



Coram Life Education

Evaluation of Coram Life Education in Wessex and Thames Valley

September 2018 – August 2019



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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 450 000 children every year in over 2000 schools, teaching life skills 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 **12/09/2018** to **18/07/2019**. Over **720 children** and **150 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:

- 98% of children surveyed on the "Decisions" programme (10- to 11-year-olds) agreed or strongly agreed that they understand the risks of drinking alcohol
- 97% 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
- 94% 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 how others can influence the choices they make
- 90% 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
- 90% 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 “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
- 93% 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) 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) 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) agreed or strongly agreed that they know more about how to be assertive with other people, including their friends
- 89% of children surveyed on the “Friends” programme (9- to 10-year-olds) know that not all drugs are medicines

- 92% of children surveyed on the “Feelings” programme (6- to 7-year-olds) said they know what their body needs to stay healthy
- 91% 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
- 88% 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 to do when they are angry or lonely

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

“I have walked away from someone when they were being mean.”

“I told my mum the danger of alcohol.”

“Last time on the life education bus we learnt about healthy diets and I've been trying to eat healthy food since then and maybe just a little bit of junk food.”

“I have tried to not do everything the same as other people and have tried to not compare myself to others.”

“How to make an argument fair between friends.”

“I have been assertive with my friends.”

“I used what I was taught and I stood up to a classmate when they were trying to make me do something wrong! Before visiting the life education bus I would not have felt able to do this so thank you!”

“I've used the fact that it's ok to say no to someone. Just because they might be bigger than you doesn't mean you can't say no.”

“I exercise.”

“Not to have energy drinks.”

“Told my relatives to not smoke.”

“How to make friends and how to stand up for yourself.”

“To stay away from people that are smoking so you don't breathe in chemicals.”

“Don't use your real name on a video game.”

“I helped my friend when his Grandpa died.”

2 Background

Coram Life Education contributes to the PSHE curriculum. Coram Life Education educators visit children, usually with mobile classrooms or inflatable 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, in discussion with the school (see references for Coram Life Education's Programme Overview and Learning Outcomes). In addition to education programmes, 'SCARF' online resources provide teachers with a year-round framework of lesson plans, planning and assessment tools to embed and enhance wellbeing across the school.

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 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 2018-2019 school year.

3 CLE in Wessex and Thames Valley schools

In Wessex and Thames Valley schools 293 children completed the “Decisions” programme (10- to 11-year-olds) evaluation questionnaire; 219 children completed the “Friends” programme (9- to 10-year-olds) evaluation questionnaire; and 212 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.

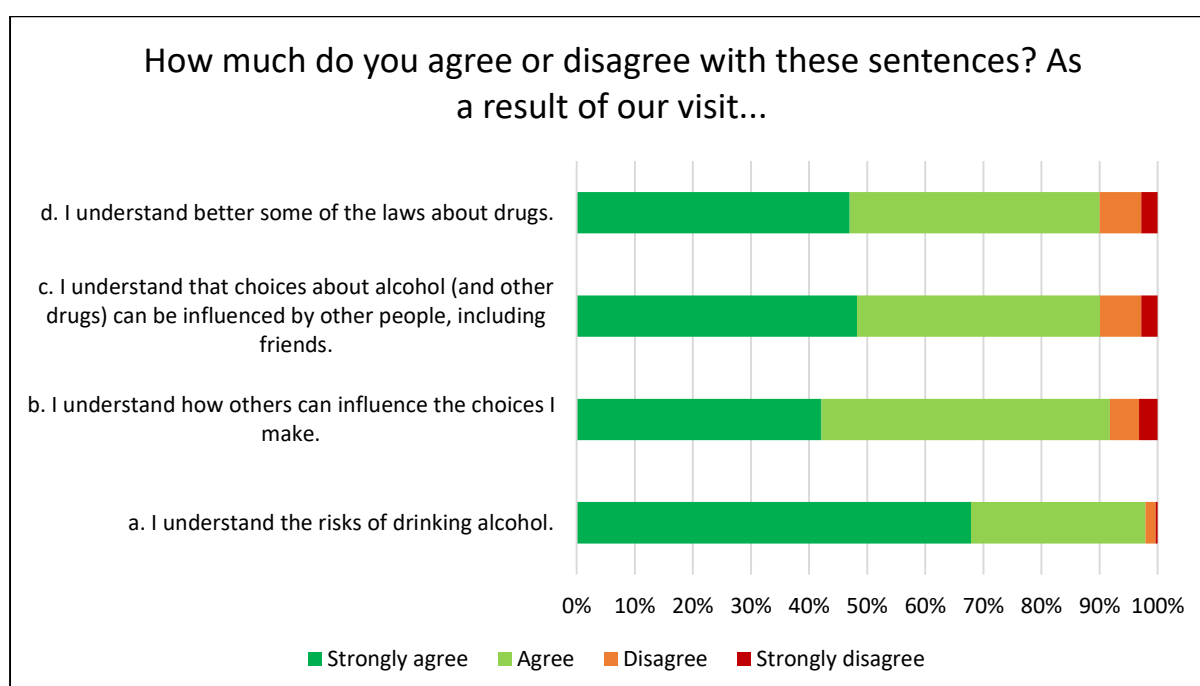
153 members of school staff, including class teachers, teaching assistants, PSHE coordinators and head teachers, also completed a questionnaire about how the sessions were delivered and the value of the programme to their schools.

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 (98%), they understand how others can influence the choices they make (92%), they understand that choices about alcohol (and other drugs) can be influenced by other people, including friends (90%), and they understand better some of the laws about drugs (90%).

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) 97% of children now know that all drugs (legal, illegal and medical) can be harmful if not used correctly (ii) 94% 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)	97%	3%
c. Someone with a criminal record may have difficulty in getting a job & travelling to other countries. (TRUE)	94%	6%
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)	87%	13%
e. It is legal to sell cigarettes to anyone of any age. (FALSE)	19%	81%
f. Most 11- to 15-year-olds have never had a drink of alcohol (e.g. a whole can, bottle or glass). (TRUE)	69%	31%
g. There are fewer young people who drink alcohol now than 10 years ago. (TRUE)	77%	23%
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)	84%	16%

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 69% 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 77% 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, 88% of children reported that what they had learnt during the session would help them in the future. Comments made by children included:

“Because I now know that being assertive will mean that I won't lose friends. I also know that taking too much medicine is bad.”

“I can now understand that drugs are bad and will not be influenced to take them or to take alcohol even if I lose the person as a friend.”

“I think that it will help me to not listen to people who try and make me try alcohol and cigarettes.”

“I understand how drinking can affect your heart and liver.”

“Yes because if someone is trying to influence you to do something you don't want to do you will know it is ok to say no.”

“Yes because now I know the dangers of smoking and drinking under age and also it shall help my decisions when I live on my own. Thank you life bus for teaching me these important things and I hope you can teach me more.”

“Ring/speak to someone you trust if you are experiencing peer pressure. Don't be pushed into doing something you don't want to do - there are other people who can help you with this. We learnt that being a passive bystander is almost as bad as being the person pressurising someone into doing something. We learnt how to be able to speak up in those situations.”

“I will think more carefully about the choices I make.”

“If anyone is bullying my friend I can help them.”

“It will help me as when I am older I will be much much less convinced to have drugs.”

“I think it has, because if someone pressures me to drink or smoke, then I know the consequences and can make the right choice.”

“Yes because they help you with friend problems and how to get out of tricky situations.”

“My uncle smokes and now I will try even harder to get him to stop smoking.”

“When I'm older I won't take drugs or smoke.”

“Yes because I know that you don't need to do everything your friends do.”

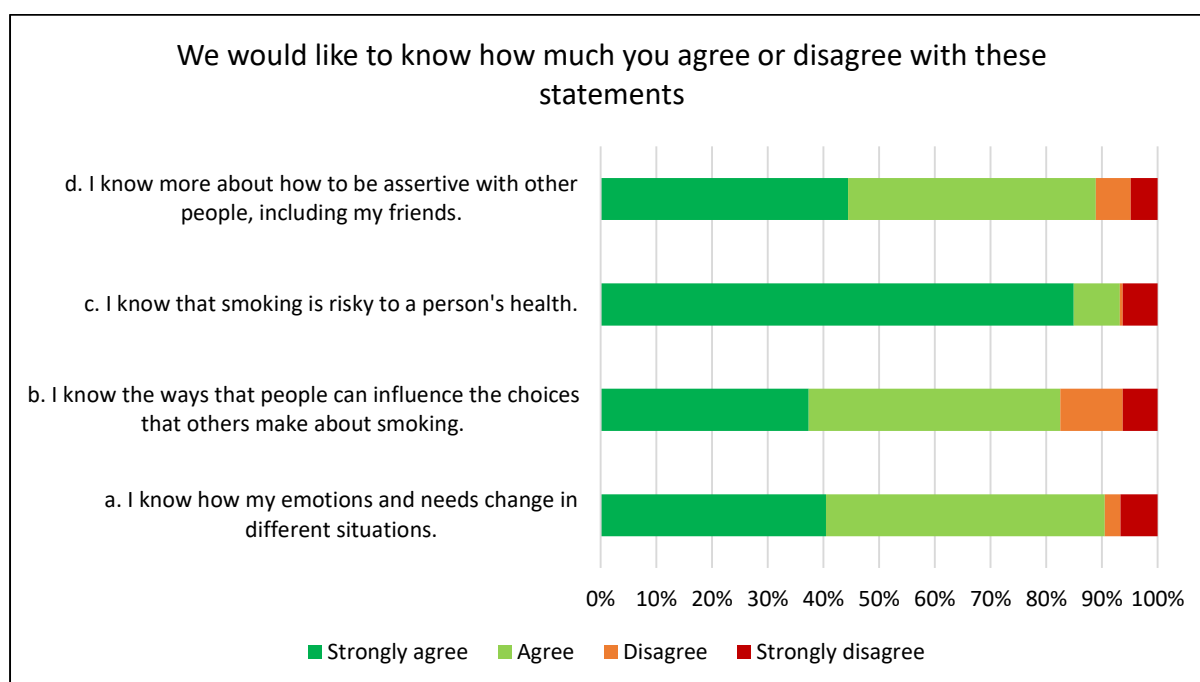
“Yes because I didn't know that having a lot of alcohol makes you very poorly.”

“I will never smoke and now I realise how bad it is.”

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 (90%), they know the ways that people can influence the choices that others make about smoking (83%), they know that smoking is risky to a person's health (93%), and they know more about how to be assertive with other people, including their friends (89%).

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) 92% of children now know that it is against the law to sell cigarettes to people under 18 years old (ii) 92% 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)	58%	42%
b. All drugs are medicines. (FALSE)	11%	89%
c. Medicines can always make people feel better. (FALSE)	25%	75%
d. Medicines can sometimes be harmful. (TRUE)	88%	12%
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)	92%	8%

g. When someone is being aggressive they are forcing their ideas onto somebody else. (TRUE)	70%	30%
h. When someone is being assertive they are standing firm but trying to keep things calm and friendly. (TRUE)	86%	14%
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)	93%	7%

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. 89% 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 think it will help me because it will help me with my emotions.”

“Because our friends could be mean and we could use the stuff that we learned about being assertive.”

“When I am an adult I will not smoke because I don’t want to get black lungs and feel very unwell so I will not smoke.”

“Yes because we’ve learnt about not to smoke or take drugs such as medicines when you don’t need them.”

“It definitely will help me because I know how to be assertive and I also know that cigarettes are very bad for you.”

“Yes because I can help my friends if they are doing the wrong thing.”

“Us knowing about: drugs, physical needs and emotional needs means that we can spread the word and give the world a brighter future.”

“So if I get into an argument I know how to be assertive not passive or aggressive.”

“I will not smoke or do drugs because it hurts your body.”

“Because now I know how to stand up to a bully.”

“Yes because now I will not drink any more energy drinks.”

“Yes I do think what I have learnt will help me in the future, because lots of the things we talked about will help make you a strong character in the future and that is what you want.”

“I wasn't going to, but now I know I will DEFINITELY not smoke EVER, even if I am old enough because I do NOT want to have sticky black tar stuck to my lungs.”

“It helped me understand that I don't always have to say yes to everyone.”

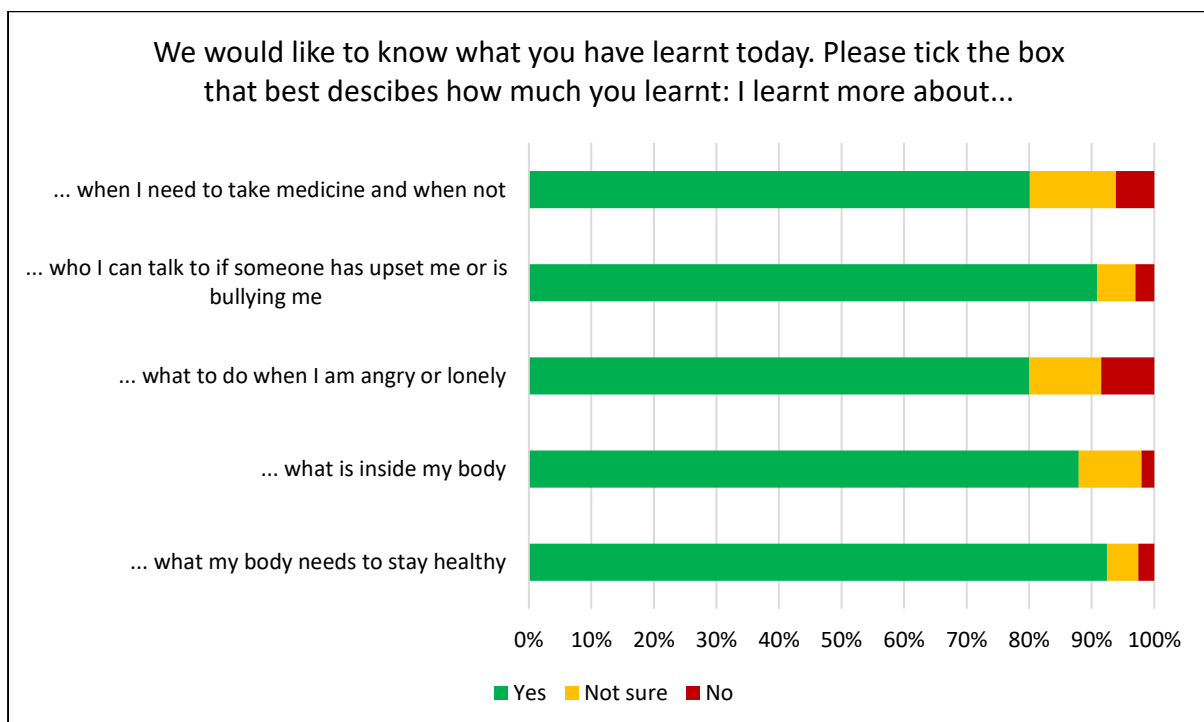
“I will now try to be nicer when I want to say no.”

“I think yes because now I know not to smoke, not to drink energy drinks, not to drink too much alcohol and I also know how to handle a situation if a friend is being mean to me and I know how to look after my mental health and control my emotions.”

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 (92%), what is inside their body (88%), what to do if they are angry or lonely (80%), who they can talk to if someone has upset or is bullying them (91%), and when they need to take medicine and when not (80%).

Figure 3



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

"I learnt to keep healthy by drinking water and eating fruit because they keep you alive for longer."

"I learnt that my heart was the size of my fist."

"We learnt about the brain."

"That you have to keep your body healthy."

"I learnt about people's feelings."

"That your heart is trapped in a cage made of bones."

"Never bully."

"I learnt about how many muscles you have when you frown and smile."

"I know bullying is more than one time."

"What you should eat."

"I learned to ask when I need help."

"To be nice at parties to everyone."

"To be kind to someone."

"That you should not leave anyone out."

"We learnt to not drink each other's medicine."

"Think before you start speaking out loud."

"To be a good friend and help others."

"That you shouldn't fight."

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

Teachers were asked a series of questions in relation to the impact of CLE's PSHE education and SCARF online resources (if applicable):

72% of teachers agreed or strongly agreed with the statement, "I am more confident to deliver wellbeing and PSHE education."

80% of teachers agreed or strongly agreed with the statement, "I have a deeper knowledge of my pupils' understanding of issues and skills relating to their health and wellbeing (including behaviour, safety and mental health)."

70% of teachers agreed or strongly agreed with the statement, "Observing CLE's teaching and learning strategies has enabled me to integrate their approach into my teaching practice."

75% of teachers agreed or strongly agreed with the statement, "CLE and/or SCARF has improved PSHE teaching in my school."

81% of teachers agreed or strongly agreed with the statement, "SCARF is, or will become, an essential part of our school's PSHE, mental health and wellbeing programme."

93% of teachers agreed or strongly agreed with the statement, "SCARF is easy to access and implement in the school."

Comments from staff included:

"The session again was excellent and my class loved the experience. The SCARF materials are great and have transformed our school's Personal Development Learning."

"I will use the Diamond Nine activity as a starter for PSHE/P4C sessions that I teach. The session reminded me to use open questioning to allow children to express opinions. I would like to deliver the Friendship activity around how to cope with situations using Assertive as opposed to Aggressive/Passive."

"It was a positive experience for everyone involved and enabled me (the class teacher) to observe my pupils and learn new things about them that I did not know."

"Integration of the materials suggested in the planning resources into our continuous provision."

"Having a class debate about the reasons for smoking and why the government allows cigarettes to be sold."

"I have thought of how to not only focus on the food groups as a whole but how people with allergies still get what they need. One of my pupils brought this up in the session and how Naomi handled it made me realise the need to discuss allergies, etc."

"Different ways of presenting subjects in PHSE that involves the children actively."

"More exciting ways to explain things. Loved the Chinese whispers game for showing how nerves transmit signals. Also the use of puppets and roleplay for discussions."

"Using SCARF cards around classroom or for display re Friends."

"The idea of using visual stimuli to start discussion and talk about different scenarios."

"I loved the way you introduced the digestive system through pupil participation."

"How to incorporate teaching about keeping safe in relation to medicines, etc."

"Fantastic way to combine questions and everyday friend issues with PSHE."

"I will be using the online resources and tools."

"Useful, pertinent, able to integrate easily into curriculum. Annotated and tested resources which come as a full package and we trust are kept up to date."

6 Satisfaction with the Coram Life Education programme

6.1 Staff's satisfaction with Coram Life Education

99% 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.

99% of staff agreed that the CLE sessions were well delivered

97% of staff agreed that the quality of the content in CLE sessions and SCARF materials were appropriate to the class

96% of staff agreed that CLE and SCARF content met children's needs

99% of staff said that they would recommend our services to another school.

Comments from staff included:

"I am personally covering PSHE/P4C activities across the school whilst teachers are having their planning time so having access to the resources on the SCARF website (as shown in the staff session) will help me greatly. I think this is an essential part of the curriculum that needs to be delivered regularly. Having the bus in school had a positive impact on the class I took in and myself as part of the staff."

"The children were focused and engaged throughout the session."

"Life Education Bus is always a fantastic way for children to learn more and discuss PSHE matters. The staff are always friendly and kind and great at helping the children learn."

"The session was very engaging for the children and completely met their needs, being very age appropriate."

"The session was engaging and interactive, including all the students. It was delivered brilliantly and the class definitely benefited from their session, particularly enjoying the opportunity to learn in a more active and hands on environment."

"Very interactive, the children were captivated the whole hour. Regular changes in input format and getting children engaged with conversations and tasks meant the pupils did not get bored."

"Amazing session - keeping children engaged for an hour on its own is a tough job. The learning taking place was definitely memorable due to the engaging delivery."

"I feel it was really beneficial to discuss mental health and how children can look after themselves to ensure their state of mind is kept well."

"Helps cover all aspects of PSHCE and British Values easily and with ready-made resources."

“The staff are always very attentive to our children's needs and the pitch of the lesson content is excellent and allows the children to contribute.”

“Lots of visual activities kept the children enthralled. Educator answered their questions superbly and helped them to explain their ideas. Good brain breaks and movement at appropriate times. Children really were given a wow lesson.”

“Delivery was exceptional – calm, concise, inclusive and highly engaging. Thanks, Katie.”

“Unique way of PSHE curriculum being delivered.”

“Value for money. Covers so much PSHE ...a good start to teaching.”

“The PSHE resources help teach an otherwise tricky subject and help the teachers out.”

“It is a fantastic resource, extremely valuable thinking and learning experience for the children and would definitely recommend.”

“SCARF resources easy to use and great quality. Educator highly skilled in delivering sessions.”

“Excellent!”

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) 77% reported it was ‘excellent’ or ‘good’. 59% 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 seeing the video about Jack and his friends. In the video I liked seeing how Jack would deal in a tricky situation. I also enjoyed watching him realise who his true friends were.”* Another said, *“Watching the short video and deciding what the boys should do. I also enjoyed learning about the legal, non legal and the medical drugs and their effects.”* Another said, *“The most interesting part for me was when we were categorising the different drugs into illegal, legal and medical.”* 39% of children found something boring. This included learning about drugs as some children felt that they already knew this information; feeling uncomfortable in the relatively small space offered by the mobile classroom for pupils in Year 6; 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) 86% reported it was ‘excellent’ or ‘good’. 67% 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, particularly the effects that smoking has on the body; discussing different emotional needs; and considering assertiveness skills as effective strategies for dealing with tricky situations with friends. One child said, *“The most interesting thing for me was learning how bad smoking was for you and how it can make your lungs go black.”* Another said, *“Learning more about how to say no in a difficult situation while trying not to upset anyone.”* Another said, *“The most interesting thing for me was learning about physical and mental health. Also finding out how legal drugs can become illegal.”* 33% of children found something boring. This included sitting on the floor of the mobile classroom; Harold the giraffe puppet not being a part of the Year 5 workshop; 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) 85% reported it was ‘good’, with 14% saying they were ‘not sure’. 84% 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 friendship problems; using TAM to learn about how their body works; and the starry ceiling. One child said, *“I liked when the penguin said sorry because he wouldnt let the kangaroo do some dancing.”* Another said, *“I liked looking at the body parts and learning what jobs they do.”* Another said, *“I liked looking at the stars at the ceiling. It was peaceful.”* Only a few children commented that they didn’t like anything about the programme. One child said, *“I disliked when the penguin was being unkind to the kangaroo because it hurt her feelings.”*

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 knowing 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