

The Effectiveness of
Straight Talking:
Listening, Hearing and
Remembering

Executive Summary
of the Final Report

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Background

Established in 1997, Straight Talking is a school-based course for students in Years 9 or 10, designed to inform them of the reality of being a teenage parent and to educate them about the importance of delaying parenthood. Its mission is to help reduce the high rates of teenage pregnancy in the UK and to support and empower teenage parents. The course consists of four or five one-hour sessions delivered by young parents who, drawing on their own experiences, highlight how being a young parent is demanding and can lead to the loss of education and training and, consequently, limited employment opportunities, financial difficulties, living in poor accommodation, and losing out on social life.

Aims and objectives of the research

The main aim of this study was to explore the extent to which Straight Talking is remembered by young people beyond the point of delivery and has the potential to bring about lasting attitude and behavioural change. A further aim was to see how an intervention, or a combination of interventions, might contribute to a reduction in the rates of teenage parenthood, especially in areas where the rates are high.

Methodology

The research was carried out predominantly in schools in Barking and Dagenham and, for comparative purposes, in a small number of schools in another local authority. In total, eight schools were involved in the research. A two-stage methodology was used. The first stage involved the use of self-completion questionnaires immediately before the course began (Q1) and immediately after it ended (Q2). The second stage involved a researcher's visit to the school at least six months after the course had ended, where students were asked to complete a further questionnaire (Q3), designed to test their recall of the course, followed by a group discussion. Perceptions of the course and its impact on students were also explored with the teacher responsible for SRE.

Findings

About 37% of respondents had a friend who had had a baby before they were 20 and an even larger proportion (43%) had a family member who had done so. This was most commonly a cousin (31%) or mother (26%).

Prior to the course (Q1), 71% of students thought the most difficult thing about having a baby when young would be not being able to continue with their education and 63.5% thought it would be not being able to get a good job because of a lack of qualifications. Not having much money was selected by 63%. At Q2 concerns remained similar to Q1, with not having much money (55%) and not being able to go to school (45%) ranking the highest, albeit with lower proportions. The difficulty of the baby crying all the time increased from 13% to 24%, probably as a result of having experienced this (via a recording) during the course. The most significant change in opinion was around the issue of being tired all the time. This increased as a source of concern to 47% from 22% at Q1.

At Q1, the best thing about having a baby was mainly seen (64%) as looking after it. Gaining support from parents was seen as the second best thing – this was the choice of 54% of students. Just over 36% identified having their own flat or house as a positive aspect of having a baby when young. By Q2 almost a quarter of respondents thought that there was nothing positive about having a child when a teenager. Looking after the baby

remained the most popular option (39%), followed by support from parents (34%) and gaining access to their own accommodation (30%).

Before the course, students most wanted to learn about the realities of having a baby at a young age and what to do in the case of pregnancy. Only just over a third wanted to learn why it was not advisable to have a baby when young, and under a third wanted to learn about how to look after a baby and how to obtain money and support. Their expectations of what they *would* learn from the course were very similar and when students were asked what they had learned from the course (Q2), the rank order of their selection was identical to what they had thought they would learn. The most noteworthy change was in the proportion choosing 'It's not ok to have a baby when you're young because it's too difficult' which reduced from 43% to 34%, possibly reflecting students' initial apprehension that they were going to be lectured about this and their relief when they were not. By Q3 there were some interesting changes in the longer-term perceptions of what students thought they had learned. While the two most frequently selected choices remained the same, the percentages of students choosing them had fallen yet again. Fewer students than previously opted for 'Why you shouldn't get pregnant when you're young' but more chose 'It's not OK to have a baby when you're young because it's too difficult'.

- What it's really like to have a baby when you're young: **Q1** 78%, **Q2** 64%, **Q3** 61%
- What to do if you do get pregnant: **Q1** 78%, **Q2** 59%, **Q3** 48%
- Why you shouldn't get pregnant when you're young: **Q1** 72%, **Q2** 43%, **Q3** 40%
- How to look after a baby: **Q1** 46%, **Q2** 41%, **Q3** 24.5%
- It's not ok to have a baby when you're young because it's too difficult: **Q1** 43%, **Q2** 34%, **Q3** 45%
- It's OK to have a baby when you're young because you'll get money and support: **Q1** 12%, **Q2** 5%, **Q3** 4.5%.

The proportions choosing 'How to look after a baby', which is not one of the aims of Straight Talking, reduced from 46% at Q1 to 41% at Q2 and 24.5% at Q3.

The most popular aspects of the course (Q2) were learning about pregnancy and childbirth and the elements of the course which involved physical activity, notably having to manoeuvre a buggy, baby and shopping in difficult situations. The least favourite elements were generally the early sessions, when students were reluctant to engage in discussions, and the modules that involved the crying baby and the difficulty of finding accommodation: both might be indicative of a tough lesson learned rather than unsuitability.

In Q2, the vast majority (87%) thought they had been the right age to receive Straight Talking, with the remainder equally split between preferring to have been younger or older.

Just over half of the sample said they would not have found out the information offered by Straight Talking elsewhere. A parent was seen as the most likely alternative source.

Two questions running across all three questionnaires were used as an indicator of whether Straight Talking contributed towards influencing students' attitudes: their perceptions of the ideal age to have a baby and the age at which they themselves would like to have a baby. At Q1, the most popular ideal age group was 20-24, chosen by 52%: 35% thought it was 25-29 and only 6% opted for 30 and above. By Q2 there had been a considerable shift in thinking and more than half of the respondents selected 25 and over - 48% choosing 25-29 and 7% choosing 30 and over. The proportions opting for 20-24 had

fallen to 38%. By Q3, 50% thought the ideal age was 25-29, and 7% thought it was older. While the proportion choosing 20-24 had risen to 39%, this was at the expense of those opting for a younger age: only 2 chose 18-19 and none opted for younger than that. At Q1 8 students thought the ideal age was under 20, one of whom thought it was under 16.

The same pattern emerged in terms of when they themselves would like to have their first child. At Q1 the most popular age range was 20-24 (49.5%). A further 39% selected 25-29, and 6% thought that they would like to be at least 30. At the other end of the scale, 14 students (5%) said they would like to be under 20, three of whom opted for 16 or 17. Q2 showed the same movement towards older age groups as the previous question. At this time, 46% stated that they would like to be 25-29 and 9% said that they would like to be older than that. The proportion with a preferred age of 20-24 had reduced to 40%. Among respondents to Q3, the most popular age was 25-29 (53%), with a further 7% opting to be over 29. The proportion wishing to be between 20 and 24 had reduced to 35%). Only two respondents were looking to be 18 or 19, and none any younger than that, down from 14 at Q1. Seven stated that they did not want to have children, slightly more than at Q1 or Q2.

Although we are cautious in attributing all the change to the intervention since other factors are at play for this age group, the data do indicate some change even during the short period of the course. Furthermore, a set of questions in Q3 exploring what students had learned from Straight Talking suggests it had aided their thinking in certain crucial areas.

- 86% agreed that they had learned that having a good education can afford more choices in life
- 81% had realised that looking after a baby is hard work
- 78% had learned the need for financial security prior to having children
- 78% thought they should work harder at school in order to have a good job
- 71% had realised that a stable relationship was advisable before having children
- 67% thought Straight Talking afforded the opportunity to think about the future and what they wanted from life
- 62% thought it helped young people to make good choices.

In addition to the questionnaires, group discussions with students in eight schools took place and information was collected from six of the teachers responsible for SRE. Reinforcing the findings already noted from Q3, there was a high level of recall by students of the format, content and delivery of the intervention. The format had appealed to the students, in terms of both the time given over to class discussion and the practical activities involved. The content was also deemed interesting and appealing. Particularly memorable had been the fact that the course had been delivered by young mothers (peer educators), whose personal details had very often stayed with the students. Students were virtually unanimous in believing that the course would not have been anywhere near so valuable had it been delivered by someone else, a view predominantly supported by teachers. It was the authenticity of the young mothers' accounts which convinced the students: as one student in a group commented, 'It was backing up what we already knew but it meant something coming from her'.

It emerged from the group discussions that Straight Talking appealed most to students who were not high achievers or career oriented: those in higher ability groups tended to be more judgmental and discerning. This is important in view of the current thrust of government policy, which is to focus on those considered to be most at risk of becoming

teenage parents. These include young people who have no particular aspirations for their future and are therefore more likely to adopt a fatalistic attitude to pregnancy.

Recommendations

It is undoubtedly the central role of young parents/peer educators in Straight Talking which makes the intervention so effective for its recipients. The fact that the course was delivered by people who had experienced being a teenage parent, and who were prepared to recount the hardships they had endured, made a lasting impression on the students, even on those who were critical of their style or conduct. However, through no fault of their own or Straight Talking, peer educators had been working in difficult circumstances for some time and this had led to a fall in standards which could not be prevented. Given that this situation is now being rectified, it is very timely to be able to highlight the main factors which could make Straight Talking even more effective.

The main concerns expressed were about the variability of delivery, which is partly related to the fact that not all classes received the same elements of the course. Programme fidelity is an important aspect of course delivery and it might be advisable to revisit the programme and ensure that it is confined to those elements which are always delivered (according to whether it is four or five sessions) so that all students receive an identical course, if possible, including as many practical elements as possible since these appealed most to students, and especially to those who were not so academically inclined. The other concern centred on the peer educators, some of whom were deemed to be very good but others less so. Training and ongoing support appeared to be the key factors here in raising standards to a uniform level. Teachers also recommended improved punctuality and a constant up-dating of knowledge so that the peer educators were always aware of the latest developments in welfare, housing and maternity services. A further issue highlighted by teaching staff was that the ground rules to which the peer educators were working were not made sufficiently explicit: they felt that these should cover things such as confidentiality and language use and should be displayed and revisited every lesson.

A further recommendation, but one of which the organisation is well aware, is the advisability of a wider selection of peer educators. Several students in the group discussions, and especially the boys, felt that the course was aimed more at girls and that the perspective of the young father was missing. Having young fathers as peer educators, even for only one session, would be ideal, albeit not easy to accomplish. A further comment was that it would be helpful to have a non-white peer educator, especially in schools which are ethnically mixed, in order to explore different cultural attitudes and approaches to young parenthood.

It is clear from this study that Straight Talking is very effective in making students listen to, hear and remember the messages it seeks to deliver. Moreover, it fits with two of the drivers of the Teenage Pregnancy Strategy: to make young people aware of the reality of teenage parenthood and discredit the romantic view and false information which surround it; and to ensure that interventions speak to the most vulnerable groups. Learning at first hand about the very real difficulties of teenage parenting might serve to make them more pro-active in preventing pregnancy.

If you would like a copy of the full report please contact Judy Corlyon or Matt Gieve at the Tavistock Institute by phoning 020 7417 0407 or emailing j.corlyon@tavinstitute.org or m.gieve@tavinstitute.org.