



Coram Life Education

Evaluation of Coram Life Education in Wessex and Thames Valley

September 2016 – August 2017



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1 Summary

Life Education Wessex and Thames Valley helps children in Devon, Dorset, Hampshire, Somerset, Buckinghamshire, Berkshire and Oxfordshire 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 470,000 children every year in over 2100 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 and Thames Valley** area. It presents findings from data collected from **10/09/2016** to **18/07/2017**. Over **2100 children** and **300 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:

- 97% 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) know that all drugs (legal, illegal and medical) can be harmful if not used correctly
- 93% of children surveyed on the “Decisions” programme (10- to 11-year-olds) agreed or strongly agreed that they understand better some of the laws about drugs
- 93% 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 “Decisions” programme (10- to 11-year-olds) agreed or strongly agreed that they understand how others can influence the choices they make

- 95% 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

- 92% 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
- 91% of children surveyed on the “Friends” programme (9- to 10-year-olds) know that it is against the law to sell cigarettes to people under 18 years old
- 90% of children surveyed on the “Friends” programme (9- to 10-year-olds) know that medicines can sometimes be harmful
- 89% 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

- 86% of children surveyed on the “Feelings” programme (6- to 7-year-olds) said they know what their body needs to stay healthy
- 84% of children surveyed on the “Feelings” programme (6- to 7-year-olds) said they know what is inside their body
- 81% of children surveyed on the “Feelings” programme (6- to 7-year-olds) said they know who they can talk to if someone has upset or is bullying them
- 79% 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:

“Since I heard that energy drinks are bad for you I haven't had one since.”

“I have tried to say no to my friends and it worked without any use of anger or break ups.”

“I have tried to alter my diet by eating less sugary food and I have tried to do more exercise.”

“I have helped my grandad stop smoking after he got heart disease, to help him recover quicker and better.”

“I learnt in year 3 that keeping healthy is important to a healthy body... I'm in year 6 now and I jog and ride my bike every day. Thank you for teaching me about it.”

“I made the decision not to drink alcohol when somebody offered me some.”

“I have used the information about eating healthy to make myself have a balanced diet.”

“When my friend asked if I wanted to go in a closed off place I said no.”

“I remember that they talked about teeth so I have been careful of sugar and other treats.”

“We said chocolate is a drug so I am eating less of it; and I am more polite to my friends.”

“I now always have my 5 a day.”

“I have been assertive.”

2 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 and Thames Valley 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 2016-2017 school year.

3 CLE in Wessex and Thames Valley schools

In Wessex and Thames Valley schools 671 children completed the "Decisions" programme (10- to 11-year-olds) evaluation questionnaire; 802 children completed the "Friends" programme (9- to 10-year-olds) evaluation questionnaire; and 643 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.

304 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.

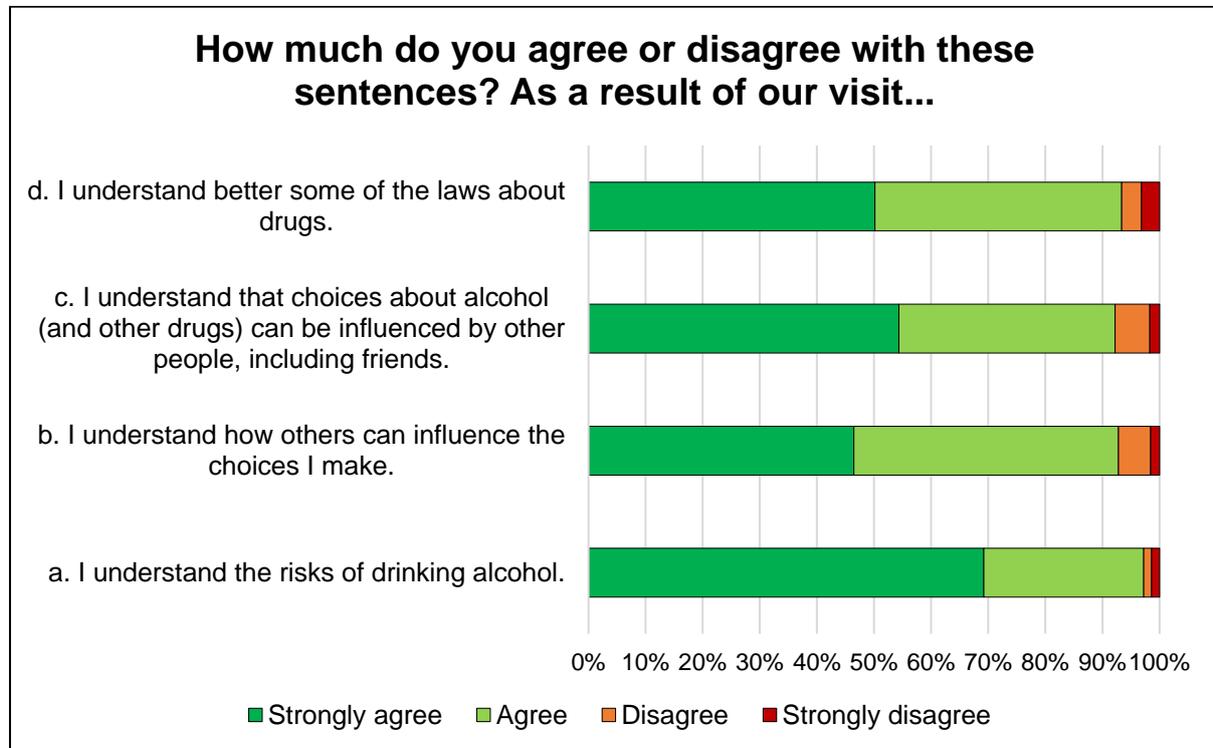
4 Evidencing Outcomes for Children

4.1 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 (97%), they understand how others can influence the choices they make (93%), 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

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)	93%	7%

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)	85%	15%
e. It is legal to sell cigarettes to anyone of any age. (FALSE)	24%	76%
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)	73%	27%
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%

4.1.1 Social Norms and Misperceptions of Alcohol Use

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 73% 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.

4.1.2 Conclusion

The evaluation data demonstrates substantial learning for children in many areas. In fact, 92% of children reported that what they had learnt during the session would help them in the future. Comments made by children included:

“Now I am sure that smoking and taking drugs is bad for you so I will never do it.”

“I know the effects of too much alcohol, underage drinking and smoking, and know it’s good to keep healthy and fit.”

“It will help me in the future because this has taught me the consequences and the risks of taking a drug.”

“I understand better the effect of our actions on other people.”

“It will help me to know what to do if my friends try to persuade me to have some alcohol or a cigarette when I am in secondary school.”

“I thought drinking regularly wouldn't harm anyone much but it does.”

“What I learnt helped me understand the choices I will need to make in the future.”

“It will make me think before drinking lots of alcohol when I'm older and stick up for myself and others when people are trying to influence their decisions in the wrong way.”

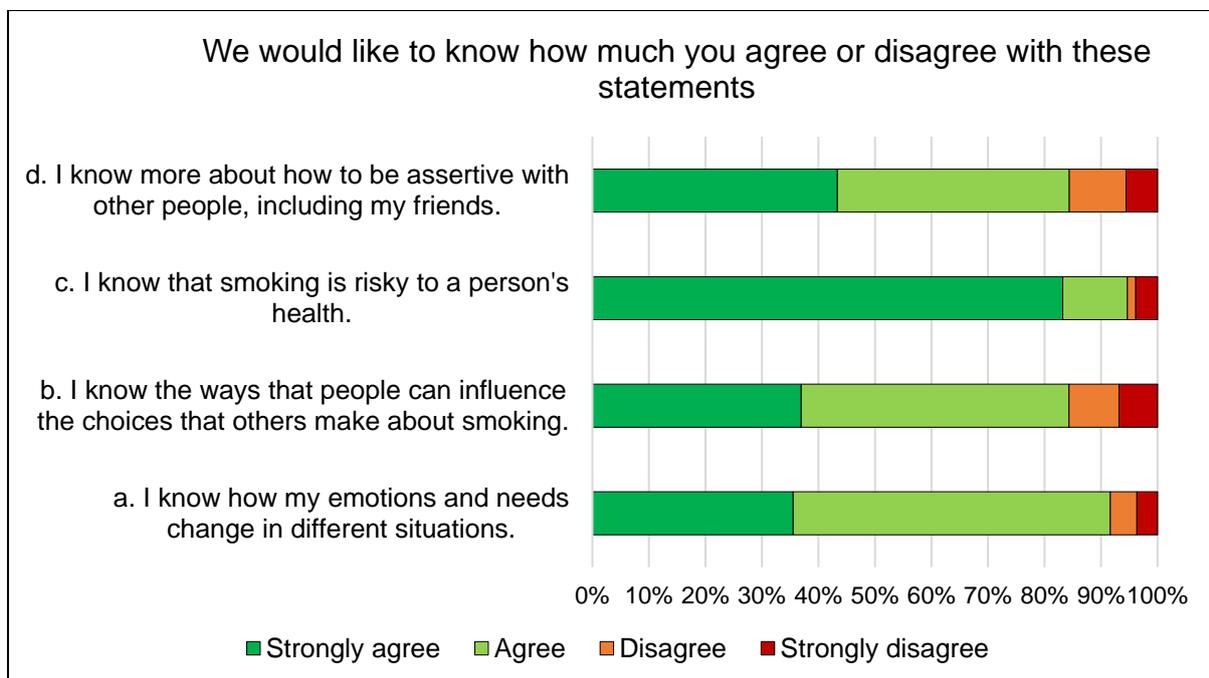
“I know not to take illegal drugs because of their side effects.”

“I have learnt that I need to do what I think I should do and not let others influence me if I know it is wrong.”

4.2 Learning from the Friends programme (9- to 10-year-old pupils)

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 (92%), they know the ways that people can influence the choices that others make about smoking (84%), they know that smoking is risky to a person's health (95%), and they know more about how to be assertive with other people, including their friends (84%).

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 it is against the law to sell cigarettes to people under 18 years old (ii) 90% of children now know that medicines can sometimes be harmful.

Table 2: Children’s learning from the Friends programme

Statement	True	False
a. All medicines are drugs. (TRUE)	66%	34%
b. All drugs are medicines. (FALSE)	14%	86%
c. Medicines can always make people feel better. (FALSE)	25%	75%
d. Medicines can sometimes be harmful. (TRUE)	90%	10%
e. The same drug can have a medical and a non-medical use. (TRUE)	68%	32%
f. It is against the law to sell cigarettes to people under 18 years old. (TRUE)	91%	9%
g. When someone is being aggressive they are forcing their ideas onto somebody else. (TRUE)	64%	36%
h. When someone is being assertive they are standing firm but trying to keep things calm and friendly. (TRUE)	82%	18%
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)	89%	11%

4.2.1 Social Norms and Misperceptions of Smoking

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. 76% 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.

4.2.2 Conclusion

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:

“It will help me make better choices in the future.”

“I can use the information on how to say no to your friends and practice using it.”

“Not to have energy drinks and not to smoke.”

“I think that what I have learnt will help me in the future, for example, if I were to get in an argument I know to be assertive.”

“It will help me make the right choices and if I choose to do something that is risky I know the consequences.”

“The information I learnt will help me if I fall out with one of my friends.”

“I won’t smoke because you can die younger and its unhealthy for you.”

“I now know that smoking is a drug so I can tell my nan and granddad that smoking is bad for you and will make your heart beat faster and will cause all different diseases. I know not to have too much Coke because it has a little drug in it but it does not mean that you have to stop drinking it, I just have to stop drinking as much.”

“I know not to smoke because it harms your lungs.”

“They teach us in a way that makes us remember. Also, I will not take drugs because I know what will happen.”

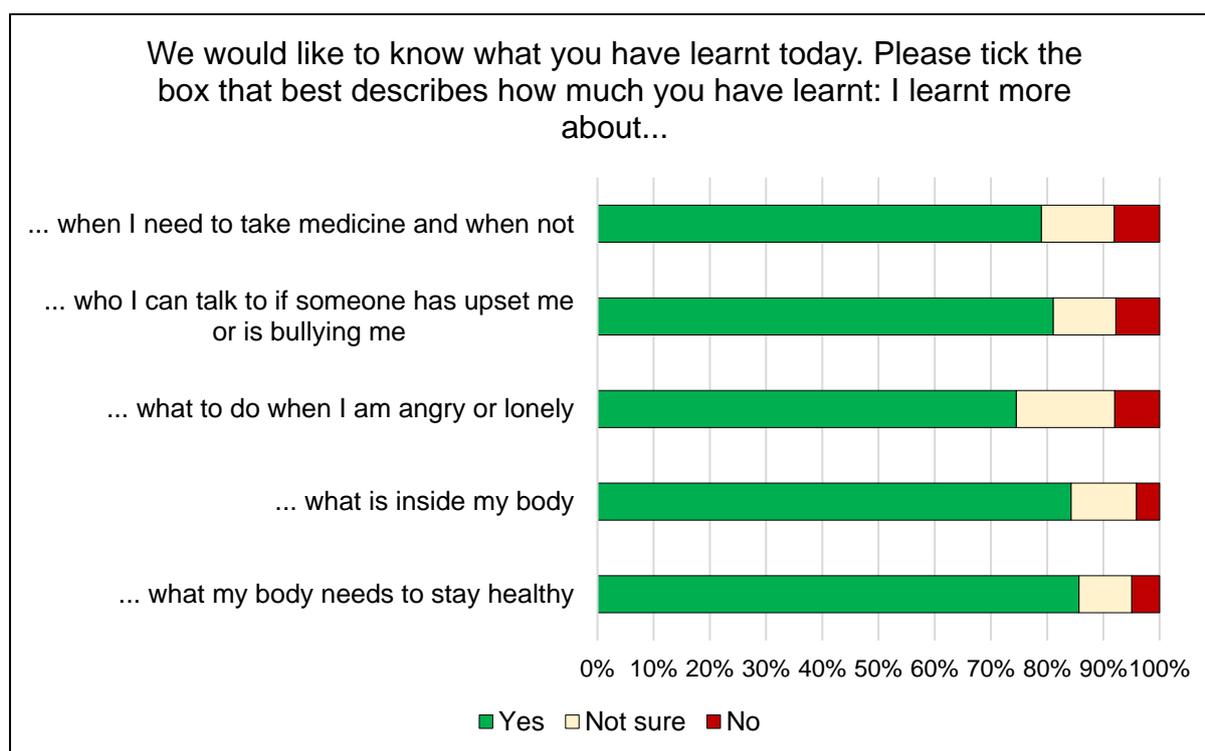
“In the future I will never smoke. I want to be strong and healthy.”

“That has made me think about what the risks are in smoking and I will never smoke ever in my life. I have learnt that you can say no without being afraid to.”

4.3 Learning from the Feelings programme (6- to 7-year-old pupils)

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 (86%), what is inside their body (84%), what to do if they are angry or lonely (75%), who they can talk to if someone has upset or is bullying them (81%), and when they need to take medicine and when not (79%).

Figure 3



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

“I have learnt that if I take too much medicine it will make me poorly.”

“What to do if our friend is in trouble.”

“Always ask a friend when something is wrong.”

“Bullying means more than once.”

“Don’t take medicine on your own, you don’t know how much you need or what time to take it.”

“To let someone play.”

“I learnt that if you have too much sugar in your body you become poorly.”

“We must be nice to people at all times and get lots of sleep.”

“If you leave somebody out it might hurt their feelings.”

5 Benefits of Coram Life Education to schools in the Wessex and Thames Valley area

5.1 Benefits to individual staff

Staff reported that:

- They are more confident to deliver PSHE activities (64%)
- They understand better how drug education fits into a PSHE (including Health and Well-being) framework (58%)
- 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 (42%)

- They have learnt about their pupils' understanding of issues relating to their health and well-being, including behaviour and safety (88%)
- They have been able to integrate Life Education's contribution into their planning and PSHE curriculum (65%)
- The quality of the content was appropriate to the class (97%)
- The learning outcomes were covered (92%)
- They have gained new ideas (58%)

Comments from staff included:

“Excellent positive attitude and delivery. The learning was broken down into manageable sections and all the children were fully engaged and enjoyed the experience.”

“I like the idea of using a puppet as the children really warmed to the character and it held their concentration.”

“I liked the body parts vest for its clear simple method of conveying information about anatomy and health.”

“I liked the multisensory approach to learning, using visual, audio and kinaesthetic stimuli.”

“I really enjoyed the Giraffe. What a splendid idea to use a puppet to help explore situations like what happens at a party. Very clever. I would like to use a puppet myself in my teaching and it has inspired me to look for ways to include this.”

“I think that the practical demonstrations of how the brain could send a message to a different part of the body was a very clear and accessible way for the children to understand. They thoroughly enjoyed each activity.”

“It was amazing how many elements of the curriculum were covered in the session and I feel more confident using stories to teach the curriculum. The children were very engaged and keen to share their knowledge and understanding.”

“It was great to be the observer and gain a better understanding of each child and their contribution to group tasks and discussions which you do not always get when whole class teaching.”

“Online resources are excellent.”

“It was helpful to hear the teacher’s responses to the children telling her about their family members’ behaviour around cigarettes and alcohol. Her responses were non-judgmental and matter of fact.”

“The lady delivering the session was great. Very personable, set up a positive relationship with the children right from the word go and valued all of their contributions.”

“The range of interactive activities that made sure the children were engaged at all times. Incorporating movement breaks and using open discussion as a platform to make sure all children contributed. I particularly liked the role play aspect that put the children in a situation that they could relate to. I would like to incorporate more role play into PSHE sessions to allow the children to experience what a situation could feel like and practice a range of responses.”

“Very useful to have listened to the children’s thoughts and feelings while in their Life Bus session. Remembering what they said will be very helpful when in class and especially while on playground duty when a lot of the friendship issues arise.”

“Will definitely try some brain gym exercises.”

“Love the new scarf content on the website.”

5.2 Benefits to schools

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

- The delivery of PSHE at their school (100%)
- The integration of Life Education into their school’s curriculum planning (93%)
- Meeting the needs their school has identified in relation to drug education (92%)
- 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 (92%)
- The school's strategies for raising achievement (85%)
- Parental engagement in school (64%)
- The Healthy Schools programme (100%)
- The confidence of staff to deliver PSHE activities (77%)
- Staff’s understanding of how drug education fits into a PSHE framework (73%)
- 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) (67%)
- Staff’s understanding of good practice in relation to health education (92%)

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 (50%)
- Provides specialist teaching (29%)
- Gives children the opportunity for learning in a new environment (86%)
- Quality of teaching and delivery of materials (50%)
- In line with our school's ethos and values (43%)
- Children enjoy the sessions (79%)
- Encourages parents to be involved in their child's education (7%)
- Previous feedback and comments from other schools is positive (14%)

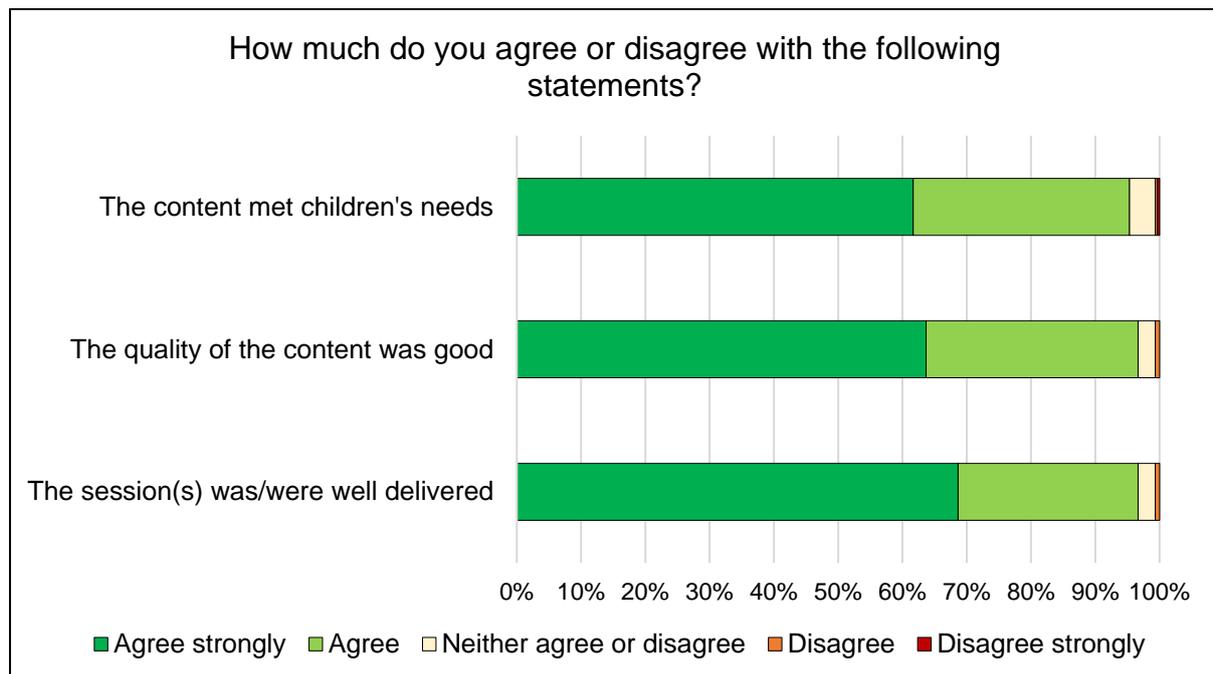
6 Satisfaction with the Coram Life Education programme

6.1 Staff's satisfaction with Coram Life Education

97% 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 (97%)
- The quality of the content was good (97%)
- The content met children's needs (95%)

Figure 4



98% of staff said that they would recommend our service to another school.

Comments from staff included:

“Very professional, informative and well organised. Having access to the SCARF planning to support us in teaching PSHE regularly is superb.”

“This was a fantastic experience for the children which I would highly recommend. The resources we now have available to support this session are brilliant. Thank you so much for such a valuable lesson.”

“I thought the children were given the opportunity to share their own thoughts and feelings well. It provided opportunity for reflection.”

“The sessions are always engaging and at an appropriate level. It is interesting to hear the children’s knowledge and listen to them expressing their understanding. The use of props, videos, music and puppets is brilliant.”

“The children learned new ideas about feelings and how certain people’s decisions can affect the decisions of others. The content on drugs and medicine was apt for the children’s age.”

“Always love it, you do a brilliant job.”

“We have always been impressed with the staff and the content of the sessions.”

“It was a pleasure to observe someone else teaching PSHE with such a natural talent for engaging and encouraging children to share their knowledge, whilst so excellently imparting more.”

“I felt my class came away having had a valuable experience. Already I have seen them using their new knowledge in their work and in their play. It is particularly helpful to have bullying explained so that the children understand what it is AND what it is not.”

“It is really important that the children have the opportunity to talk, listen and express their feelings in a space with a trusted adult who is not their parent or their regular teacher.”

“The session was delivered in such a caring and sensitive way. The children responded so well and answered many questions but also learnt a great deal. The session made them think and make links to their own lives.”

6.2 Children’s satisfaction with Coram Life Education

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

6.2.1 Decisions programme

Of the children who received the “Decisions” programme (10- to 11-year-olds) 87% reported it was ‘excellent’ or ‘good’. 68% 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, the effects they have on the body and laws about drugs; participating in small group activities which provided them with opportunities to express their own opinions; and responding to audio visual stimuli to explore decision making, peer group dynamics and handling peer pressure. One child said, *“I think the*

most interesting thing for me was learning about how to get out of a tricky situation, such as your friends forcing you to have alcohol, and making the right decision.” Another said, *“The most interesting thing for me was learning about which drugs are medical, nonmedical, legal and illegal.”* 35% 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 did not require this information; 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.

6.2.2 Friends programme

Of the children who received the “Friends” programme (9- to 10-year-olds) 85% reported it was ‘excellent’ or ‘good’. 73% 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; participating in drama activities such as rehearsing assertiveness skills following audio visual input; and learning about the human body. One child said, *“When we studied drugs it was very interesting and now I can encourage my mum to stop smoking.”* Another said, *“To see how to say no in a nice way. I will use that strategy.”* 33% 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 either did not enjoy the group activity or felt that their opinions were ignored by their group.

6.2.3 Feelings programme

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 looking at the faces and deciding how they were feeling.”* Another said, *“I liked the bit where we had to catch the stars and put them under our pillow. That was fun.”* Only a few children commented that they didn’t like anything about the programme. One child said, *“I didn’t like it when the penguin was being mean to the kangaroo.”*

7 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.

8 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