



Coram Life Education

Evaluation of Coram Life Education in Wessex and Thames Valley

September 2017 – August 2018



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1 Summary

Life Education Wessex and Thames Valley helps children in Devon, Dorset, Hampshire, Somerset, Berkshire, Buckinghamshire, Oxfordshire and East Swindon 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 **11/09/2017** to **17/07/2018**. Over **1800 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 how others can influence the choices they make
- 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
- 92% of children surveyed on the “Decisions” programme (10- to 11-year-olds) agreed or strongly agreed that they understand that choices about alcohol (and other drugs) can be influenced by other people, including friends
- 89% 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

- 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
- 91% 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
- 89% 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
- 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
- 88% of children surveyed on the “Friends” programme (9- to 10-year-olds) know that not all drugs are medicines
- 87% of children surveyed on the “Friends” programme (9- to 10-year-olds) know that medicines can sometimes be harmful

- 81% of children surveyed on the “Feelings” programme (6- to 7-year-olds) said they know what is inside their body
- 80% of children surveyed on the “Feelings” programme (6- to 7-year-olds) said they know what their body needs to stay healthy
- 75% 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
- 71% 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 used the lesson we had on our body and how unique we are to convince myself that I am special.”

“I told my dad if you keep smoking it could lead to cancer and he stopped as soon as I told him.”

“One of my friends got hold of a vape and was trying to persuade me to have a vape and he said to me, “If you are a man you will have a vape,” but I said to him it’s not healthy.”

“I have drank less fizzy drinks.”

“Calming strategies.”

“I have stuck up for my friends when someone was in trouble and the person was not letting them make their own decisions which is what we learnt and talked about last time.”

“I am able to say no to people more easily.”

“Yes because last time I went we learnt about feelings and I have tried to think before I talk in case I hurt their feelings.”

“I have eaten more fruit and vegetables and have played more sports.”

“I have thought about my language towards other people.”

“I've been helping more and more people.”

“I've been more assertive to my friends and I can now stand up for my own opinion more confidently.”

“I have made sure I have stayed healthy and well and to stay safe on the internet.”

“I have been making sure I don't eat too much junk food.”

“I have learnt not to drink too much energy drinks.”

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 2017-2018 school year.

3 CLE in Wessex and Thames Valley schools

In Wessex and Thames Valley schools 660 children completed the “Decisions” programme (10- to 11-year-olds) evaluation questionnaire; 749 children completed the “Friends” programme (9- to 10-year-olds) evaluation questionnaire; and 433 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.

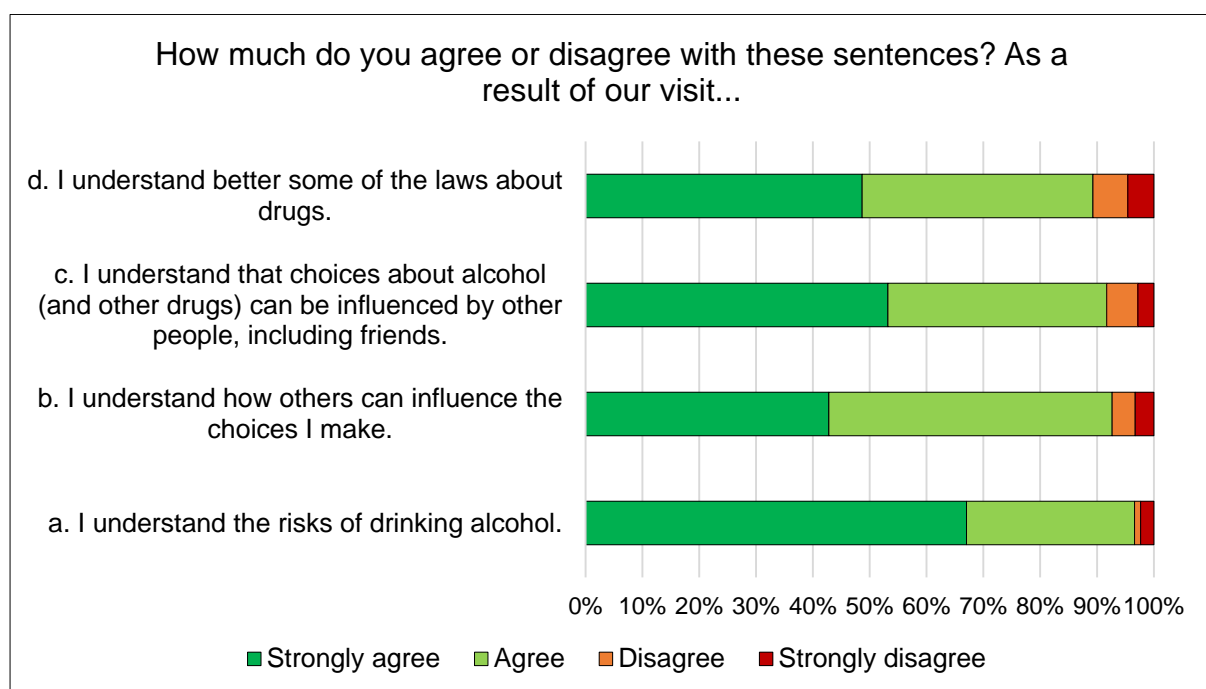
347 members of school staff, including class teachers, teaching assistants, PSHE coordinators and head teachers, also completed a questionnaire about how the sessions were delivered and the value of the programme to their schools.

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 (89%).

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)	13%	87%

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)	82%	18%
e. It is legal to sell cigarettes to anyone of any age. (FALSE)	22%	78%
f. Most 11- to 15-year-olds have never had a drink of alcohol (e.g. a whole can, bottle or glass). (TRUE)	70%	30%
g. There are fewer young people who drink alcohol now than 10 years ago. (TRUE)	69%	31%
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)	87%	13%

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 70% 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 69% 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, 90% of children reported that what they had learnt during the session would help them in the future. Comments made by children included:

“Yes because now I know what I will be putting into my body and the effects if I ever choose to do so.”

“I will know how to keep myself safe when using medicines. Also, I’ll know how to stand up for myself when something doesn’t go to plan.”

“I will never EVER smoke, drink or take drugs.”

“Yes because I won’t take illegal drugs.”

“It will help me make better decisions.”

“Yes because I have learnt the risks of drugs, alcohol and smoking. I will now think more carefully about these choices.”

“It will help me not to fall into the trap of peer pressure, and to make my own decisions.”

“It will help because it has made me more confident in going out or into town.”

“I will now know the side-effects of drugs and I know not to be influenced by others.”

“Because in the future if I didn’t know how alcohol affected you, I could drink too much and if I didn’t know what a cigarette did to your lungs, I could’ve kept smoking them.”

“I know now that I shouldn’t drink too much alcohol at a time because it slows your senses.”

“I have made a decision not to drink or to smoke and try and help others like my mother to stop and because I completed it I believe I will succeed in that.”

“Because I won’t take drugs ever unless medical related and told by a doctor and I won’t drink alcohol under 18.”

“Yes because if some friends are making me smoke I will say no.”

“It will help me know what’s good and bad for my body and how to deal with difficult situations.”

“Now I know what to do when arguments happen between friends and how to stop them without being in danger.”

“I think it will help me not do anything like drugs and alcohol. It gives me a better understanding of these things.”

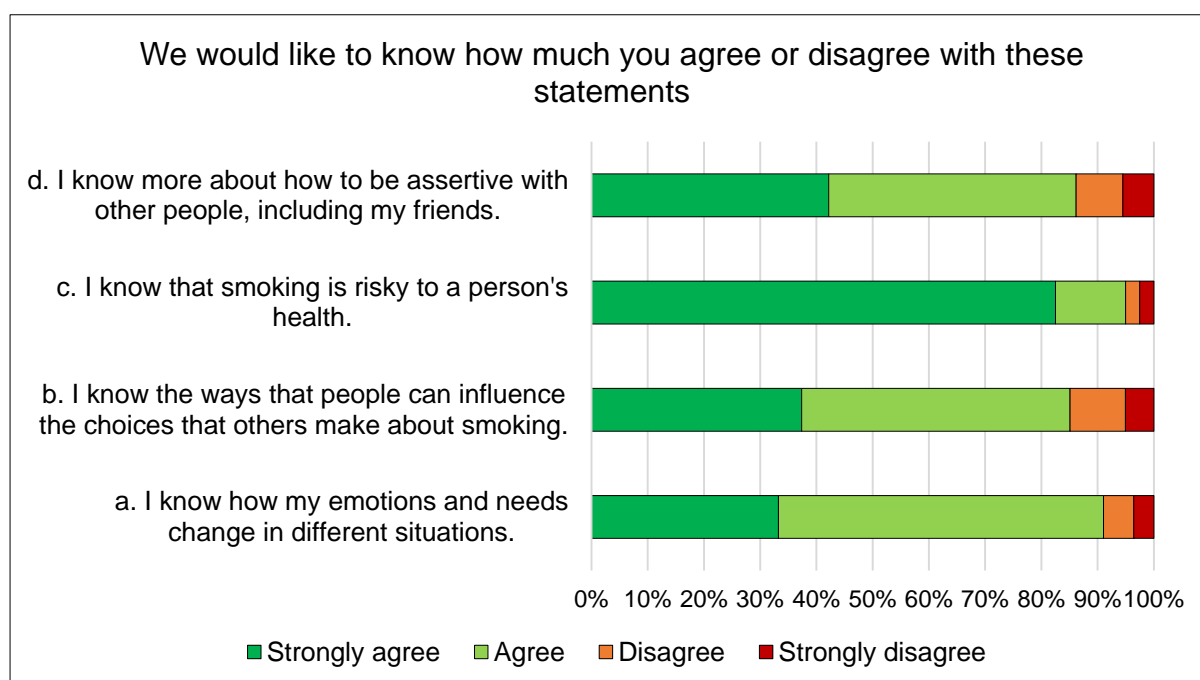
“Yes because in the future it will help me understand the law.”

“It will help me in future because now I know to not even try to smoke because I might get addicted to it and it’s bad for your lungs and you might die.”

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 (91%), they know the ways that people can influence the choices that others make about smoking (85%), 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 (86%).

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) 89% of children now know that it is against the law to sell cigarettes to people under 18 years old (ii) 89% 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

Statement	True	False
a. All medicines are drugs. (TRUE)	72%	28%
b. All drugs are medicines. (FALSE)	12%	88%
c. Medicines can always make people feel better. (FALSE)	24%	76%
d. Medicines can sometimes be harmful. (TRUE)	87%	13%
e. The same drug can have a medical and a non-medical use. (TRUE)	71%	29%
f. It is against the law to sell cigarettes to people under 18 years old. (TRUE)	89%	11%

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)	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)	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. 75% 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, 88% of children reported that what they had learnt during the session would help them in the future. Comments made by children included:

“I will know how to act when someone is trying to make me do something that I feel is wrong. I now have all of the information to help me make good choices.”

“I will not smoke because I will be risking my life.”

“Yes because I have loads of friends and we sometimes fall out. It is very important to learn how to deal with peer pressure and I might encounter some in the future.”

“It will help me to make the right decisions and to be able to talk confidently as I get older.”

“It will help me make better choices in life.”

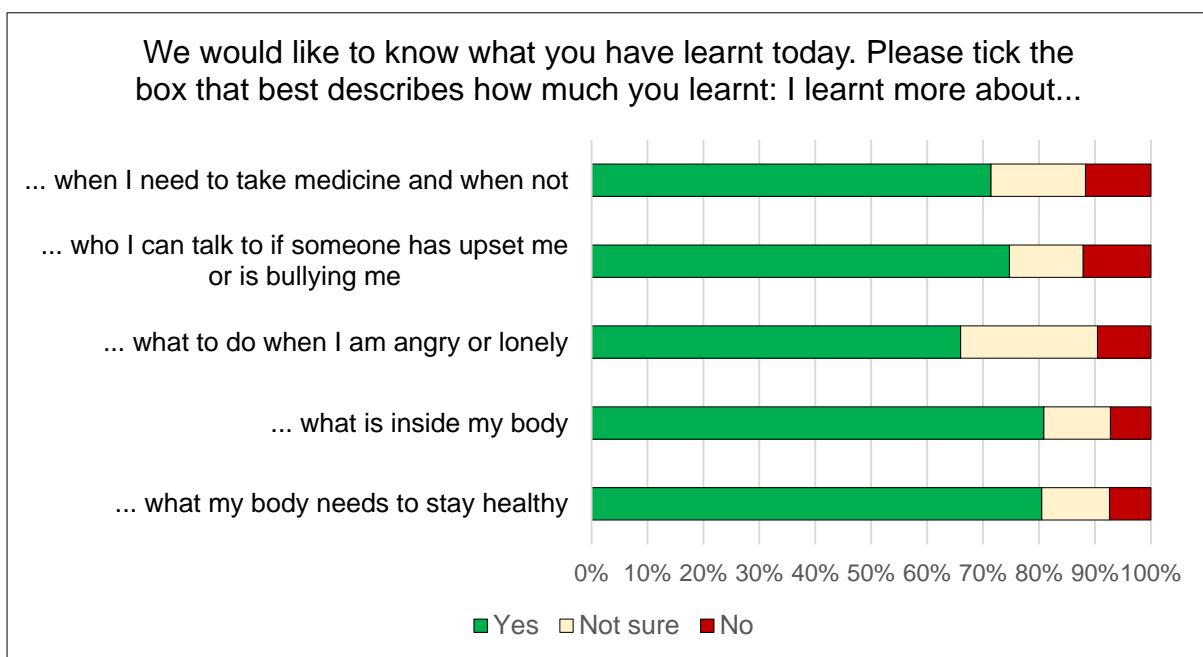
“Now I am not going to smoke because I know the harm that it could do to your body and your lungs.”

“It will help me make the right decisions and choose healthy options.”
“It has given me confidence to stand up for myself and what I believe in.”
“I will never smoke or drink too many energy drinks.”
“Even if I am not in a situation like this I can help people who are.”
“I learnt that smoking is poisonous to your lungs so I won’t smoke.”
“Now I know how to sort out awkward situations with my friends.”
“It will help me in Secondary school because EVERYONE needs to know the effects of things like smoking so they can say no if they want 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 (80%), what is inside their body (81%), what to do if they are angry or lonely (66%), who they can talk to if someone has upset or is bullying them (75%), and when they need to take medicine and when not (71%).

Figure 3



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

“We learnt you have to care about other people.”
“That you are only bullying if you do it several times.”
“When you are angry you have a lonely time.”
“I learnt about keeping fit.”
“How our body moves.”
“Not to take medicine that is not yours.”
“I also learnt that there were 206 bones in the body and that our stomachs are actually smaller than what I thought they were.”

“If someone is mean to someone and the next day that person is mean back that will make the other person feel sad too.”

“How you breathe.”

“Don't take medicine if you don't know what it is.”

“If you want someone to be kind to you you need to be kind to them.”

“Not to stay up too late.”

“Feelings are all different.”

“How friends help each other if one of them is upset.”

“I learnt to be the best you can be.”

“How to be kind to people when they are feeling lonely.”

“That people can make other people feel sad and happy.”

“How our faces change when we have different emotions.”

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 (65%)
- They understand better how drug education fits into a PSHE (including Health and Well-being) framework (57%)
- 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 (46%)
- They have learnt about their pupils' understanding of issues relating to their health and well-being, including behaviour and safety (89%)
- They have been able to integrate Life Education's contribution into their planning and PSHE curriculum (62%)
- The quality of the content was appropriate to the class (98%)
- The learning outcomes were covered (91%)
- They have gained new ideas (60%)

Comments from staff included:

“With the planning tool and lessons there are so many new ways that we can now look at and teach certain aspect of PSHE. New ideas are always great and keep planning and teaching relevant and up to date.”

“Harold's overnight bag for his grandparents was a lovely way to talk about ways to stay clean and healthy.”

“I liked the idea of the bag with the objects and then the discussion about how those objects related to drugs which class had discussed earlier and would use that in a PSHE lesson.”

“I enjoyed learning about the language used when talking to children about right/wrong choices and how to be assertive without being unpleasant to each other. Great stuff.”

“I loved the actions and sound effects that we did when learning about parts of the body. They really helped my class to understand and remember the roles of the heart and lungs in particular.”

“I particularly like the hierarchy of needs activity and intend to use this in class.”

“Reminder of the impact of hot seating for PSHE.”

“The hand breathing technique a great idea for children with anger issues.”

“The role play on children being assertive and saying no and sticking to it was most useful as some of the children struggle with emotions and being assertive in a positive way rather than getting angry, arguing or crying.”

“The SCARF resources are going to be very useful. The use of a telephone during circle time is a good idea.”

“The section on how we are all the same yet unique was quite enlightening. It gave me ideas for further work on this. Being able to observe rather than teach my class was a really useful experience.”

“The talk to the children was carefully presented and I have gained ideas about how to engage the children, e.g. tone of voice, fun activities, mime, etc.”

“The use of the videos, interactive images and games were very engaging for the pupils. I would like to try and use this more in my PSHE/SCARF lessons.”

“The way in which the children’s curiosity was fostered rather than always worrying about behaviour. Allowing the children to be free to speak.”

“Use of puppets/characters for children to give advice to.”

“Ways of introducing or dealing with slightly tricky or emotive subjects, e.g. my granddad died of lung cancer, and the scientific reasoning behind things like the body trying to deal with smoke/alcohol gives a deeper perspective and removes the fear/taboo. I also felt my children were given every opportunity to really show what they knew and could do, and they did.”

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 (95%)
- The integration of Life Education into their school’s curriculum planning (79%)

- Meeting the needs their school has identified in relation to drug education (76%)
- 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 (84%)
- The school's strategies for raising achievement (72%)
- Parental engagement in school (61%)
- The Healthy Schools programme (94%)
- The confidence of staff to deliver PSHE activities (63%)
- 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 (44%)
- Staff's understanding of the three-strand approach to drug education (skills, knowledge, attitudes) (59%)
- Staff's understanding of good practice in relation to health education (79%)

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 (53%)
- Provides specialist teaching (63%)
- Gives children the opportunity for learning in a new environment (84%)
- Quality of teaching and delivery of materials (74%)
- In line with our school's ethos and values (74%)
- Children enjoy the sessions (79%)
- Encourages parents to be involved in their child's education (47%)
- Previous feedback and comments from other schools is positive (21%)

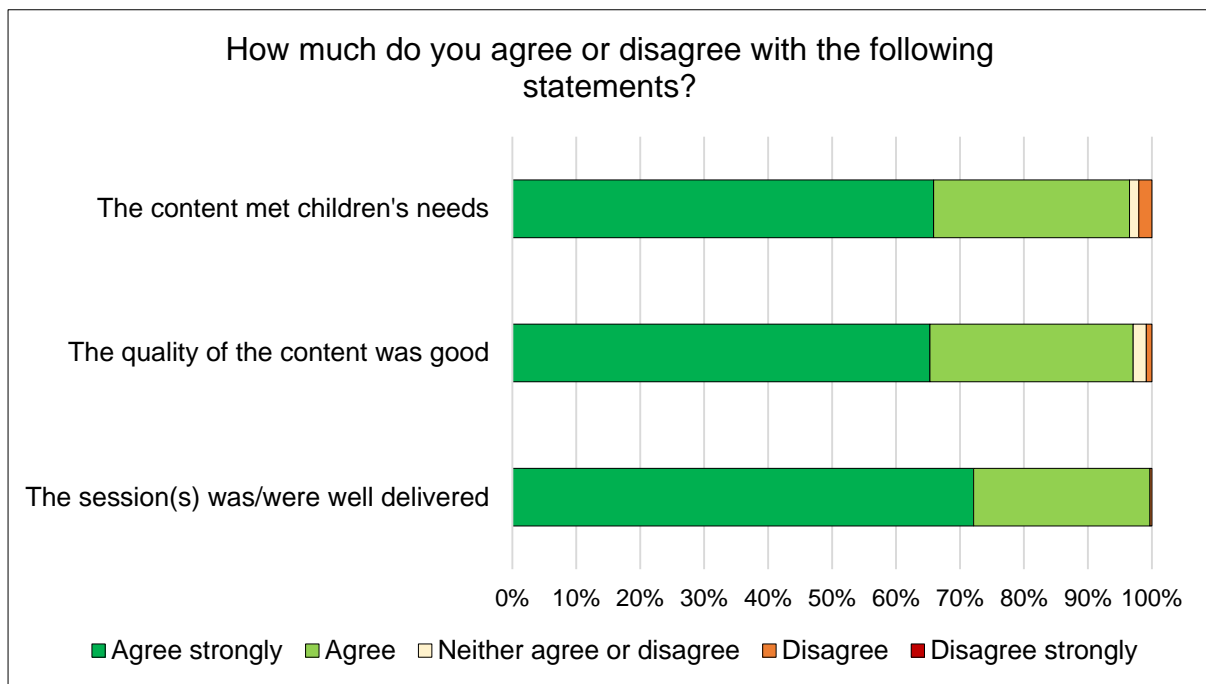
6 Satisfaction with the Coram Life Education programme

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 (99.7%)
- The quality of the content was good (97%)
- The content met children's needs (97%)

Figure 4



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

Comments from staff included:

“Consistent high quality provision which combined with SCARF make a significant impact on our PSHE delivery in school.”

“A great session. All answers were valued. The children were spellbound at times. It was a safe atmosphere. I learned a lot about my class.”

“A very appropriate session in which the pupils were engaged and keen to participate. The presentation was well paced and held their attention by the varied strategies used.”

“The educators are always very good and interact brilliantly with the children, making them feel that they can discuss these subjects in confidence when necessary. It gives us as teachers the ability to observe reactions and attitudes more than we could in an ordinary PSHE lesson.”

“An informative session that covered many issues which the children have questions about, but these were delivered in a sensitive and thoughtful way. The children came out talking very positively and are excited about the next visit.”

“Slick, relevant and the children loved it.”

“The children were given a clear insight into how their bodies work and how to stay safe, healthy and happy.”

“The children were engaged and the session helped to promote how they can look after themselves physically, socially and emotionally.”

“It was a great session that covered a wide range of topics in a short space of time. Pitched just right for Reception class.”

“The children thoroughly enjoy the experience. They can relate to their own bodies, lifestyle and experiences and, through Harold, they experience empathy.”

“Well paced session with apposite questioning and topics.”

“The session met the needs of our children, was fun and engaging. I also like how it involved songs, lighting, actions and stories.”

“The children thoroughly enjoyed the experience and were incredibly keen to be involved in the discussions and activities.”

“It filled the children with valuable information that will help them make informed choices regarding any pressure they may feel.”

“Excellent delivery of appropriate material.”

“[Name of educator] held the interest of her young audience and subtly encouraged them to explore their own understanding of the subject whilst then extending that knowledge. A must for any school.”

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) 83% reported it was ‘excellent’ or ‘good’. 61% 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; working together to consider the influences that young people’s peers have on an individual’s feelings and actions; and exploring ways to handle peer pressure when decision making. One child said, *“I liked how we talked about making clever decisions about drugs and what to do if you are offered one. The most interesting part for me was when we watched the videos about the boys and how they disagreed and said no. Now I know its ok to say no.”* Another said, *“Learning that all drugs are harmful even the legal ones.”* Another said, *“Seeing all our emotional needs and how they can influence others’/your own decisions/behaviour.”* 35% of children found something boring. This included learning about drugs as some children felt that they already knew this information; not being active enough during their session as they felt uncomfortable whilst sitting in the mobile classroom; and sections of the workshops that involved listening to explanations or participating in discussions as these did not suit their preferred learning styles.

6.2.2 Friends programme

Of the children who received the “Friends” programme (9- to 10-year-olds) 81% reported it was ‘excellent’ or ‘good’. 66% 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; sharing their opinions about different emotional needs; and considering effective strategies for dealing with tricky situations with friends and rehearsing assertiveness skills following audio visual input. One child said, *“The most interesting thing for me was when we did some acting in the life bus with our friends. After the life bus situation I feel more comfortable around people I’m not used to working with.”* Another said, *“I liked when we learned about emotions and how to talk without sounding aggressive.”* Another said, *“The most interesting part for me was how smoking could affect your body so much and all the yucky sticky tar that’s used in cigarettes can blacken your lungs.”* 34% of children found something boring. This included learning about drugs as they felt that they already knew the information or that it was not relevant to them; and sections of the workshops that involved listening to explanations or participating in discussions as these did not suit their preferred learning styles.

6.2.3 Feelings programme

Of the children who received the “Feelings” programme (6- to 7-year-olds) 86% reported it was ‘good’, with 11% saying they were ‘not sure’. 86% 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 met Harold and I liked it when we lit up Tam’s brain with our voices. I liked it when Kiki went to talk to Harold.”* Another said, *“I liked looking at the body because it glows up. I liked dancing to the music.”* Another said, *“I enjoyed learning about being nice to one another.”* 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 said to Kiki that she wasn’t allowed in the disco.”*

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 is inside their body (“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