with a criminal record may have difficulty in getting a job & travelling to other countries. (TRUE)	95%	5%
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)	88%	12%
e. It is legal to sell cigarettes to anyone of any age. (FALSE)	28%	72%
f. Most 11 to 15 year-olds have never had a drink of alcohol (e.g. a whole can, bottle or glass). (TRUE)	78%	22%
g. There are fewer young people who drink alcohol now than 10 years ago. (TRUE)	71%	29%
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 tells us that children’s knowledge and perceptions about peers’ and older children’s alcohol (and other drug) use is commonly incorrect and that they very commonly overestimate the number of people engaging in risky behaviours. Children taking part in this evaluation were asked about the drinking behaviours of 11 to 15 year-olds and also teenage drinking patterns compared with those of ten years ago. 78% correctly answered that the majority 11 to 15 year-olds have never had a drink of alcohol (e.g. a whole can, bottle or glass) and 71% correctly recalled that fewer young people drink alcohol now than did 10 years ago. Typically, pre-intervention collected data indicates that children at this age (and the population generally) misperceive very greatly the number of people that drink alcohol regularly, usually stating a figure well in excess of 50%.

Social Norms research also demonstrates that these misperceptions can influence children’s 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

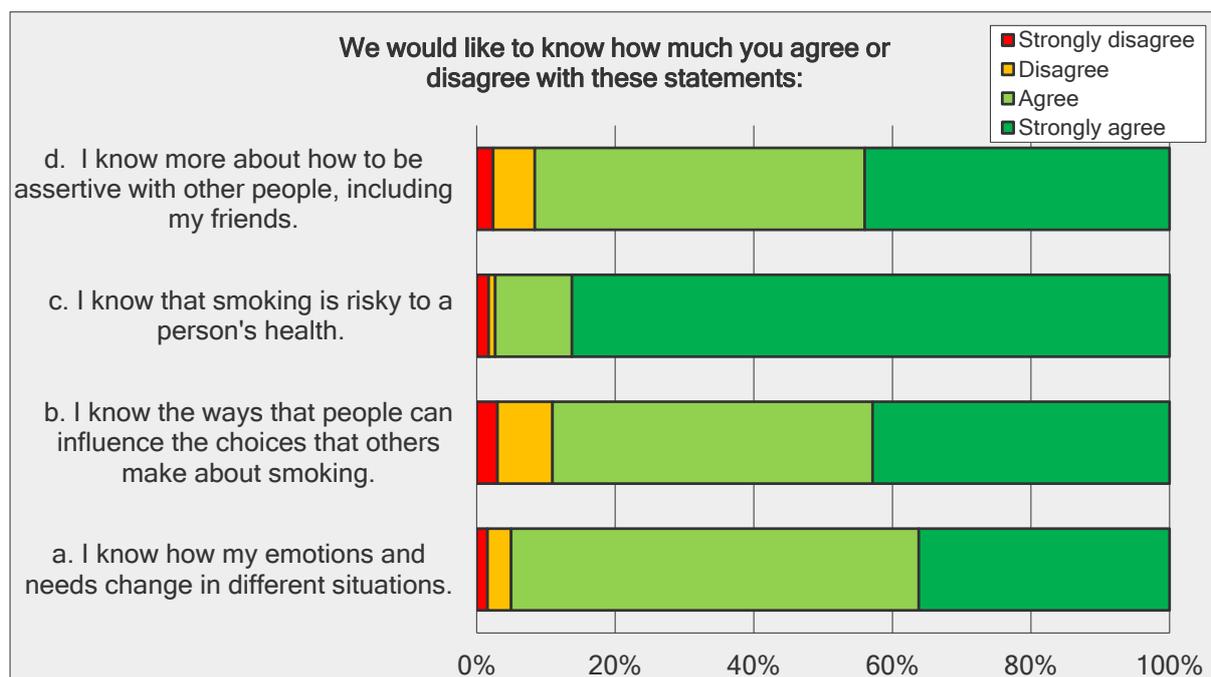
around use. Correcting misperceptions can have dramatic effects in influencing and predicting positive health behaviours.

The evaluation data demonstrates substantial learning for children in many areas. In fact 95% of children reported that what they had learnt during the session would help them in the future. One child said, “I think it will help me in future because it has taught me about how to avoid difficult situations becoming worse and has taught me about the dangers of drug usage.” Another said, “I think it will help me to make the right choices in the future, and it will help me to realize what drugs and alcohol could do to my body if I take them.” Another said, “Because I will know what to do if someone is bullying me or forcing me to do something that I don't want to.” Yet another said, “From now on when I am about to take a risk I will think about the consequences.”

3.2 Learning from the Friends Programme (Year 5)

Children reported that they had gained substantial knowledge from the CLE session (see figure 2). They reported that they learnt the most about the risks of smoking (97%), how their emotions and needs change in different situations (95%) and how to be assertive with other people (92%).

Figure 2: Making healthy choices (Year 5)



Children were also asked seven 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 91% of children now know that medicines can sometimes be harmful, 90% of children now know that it is against the law to sell cigarettes to people under 18 years old and 90% of children now 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.

Table 2: Children’s learning from the Friends Programme (Year 5)

Statement	True	False
a. All medicines are drugs. (TRUE)	77%	23%
b. All drugs are medicines. (FALSE)	12%	88%
c. Medicines can always make people feel better. (FALSE)	23%	77%
d. Medicines can sometimes be harmful. (TRUE)	91%	9%
e. The same drug can have a medical and a non-medical use. (TRUE)	66%	34%
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)	68%	32%
h. When someone is being assertive they are standing firm but trying to keep things calm and friendly. (TRUE)	83%	17%
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)	90%	10%

As explained in the previous section (in relation to alcohol use) Social Norms research tells us that children’s knowledge and perceptions about peers’ and older children’s tobacco use (smoking cigarettes) – in this case – is commonly incorrect and that they very commonly overestimate the number of people engaging in risky behaviours. Children taking part in this evaluation were asked to identify how many children between 11 and 15 years old in England regularly smoke. 87% 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, usually stating a figure well in excess of 50%.

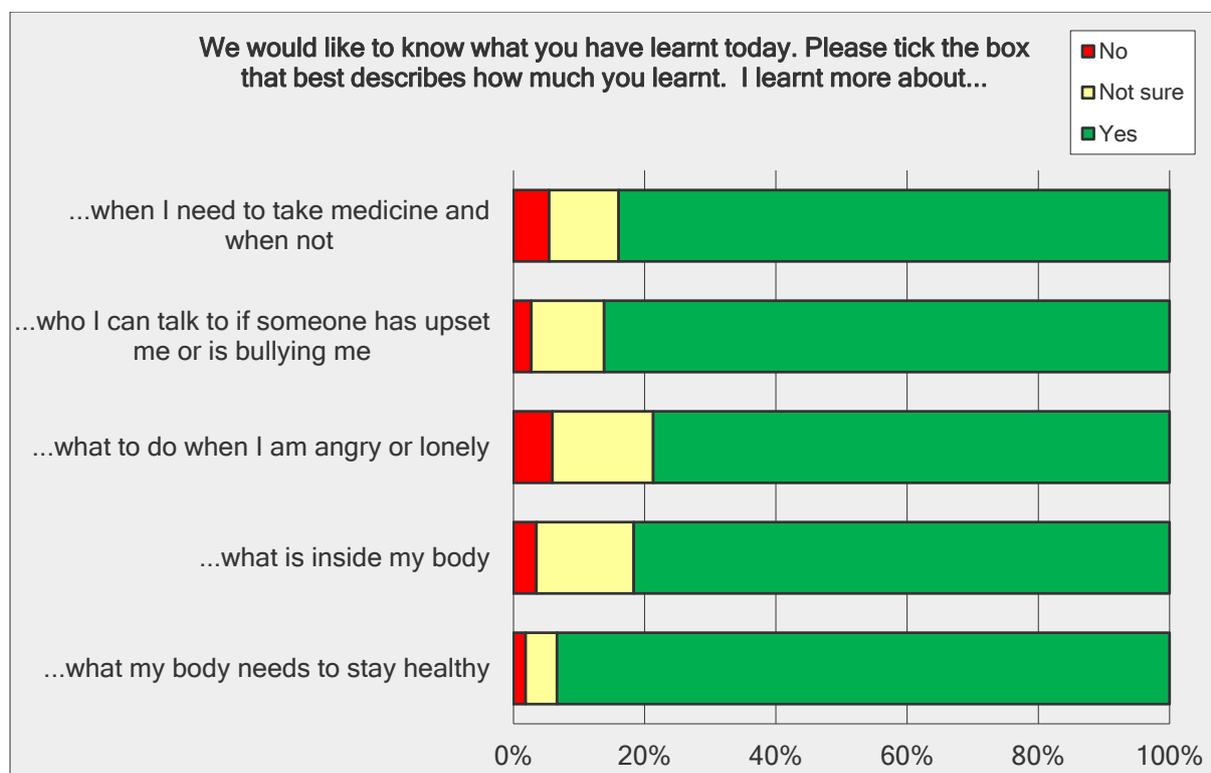
As previously stated, Social Norms research also demonstrates that these misperceptions can influence children’s and young people’s future use of tobacco – in this case – and other drugs. A crucial part of a drugs education intervention therefore is to correct misperceptions of the norm by providing up to date and credible accurate data about the actual norms around use. Correcting misperceptions can have dramatic effects in influencing and predicting positive health behaviours.

The evaluation data demonstrates substantial learning for children in many areas. In fact 96% of children reported that what they had learnt during the session would help them in the future. One child said, “It will help me make the right choices.” Another said, “I have learnt that smoking will harm people so I will never ever smoke. Smoking increases the chance of lung cancer and heart disease.” Another said, “I learnt what drugs and medicines can do and why we should be assertive with our friends.”

3.3 Learning from the Feelings Programme (Year 2)

Children reported that they had gained substantial knowledge from the CLE session (see figure 3). They reported that they learnt the most about what their body needs to stay healthy (93%), who to talk to if they are being made upset or bullied (86%) and when to take medicine (84%).

Figure 3: Making healthy choices (Year 2)



This demonstrates substantial learning for children in many areas.

4 Benefits of CLE to schools in the Wessex area

Class teachers and teaching assistants reported that the CLE programme has:

- Taught them about their pupils' understanding of issues relating to their health and well-being, including behaviour and safety (87%)
- Contributed to planning and the PSHE curriculum (73%)
- Increased their confidence to deliver PSHE activities (61%)

- Helped them to understand better how drug education fits into a PSHE (including Health and Well-being) framework (59%)
- Given them new ideas (51%)
- Increased their awareness of their own attitude towards drugs (including alcohol and tobacco) and how these might impact on the way they teach about this (40%)

One said, "From the children's reactions to the programme, I can better gauge their knowledge and thoughts on the decisions they have to make or will have to make." Another noted, "The children responded really well to the different resources and media." Another commented, "I reflected that maybe I don't give the children the opportunity to tell me what they already know, instead I assume that the information I am giving them is brand new. The educator's teaching reminded me to have fun and be a little more relaxed when delivering a lesson!"

PSHE coordinators and head teachers reported that the CLE programme in Wessex schools significantly supports and contributes to:

- The delivery of PSHE at the school (100%)
- The school's drug education curriculum (100%)
- The curriculum for Science and PSHE (including Health and Well-being) and reinforces work in this area (100%)
- Staff's understanding of good practice in relation to health education (100%)
- The school meeting Ofsted requirements in relation to pupil well-being (including behaviour and safety) (91%)
- The Healthy Schools programme (91%)
- Staff's understanding of how drug education fits into a PSHE framework (91%)
- Staff's understanding of the three-strand approach to drug education (skills, knowledge, attitudes) (82%)
- Staff's confidence to deliver PSHE activities (64%)
- 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 (64%)
- The school's strategies for raising achievement (55%)
- Parental engagement in school (30%)

One commented, "Children are able to recall their previous learning from visits in earlier year groups. They are able to link class learning and home learning in the Life Education environment. This helps teachers get a rounded view of the children's understanding, knowledge and any misconceptions."

The head teachers and PSHE coordinators suggested the main reasons they use CLE are:

- Supporting and enhancing the PSHE curriculum (100%)
- Gives children the opportunity for learning in a new environment (82%)
- Children enjoy the sessions (82%)
- Quality of teaching and delivery of materials (64%)
- Provides specialist teaching (55%)
- In line with our school's ethos and values (46%)
- Links to the science curriculum (36%)

5 Satisfaction with the programme

5.1 Staff's satisfaction with CLE

98% 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 quality of the content was appropriate to the class (98%)
- The sessions were well delivered (97%)
- The quality of the content was good (97%)
- The content met children's needs (97%)
- The learning outcomes were covered (94%)

One teacher said, "The children had evidently learnt a great deal from the session; this was clear from their discussion afterwards." Another said, "The children built on their previous learning from the Year 4 session about alcohol and cigarettes. There was clear progression between last year's learning and this year. Many issues regarding misunderstandings and misconceptions about drugs (legal and illegal) were addressed appropriately when they arose." Another said, "The children were all involved by the enthusiastic leader. They were challenged and their responses questioned further; a fun and very informative session."

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 (Y6)** programme 91% reported it was 'excellent' or 'good', 5% were 'not sure', and only 4% reported it was 'not good' or 'poor'. 76% of them would like CLE to visit again in the future.

Children in Year 6 particularly liked learning about different types of drugs, learning about peer group dynamics and responses to peer pressure, learning about the human body and making healthy choices. One child said, "I was interested to find out more about how handling situations in different ways would help you feel better about yourself." 20% of children found something boring. This included learning about drugs

and sitting down in the mobile classroom. This may be because they had already covered information about drugs in school or discussed the topic at home, and there is less space available for the older children to move about inside the mobile classroom.

Of the children who received the **Friends (Y5)** programme 91% reported it was 'excellent' or 'good', 6% were 'not sure', and only 3% reported it was 'not good' or 'poor'. 83% of them would like CLE to visit again in the future.

Children in Year 5 particularly liked learning about medicines and other drugs, learning about the risks of smoking and that few young people choose to smoke, practising assertiveness skills and learning about the human body. One child said, "The most interesting thing for me was drugs and how only 3% of a certain age smoked because we see people smoke and assume that everybody smokes." 21% of children found something boring. This included activities involving discussion and sitting down in the mobile classroom. This may be because these children prefer learning in different ways, and there is less space available for the older children to move about inside the mobile classroom.

Of the children who received the **Feelings (Y2)** programme 91% reported it was 'good', 8% were 'not sure', and only 1% reported it was 'bad'. 93% of them would like CLE to visit again in the future.

Children in Year 2 particularly liked Harold the giraffe, using TAM to learn about the body, and the starry ceiling. One child said, "I loved it. I liked it when we were looking at the body parts. I didn't know some of the body parts." Another child said, "I liked the part when the giraffe called Harold helped the kangaroo get a fancy dress costume to join in with the party games." Only a few children commented that they didn't like anything about the programme. One child said, "I didn't like it when that penguin said 'You can't join in'. I thought it was unkind."

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 (Year 6) and knowing that smoking is risky to a person's health (Year 5). Teachers also highly valued the contribution to the curriculum.

7 References

- i. CLE's **Programme Overview** gives an overview of individual year group's programme learning outcomes
- ii. The **Ofsted Briefing Paper** details how CLE programmes contribute to meeting Ofsted's requirements