



Evaluation of
Straight Talking
Final Report
November 2012



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The Centre for Excellence and Outcomes (C4EO) in Children and Young People's Services provides a range of products and support services to improve outcomes for all those who work with children and young people.

C4EO have considered the methodology undertaken by Deloitte in this evaluation and in our opinion it clearly demonstrates and explains the approach used to arrive at a social return on investment ratio. We have further worked with the Deloitte findings and evaluation data to support calculation of a SROI return of the Straight Talking programme over five years.

This has been calculated based on the first year evaluation and a four year forecast.

The analysis is presented in such a manner to highlight the ongoing benefits of the Straight Talking programme to key stakeholders and to inform funders / investors of the potential returns that emerge in the medium term from the Straight Talking programme.



Foreword

I am delighted to have been asked to introduce this influential report which highlights the crucial role of Straight Talking in addressing the issues surrounding teenage pregnancy in innovative ways such as peer education. The findings of the recent evaluation of its work, carried out by Deloitte and which are provided here, show evidence that their approaches and interventions are not only effective but also provide beneficial health and social outcomes.

Through its dynamism Straight Talking has developed and implemented a unique approach to tackling the socially entrenched issue of teenage pregnancy in the United Kingdom. There remains an indisputable need to reduce teenage conception rates and the concept of employing and empowering disadvantaged teenage parents to deliver courses in schools about the realities of pregnancy and parenthood is visionary. However, in this challenging and competitive financial climate, it is important for charities to be able to demonstrate the true value and impact of their work. Funders and individual donors understandably want assurances that their support will make a genuine difference and social return to people's lives.

This evaluation of Straight Talking's work has proved that the Charity is:-

- having a significant impact on teenage conception rates in the areas in which it works
- supporting young parents and understanding their on-going needs
- Improving their quality of life and providing further opportunities for work, education and skills.

The primary benefits identified in the recent evaluation were benefits and the costs saved by addressing disengagement and low aspirations amongst teenage mothers and fathers. Of those who were not in education, employment or training prior to engaging with Straight Talking, 100% were proven to gain valuable employability skills through the programme. And 95% have gone on to access further employment, education or training; feeling empowered and determined to fulfil their potential.

The recent evaluation found that that for every £1 spent on supporting teenage parents through Straight Talking, the Government and the tax payer were saved from spending £8.93 over a five year period. Moreover, Deloitte feel that due to certain complexities of measurement, this value is only scratching the surface of the broader societal value of Straight Talking and, in reality, the social return on any such investment is likely to be much higher.

To put the value of this fantastic work into context, the Government has been working hard to reduce teenage conceptions and over the past decade, rates have fallen by 24%. However, the shocking fact is that they are still the highest in Western Europe. We are also seeing youth unemployment rates rise (1.02 million people aged 16-24 in the UK were unemployed in the period March-May 2012; an increase of 11.6% on the same quarter in 2011). Sadly, thousands of teenage parents are becoming trapped in a downward spiral of poverty. They suffer from poor self-esteem, isolation and depression and face a bleak future with little prospect of fulfilling their potential. The current financial climate has only served to increase the hardship that such socially excluded young people are

experiencing. There can be no doubt, especially in the light of the evidence from this evaluation, about the urgent need to support and strengthen Straight Talking's work.

I therefore encourage you to read this report and the excellent evaluation of this crucially important and valuable work. I am then sure you will agree that there is no doubt that Straight Talking works, and its crucial work needs to be supported and expanded if it is to continue to improve the lives of more young people, particularly the most disadvantaged, in our society today. I urge you to join with us in supporting their work by any means you can. You certainly can be reassured that any contribution you are able to make will have a positive impact on the lives of many young, disadvantaged people.

Professor Gwyneth Lewis OBE MBBS MSc DSc FRCOG FACOG FFPH MRCGP

Joint Chair of the Halo Initiative

Executive Summary

“It’s not the things that people have to do that make a difference, rather those that are above and beyond what is required, that is what people notice and, more importantly, remember. Straight Talking has given me the drive to succeed and seeing people go above and beyond everyday is exactly what has driven me to do so”.

Straight Talking, Peer Educator

Straight Talking Peer Education is a national charity which exists to drive down the teenage conception rate as well as to support young mothers and fathers back into the world of education, employment and training. The charity currently employs more than 80 teenage mothers and young fathers as peer educators to work in schools delivering a programme which explains the realities of parenthood to young people.

Our conclusions:

- The evaluation has identified how Straight Talking fits with the Governments wider policies around reducing teenage pregnancy and encouraging young parents into training, education and employment. Teenage pregnancy continues to be a challenge for the UK. Over the last ten years there has been significant progress in reducing England’s teenage pregnancy rate with conceptions falling by 24.3 per cent and births to under-18s by 35 per cent. Although this is the lowest level for over 40 years, further progress is needed to reduce rates down to levels of Western Europe and there remains significant variation in progress between local authorities and between districts and wards within local authorities. This continued need provides rationale for innovative programmes like Straight Talking that are seeking to meet the needs of young people, generate positive outcomes for teenage mothers and young fathers and impact on associated economic and social costs.
- The SROI analysis found that the social return of Straight Talking for Peer Educators was £8.93 for every £1 invested over a five year period.
- The primary benefit identified through the SROI is the costs saved by addressing disengagement and low aspirations amongst teenage mothers and fathers. Of those who were NEET prior to Straight Talking, 100 per cent have gained valuable employability skills through the programme (as they are employed as peer educators by the organisation) and 95 per cent (n = 81) have either moved on to further training / employment or whilst still employed by Straight Talking have also accessed other forms of employment, education and training opportunities.
- The case studies highlight the complexity of working with young mothers and fathers. It can be argued that as such, the use of indicators does not lend itself as a measure of success and more qualitative efforts need to be employed. However, the SROI process has identified the story behind the indicators and provided insight into the value that can be placed on the benefits of the programme.
- While Government has highlighted the importance of making further progress in reducing teenage pregnancy rates, it has also made clear the importance of supporting teenage parents to improve

outcomes for them and their children. Straight Talking through this evaluation and findings from the two previous evaluations can provide valuable insight into both of these key areas and has proven to be effective across them all.

We recommend:

- Straight Talking continues to provide support through a peer education model which complements SRE curriculum and fits within the broader framework / strategy for teenage pregnancy, particularly targeted in areas of high need in relation to teenage pregnancy.
- That activity, where possible, is targeted to meet the needs of young people, particularly those most at-risk of taking risks.
- Lessons, knowledge and experience of the challenges of working with teenage mothers and fathers and the outcomes from this engagement are communicated to ensure that other key stakeholders work holistically to address young mothers and father's needs.
- Embed a suite of indicators across the programme aligned to the broader strategic direction of the organisation (using indicators from this report) to inform and review the value of the support offered (e.g. increased confidence, self-esteem, aspiration etc). We also recommend consideration of developing research around impact measurement for children and young people including the Young People's Outcomes Framework developed to support the measurement of impact on young people's social and emotional capabilities linking with longer term outcomes¹.
- Information, both quantitative data and qualitative / 'soft' outcomes (e.g. through case studies / feedback etc) continue to be gathered in order to inform future service provision.

¹ Department of Health, Report of the Children and Young People's Health Outcome Forum (2012)

1 Introduction

1.1. Introduction

Deloitte was commissioned by Straight Talking Peer Education (Straight Talking) to complete an evaluation of its work in the London Boroughs of Barking and Dagenham and Kingston upon Thames. This report sets out the key findings from the evaluation.

This section considers the background to the evaluation, its overall objectives and outlines the approach taken.

1.2. Background

Straight Talking Peer Education is a national charity which exists to drive down the teenage conception rate as well as to support young mothers and fathers back into the world of education, employment and training. The charity currently employs more than 80 teenage mothers and young fathers as peer educators to work in schools delivering a programme which explains the realities of parenthood to young people. Since its inception in 1998 the programme has been delivered to thousands of young people across the UK including in the Royal Borough of Kingston upon Thames; the London Borough of Barking and Dagenham; the London Borough of Hounslow; Wandsworth; Ealing and Brent; Surrey; the London Borough of Richmond; Birmingham; Trafford Council, Southwark Council and Somerset County.

Straight Talking has previously commissioned four evaluations of its work. The evaluations all reached positive conclusions as to the effectiveness of the peer education model being employed in delivering impactful messages to young people. They also concluded that participation in delivering the courses had positive impacts on the young parents acting as peer educators, including improved confidence, self-esteem and engagement in education, training and employment.

The purpose of this evaluation is to undertake an independent assessment of Straight Talking's programme of activity across two Boroughs: Kingston-upon-Thames and Barking and Dagenham. Preparing a report on the impact of its programme of activity and placing a value on the outcomes realised through its direct support and employment of young mothers and fathers. These findings will ultimately support Straight Talking in its case for further funding and expansion of its work.

1.3. Scope

The scope of the evaluation will take into account Straight Talking activities across two Boroughs: Kingston-upon-Thames and Barking and Dagenham. The programme has been delivered in Kingston-upon-Thames from its inception in 1998 and in Barking and Dagenham from 2002.

In the last school year (2010 / 2011), 93 Straight Talking courses were delivered to 2,790 pupils across the two Boroughs. In total, 18 Peer Educators were employed including local scheme co-ordinators and regional co-ordinators who provide oversight of the management and operation of the programme in the two areas.

1.4. Terms of reference

The objectives of the evaluation are as follows:

- To evaluate the effectiveness of the programme both qualitatively and quantitatively;
- Map out the services provided in the two Boroughs, the inputs and outputs involved, and the expected outcomes;
- Consult with stakeholders and undertake desk research to gather evidence of outputs and outcomes;
- Using an SROI methodology consider the value of outcomes compared to investment in the Peer Education model employed; and
- Prepare a report on the findings.

1.5. Methodology

Our approach to this assignment is summarised in Table 1.1 below

Table 1.1 – Overview of Approach

Stage	Summary of Approach
Project Initiation	<ul style="list-style-type: none">• Meeting with Straight Talking Chief Executive to agree the scope of the evaluation and the overall approach;• Scene setting meetings with Straight Talking to discuss the strategic, policy and operational environment which the programme has been delivered; and• Production of project initiation document.
Project Planning and evaluation design	<ul style="list-style-type: none">• Desk-based review of key strategies, initiatives, policies and research relating to Straight Talking;• Collection and collation of relevant programme data; and• Development of evaluation framework and discussion guides.
Impact and effectiveness review	<ul style="list-style-type: none">• Attendance at delivery of Straight Talking• Completed consultations with Straight Talking programme management;• Completed strategic level consultation with a range of statutory and non-statutory stakeholders;• Focus groups with young people participating in Straight Talking; and• Focus groups with peer educators across the two Boroughs.
Analysis of Findings and Reporting	<ul style="list-style-type: none">• Analysis of findings• Production of draft report• Production of final report

1.6. Format of the report

The remainder of the report is structured as follows:

- **Section 2 – Strategic Context** – this section considers the strategic context for the evaluation including the key policies / drivers relevant to the operation and delivery of Straight Talking and an overview of the delivery model;
- **Section 3 – The SROI of Peer Educators Model** – this section outlines the SROI methodology and presents an estimated SROI analysis on the value of Straight Talking's peer education model; and
- **Section 4 – The Impact of Straight Talking** – this section provides an overall summary of the broader impact of Straight Talking including case studies on its qualitative impact with young people engaged by the programme; and
- **Section 5 – Conclusions** – This section provides Straight Talking with an understanding of the emerging lessons from the initiative and recommends ways of applying and building upon them in the future.

2 Strategic Context

2.1. Introduction

The purpose of this section of the report is to provide an overview of the economic, strategic and policy context within which Straight Talking has operated. This includes consideration of the key government documents which shape the context for this evaluation.

The key factors affecting the strategic context are illustrated below in Figure 2.1. These are developed further in this section.

Figure 2.1 – Strategic Context



2.2. Straight Talking – an overview

Straight Talking is a national charity which exists to drive down the teenage conception rate as well as to support young parents back into the world of education, employment and training. The charity currently employs more than 80 teenage mothers and young fathers as peer educators. The peer educators work in schools delivering a programme which fits within a school’s Sex and Relationships Education (SRE) programme explaining the realities of parenthood to young people and the reasons why they should avoid becoming pregnant at a young age.

The course provides a range of information and activities addressing pregnancy and the difficulties typically encountered by teenage parents including the issues of losing their childhood, living in poor accommodation, losing their social life and limits to their future through the loss of training and education opportunities. Amongst the information and activities are:

- Different stages of pregnancy culminating in childbirth.
- Challenges and perceptions of Teenage Parents.
- A CD of a baby crying while trying to solve a problem.
- Carrying a doll in a buggy up a flight of stairs.
- A game exploring the financial and social implications of living on State Benefits with a baby.
- A lottery to understand and explain housing issues and the difficulties of obtaining accommodation.

The course is designed to run for five sessions of one lesson per week, however it has on occasions been shortened to four sessions to fit with the needs and requirements of the host school / college / centre. Over the years the course has proven to be adaptable, for example, a specially tailored course has been developed for single sex boys schools discussing the challenges for young fathers. In addition, courses have also successfully been developed for more marginalised groups including Pupil Referral Units (PRUs) and Special Needs Schools.

Peer Educators (teenage mothers and young fathers) are trained as facilitators to deliver the programme. They are employed on a sessional basis with each facilitator having the services of another teenage parent to support on delivery. The peer educators are supported in returning to education, training and employment. From 2010 the training has been accredited with a nationally recognised qualification and additional training opportunities include child protection, classroom behaviour and management, equal opportunities and diversity.

2.3. Policy context

In 1999, the UK Government launched a ten year Teenage Pregnancy Strategy which represented the first co-ordinated attempt to address both the causes and consequences of teenage pregnancy. The strategy aimed to reduce the rate of teenage conceptions by half and increase the proportion of young parents in education, employment and training to 60 per cent by 2010. Since its inception Straight Talking has provided a strategic fit with both strands of the Strategy by employing teenage parents to deliver its programme in the classroom to young people.

Underpinning the strategy development were wider concerns about the health, relationships, education and employment (and by implication the economic context) of those who do become young parents and the poor outcomes for their children². In addition, teenage pregnancy has been the issue of broader debate and media scrutiny in the UK connected to many other social issues including socio-economic inequalities, the cost to the state of teenage pregnancy, the abortion debate, youth unemployment, the quality of parenting and the different parenting roles of mothers and fathers³.

By 2010, the under-18 conception rate nationally had fallen by 24.3 per cent with births to under-18s down by 35 per cent⁴, bringing England's rate down to the lowest level for over 40 years. Whilst these figures indicate progress, Government has made clear that further progress is needed to reduce rates down to levels of Western Europe and there remains significant variation in progress between local authorities. The final report from the Teenage Pregnancy Independent Advisory Group (TPIAG) concluded that:

“Early intervention which addresses poverty, health inequalities and disadvantage, is crucial. We warn government that teenage pregnancy rates will rise again unless there is sustained commitment and investment in contraceptive services, along with better sex and relationships education⁵”.

TPIAG also commented on a range of additional positive developments from the Strategy including: increased contraceptive and health services (CASH); supported accommodation schemes; and programmes to provide support for young parents so they can continue in education and training⁶.

2.4. Context and strategy

In this subsection we present an overview of the context and strategy relating to teenage pregnancy across the two Boroughs forming the scope of the evaluation. Whilst there are inherent difficulties in attributing direct impact of Straight Talking activity on this information it does prevent a broader context for their work within the scope of the evaluation.

2.4.1. Kingston Upon Thames

The Royal Borough of Kingston is situated in the South West of London. In terms of geographical area, it is the seventh smallest out of the London boroughs⁷. In 2007, out of the 354 local authorities (1 = most deprived and 354 = least deprived) in England, Kingston was ranked 245th, dropping from 256th in 2004. This indicates a relative worsening in Kingston's position compared to other authorities.

² Social Exclusion Unit (1999); Department of Health (2007)

³ Shields and Pierce (2006)

⁴ Teenage Pregnancy Strategy: Beyond 2010, DCSF and DoH.

⁵ Teenage Pregnancy Independent Advisory Group Final Report, Teenage Pregnancy: Past successes – future challenges

⁶ Teenage Pregnancy Independent Advisory Group Final Report, Teenage Pregnancy: Past successes – future challenges

⁷ Royal Borough of Kingston Upon Thames, Borough Profile 2009, accessed via the Royal Borough of Kingston Upon Thames website: http://www.kingston.gov.uk/information/nhoodhome/borough_profile.htm

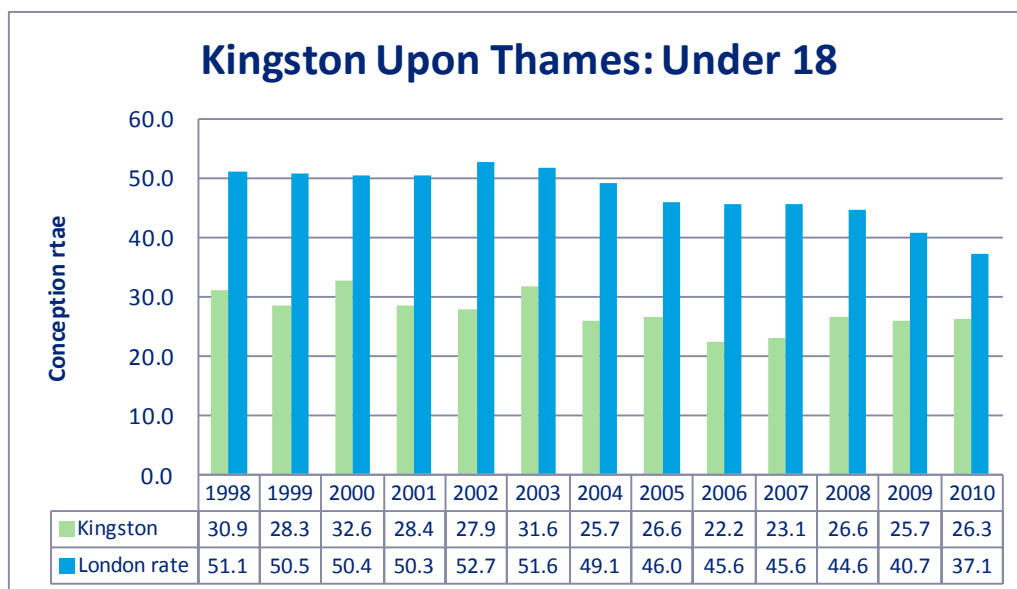
The majority of wards in the borough are ranked in the least deprived category nationally. There are no Super Output Areas in Kingston which are in the most deprived national 10 per cent, one area (Norbiton) in the 10 – 20 per cent band and two areas (Grove and Berrylands) are in the 20 – 30 per cent most deprived areas nationally. Of all the Index of Multiple Deprivation domains, the one with the most significant increase in deprivation (relative to other areas in England) is Barriers to Housing and Access to Services.

The Borough’s Teenage Pregnancy Action Plan 2009 – 2010 sets out its approach to preventing unwanted teenage conceptions as much as possible. At a high level, the Borough states that it is a young person’s right to expect:

- help, support and up-to-date information;
- good quality, user-friendly services which are in place to support those who choose to have a child;
- a range of accessible contraception, sexual health and counselling and advice services;
- quality, relevant, sex and relationship education available in and out of schools; and
- young people who are more at risk receive more input and support in a way that is acceptable to them⁸.

Figure 2.2 below shows the conception rates per 1000 of the female population aged 15 – 17 for the borough of Kingston Upon Thames compared to all London boroughs from 1998 – 2010. It shows that, compared to a rate of 30.9 in 1998, there has been a reduction in the conception rate to 26.3 in 2010, though this rate has not lowered year on year.

Figure 2.2: 1998 - 2010 Conception rate for under 18s in Kingston compared to all London boroughs



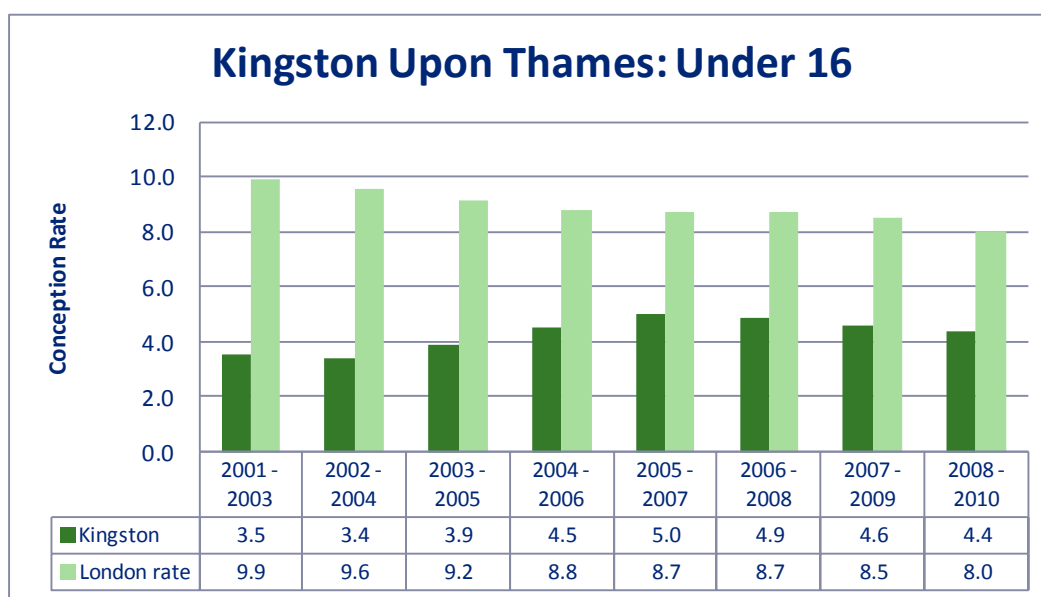
Source: Department for Education, LA under 18 conception statistics 2010 provisional.

⁸ Teenage Pregnancy: Strategy and Practice, from the Royal Borough of Kingston Upon Thames website: http://www.kingston.gov.uk/browse/community_people_and_living/children_and_young_people/teenage_pregnancy/tp-strategy_and_practice.htm

Compared to the change in rates nationally, there is a smaller percentage reduction for conceptions in under 18s within the Kingston Upon Thames area. Between 1998 and 2010, the conception rate reduced both in Kingston and England. Overall, there was a 14.9 per cent reduction in the conception rate in Kingston. Within this overall reduction, there was a steeper decline of 30.9 per cent in the maternity rate and a smaller 3.9 per cent reduction in the abortion rate. This compares with an England reduction in the conception rate of 24.3 per cent within which there was a 35 per cent decline in conceptions leading to birth⁹. While the actual rate is described as ‘significantly lower’ in Kingston compared to the rest of London or nationally (LA Analysis 2010), the percentage reduction in the rate of under 18s conceiving between 1998 and 2010 has shown less progress than at a national level.

Figure 2.3 below shows the conception rates per 1000 of the female population aged 13 – 15 whose usual area of residence is the borough of Kingston Upon Thames, compared to the conception rate in all London boroughs. It shows three year average conception rates between 2001 and 2010. As with the conception rate per 1000 females aged 15 – 17, the rate for those aged 16 living in the borough of Kingston Upon Thames is lower than for all London boroughs. However, Figure 2.3 shows that in Kingston, there was an increase in the conception rate of 1.1 for under-16s between the 2001 – 2003 period and the 2008 – 2010 period, compared to a rate decrease of 1.9 for all London boroughs.

Figure 2.3: Conception rate for under 16s in Kingston compared to all London boroughs



Source: Department for Education, LA under 16 conception statistics 2001 to 2003, 2006 to 2008, 2008 - 2010

⁹ From LA Teenage Pregnancy Analysis 2009, accessed via the Department for Education website <http://media.education.gov.uk/assets/files/xls/t/la%20teenage%20pregnancy%20analysis%202009.xls>

2.4.2. Barking and Dagenham

Barking and Dagenham is an outer London Borough to the east of the City on the north bank of the River Thames. Based on the 2007 Index of Multiple Deprivation rank, Barking and Dagenham ranked 11th highest of all Local Authorities nationally¹⁰. Of the borough's 17 wards, 5 are ranked within the 10 per cent most deprived wards in England. A total of 14 wards are ranked within the 20 per cent most deprived.

One of the key aims in the Barking and Dagenham Partnership's Health and Wellbeing Strategy is to improve sexual health. The aim is to shift young people's understanding of sexual health and support them to make informed choices on when to start a family, providing the means to engage in sex safely and avoid disease or unwanted pregnancy. The Sexual and Reproductive Health Strategy for Children and Young People in Barking and Dagenham set out three targets:

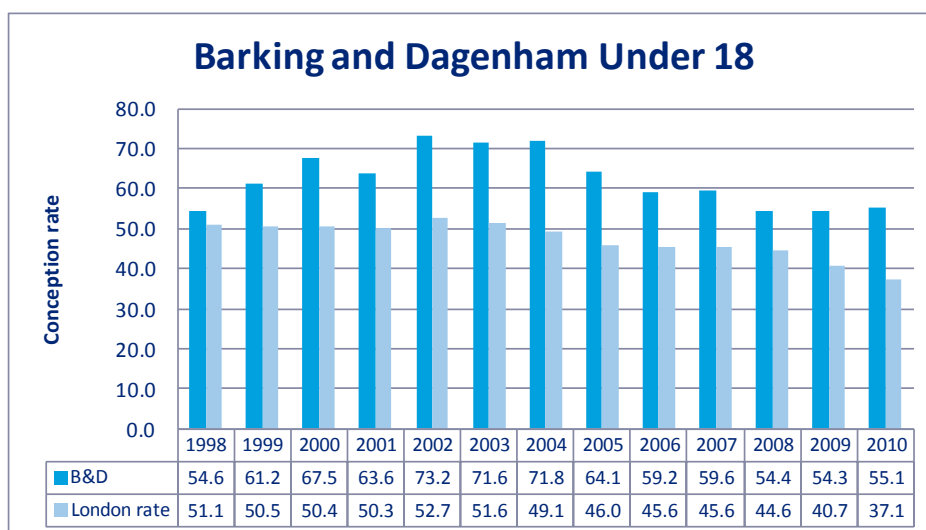
- reduce the number of under 18 conceptions by 50 per cent by 2010;
- reduce the number of sexually transmitted infections; and
- reach screening targets for chlamydia¹¹.

Figure 2.4 below shows the conception rates per 1000 of the female population aged 15 – 17 for the borough of Barking and Dagenham compared to all London boroughs from 1998 – 2010. Between 1998 and 2010, the under-18 conception rate in Barking and Dagenham increased by 0.9 per cent (compared to a reduction of 24.3 per cent across the London Boroughs). Over the same period, there was a 17.6 per cent drop in the maternity rate and a 26.9 per cent increase in the abortion rate in Barking and Dagenham. At an overall level, the conception rate in Barking and Dagenham is higher compared the London borough average.

¹⁰ Borough Profile from Barking and Dagenham Borough Partnership:
<http://www.barkingdagenhampartnership.org.uk/boroughprofile>

¹¹ Sexual and Reproductive Health Strategy for Children and Young People, Barking and Dagenham Partnership, accessed: <http://www.barking-dagenham.gov.uk/AboutBarkingandDagenham/Documents/SexualReproductiveStrategy.pdf>

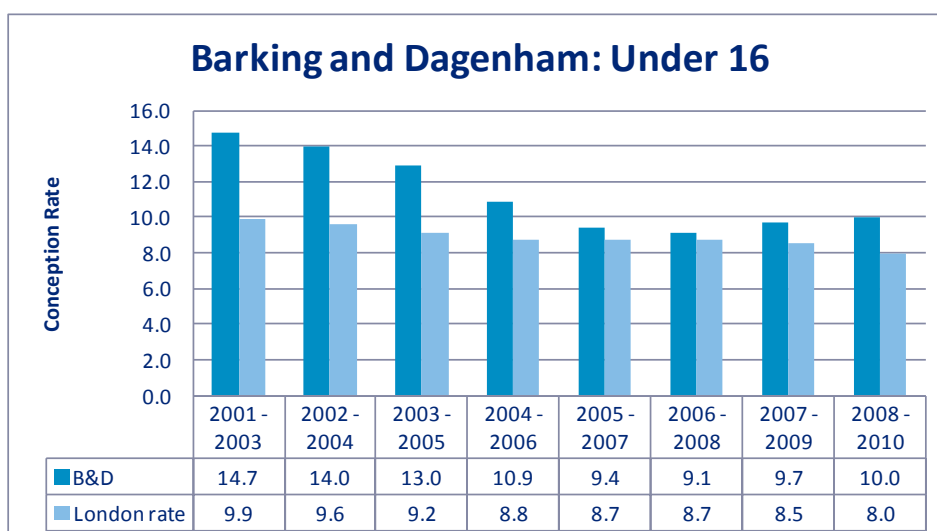
Figure 2.4: Conception rate for under 18s in Barking and Dagenham compared to all London boroughs



Source: Department for Education, LA under 18 conception statistics 2009 provisional.

Figure 2.5 below shows the conception rates per 1000 of the female population aged 13 – 15 whose usual area of residence is the borough of Barking and Dagenham, compared to the conception rate in all London boroughs (using three year averages over the period 2001 - 2010). Unlike the rate for under-18s in the area which showed an increase between 1998 and 2010, conception in under-16s decreased from 14.7 in the period 2001 – 2003 to 10.0 in the period 2008 - 2010. This is compared to a reduction in London overall from 9.9 in 2001 – 2003 to 8.0 in 2008 – 2010. So, while the under-16 rate of conception in Barking and Dagenham is higher than for London boroughs overall, there has also been a larger reduction in the rate of conceptions since 2001.

Figure 2.5: 1999 – 2009 Conception rate for under 16s in Barking and Dagenham compared to all London boroughs



Source: Department for Education, LA under 16 conception statistics 2001 to 2003, 2006 to 2008

2.5. Outcomes for teenage parents

The poor outcomes for teenage parents and their children have been subject to much documentation and debate over many years. Teenage parenthood is commonly associated with poor health and wellbeing outcomes including: increased risk of low birth-weight babies, a 60 per cent higher infant mortality rate, poor mental health status of teenage mothers, and poor economic wellbeing¹².

Compared to peers from similar backgrounds, teenage mothers are more likely to have lower qualifications, lower incomes and be more likely to rely on benefits at the age of 33 than those who do not become teenage parents¹³.

Longitudinal research on the 1970's birth cohort by Ermisch and Pevalin (2003)¹⁴ looked into the causal effects of a teenage birth and found that at age 30 there was little adverse impact, in terms of employment, income and qualifications, for those who were teenage mothers compared to those who became pregnant as a teenager but miscarried. The research suggests that having a teenage birth is not the factor that 'causes' poor outcomes, but rather the path being followed leading up to it. Addressing the factors leading to teenage parenthood may be more likely to result in more positive outcomes or stronger protective factors against disadvantage for the young woman. Indeed, a review of long term consequences of teenage parenthood by the University of Sheffield¹⁵ suggests that:

“even if all teenage pregnancies could be prevented, this would not eradicate the poorer long-term outcomes experienced by these people”.

Ermisch and Pevalin did find, however, for those young parents who did give birth, if they lived with a partner at age 30 that partner was less likely to have post-16 education and more likely to be unemployed. In addition to economic outcomes, the longitudinal research also found that teenage parents were more likely to suffer from mental health problems in the first three years of being a parent, with higher levels of mental illness two years after the birth. This is important to consider in terms of the emotional costs of being a young parent.

2.6. Economic and social cost of teenage pregnancy and NEET

The public costs of supporting young parents have been subject to considerable debate. In a report produced by Straight Talking in 2010, the Teenage Pregnancy Unit estimated a cost of £14,000 in public services to support the first year of a birth for a parent under-18. This includes estimates around health and social costs as well as benefits. Further research was carried out by Straight Talking through a case study on one of their peer educators. This case study estimated that the cost to the state across a five year period was approximately £96,000 – the case study includes housing benefits, income support, child tax credit and estimated costs to the NHS for maternity care and delivery of the baby.

¹² Teenage Pregnancy: Accelerating the strategy to 2010 (2006) Department for Education and Skills

¹³ A league table of teenage births in rich nations (2001) UNICEF, Innocenti Research Centre

¹⁴ Does a 'Teen-Birth' Have Longer-Term Impacts on the Mother: Evidence from the 1970 British Cohort Study (2003) Institute for Social and Economic Research

¹⁵ Systematic review of the long term outcomes associated with teenage pregnancy within the UK (2010) University of Sheffield

In terms of costs over a longer time period, the Teenage Pregnancy Strategy Evaluation¹⁶ in 2005 calculated that a 17 year old giving birth would receive an estimated £94,063 in benefits (assuming the parent remains on benefits for 16 years of bringing up a child). Other reports have attempted to include additional public costs associated with poorer social outcomes – For example, a study undertaken by York University in 2010 estimates that the public finance cost of supporting teenage parents up to the age of 25 are between £67,592 (without support) and £193,734 (with support). This includes costs of benefits, social services and the criminal justice system¹⁷.

Specifically in relation to NEET young people a recent report from The Association of Chief Executives of Voluntary Organisations (ACEVO) Commission on Youth Unemployment, published in 2012, further highlights the high economic cost.

“Research for the Commission found that in 2012, youth unemployment is likely to cost the Exchequer approximately £4.8 billion (more than the 2011-12 budget for further education for 16- to 19-year-olds in England), and the wider economy £10.7 billion in lost output.”¹⁸

The report from ACEVO also highlights the high social cost being NEET can have for young people stating that:

“Their mental and physical health will be negatively affected” and,

“They are more likely to get involved in anti-social activity”

At a social level other costs associated with high levels of NEET young people include increased levels of underachievement, cultural disaffection, poverty and crime. Personal costs can include wasted potential, low self-esteem, depression and some cases early death. For example, according to research into suicide and self-harm carried out in 2008, suicide risk is related, among other factors, to socio-economic circumstances including unemployment. After adjustment for age, gender, marital status and household composition, unemployed people had a 68 per cent excess suicide risk when compared to employed people¹⁹. A further survey carried out by the Princes Trust with a sample of 16-to-25-year-old found that 35 per cent of those respondents who were NEET claim to have felt suicidal. This compared to 25 per cent for all young people who responded to the survey²⁰.

¹⁶ Teenage Pregnancy Strategy Evaluation: Final Report Synthesis (2005) Department for Children, Schools and Families

¹⁷ Estimating the lifetime costs of NEET (2010) University of York

¹⁸ The ACEVO Commission on Youth Unemployment Youth unemployment: The crisis we cannot afford

¹⁹ O'Reilly D., Rosato M., Connolly S. and Cardwell C., *Area factors and suicide: 5-year follow-up of the Northern Ireland population*, The British Journal of Psychiatry, 192, pp.106-111, (2008), <http://bjp.rcpsych.org/cgi/content/abstract/192/2/106>

²⁰ A sample of 2,088 16-to-25-year-olds took part in an online poll conducted by YouGov on behalf of The Prince's Trust in December 2009. The data was weighted according to age, gender and region, to be representative of all UK-to-25-year-olds. Of the sample, 130 respondents were classified as NEETs. See *The Prince's Trust: YouGov Youth Index 2010*, http://www.princestrust.org.uk/pdf/Youth_Index_2010.pdf

2.7. Factors influencing teenage pregnancy

The national teenage pregnancy guidance²¹ identified 'risk factors' associated with increased likelihood of becoming pregnant or becoming a teenage parent. The most significant factor was having a mother who was a teenage parent. Other associated factors include poor mental health, involvement with the police, drug and alcohol misuse, low educational attainment, low school attendance, disengagement from (and dislike of) school, being in care and low parental aspirations. The policy report completed by Straight Talking in 2010 identified 'typologies' of teenage parents, based on their experience, which included 'accidental', 'risk-takers', 'career-choice' and 'coerced' with wider issues ranging from conception failure, alcohol misuse, low-self-esteem and domestic violence. This highlights the complexity around addressing issues associated with teenage pregnancy.

2.8. Wider economic environment

Challenges within the wider economic environment (e.g. Government spending cuts, rising unemployment, reduced employment opportunities, etc) means that questions and scrutiny in relation to spend and importantly the 'value of spend' are the norm. The wider funding environment is also changing. This is important for organisations like Straight Talking who receive no core funding and mostly rely on grant funding and donations.

Within this challenging context, it is becoming difficult, particularly in the voluntary and community sector, to receive resources for innovative and preventative initiatives offering longer term benefits at a time when short-term 'front-line' services are under threat. This creates additional pressure for all to ensure efficiency and effectiveness is demonstrated.

The wider economic environment also presents challenges for the target audience of the programme. Clearly many significant issues continue to face young people and particularly those marginalised by society. Pressures felt by wider society as a result of the economic climate are often exacerbated in disadvantaged communities resulting in increasing numbers of people finding themselves in positions of poverty and exclusion.

2.9. Previous evaluations of Straight Talking

Straight Talking has previously commissioned four evaluations of its work over its lifetime. The last two evaluations (carried out in 2005 and 2009 respectively) have been considered as part of this research in terms of their key findings.

²¹ Teenage Pregnancy: Accelerating the strategy to 2010 (2006) Department for Education and Skills

Both evaluations reached positive conclusions as to the effectiveness of the peer education model being employed by Straight Talking in delivering impactful messages to young people. They also concluded that participation in delivering the courses had positive impacts on the young parents acting as peer educators, including improved confidence, self-esteem and engagement in education, training and employment. The first in 2005 (funded by the Bridge House Trust and undertaken by Judy Corlyon) was a qualitative study seeking to identify the effectiveness of the Straight Talking courses in informing young people about the realities of teenage pregnancy, assess the work's fit with Government policy at that time, and identifying areas for improvement in the intervention. The second in 2009 (funded by Barking and Dagenham Primary Care Trust and the Teenage Pregnancy Unit in the Department for Children Schools and Families, and undertaken by the Tavistock Institute) aimed to explore the extent to which information given through Straight Talking courses had an ongoing influence on young people's attitudes and decision-making, having the potential to bring about lasting attitude and behavioural change.

2.10. Other evaluations of teenage pregnancy initiatives

While there have been a number of evaluations of initiatives aiming to reduce teenage pregnancy, data regarding impacts remain limited. A review of targeted youth work undertaken in 2010 suggested that strategies that encourage sex education and contraceptive services, while remaining important, might not lower the rate of teenage pregnancy compared to youth development programmes that promote healthy relationships and engagement with learning²². However, other literature demonstrates that there are often other positive outcomes for young people involved in pregnancy prevention initiatives that are not necessarily identified as key outcome measures. For example, interventions aimed at promoting behaviour changes also tend to increase confidence, motivation or emotional wellbeing in participants; and interventions aimed at reducing teenage pregnancy tended to increase autonomy and confidence, whether or not reduction in teenage pregnancy was achieved²³

2.11. Summary of key contextual messages

Teenage pregnancy continues to be a challenge for the UK. Over the last ten years there has been significant progress in reducing England's teenage pregnancy rate with conceptions falling by 24.3 per cent and births to under-18s by 35 per cent. Although this is the lowest level for over 40 years, further progress is needed to reduce rates down to levels of Western Europe and there remains significant variation in progress between local authorities and between districts and wards within local authorities.

The economic and social costs of dealing with these issues are enormous. Beyond the financial costs are the higher prices of wasted potential, underachievement, low self-esteem, depression and in some tragic cases, early death and suicide.

²² Improving outcomes for young people by spreading and deepening the impact of targeted youth support and development (2010) C4EO

²³ Young people, pregnancy and social exclusion: a systematic synthesis of research evidence to identify effective, appropriate and promising approaches for prevention and support (2006) Institute of Education, Social Science Research Unit

Straight Talking clearly fits with the Governments wider policies around reducing teenage pregnancy and encouraging young parents into training, education and employment. It is not alone in seeking a solution and by itself could not be expected to solve it. However, previous evaluations undertaken have proven the programme to be effective in delivering impactful messages to young people. It has also had positive impacts on the young mothers and fathers acting as peer educators, including improved confidence, self-esteem and engagement in education, training and employment.

3 SROI – Peer Educators

3.1. Introduction

To assess the Straight Talking programme of activity in purely economic terms fails to acknowledge the wider benefits to society of its activities and the impact on the lives of the young mothers and fathers it creates.

In this subsection we present an SROI study of Straight Talking in terms of its impact on the Peer Educators employed by the organisation. The SROI has been carried out according to the methodology defined by the New Economics Foundation in their publication “Measuring value: a guide to Social Return on Investment (SROI)”.

3.2. What is SROI?

Every day as a society our actions and activities create and destroy value; they change the world around us. Although the value that might be created goes far beyond what is captured in financial terms, this is, for the most part, the only type of value that is measured and accounted for. As a result, things that can be bought and sold take on a greater significance and many other important things get left out. Social Return on Investment (SROI) is a method for measuring and communicating a broader concept of value that incorporates social, environmental and economic impacts.

SROI is about value, rather than money. It is the story of the change affected by the activities, told from the perspective of stakeholder and includes a combination of financial, quantitative and qualitative information.

3.3. SROI types and scope

There are two types of SROI;

1. Evaluative - which is conducted retrospectively and based on actual outcomes that have already taken place; and
2. Forecast - which predicts how much social value will be created if the activities meet their intended outcomes.

This SROI is evaluative having been based on the impacts / outcomes experienced by Peer Educators currently / previously employed by Straight Talking. The scope is focussed on Peer Educators from across the two Boroughs forming the evaluation landscape in the period 2010 / 2011.

Peer Educators are one of the main stakeholders for the programme and are a key element for whom Straight Talking exists. The SROI will be on the Peer Educators in terms of the impact and value of the programme directly on them.

3.4. The investment in the activity

As is identified in Section 2 the charity has no core funding and relies mainly on grants and donations to enable it to carry out its work.

As part of the evaluation we have considered total investment across the programme in the two Boroughs of Kingston-upon-Thames and Barking and Dagenham. In total this has amounted to £164,459 including apportioned costs for management and overheads.

3.5. Theory of change

The aim of Straight Talking is:

“to drive down the teenage conception rate as well as to support young mothers and fathers back into the world of education, employment and training”.

In addressing this aim, many direct and indirect impacts are generated (e.g. improved mental health and wellbeing for teenage mothers and fathers as a result of increased confidence and self esteem from training and employment through Straight Talking etc). In this section we use findings from the evaluation to consider the theory, or story of change for young mothers and fathers as a result of the intervention.

A range of measures and information sources were used to find out what affect Straight Talking had on Peer Educators and consultation was undertaken to get a clearer picture of the full outcomes materialising from the programme. An overall level assessment, including the impact in the classroom, is considered in later sections of the report and includes consultation with key stakeholders, evaluation information captured by Straight Talking and information captured directly from Peer Educators / beneficiaries themselves. The proportional importance of outcomes is considered in the Impact Map and in justification for decisions on attribution, deadweight and duration of outcome as we progress through the SROI methodology.

3.6. Outcomes and Evidence

Ideally, a full SROI analysis would consider impacts / outcomes across all of the stakeholder groups, however, due to the complexities in articulating and calculating the financial proxies for SROI this has been restricted to the Peer Educators. We begin this process by considering the input, output and outcomes across the initiative – this information is contained in Table 3.1 overleaf.

Within the impact map for each outcome (contained in Table 3.2), a direct financial measure or financial proxy has been established in order to provide a measurement of the value of each outcome in monetary terms. Across the impact map we have identified the sources and assumptions that underpin the calculation of value.

Table 3.1 Peer Educator input, output and outcome

Stakeholder	Input	Output	Outcome
School Children	<ul style="list-style-type: none"> Time – attendance on the programme 	<p>Training course delivered by qualified Peers outlining the difficulties addressing the issues and consequences of teenage pregnancy.</p> <p>Amongst the information / activities are:</p> <ul style="list-style-type: none"> Different stages of pregnancy culminating in childbirth. Challenges and perceptions of Teenage Parents. A CD of a baby crying while trying to solve a problem. Carrying a doll in a buggy up a flight of stairs. A game exploring the financial and social implications of living on State Benefits with a baby. A lottery to understand and explain housing issues and the difficulties of obtaining accommodation. 	<ul style="list-style-type: none"> The school pupils have an increased awareness of the challenges and issues faced by teenage parents and the outcomes of being a teenage parent are better understood.
Peer Educators	<ul style="list-style-type: none"> Time – attendance at training, delivery of classroom-based programme and attendance at regular meetings / appraisals. Effort – in delivery of classroom-based programme. Commitment – in committing to their contracts with Straight Talking and delivery of classroom-based sessions as part of their employment. 	<ul style="list-style-type: none"> Number of peer educators employed by Straight Talking. Number of courses / sessions delivered. Number of young people / pupils engaged across the programme. Number of peer educators trained in child protection, classroom management and equal opportunities and diversity. Proportion of peer educators employed by Straight Talking who move into others forms of employment, training and education. Proportion of peer educators employed by Straight Talking who progress on to be local or regional co-ordinators. Provision of one to one mentoring, 	<ul style="list-style-type: none"> Peer educators motivation, confidence and self-esteem is increased Peer educators mental health and wellbeing improves as a result of completing training and being employed to deliver the programme Peer educator separates from Partner, feels more safe / secure and is less at risk of domestic violence Reduced risk of sexually transmitted infection amongst peer educators as a result of reduced 'risky' behaviour following training Prevention of 2nd pregnancies amongst teenage parents employed through Straight Talking Understanding, relationships and friendships established and maintained between and amongst peer educators reducing isolation. Growth in ambition amongst peer educators to progress into

Stakeholder	Input	Output	Outcome
		<p>number of visits from careers advisors, counsellors and other professionals and volume of referral to other support organisations.</p>	<p>alternative education, employment or training</p> <ul style="list-style-type: none"> • Peer educators feel calmer / less anxious / hopeful / less angry and as a result: <ul style="list-style-type: none"> • face up to the past and start to communicate and deal with issues; • are less likely to self-harm / attempt suicide; • are less reliant on alcohol / drugs; and • have improved familial relationships and quality of life improves. • Less NEET teenage mothers and young fathers claiming benefits / re-engaging in government initiatives
<p>Local Authority / Schools</p>	<ul style="list-style-type: none"> • Time - Work with Straight Talking to tailor an appropriate programme for the pupil cohort. • Resources - £164,459 across the two boroughs forming the scope of the evaluation. 	<p>Training course delivered in the classroom by qualified Peers outlining the difficulties addressing the issues and consequences of teenage pregnancy.</p>	<ul style="list-style-type: none"> • Peer educators are trained to deliver the programme, improving their skills base and future potential employability.

Table 3.2 overleaf, the Impact Map, shows the description of the indicators, direct financial measures and financial proxies that represent the value of the outcomes for the Peer Educators engaged on the programme, the estimated quantities achieved for each outcome based on the project evaluation, consultations, etc and the value of each financial proxy used.

Table 3.2 Impact Map

Outcomes	Indicator	Quantity	Data Source	Financial Proxy	Source	Value £
School pupils have an increased awareness of the challenges and issues faced by teenage parents and the outcomes of being a teenage parent are better understood	Reduction in teenage pregnancy rates	Evidence within the evaluation does indicate that young people engaged by the programme are likely to 'delay' becoming a parent and now feel more informed of the challenges faced by teenage parenthood. However, given the complexities in attributing an actual reduction in teenage pregnancy rates with Straight Talking alongside the lack of long term tracking of school pupils for this evaluation we have decided to remove this outcome from the scope of the SROI. Whilst not included in this specific element we have considered the broader impact of Straight Talking, including the impact on school pupils in Section 4 of this report.				
Peer educators motivation, confidence and self-esteem is increased	Number of peer educators reporting <i>significant</i> improved motivation, confidence and self-esteem multiplied by the number of peer educators employed (n = 85)	95 per cent response in consultation (n = 81)	Consultation with peer educators	Life coaching costs from £70 per hour – a minimum of 6 sessions is recommended	UK life coaching	£34,020
Peer educators mental health and wellbeing improves as a result of completing training and being employed to deliver the programme	Number of peer educators reporting <i>significantly</i> improved emotional health multiplied by the number of peer educators employed (n = 85)	100 per cent response in consultation (n = 85)	Consultation with peer educators	Costs of CBT from £100 per session – a minimum of 6 sessions recommended	NHS	£51,000
Understanding, relationships and friendships established and maintained between and amongst	The number of peer educators who report having	95 per cent response in	Consultation with peer	Cost of course to address improving relationships and	Gentoo Living	£27,540

Outcomes	Indicator	Quantity	Data Source	Financial Proxy	Source	Value £
peer educators reducing isolation.	<i>significantly</i> better relationships and improved social life as a result of the programme (n = 85)	consultation (n = 81)	educators	promote self-responsibility = £340		
Peer educators feel calmer, less anxious, hopeful, less angry and as a result are less reliant on alcohol / drugs	The number of peer educators indicating reduced / stopped medication following employment by Straight Talking (n = 85)	10 per cent response in consultation (n = 9)	Consultation with peer educators	Average amount spent by drug users each year = £2,200	Drugs and Crime Office (UK) - 2007	£19,800
Reduced risk of sexually transmitted infection amongst peer educators as a result of reduced 'risky' behaviour following training	Number of peer educators indicating reduction in "risky" sexual behaviour	All peer educators trained (n = 85). Number indicating reduced "risky" behaviour after training 50% (n=43)	Consultation with peer educators	Saving to public purse – saving £30.68 Inflated to 2012 prices	NICE Public Health Intervention Guidance 3 February 2007	£1,319
Peer educators feel calmer, less anxious, hopeful, less angry and are less likely to self-harm / attempt suicide	The number of peer educators indicating they no longer self-harm (n = 85)	5 per cent response in consultation (n = 4)	Consultation with peer educators	Opportunity cost to society of self-harm in terms of lost output, income and hospital costs = average £897	The Northern Ireland Suicide Prevention Strategy and Action Plan 2006 - 2011	£3,588
Peer educators feel calmer, less anxious, hopeful, less angry – relationships and behaviour improves and quality of life improves	The number of peer educators reporting feeling <i>significantly</i> better about themselves	100 per cent response in consultation (n = 85)	Consultation with peer educators	Reduced spend on health services = £275.60 per annum	ONS Family Spending 2010 Edition	£23,426

Outcomes	Indicator	Quantity	Data Source	Financial Proxy	Source	Value £
	(n = 85)					
Peer educator separates from Partner, feels more safe / secure and is less at risk of domestic violence	Number of peer educators indicating a reduction in the level of personal DV incidents	10 peer educators	Consultation with peer educators	Compensation level for serious physical abuse	Criminal Injuries Compensation Authority Tariff (Criminal Injuries Compensation Authority, 2009) = £2,000	£20,000
Prevention of 2nd pregnancies amongst teenage parents employed through Straight Talking	Number of peer educators who believe 2nd pregnancy was "very likely" prior to employment with Straight Talking	10 peer educators	Consultation with peer educators	Cost of a teenage pregnancy of £11,400 per annum	Department for Education	£114,000
Less NEET teenage mothers and young fathers claiming benefits / re-engaging in government initiatives	The number of peer educators who have continued to be employed by Straight Talking or moved into alternative employment, training, education and therefore do not engage with government initiatives (n = 85)	95 per cent of all Straight Talking peer educators move into alternative forms of employment, training and education (n = 81)	Straight Talking programme data / monitoring of peer educators progression	Average cost per person receiving targeted and NEET transition = £2,400	Audit Commission – 'Against the Odds' – Re-engaging young people in education, employment and training	£194,400

Outcomes	Indicator	Quantity	Data Source	Financial Proxy	Source	Value £
Peer educators are trained to deliver the programme, improving their skills base and future potential employability	The number of peer educators who report having developed basic work skills required for an employer through Straight Talking (n = 85)	100 per cent response in consultation (n = 85)	Consultation with peer educators	Average cost of volunteering for the same amount of time	Internal calculations – Average number of hours worked by Peer Educators = 30 hours x by £4.98 (the minimum rate for of pay for 18 – 21 year olds)	£12,699
Growth in ambition amongst peer educators to progress into alternative education, employment or training	Number of peer educators who claimed <i>significantly</i> increased aspiration / ambition as a result of employment through Straight Talking	95 per cent response in consultation (n = 81)	Consultation with peer educators	Increased longer term tax contribution of young people in more skilled employment due to increased ambition = £109.84 difference Tax and NI by person with no qualification and level 2 qualification	Education and the Labour Market (ONS) 2009 inflated to 2012 prices	£8,897.04

3.7. Impact: Attribution, Deadweight and Displacement

In order to calculate the overall impact, these values have to be reduced to take account of deadweight (what would have happened anyway), attribution (who else creates these outcomes) and displacement (where there are negative outcomes for other stakeholders).

Attribution, deadweight, and displacement were all examined for each of the monetised outcomes for the impact on the calculated social return.

Deadweight is a measure of how many of the outcomes listed would occur without the project (i.e. how many of the participants would have sought alternative employment anyway, would have improved familial relationships, improved self esteem etc?). In deciding on deadweight, consideration must be given to the programme specifically targeting disadvantaged teenage parents. In considering this, we believe that in most cases Peer Educators are unlikely to have made progress in the way that they have. If Straight Talking had not been an option it is unlikely the Peer Educators would have participated in other schemes successfully and therefore it has been estimated that there would have been approximately 5 per cent who might have achieved their goals anyway.

Displacement broadly occurs when assisted projects undertake activities that would have occurred in any event, albeit under the auspices of some other project. Traditionally, displacement is potentially a greater problem for economically orientated actions associated with business support / development and as such displacement is quite difficult to measure with a programme of the nature of Straight Talking. Within the evaluation process we have found that whilst many of the teenage mothers and young fathers might have been willing to engage on alternative programmes / initiatives they have not and did not engage and the impact in the absence of Straight Talking would unlikely have happened. We therefore conclude that displacement is not an issue with the programme.

Attribution takes account of the fact that outcomes will also be influenced by other factors. We recognise that broader stakeholders will have played an important role in the wider impacts on the young mothers and fathers in the longer term including families etc. Straight Talking plays an important cog in a broader plan of support required for them with the importance varying from individual to individual. As such attribution will vary and is therefore arbitrary and an estimate.

Table 3.3 Deadweight and Attribution

Outcomes	Duration	Value (£)	Deadweight	Attribution	Impact (£) (Year one)
Peer educators motivation, confidence and self-esteem is increased	1 year	£34,020	5	20	£25,855
Peer educators mental health and wellbeing improves as a result of completing training and being employed to deliver the programme	1 year	£51,000	5	20	£38,760
Understanding, relationships and friendships established and maintained between and amongst peer educators reducing isolation.	1 year	£27,540	5	10	£23,547
Peer educators feel calmer, less anxious, hopeful, less angry and as a result are less reliant on alcohol / drugs	5 years	£19,800	5	20	£15,048
Reduced risk of sexually transmitted infection amongst peer educators as a result of reduced 'risky' behaviour following training	5 years	£1,319	0	0	£1,319
Peer educators feel calmer, less anxious, hopeful, less angry and are less likely to self-harm / attempt suicide	5 years	£3,588	5	20	£2,727
Peer educators feel calmer, less anxious, hopeful, less angry – relationships and behaviour improves and quality of life improves	1 year	£23,426	5	20	£17,804
Peer educator separates from Partner, feels more safe / secure and is less at risk of domestic violence	5 years	£20,000	20	20	£12,800
Prevention of 2nd pregnancies amongst teenage parents employed through Straight Talking	5 years	£114,000	5	10	£97,470
Less NEET teenage mothers and young fathers claiming benefits / re-engaging in government initiatives	5 years	£194,400	5	20	£160,056
Peer educators are trained to deliver the programme, improving their skills base and future potential employability	5 years	£12,699	5	10	£10,858
Growth in ambition amongst peer educators to progress into alternative education, employment or training	5 years	£8,897.04	5	20	£6,762
Total		£510,689			£413,006

3.8. Calculation of SROI

Before we are able to calculate the SROI of the project the issues of duration of outcomes and drop off also have to be considered.

Duration

Clearly the effect of some outcomes will last longer than others and some will depend on the activity continuing and some not. When calculating the Social Return we project the value of the outcomes achieved into the future depending on what we believe the duration to be. This issue is under review by the Measuring Social Value consortium, and the aim is to produce further guidance on discounting in due course.

In the case of Straight Talking, we have taken a conservative view on duration, in the light of lack of research evidence to draw on. For the purposes of this SROI report we have considered outcomes over a five year period. Table 3.3 outlines our estimates on the duration of each outcome based on information provided by stakeholders through this evaluation.

Drop off

It is considered that in future years the amounts of outcomes directly attributable to Straight Talking are likely to diminish. As a consequence, over time it is likely that changes experienced by people will be more influenced by other factors external to the project. Drop off is used to account for this. Since this SROI concentrates on outcomes that can be readily evidenced and is not considering beyond five years after completion drop off has been determined as zero. Owing to the fact that many of the peer educators have continued with Straight Talking for up to five years and progressed through the organisation to take up management positions we were able to determine change over time. The information provided by stakeholders including directly from Peer Educators provides the basis for our assumption on drop off.

All future value (calculated on the impact map) is discounted by a further 3.5% to arrive at its present value. This discount is a standard accounting technique used to express the declining value of an investment over successive years.

SROI Calculation

Bringing all elements of the SROI together we have presented in Table 3.4 below the total impact from Straight Talking on Peer Educators in Year 1, Year 3 and Year 5 after the initial activity.

Table 3.4 SROI calculation

	Year one (after activity)	Year three	Year five
Total present value (after applying 3.5% discount)	£399,039	£955,648	£1,469,205
Net present value	£234,579.82	£791,189	£1,304,746
Social Return £ per £	£2.43	£5.81	£8.93

The SROI index is a result of dividing the total present value for the investment by the total invested. This gives a social return of £8.93 for every £1 invested in the project over 5 years.

4 The Impact of Straight Talking

4.1. Introduction

In this section we provide a broader perspective on the impact of Straight Talking across key stakeholders. This section presents findings from across all of the consultations undertaken over the lifetime of the evaluation including with young people (through data captured by feedback forms and focus groups during delivery of the programme), Peer Educators, teachers and other stakeholders. The section should be considered alongside the estimated Social Return on Investment (SROI) on the Peer Educators contained in Section 3.

4.2. Overall summary of impact

4.2.1. Introduction

As part of the consultation programme we engaged with a sample of students in receipt of Straight Talking across schools in the two Boroughs during 2010 / 2011. Straight Talking provided contact details for the schools and through contact with Local Scheme Co-ordinators arranged for Deloitte staff to join different sessions and asked pupils a series of questions designed to test their attitudes towards teenage pregnancy and the impact of the programme on their attitudes, behaviours and awareness around teenage pregnancy issues.

These focus groups took the form of a structured conversation during which pupils attempted to answer all the questions contained within a short questionnaire. At the end of the session (or in the period afterwards by telephone) a short interview took place with the teacher responsible for the delivery of SRE / responsibility for the cohort to explore their views / perceptions on Straight Talking and its impact on the pupils. Peer Educators across the two boroughs were also engaged on the impacts of Straight Talking on their lives.

The findings from these consultations are contained in the subsections below.

4.2.2. Impact on awareness

The main impact on pupils is increased awareness of the emotional, social and practical problems associated with becoming a teenage parent. It encourages them to look into the future and consider, with the reality in front of them (i.e. with the real-life examples provided by Peer Educators) whether they would consider becoming a teenage parent. More broadly, the programme also provides information for the young people about becoming a parent at any age. In line with its programme objectives Straight Talking does appear to be effective in supporting young people to understand why they should not become pregnant at an early age as well as supporting the SRE curriculum around how they should avoid becoming pregnant. One teacher describes the impact of Straight Talking on one of her pupils as follows:

“She was openly talking about wanting to be pregnant. Primarily because she didn’t think she could do anything else but rightly or wrongly she also thought being pregnant would help her get a house. Through Straight Talking she learned of the realities of being a teenage mum and she realised in talking with the peer educator that she had a choice to make with her life”.

A further impact is the likelihood that the young people disseminate the message on the undesirability of teenage parenthood to their peers. Teachers engaged through the consultation programme discussed how messages and lessons that had been learnt through Straight Talking had formed the basis for conversations across other lessons.

4.2.3. Impact on educational and employment aspirations

Whether the information contained in the programme has any direct impact on the pupils' future educational or employment aspirations is difficult to assess. However, there are clear and tangible impacts on the peer educators with 95 per cent of all of those engaged by Straight Talking continuing into alternative forms of education, training or employment. From an evaluation perspective, whilst we have to consider the potential of other factors in this change this remains an extremely positive potential impact on the lives of the young people engaged through Straight Talking.

For many of the peer educators the interview they receive with Straight Talking at the outset is the first formal interview they have ever received. The formal interviewing gives them practical interview practice and the feedback is often helpful and useful when they subsequently apply for other roles and jobs. All of the peer educators engaged in the consultation programme highlighted the positive impact this process had on building their confidence.

4.2.4. Impact on mental wellbeing

As is discussed in Section 2 the profile and characteristics of young mothers and fathers are complex and multi-stranded with complex relations between individual factors. As a result of these challenges, many of the young people engaged with Straight Talking struggle with confidence / self esteem issues and mental health issues including depression.

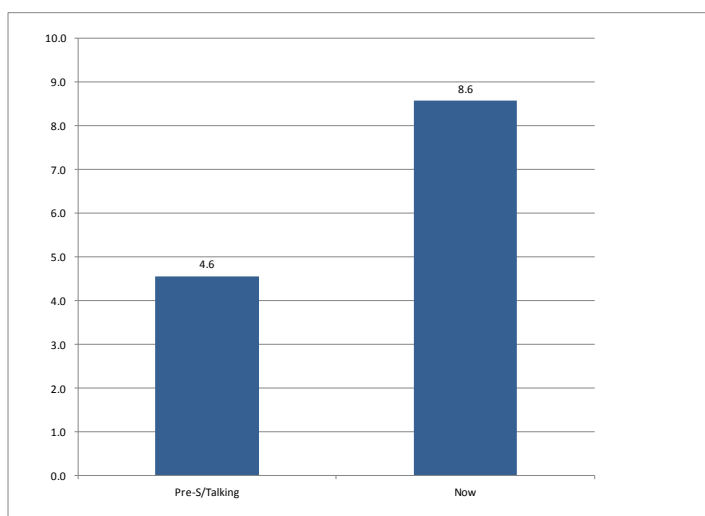
As part of the consultation process we asked Peer Educators to identify on a scale of 1 – 10 (with 10 being “amazing”) how they felt before Straight Talking and how they feel now.

NOTE: this method uses a similar technique to that employed in the WEMWBS²⁴. The statement is put to individuals at different stages – however, the responses are reliant on the mood and feeling of the person at that moment in time and although it is a recognised way of quantifying mental health, it should only be taken as an average gauge of progression.

Figure 4.1, below, illustrates the average response across the 18 consultees.

²⁴ WEMWBS – Warwickshire-Edinburgh Mental Well-Being Scale

Figure 4.1 – Impact on mental wellbeing



Source: Deloitte consultation (n=18)

The graph illustrates that Peer Educators arrive at Straight Talking feeling low (average score across the consultees 4.6). Their current outlook is significantly more positive (average score of 8.6) in the period after being employed by Straight Talking.

Peer Educators were further asked to indicate why they had selected particular score for this response. A sample of responses across the consultees is presented in Figure 4.2.

Figure 4.2 – Impact on mental wellbeing

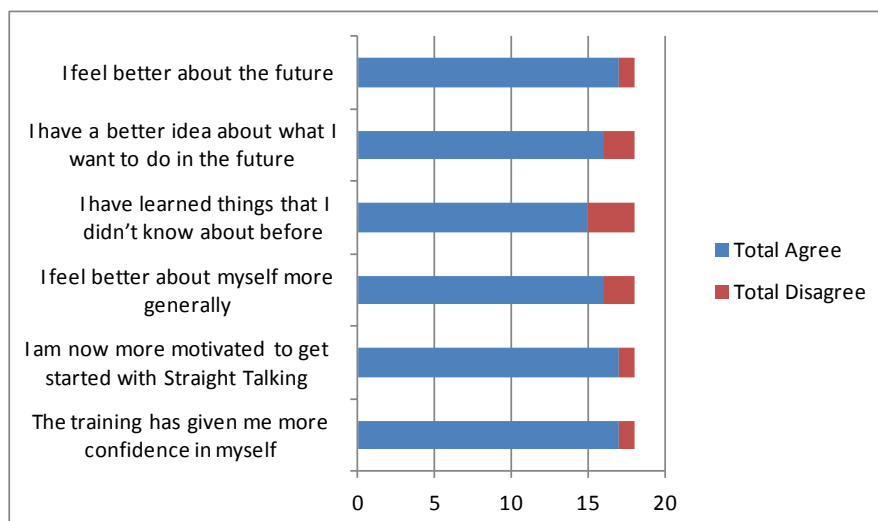
<p>Peer Educator A</p> <p>Pre-Straight Talking</p> <p><i>“I was very shy and quiet, didn’t like to talk to people or participate in things”</i></p> <p>Now</p> <p><i>“More confident and willing to speak up when in a crowd”</i></p>	<p>Peer Educator B</p> <p>Pre-Straight Talking</p> <p><i>“I was going down the wrong path and becoming more isolated from the outside world”</i></p> <p>Now</p> <p><i>“Feel like I can do whatever I put my mind to”</i></p>
<p>Peer Educator C</p> <p>Pre-Straight Talking</p> <p><i>“Was on anti-depressants and didn’t feel good about myself”</i></p> <p>Now</p> <p><i>“More in control of my own future”</i></p>	<p>Peer Educator D</p> <p>Pre-Straight Talking</p> <p><i>“Didn’t feel I had much of a future”</i></p> <p>Now</p> <p><i>“A lot more positive and have hopes for the future”</i></p>

Source: Deloitte consultation

4.2.5. Impact on attitude, outlook and behaviour

As part of the consultation process we also sought to understand how Straight Talking had changed teenage mothers and young fathers attitudes, outlook on life and behaviour. In order to ascertain this information we asked each of the consultees to state whether they agreed, or disagreed with a series of statements. A summary of the response is illustrated in Figure 4.3.

Figure 4.3 – Impact on attitude, outlook and behaviour



Source: Deloitte consultation (n=18)

As can be seen from the graph across all of the statements the majority of Peer Educators agreed that Straight Talking had positively impacted on their attitudes, outlook and behaviour.

As part of the focus groups held in the classroom with pupils of Straight Talking we asked what one piece of information would they take away. Qualitative responses from pupils include:

- *“being a teenage mum is hard”*
- *“telling your parents is not going to be easy”*
- *“the father of your child may not always be around”*
- *“having a baby does not mean you get a flat and money”*
- *“babies are hard work”*
- *“you may lose friends once you become a mum”*
- *“babies are expensive as they need lots of things”*
- *“buggies are difficult to carry up and down stairs”*
- *“being a teenage mum is very scary”*

4.2.6. Impact in different settings

As part of the evaluation we have also considered the impact of Straight Talking in different settings, particularly those outside of mainstream education. This includes an Access to Education programme based in Surrey and another, the Anstee Bridge Programme based in Kingston. Straight Talking has provided sessions for the last three cohorts of Anstee Bridge pupils and engaged with more than 40 young people in that period. As part of the evaluation we sat in on Straight Talking sessions, undertook a focus group with a sample of the young people engaged, talked to the Peer Educators delivering the sessions and spoke with the Anstee Bridge Programme Co-ordinator. A case study of the Anstee Bridge experience is presented below:

Straight Talking – Anstee Bridge Case Study

Anstee Bridge supports schools in meeting the needs of Year 11 students identified as ‘at risk’ of becoming NEET. For one day a week, students spend time at Anstee Bridge and are provided with an alternative to the typical school curriculum.

“The young people who present for support at Anstee Bridge arrive with low self-esteem and suffer from a lack of inner confidence whatever their outward behaviour might suggest. Whatever the reason – many of these students are seriously at risk of becoming marginalised from their families, their communities and wider society”.

Anstee Bridge Programme Co-ordinator

Students study creative subjects such as poetry, art and music and are also connected with a range of services and individuals from a variety of settings including the police and fire service, local employers and charities. The students express themselves through a medium new to them and the programme supports them to assess where they are in their lives, to review the choices they have made to date and to encourage, support and motivate them to consider the life choices they can make in the future. It does not profess to solve the underlying issues but rather provides a toolkit and the life skills to support them to cope and make better decisions for themselves.

Straight Talking is one of the charities involved in the delivery of the Anstee Bridge programme – delivering tailored sessions to the young people on the realities of teenage pregnancy and the challenges faced by young parents. In the sessions that we monitored as part of the evaluation the Peer Educators covered perceptions of teenage parents, housing, finance and child support over a 2-hr period. The groups were mixed and one male and one female Peer Educator delivered the sessions.

All of the young people attending the sessions indicated both during the session and immediately afterwards that Straight Talking had *“made them think differently about teenage parenthood”*. This was directly linked to the reality presented by the Peer Educators, specifically around finance and housing. One of the young people said *“I didn’t realise it was so tough to get a house as a young parent”* whilst another commented *“I never realised how much money you had to spend on nappies”*.

The Anstee Bridge Programme Co-ordinator believed this “reality” was vitally important for the young people. *“We used to have nurses delivering sessions. They would come in and provide a wealth of information and whilst it was useful for this it never got to the nitty gritty of the issues. Straight Talking is young people who have been through tough times – this reality is inspirational to the Anstee Bridge pupils. The Peer Educators say it as it is and as a result the young people are more likely to listen to them...”*

Anstee Bridge Programme Co-ordinator

Immediately following the sessions the young people also expressed how hearing firsthand about the experiences of teenage parenthood from the Peer Educators had *“made them think about their own perceptions and attitudes towards young parents”*. One pupil said *“it’s made me think that I shouldn’t judge someone for being a young parent”* whilst another stated: *“I want to be a young Dad – but I want to have a good job first”*. The young people also discussed how positive it was to hear Peer Educators talking about their own dreams / aspirations for the future – with a few believing young parenthood meant *“their life would be over”*. The Anstee Bridge Programme Co-ordinator commented again that this was a key element of Straight Talking and its differentiator against the SRE curriculum the young people would normally have experienced.

“The Peer Educators who deliver the sessions often convey their own dreams and ambitions for the future. Not only is this inspirational for the young people but it also makes them think that if the teenage parents can make something of themselves, despite the challenges of being a young parent, then so can they”.

Anstee Bridge Programme Co-ordinator

As is discussed elsewhere in the evaluation, the direct impact of Straight Talking on the behaviours of the young people engaged on the programme is difficult to attribute. However, when asked for her view the Anstee Bridge Programme Co-ordinator stated:

“In the first year of Anstee Bridge we had three pregnancies within the cohort. This was prior to us having Straight Talking deliver their sessions and in fact, one of the key drivers for us in looking for an alternative way to convey the message. The fact we have not had any pregnancies in the period since then and we have not had anyone contemplating this as an option - is much more than just coincidence”.

Anstee Bridge Programme Co-ordinator

4.3. Views of Stakeholders

This sub-section identifies some of the headline findings from consultations held with a range of internal and external stakeholders of Straight Talking over the lifetime of the evaluation. This includes management and delivery staff (including Peer Educators) and key external stakeholders including teachers, Government departments and includes impacts directly on the pupils, peer educators and stakeholders themselves.

Impact on pupils

Teachers engaged with Straight Talking were all keen to continue having the course delivered in the classroom. A sample of qualitative feedback from teachers engaged through the evaluation are presented below:

When someone comes from outside the young people are a lot more open and listen more than they do when a teacher talks about this sort of stuff

It helps to support what we offer in the wider PSHE programme

Having someone talking from “experience” is much more real for the kids... when the peer educators talk they listen – not the same for teachers

“The facilitators were brilliant- able to engage the group and create an atmosphere that encouraged the young people to talk & share stories”.

We also engaged with a representative from a local council running an Access to Education programme which engaged with Straight Talking to teach the programme to some of the young people. The representative said of the programme:

“What Straight Talking is doing differently is telling young people exactly what it means to be a parent and what practical and real challenges you encounter if you are a teenage parent. The programme as I see it is unique, impactful and most importantly is making a massive difference to the lives of the young people it employs and the young people it engages with!”

Sarah Rand, Surrey County Council

Impact on Peer Educators

In line with what the Peer Educators commented on themselves impacts ranged across key areas relating to personal development, health and social impacts and included positive impacts relating to attitudes and behaviours. In the longer term Straight Talking management specifically mentioned an increased level of commitment and motivation from Peer Educators and wider benefits in terms of increased attendance, participation and engagement on training courses organised by the organisation. This indicates that attitude and behavioural changes experienced by participants are not just reactionary but continue into the longer term.

Specifically stakeholders discussed:

- **Improved relationships** – Stakeholders mentioned improved relationships. Specifically, with respect of others in terms of letting them express opinions or listening to opinions whereas previously this would have been minimal. In addition, in contact with family members discussed improved relationships at home;
- **Improved confidence and self-esteem** – consultees noted that peer educators are more confident in themselves, their abilities and the quality of their work as their time with Straight Talking progresses. This physically manifested itself in the form of participants contributing more to the organisation and speaking out more where they were involved in training / education programmes. Many of the teenage mothers and young fathers are promoted through the organisation to take on further responsibilities such as local or regional co-ordinators. This has a significant impact on the young people themselves but also on the organisation, the programme material and how it keeps the work relevant to young people.

“This is why we continue to employ teenage parents and promote them within the organisation so that the material can be updated and reflect young people’s world today and have the maximum impact”.

Straight Talking management team

- **Increased sense of ambition** - in particular an improved and positive outlook for the future and making plans for things not only in terms of the short term but also aspirations for the longer term which previously may not have been there before. An example of this is the fact that all promoted teenage parents in the organisation buy into the Straight Talking Stakeholder Pension scheme – this provides a real and tangible representation of the young people thinking about their futures; and
- **Sense of achievement** – with the addition of certified accreditation the sense of achievement is viewed to have a positive impact on the longer term aspirations of the young mothers and fathers.
- **Other impacts** – every 6 months peer educators are invited to the Isle of Wight as part of a partnership residential on domestic violence held by ‘Seeds for Change’. This residential considers relationships and domestic violence in terms of what is acceptable and what is not acceptable. In the last year approximately 36 peer educators have engaged in this residential. During the consultation programme one peer educator said:

“When I came back from the residential I talked to my Mum about what was happening at home – it didn’t stop immediately but the fact that I could share with others meant that I wasn’t isolated anymore. I stood up for myself and the violence stopped.

Straight Talking, Peer Educator

Impact on stakeholders

- **Relationships between teachers and peer educators** – teachers discussed the benefits of having peer educators in the classroom. Straight Talking management highlighted that work had been ongoing to develop relationships with teachers and other key individuals within schools responsible for the delivery of SRE curriculum.

This has involved ensuring organisations have an understanding of the challenges and objectives of participating on the programme and a clear understanding of the most suitable characteristics of pupils most likely to gain value from Straight Talking. This was viewed as being an effective way of identifying potential pupils who might gain most from participating in Straight Talking.

- **Lessons learned in working with teenage mothers and young fathers** – Straight Talking management discussed some of the challenges / issues relating to psychological issues in terms of confidence, self-esteem and motivation and behavioural issues impacting on the motivation and attention of young mothers and fathers.

Straight Talking management indicated that over the lifetime of the programme lessons have been learned around the importance of *“working with the young mothers and fathers”*. One of the areas discussed involved the effort required in building trust and developing the confidence of young parents at an early stage. In addition, knowing when to *“push and challenge”* and knowing when to *“encourage and nurture”* was identified as vital for their motivation in the long run. Stakeholders were of the opinion that lessons could be learned and shared from the programme.

5 Conclusions

5.1. Introduction

The section provides Straight Talking with an understanding of the emerging lessons from the programme of activity over the evaluation period and recommends ways of applying and building upon them in the future.

Based on our analysis, we have identified a number of recommendations for Straight Talking. These are presented below our conclusions.

5.2. Conclusions

- The evaluation has identified how Straight Talking fits with the Government's wider policies around reducing teenage pregnancy and encouraging young parents into training, education and employment. Teenage pregnancy continues to be a challenge for the UK. Over the last ten years there has been significant progress in reducing England's teenage pregnancy rate with conceptions falling by 24.3 per cent and births to under-18s by 35 per cent. Although this is the lowest level for over 40 years, further progress is needed to reduce rates down to levels of Western Europe and there remains significant variation in progress between local authorities and between districts and wards within local authorities. This continued need provides rationale for innovative programmes like Straight Talking that are seeking to meet the needs of young people, generate positive outcomes for teenage mothers and young fathers and impact on associated economic and social costs.
- The SROI analysis found that the social return of Straight Talking for Peer Educators was £8.93 for every £1 invested over 5 years.
- The primary benefit identified through the SROI is the costs saved by addressing disengagement and low aspirations amongst teenage mothers and fathers. Of those who were NEET prior to Straight Talking, 100 per cent have gained valuable employability skills through the programme (as they are directly employed as peer educators by the organisation) and 95 per cent (n = 81) have either moved on to further training / employment or whilst still employed by Straight Talking have also accessed other forms of employment, education and training opportunities.
- The case studies highlight the complexity of working with young mothers and fathers. It can be argued that as such, the use of indicators does not lend itself as a measure of success and more qualitative efforts need to be employed. However, the SROI process has identified the story behind the indicators and provided insight into the value that can be placed on the benefits of the programme.
- Considering the complexity in reducing teenage pregnancies and the difficulties in having a significant impact on conception rates, supporting young parents, understanding their ongoing needs and trying to remove short-term and long-term barriers, can be important in improving the quality of life and opportunities for them and their children. Straight Talking through this evaluation and findings from the two previous evaluations can provide valuable insight into all of these areas and has proven to be effective across them all.

5.3. Recommendations

A key challenge for all innovative programmes / initiatives in moving forward is how to articulate the value of their services in light of cuts to wider public services. How can these services be targeted or delivered more effectively and importantly how can the impact and effectiveness be monitored over time to ensure responsiveness to changing need. This report makes the following recommendations for Straight Talking in continuing to provide an effective programme of activity:

- Continue to provide support through a peer education model which complements SRE curriculum and fits within the broader framework / strategy for teenage pregnancy, particularly targeted in areas of high need in relation to teenage pregnancy.
- Ensure the services are targeted to meet the needs of young people, particularly those most at-risk of taking risks.
- Communicate lessons, knowledge and experience of the challenges of working with teenage mothers and fathers and the outcomes from this engagement to ensure that other key stakeholders work holistically to address young mothers and father's needs.
- Embed a suite of indicators across the programme aligned to the broader strategic direction of the organisation (using indicators from this report) to inform and review the value of the support offered (e.g. increased confidence, self-esteem, aspiration etc). We also recommend consideration of developing research around impact measurement for children and young people including the Young People's Outcomes Framework developed to support the measurement of impact on young people's social and emotional capabilities linking with longer term outcomes²⁵.
- Continue to gather both quantitative data and qualitative / 'soft' outcomes (e.g. through case studies / feedback etc) to inform future service provision.

5.4. A final word

In summary, Straight Talking has proven to be a highly successful initiative which has succeeded in reaching and supporting a significant number of vulnerable and disadvantaged young mothers and fathers from across society. It has proven to encourage young people to think more positively about their futures and provide the confidence and life skills to cope with unexpected events and to challenge themselves in reaching their full potential.

It has had a very strong influence on many of the Peer Educators and young people engaged, evidenced through their feedback, and in the case studies contained in the report.

“Straight Talking has played a huge part in getting my life back on track. I have a job and I feel positive about the future for myself and my child – I literally would have been nowhere without the support and direction”

Straight Talking, Peer Educators

²⁵ Department of Health, Report of the Children and Young People's Health Outcome Forum (2012)

Appendix A – Discussion Guide for Stakeholders

1. Background to your role
2. What is your experience / understanding of Straight Talking and what its core mission is?
3. What policies / practices do you think Straight Talking link with? How so?
4. Thinking about the operating environment more generally – in your view what contextual issues have been most relevant to the environment within which Straight Talking operates?
5. What are the current challenges faced by teenage parents in the UK? Are they current being reached by mainstream programmes? If yes, which ones? If no, why not?
6. What does success look like for Straight Talking and up to now, what do you think it is best known for?
7. What is your view of Straight Talking's progress and key achievements? What is your view on the impact that it has? On peer educators? On the young people engaged? On wider society?
8. How can Straight Talking isolate its impact from broader activity in this area, for example in reducing teenage pregnancy, from other factors?
9. Is there anything specifically about Straight Talking methods / process that you would highlight as good practice?
10. Are you aware of any evidence / research into the wider costs to society of teenage pregnancy?
11. What are the likely challenges for Straight Talking in looking forward? How can Straight Talking position itself to respond to these challenges?
12. Any other comments?

Appendix B – Peer Educator Discussion Guide

a) For existing Peer Educators

1. Background to your current role with Straight Talking
 - a. How long have you been with Straight Talking overall?
 - b. What is your current role? (i.e. Peer Educator, Local Scheme Co-ordinator etc)
 - c. Length of time in current role?
2. In the period of time that you have been in touch with Straight Talking (i.e. from the start of the application process) – what other support / services have you received?
3. On a scale of 1 – 10 (with 10 being amazing) how would you rate how you felt about yourself and life in general in the period before you joined Straight Talking? *Please explain your score*
4. Using the same scale... where would you put yourself now? *Please explain your score*
5. Prior to Straight Talking – what was your employment status?
6. Thinking about Straight Talking - please indicate whether you agree or disagree with the following statements...
 - I feel better about the future
 - I have a better idea about what I want to do in the future
 - I have learned things that I didn't know about before
 - I feel better about myself more generally
 - I am now more motivated to get started with Straight Talking
 - Training has given me more confidence in myself

7. SROI questions...

Thinking more generally about your time with Straight Talking, I would like you to think about how things have changed for you personally and within your family.

- Has Straight Talking had any effect on you? If yes... please explain... please also indicate any negative effects?
- If yes, how significant an effect has Straight Talking had on the following:
 - motivation, confidence self-esteem
 - mental health and wellbeing
 - personal skills
 - relationships and social life
 - how you feel about yourself
- Thinking about your answer above – do you think the changes would have occurred without Straight Talking?
- Thinking about your answer above – do you think the changes could have been influenced by exposure to other initiatives / experiences?
- Are there any other changes you have experienced that you have not already mentioned? Please explain

8. What do you think might have happened to you without Straight Talking?
9. What do you think you'll be doing in the future? Short term / in five years time?
 - a. Just doing the same thing I am now
 - b. Studying
 - c. In a job (full-time or part-time)
 - d. On benefits
 - e. Don't know
10. Anything else you want to say about Straight Talking?

Appendix C – Focus Group with Beneficiary Discussion Guide

1. Please indicate by a show of hands whether you know anyone who has had a baby before they were 20?
2. What age do you think is the right age to have a baby?
3. Is that different to what you would have said before Straight Talking classes?
4. Before today / Straight Talking sessions – what sort of things did you think you would be told?
5. Based on today / Straight Talking sessions to date – what do you think the most difficult thing about having a baby at a young age is?
6. Based on today / Straight Talking sessions to date – is there anything you think would be good about having a baby at a young age?
7. What do you think you have learned from today / Straight Talking sessions?
8. Have you done anything like this before?
 - a. How is this different?
 - b. How else might you find out about these things?
9. How old would you like to be when you have your first child?
10. What have you learned from Straight Talking that you didn't know before?

Appendix D – Discussion Guide for teachers

1. Background to your role in the school / educational setting
2. What is your experience / understanding of Straight Talking and what its core mission is?
3. How did you find out about Straight Talking?
4. How would you describe your relationship with Straight Talking? (i.e. Good, Adequate, Poor) please explain your answer
5. How has this changed over time? Particularly relationships with the Peer Educators you would have contact with
6. What does success look like for Straight Talking and up to now, what do you think it is best known for?
7. What is your view of Straight Talking's progress and key achievements? What is your view on the impact that it has? On the young people engaged? On the school?
8. How does Straight Talking compare to other initiatives / programmes in this area?
9. Is there anything specifically about Straight Talking methods / process that you would highlight as good practice?
10. Would you recommend Straight Talking to other colleagues?
11. Is there anything you think Straight Talking can / should do differently?
12. Any additional views / suggestions or other comments?

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