

The Effectiveness of  
Straight Talking:  
Listening, Hearing and  
Remembering

Final Report

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# 1. INTRODUCTION

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## 1.1. Teenage pregnancy and parenthood

### 1.1.1. Introduction

Since the 1980s teenage pregnancy has been an issue of often intense public and media interest. For Shields and Pierce (2006), this interest stems from its connection to a number of controversial issues in UK society, including the control of fertility, cultural and social attitudes towards sex, whether sex education should take place within families or within schools, socio-economic inequalities, religious objections to pre-marital sex, the cost to the state of teenage pregnancy and parenthood, the abortion debate, discussions around the quality of parenting, and the different parenting roles of mothers and fathers.

### 1.1.2. The policy context

In June 1999 the government produced a national teenage pregnancy strategy which had two goals:

- To halve the rate of conceptions among those under 18 years old in England by 2010 and set a firmly established downward trend in the conception rates for under-16s by 2010
- To achieve a reduction in the risk of long-term social exclusion for teenage parents and their children.

Underpinning these aims were concerns about the health, relationships, education and employment (and, therefore, income levels) of those who do become young parents and about the poor outcomes for their children (Social Exclusion Unit, 1999; DH, 2007); but also concerns about the costs of state support for single young mothers (Teenage Pregnancy Strategy Evaluation Team, 2005); and the fact that the UK rate has consistently been far higher than that in similar developed countries in Europe – more than twice the equivalent rate in Germany or France in 2004, and about four times the rate in the Netherlands and Switzerland (Healthcare Commission, 2007).

As part of this policy drive all local authorities were to establish teenage pregnancy co-ordinators to consult on effective interventions and as a contact point for the Teenage Pregnancy Unit based in DCSF. Each authority has a 10-year strategy in place, with local under-18 conception rate reduction targets of between 40% and 60%. The *Every Child Matters: Change for Children Agenda* (DfES, 2004a) required local authorities to draw up a Children and Young People's Plan by 2006 to meet the five ECM outcomes, with the local teenage pregnancy strategy being an integral part of that plan by 2008.

### 1.1.3. Teenage conception, abortion and birth rates in England

The latest (provisional) figures show that in 2007 the conception rate for young women under 18 in England was 41.7 per 1,000 young women in that age group

(40,298 conceptions). This represents a reduction since 1998, the baseline year, for the teenage pregnancy strategy, when the under-18 conceptions rate was 46.6 per 1,000. However, the change in the rate between 1998 and 2007 currently stands at 10.7%, reinforcing doubts as to whether the 2010 target of a 50% reduction will be met (TPIAG 2008). Moreover, the 2007 rate shows an increase from that of 2006 when it was 40.6 per thousand under-18s (Office for National Statistics and Teenage Pregnancy Unit, 2009).

Despite the high media focus on very young mothers, statistically only a small minority of teenagers become pregnant before they reach 16: in 2005 only 6% of all teenage conceptions were to girls aged 16 or under (DCSF and DH, 2007). Moreover, in 2007, the conception rate for England was 8.3 per 1,000 girls aged 13-15 (7,715 conceptions). This is 6.4% lower than the teenage pregnancy strategy's 1998 baseline rate of 8.8 conceptions per 1,000 girls in this age group. However, it, too, marks an increase on the 2006 rate of 7.7 per 1,000 (Office for National Statistics and Teenage Pregnancy Unit, 2009).

Overall there has been a 23.3% decline in teenage births since 1998. The discrepancy between this rate of reduction and that of teenage conceptions is linked to the increasing number of abortions. In 2007, 50.6% of conceptions to under-18s were terminated by abortion, compared with 42.4% in 1998. The comparable figures for under-16s show an increase from 52.9% in 1998 to 61.9% in 2007 (ibid).

### **Regional differences in rates**

In some areas of England the rate of under-18 conceptions is considerably higher than the national average. These are predominantly seaside and rural areas (Bell et al., 2004) and deprived local authorities (Uren, Sheers and Dattani, 2007). In 2007, 13 of the 32 inner and outer London boroughs had rates above the national average (Office for National Statistics and Teenage Pregnancy Unit, 2009).

#### **1.1.4. Teenage fathers**

Teenage fathers remain a somewhat 'invisible' group (Thornberry, Smith and Howard 1997), in part because their details are not always included on the birth registration. In 2006, 13,443 births in England and Wales were registered to men under 20 years of age in 76% of these cases the mother was also under 20 (Office for National Statistics, 2008). However, according to data from the Teenage Pregnancy Unit, only a quarter of fathers of babies born to teenage mothers in 2005 were aged under 20 (DCSF and DH, 2007).

#### **1.1.5. Factors influencing teenage pregnancy**

Numerous societal and personal factors are associated with higher chances of teenage pregnancy. Most prominent are socio-cultural factors such as poverty, cultural acceptance and education-related factors such as low education attainment, no qualifications and disengagement from school. Equally, background and family circumstances, including being looked after (in the care of a local authority) have a bearing. In more practical terms, a lack of information about contraception and sexual health is also found to correlate to higher levels of pregnancy

### **1.1.6. Preventing teenage pregnancy**

The evaluation of the teenage pregnancy strategy recommended that future efforts should be directed at tackling the underlying socio-economic determinants of teenage pregnancy, with even greater focus on interventions that selectively target young people from poorer backgrounds (Teenage Pregnancy Strategy Evaluation Team, 2005). In the review of the teenage pregnancy strategy in 2006 (DfES 2006b), attention was turned to focusing on interventions aimed at young people at greatest risk, increasing resources in youth services, making sexual health services more 'young people friendly', and promoting multi-agency working across children's trusts and services (DfES 2006a; DCSF and DH, 2007; DH, 2007).

### **1.1.7. Access to services**

Providing young people with access to appropriate sexual health and contraceptive services is one of the current priorities in the government's drive to reduce teenage conceptions: since 1999, the government has released guidance on access to sexual health advice for school staff (DfES, 2004) and social workers and social care practitioners (DfES, 2006c). Following the publication of the 2007 conception figures in 2009 (Office for National Statistics and Teenage Pregnancy Unit, 2009) the government undertook to provide an additional £20.5million in funding for schemes to help teenagers get better access to contraception and information on the risks of unprotected sex.

## **1.2. Straight Talking**

Straight Talking was established in 1997 by its current Chief Executive and Manager and was registered as a charity in 1998. The charity relies on voluntary grants and donations to enable it to carry out its work. Its mission is to reduce the high rates of teenage pregnancy in the UK and to support and empower teenage parents, so that young people achieve economic wellbeing and quality of life. It raises young people's awareness of the problems associated with teenage parenthood and educates them about the importance of delaying parenthood. Straight Talking has recently won two prestigious national awards: the Guardian Charity Award 2008, and the GSK Impact Award 2009 for its innovative and unique approach to the issue of teenage pregnancy.

Straight Talking delivers a school-based course to Year 9 or Year 10 pupils, which is designed to inform students of the reality of being a teenage parent and provide them with an educated choice for their future. The course fits within a school's Sex and Relationships Education (SRE) programme, though it specifically does not deliver sex education. While sex education in schools teaches young people how to avoid becoming pregnant, Straight Talking aims to tell them why they should not become pregnant at a young age.

The course consists ideally of five sessions of one hour a week, though this can be reduced to four. The sessions highlight the responsibilities of parenting and the issues of losing their childhood, living in poor accommodation, losing their social life, and limiting their future through the loss of education and training opportunities. Among the information and activities included in the five sessions are:

- Learning about the practical problems of parenthood
- Negotiating a 10lb 'baby' (a doll filled with 3kg of rice) in a buggy up a flight of stairs
- Listening to a tape of a baby crying for 30 minutes while trying to concentrate on decision-making
- Learning about the financial and social implications of living on state benefits
- Learning about the difficulties of obtaining suitable accommodation
- Learning about the stages of pregnancy culminating in childbirth.

Please see Appendix 1 for the content of the five sessions.

The sessions are delivered by peer educators – young people (working either individually or in pairs) who themselves were, or still are, teenage parents. They are supported in returning to education, training and employment and are empowered to reach their potential. They receive training to deliver the programme and extra training in child protection, classroom behaviour management and equal opportunities and diversity. From 2010 the training will be accredited and peer educators will achieve a nationally recognised qualification.

In the previous year (2008), 150 Straight Talking courses were delivered to 5,000 pupils in wards and boroughs where rates of teenage pregnancy are high – Kingston, Hounslow, Barking and Dagenham, Richmond, parts of Surrey, and Trafford (Greater Manchester). In addition, a new project aimed at young refugees and asylum seekers in Hounslow was begun. In the forthcoming school year (2009/10), courses will also be delivered in schools in Hounslow as well as in Birmingham and Somerset (partly funded by the local authority), reaching approximately 7,000 students.

### **1.2.1. The distinctive features of Straight Talking**

School-based sex and relationships education of a uniformly high quality is typically considered to be the key to reducing the rate of adolescent pregnancies. However, information delivered by teachers or other authority figures may not be heeded by pupils, who feel that such people are out of touch with the reality of their lives in the 21<sup>st</sup> century. Furthermore, evidence shows that the provision of information about sex, contraception and resisting pressure is not necessarily sufficient to prevent young people having children and that they are not aware of the difficulties of being a parent (Social Exclusion Unit, 1999).

Straight Talking offers a course which can overcome both of the above problems. It provides a series of modules which provide information on the realities of teenage parenthood, so that young people have a clear (and not romanticised) picture of what is involved in looking after a child, living on a low income and foregoing education or training. Incorporated into schools' SRE curriculum, and running with – not instead of – lessons that impart more traditional information, it gives a different dimension to and reinforces the messages as to why early pregnancy is usually best avoided.

The other distinctive feature of Straight Talking is its use of peer educators in the form of young people who themselves are or were teenage parents. They draw on their own experiences to deliver a dynamic, interactive and skills-based course which

has a direct appeal to young people. Additionally, the programme provides training, employment and financial reward to the teenage parents and encourages them to access education, employment and further training, thus fulfilling another objective of the Teenage Pregnancy Strategy which is to support young people who do have children.

## **2. THE EVALUATION**

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A previous evaluation of Straight Talking (2005) pointed to its many advantages for both those who receive and those who deliver it, concentrating predominantly on the latter group. It was, however, not within the remit of that evaluation to explore the impact of the programme, specifically the durability of the message to young people that caring for a child is not easy when the parents are teenagers, inexperienced, poor, and have few prospects of improving their situation through well-paid employment.

This piece of research, commissioned by Straight Talking with funding from Barking and Dagenham PCT and the Teenage Pregnancy Unit in the Department for Children, Schools and Families, did not aim to replicate the previous study but, rather, concentrated on students' perceptions of the course and the extent to which they had heard and retained the messages from it.

### **2.1. Aims and objectives**

The main aim of the study was to explore the extent to which information given by Straight Talking as part of SRE continues to influence young people's attitudes and decision-making beyond the point of delivery and has the potential to bring about lasting attitude and behavioural change.

A further aim was to explore whether and how an intervention, or a combination of interventions, might contribute to a reduction in the rates of teenage parenthood, especially in areas where the rates are high.

### **2.2. Methodology**

The research was carried out predominantly in schools located in Barking and Dagenham and in a small number of schools in another local authority to gain a comparative perspective and to test the validity of the data. In total, eight schools were involved in the research.

A two-stage methodology was used. The first stage involved the use of self-completion questionnaires immediately before the course began (Q1) and immediately after it ended (Q2). The Straight Talking staff who delivered the course (the peer educators) oversaw the completion of the questionnaires. The second stage involved a researcher's visit to the school at least six months after the course had ended. With no prompting to aid their memory, students were asked to complete a further questionnaire (Q3), designed to test their recall of the course and the learning they had acquired from it. This was followed by a mixed-sex group discussion which explored: what the students remembered about the course; what they had liked; what they felt had not worked well; their attitudes towards teenage pregnancy; and the impact of teenage pregnancy on a family. The length of time available (between 20 minutes and an hour) and the number of students in a group were dictated by whether the discussion was part of an SRE lesson or was held outside lesson time. Thus one group consisted of 50 students (an exceptional case)

and another of eight. All were in either Year 10 or Year 11, that is, the year group following the one in which they had received Straight Talking.

At the end of the session, a short interview took place with the teacher responsible for SRE (who was the main contact with Straight Talking) to explore his/her perceptions of the course and its impact on students. If this was not possible because of time constraints, the teacher was invited to complete a brief questionnaire sent by email.

All participants were guaranteed anonymity and no schools are identified in this report.

The number of student questionnaires completed and the number of schools involved is as follows:

- Q1 was completed by 326 students from 4 schools
- Q2 was completed by 296 students from 4 schools
- Q3 was completed by 155 students from 8 schools

All schools were mixed, non-faith comprehensive schools.

### **2.2.1. Some methodological issues**

Though successful in obtaining sufficient data, both quantitative and qualitative, the study was not conducted exactly as planned. There were various reasons for this, which were mostly organisational. A major stumbling block was that the research team was dependent on a borough employee who managed Straight Talking for the successful completion of questionnaires at the start and end of a course.

Unfortunately, administrative problems in the borough had led to an unsettled situation and ultimately this person resigned. A former peer educator was promoted to co-ordinate Straight Talking in the borough but was re-located to an office without the facilities for her to carry out her tasks easily. Against this backdrop, the research was understandably not a priority and the fact that some schools and young people did participate was the result of the commitment exercised, in very difficult circumstances, by the former Straight Talking manager.

One aspect of the research which had to be abandoned was being able to remain in touch with students by text messaging. It was hoped that the research could be developed into a longitudinal study to follow students over a further year and monitor the extent to which they remembered and bore in mind the messages from Straight Talking. Text messaging seemed an appropriate method of doing so, but this met with little enthusiasm from students and, additionally, raised ethical issues if implemented. Students were therefore asked to state on the final questionnaires if they would be willing to be contacted again. Although this mainly met with agreement, it is dependent on their being in school, which means that many of the older students would be lost to the research.

### **2.2.2. Analysis**

The research combined both qualitative and quantitative techniques which afforded a mix of width and depth. The quantitative data from the questionnaires were analysed

using SPSS (Statistical Package for the Social Sciences). This examined the data obtained at each point in time and also looked at comparisons across the data sets wherever possible.

A useful model for evaluating learning is that of Kirkpatrick (1998). The four levels of Kirkpatrick's evaluation model (adapted here) measure:

- *reaction of students* – what they thought and felt about the course that they participated in
- *learning* – the resulting increase in knowledge
- *behaviour/attitude* – the extent of individual behaviour or attitude change
- *results/impact* – any indication of overall change.

Information on the reaction of students to the course came from Q2, Q3 and the group discussions. An assessment of the learning they had gained came from Q3. Information on changes in attitude was confined predominantly to student's views on the ideal, and their own preferred, age to have a child and this was gained from comparing answers to the identical question in all three questionnaires and from the group discussions .

The extent to which the research could address the final one was limited, though some information came from teachers' observations. An obvious measure of change was the extent to which the rate of teenage pregnancy in that area had been reduced, but, for reasons of attribution, this would not have been appropriate. Although Straight Talking might well be a contributing agent to any changes, it would not be possible to isolate its influence from other factors or interventions prevalent in the area.

### **2.3. Peer education and behaviour change**

A unique feature of Straight Talking is that the course is delivered by young people who themselves have had children when they were teenagers. This system of delivery comes under the heading of peer education, which has taken on a range of interpretations as an approach, a communication channel, a methodology, a philosophy, and a strategy and various definitions concerning who is a peer and what is education (Shoemaker et al., 1998; Flanagan et al., 1996).

Peer education is seen primarily as a means of bringing about behaviour change in those who receive it and empowering those who deliver it. However, it began its life not as means of imparting messages by more informal, non-didactic means but simply as a response to a shortage of teaching staff. At the end of the 18th century the Scottish educator, Andrew Bell, developed the Madras, or mutual instruction, system of education in India, by which, out of necessity, older boys were trained to teach younger boys. His principles were subsequently adopted in a school run by the Quaker, Joseph Lancaster, for poor children in London, with the result that the Madras system, also later known as the Bell-Lancaster system, became popularised. The successful spread of the system was due to its being inexpensive, relatively efficient, and emerging at a time when interest in social reform, especially the education of poor children, was prevalent in England.

Since the 1960s, when the system experienced renewed popularity in its reincarnation as peer education, it has been based on behavioural theory which asserts that people make changes not because of scientific evidence or testimony but because of the subjective judgment of close, trusted peers who have themselves sometimes adopted changes and who act as persuasive role models for change.

Peer education as a behavioural change strategy draws on several well known behavioural theories. Peer education is a prime example of **Social Learning Theory**, especially where the educators themselves have experience of the very behaviour which is the subject of change. A central tenet of Social Learning Theory is that behaviour is influenced by individual surroundings and the role of peers. It implies that noticing one's own behaviour supports a change in behaviour, i.e. that individuals are reflective and capable of self-regulation. In order to change, individuals need to alter their standards and set goals for new patterns. Social Learning Theory asserts that people serve as models of human behaviour and that some people (significant others) are capable of eliciting behavioural change in certain individuals, based on the individual's value and interpretation system (Bandura, 1986).

The **Theory of Reasoned Action** states that one of the influential elements for behavioural change is an individual's perception of social norms or beliefs about what people who are important to the individual do or think about a particular behaviour (Fishbein and Ajzen, 1975).

The **Theory of Participatory Education** has been especially important in the development of peer education (Freire, 1970). Freire believed that the most effective method for learning, development and personal and cultural change was through individuals learning and developing as equal partners in the process (with the teacher not being a supervisor as in the Bell-Lancaster model). Empowerment results through the full participation of the people affected by a particular problem who plan and implement a response to the problem.

A further behaviour theory which has relevance here is **Constructivism**: that is, the manner in which people construct meaning in their personal and shared lives, drawing on their life experiences and 'life world' (Schutz and Luckmann, 1973). By 'life world' we mean a group of people living in a particular environment which is bound together by some form of identity. 'Life worlds' are fluid and each has a distinct way of communication through which knowledge about their world, and its relationship with the external world is imparted – through speech or texts, for example. This knowledge reflects a distinctive cultural identity, and a particular 'construction of reality'. In this context, behaviour is important. This can be seen as a performance where people display 'frontstage' and 'backstage' behaviour, which might vary according to the different, sometimes competing, worlds that individuals inhabit (Goffman, 1959). The meanings created depend on shared and unstated assumptions, and people co-operate in a performance to achieve goals sanctioned by group, with pressure to conform to the 'frontstage'.

## 3. FINDINGS

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### 3.1. Questionnaire data

Using a typical before-and-after approach, students were asked to complete a short questionnaire before they began receiving the Straight Talking course (Q1) and a further one immediately after the course finished (Q2). A further questionnaire (Q3) was administered to students who had taken part in the group sessions at least six months after they had completed the course.

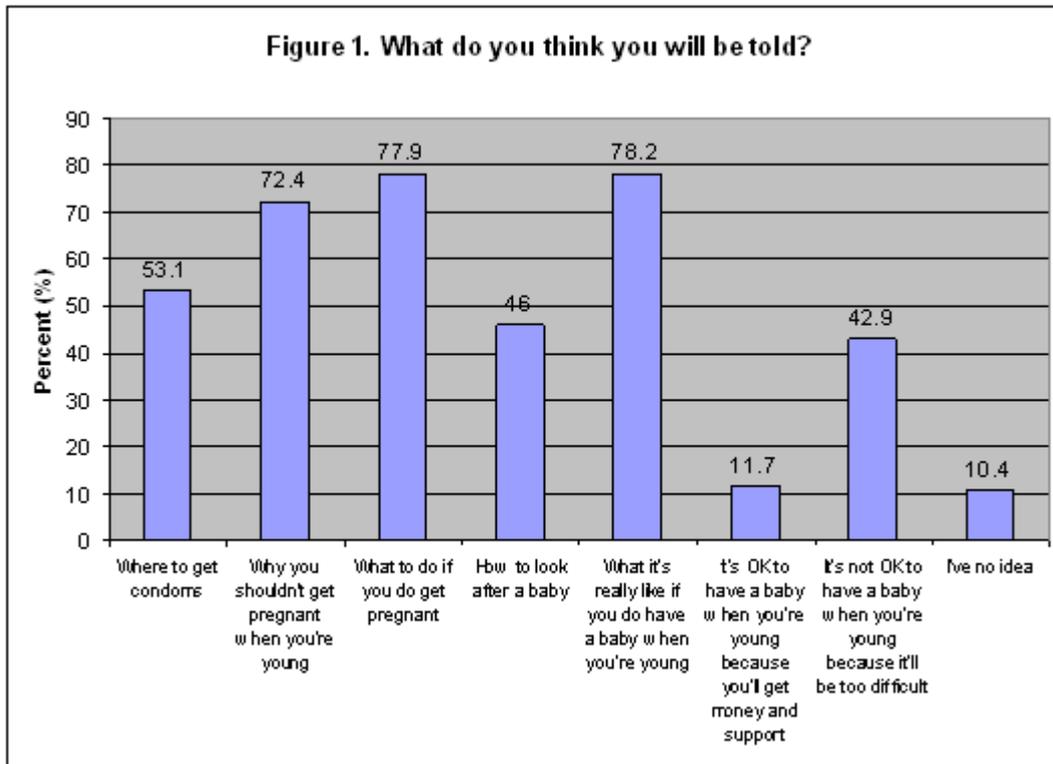
The section below describes the information collected in this way. Section 3.1.2 describes the information collected through group interviews: this drew on the information contained in Q1 and Q2 to explore some of the themes which had emerged.

Where direct quotes from respondents are used, they are referenced with the number allocated to them for the purpose of analysis, followed by the dataset from which they are drawn.

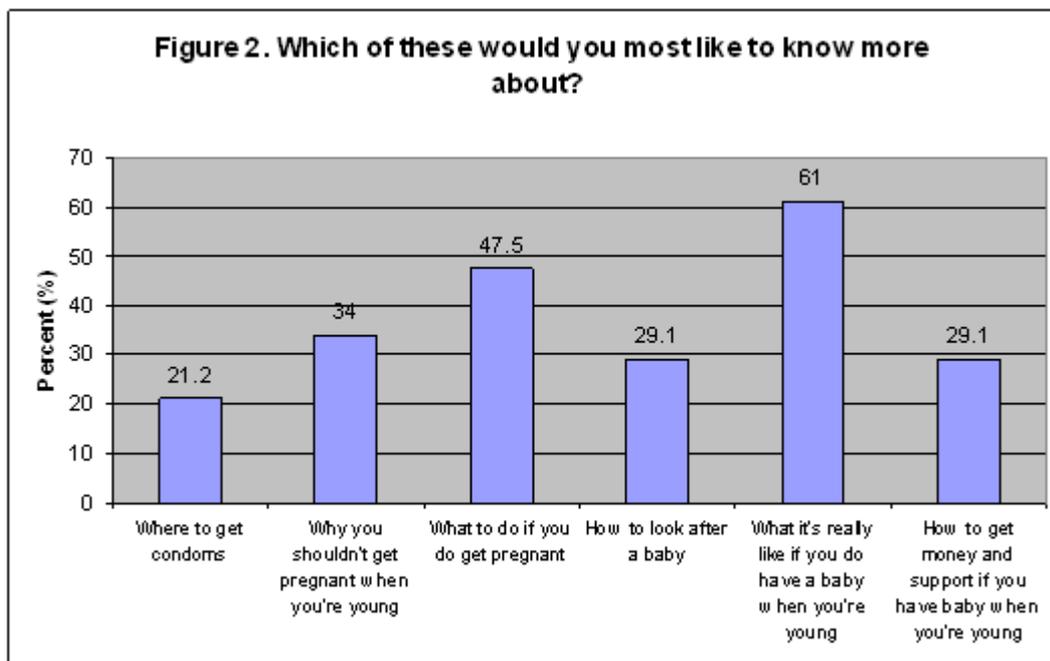
#### 3.1.1. Information from Q1

One aspect of Q1 was to explore students' expectations of the course and the extent to which they had received any indication of what the course involved. As can be seen from Figure 1, the options most frequently selected were being informed about the realities of early parenthood and what to do in the case of pregnancy (78%, n 254), More than 70% (n 236) thought that they would learn about the inadvisability of being pregnant at a young age.

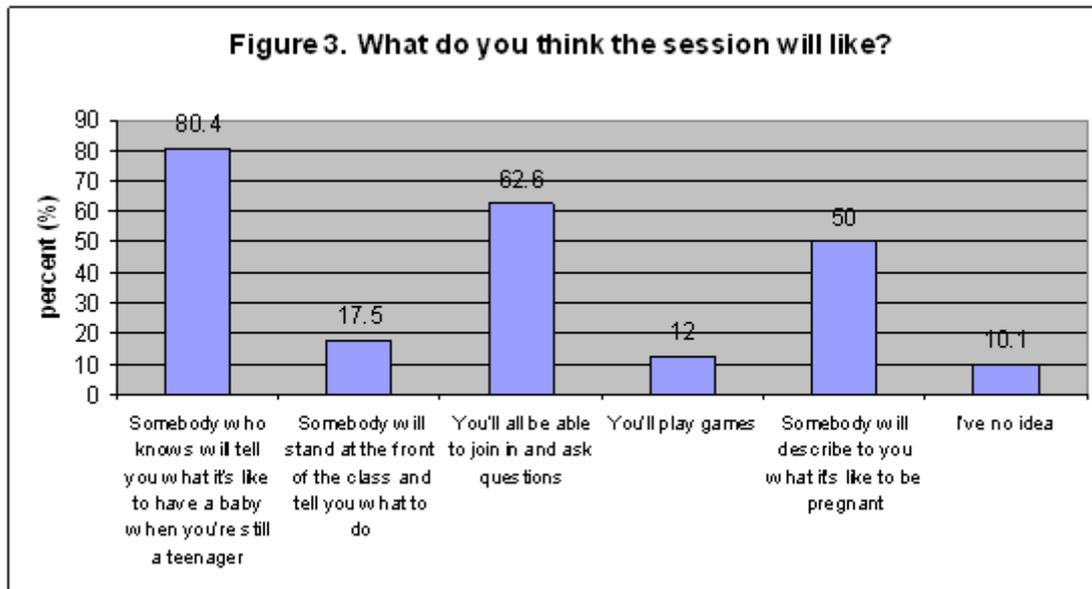
However, a much smaller proportion (43%, n 140) thought that the message would be more explicit: that having a baby at an early age was too difficult. The least favoured expectation was receiving a message about the acceptability of having a baby at a young age because money and support would be available, but nevertheless it was chosen by 12% (n 38) of students before the course started. It would appear that, on the whole, students had a fairly clear idea of what they were going to learn.



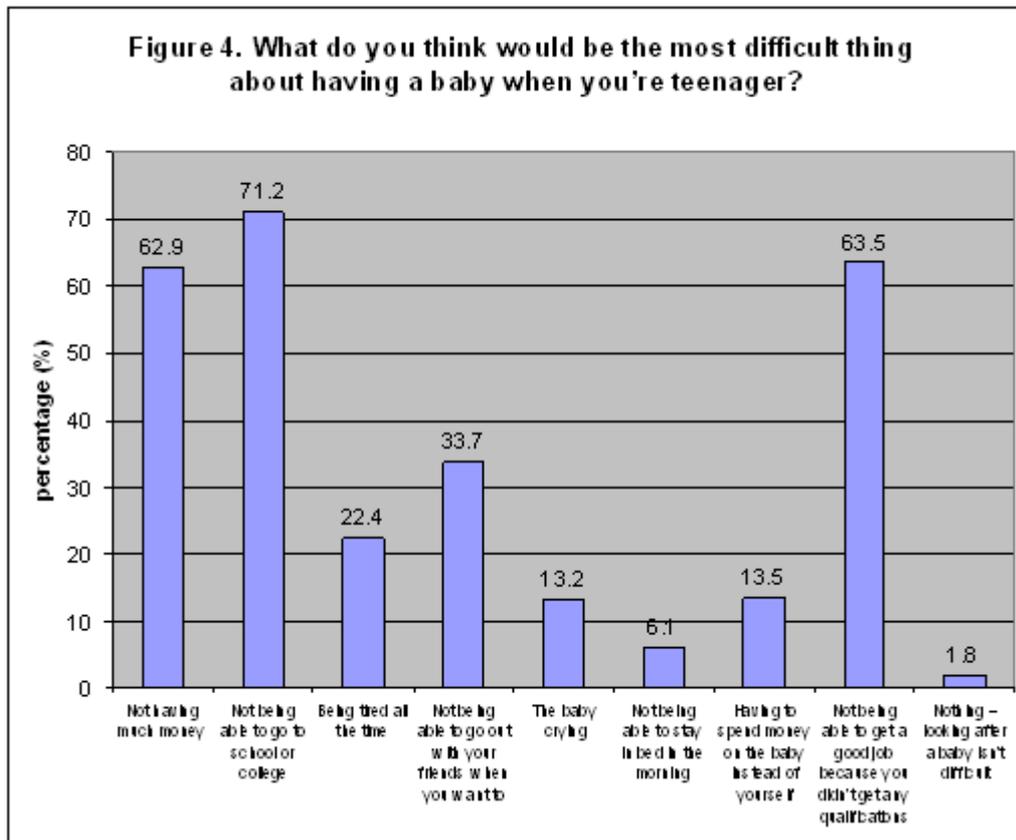
In line with their expectations of the course, students most wanted to learn about the realities of having a baby at a young age (Figure 2). This was followed by information on what to do in the case of pregnancy (47.5%, n 155). Only just over a third (n 111) wanted to learn why it was not advisable to have a baby when you are young, and under a third (n 95) wanted to learn about how to look after a baby and how to obtain money and support.



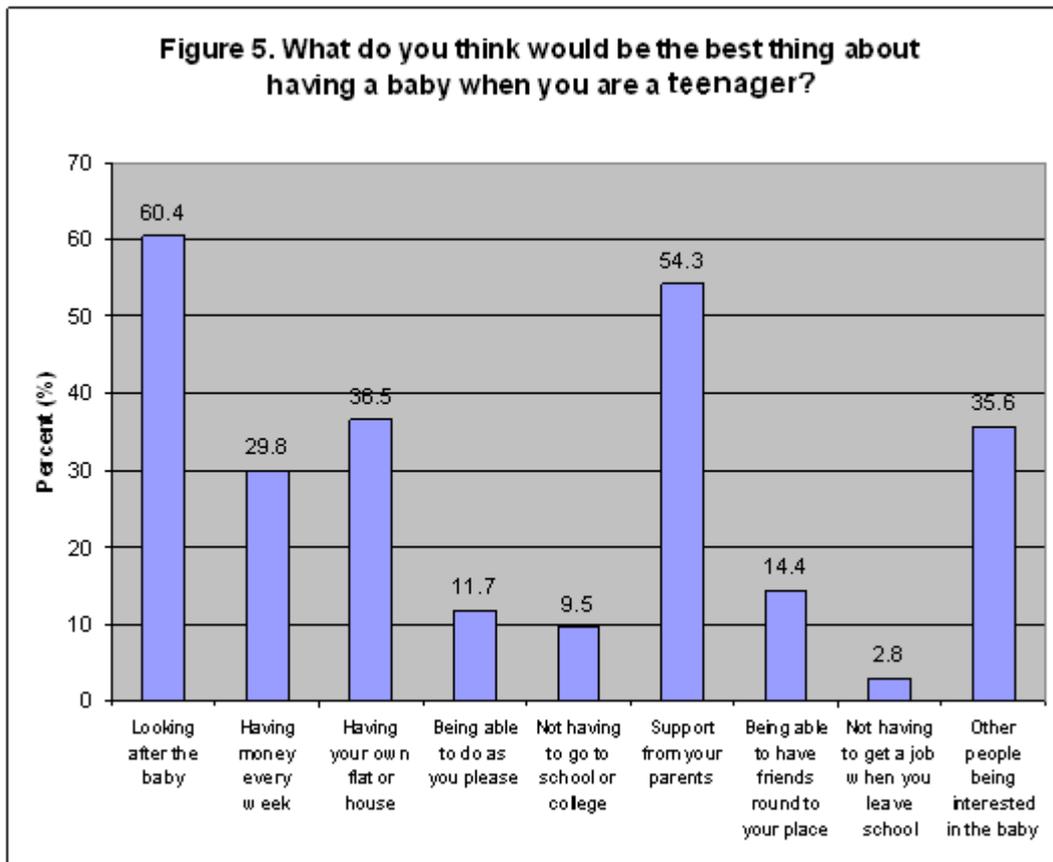
As can be seen from Figure 3, respondents were, on the whole, aware of how the course would be delivered. Although 10% (n 33) claimed to have no idea of what the course would entail, 80% (n 262) agreed that ‘someone who knows will tell you what it’s like to have a baby when you’re a teenager’ and 63% (n 204) expected that they would be able to join in and ask questions. As many as 17% (n 57), however, expected a typical lesson with someone telling them what to do.



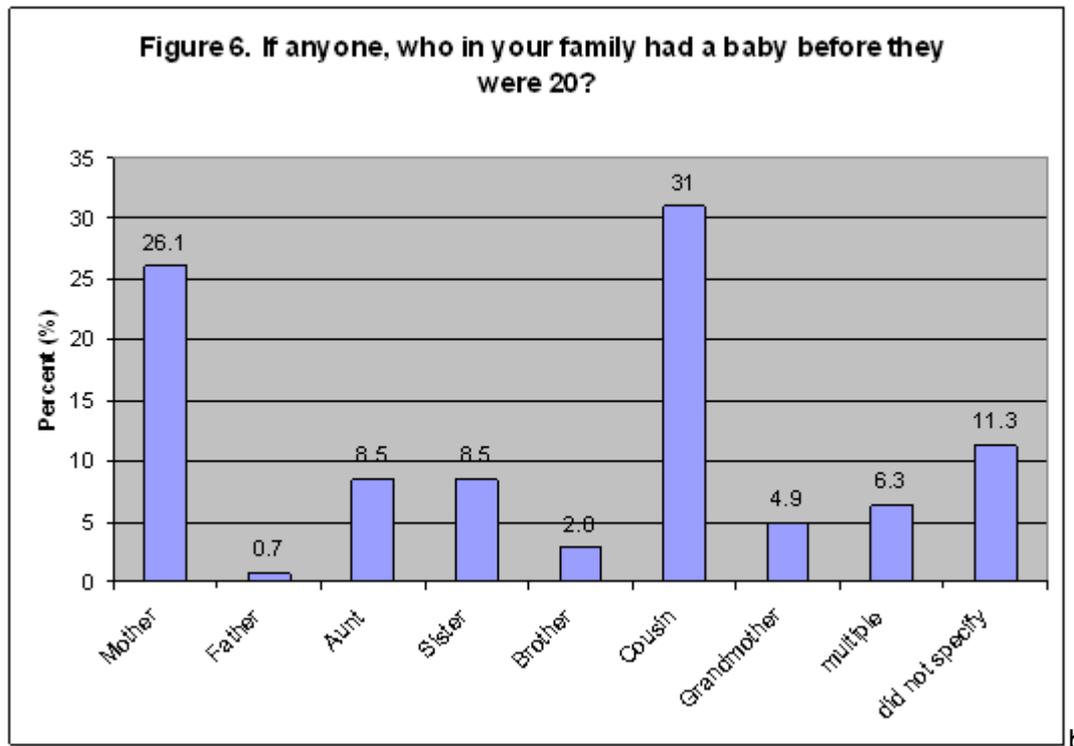
When asked to specify what they anticipated would be the most difficult thing about having a baby when young, respondents focused less on what might be viewed as typical teenage concerns, such as not being able to stay in bed in the morning, or having to spend money on someone else other than themselves, and more on education, career and money (Figure 4). The majority of students (71%, n 232) opted for not being able to continue with their education and a further 63.5%, (n 207) opted for not being able to get a good job because of a lack of qualifications as the most difficult aspects of being a teenage parent. Not having much money was selected by 63% (n 205).



In responding to what they thought would be the best things about having a baby as a teenager, respondents mainly opted for 'looking after the baby', which was chosen by 64% (n 197) (Figure 5). Interestingly, gaining support from parents was seen as the second best thing – this was the choice of 54% (n 177) of students. This was not an anticipated finding and was explored further in the group discussions. Just over a third of students (n 116) also opted for 'other people being interested in the baby', and roughly the same number (n 119) also identified having their own accommodation as a positive aspect of having a baby when young.



About 37% (n 120) of students had a friend who had had a baby before they were 20 and an even larger proportion – 43% (n 140) – had a family member who had done so. As can be seen from Figure 6, this was most commonly a cousin (31%, n 44), followed by a mother (26%, n 37). A further 11% (n 16) had a sibling, usually a sister, who had been a teenage parent. In total, 59 respondents had at least one close family member who had experience of being a young parent.

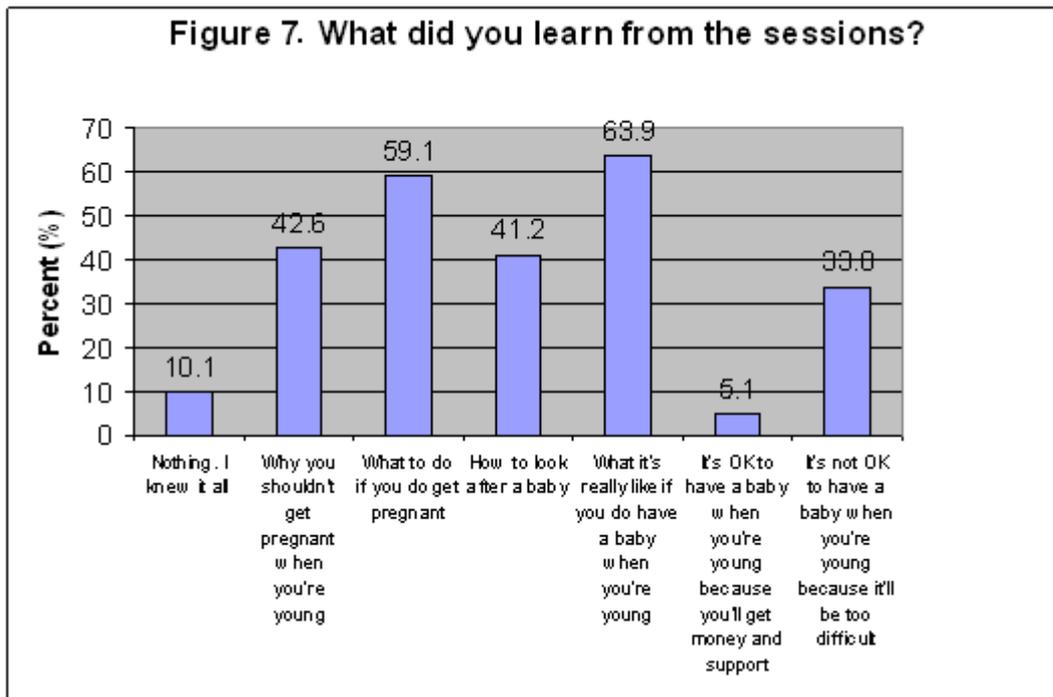


Finally, in order to gauge how the learning from Straight Talking might compare with that from SRE, students were asked to give their views on school-based sex education. Almost half thought that it gave them the opportunity to find out things they did not already know, and 35% considered it 'useful'. At the other end of the scale, 14% thought it contained nothing that they did not know, and 10% thought it was 'a waste of time'.

### 3.1.2. Information from Q2

At Q2, students were asked if they thought they had been the right age to receive Straight Talking. The vast majority (87%, n 246) considered that they had been, with roughly equal proportions, around 6%, preferring to have been older or younger.

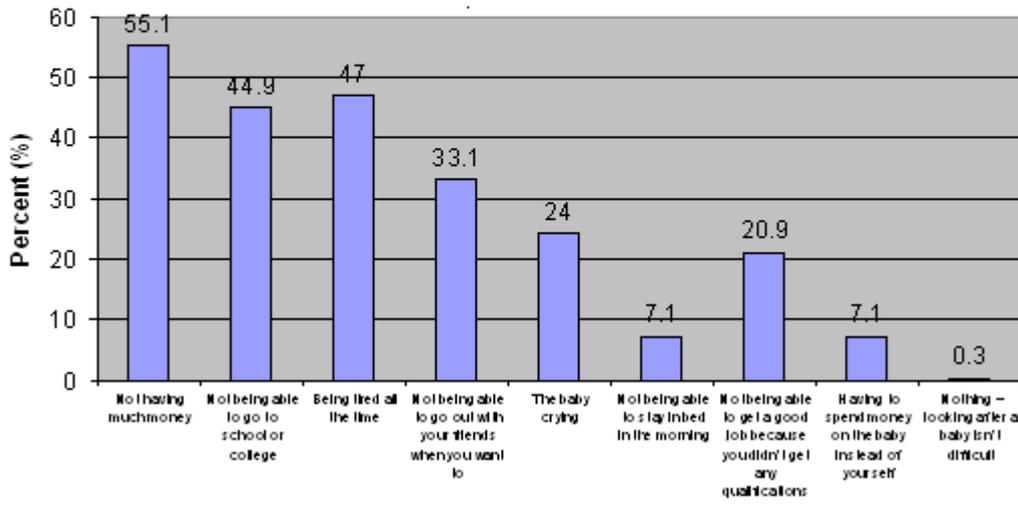
Students were also asked what they had learned from the course (Figure 7). The rank order of selection was identical to the equivalent question in Q1, with the largest proportion (64%) 'what it's really like if you do have a baby when you're young' which encapsulates the central theme of the course. The most noteworthy changes were in the much lower proportions choosing 'it's not ok to have a baby when you're young because it's too difficult' – reduced from 43% to 34% (n 100). This might be due to interpretation of the question i.e. that students felt that actually looking after a baby was no more difficult when young than when older. Alternatively it might reflect the apprehension of some students who, at Q1 might have anticipated being lectured about the hardships of teenage pregnancy. The subsequent drop in responses at Q2 might reflect their relief that this had not been the case. This view is corroborated by the fact that answers to a similar question about the difficulties of teenage pregnancy – 'it's ok to have a baby when you're young because you'll get money and support' – moved in the anticipated direction, reducing from 11% to 5% (n 15).



By Q2, when the students had ended their Straight Talking course, their perceptions of the most difficult aspects of being a teenage parent had changed from the time before they started the course. At this point, the statement most frequently agreed with was 'not having much money' (55%, n 163), which had been the third most popular choice at Q1. This was followed by concerns about being permanently tired, an issue for 47% of students (n 139). Significantly, at Q1, 140 students believed that being tired all the time was not one of the most difficult issues about having a baby when a teenager, but by Q2, 59 of them (42.1%) had changed their mind and believed that it was very difficult. Not being able to attend school or college was also identified as a drawback by 45% of respondents (n 133) and was not, therefore, such a priority as it had been at Q1, possibly because some of the young mothers delivering the course had illustrated that a return to education was feasible with small children. This perhaps also explains why only 21% (n 62) were concerned about an absence of qualifications leading to an inability to get a good job, which had been a potential cause of concern for 63.5% of students at Q1.

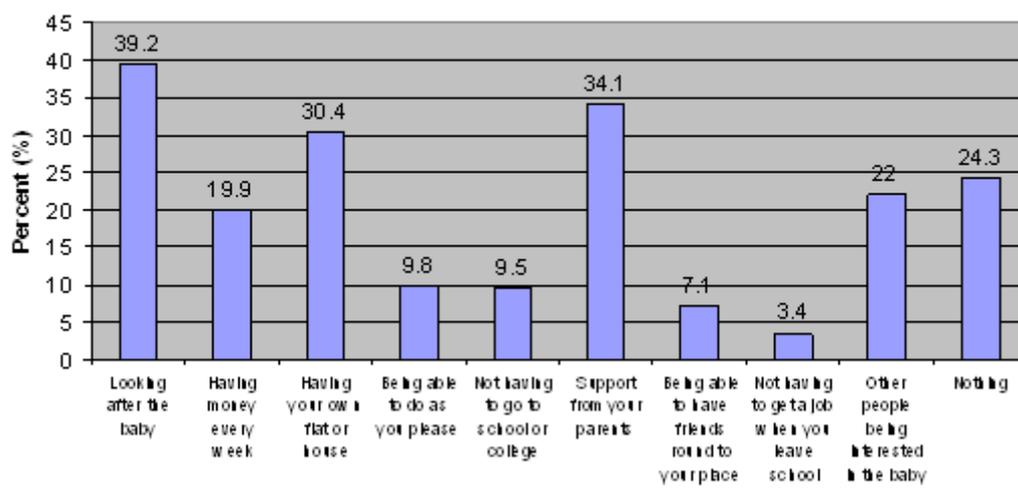
In Q2, the proportion of students who chose 'the baby crying' as a difficult part of being a teenage mother had risen to 24% (n 71) from 13% at Q1, presumably as a result of having a tape of a crying baby played to them for a long period of time while they were trying to concentrate on something else. This was identified by students as one of the least well-liked parts of the course (see below). At Q2 a smaller proportion of respondents than at Q1 (7% as opposed to 13.5%) thought that having to spend money on the baby rather than themselves would be difficult. However, the proportions identifying not being able to go out with friends as a problem remained largely unchanged, at about a third (Figure 8).

**Figure 8. What do you think would be the most difficult thing about having a baby when you're teenager?**



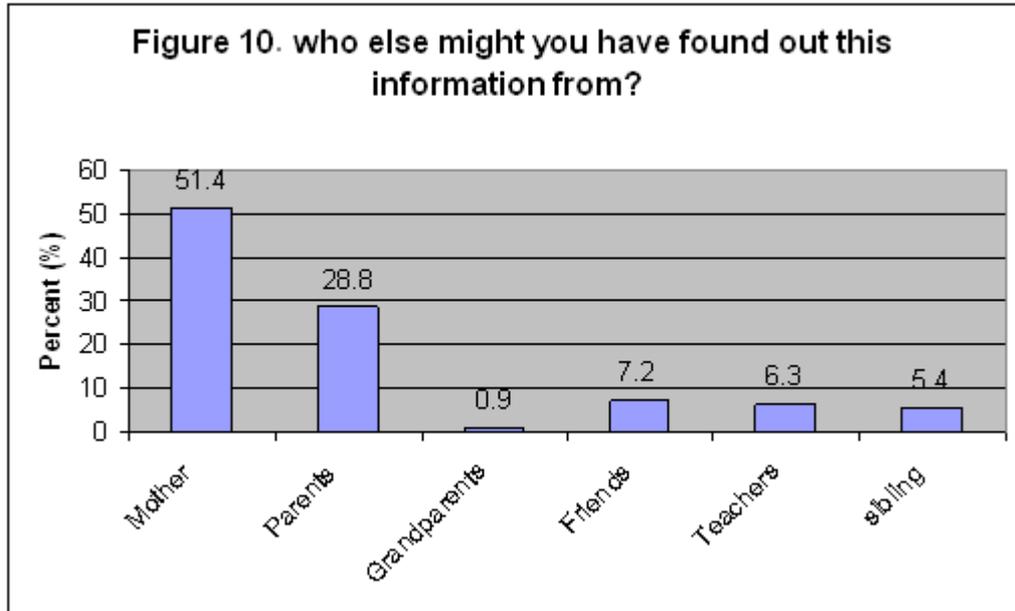
The best thing about having a baby when young remained 'looking after the baby' (40%, n 116) (Figure 9). Being in their own accommodation still appealed, and was the third most popular choice (30%, n 90). Notwithstanding some teenage mothers' accounts of parental rejection and difficult relationships, almost a third of students (n 101) continued to identify support from their parents as a good thing. However, just under a quarter of students (n 72) considered that there was nothing positive about having a baby when young.

**Figure 9. What do you think would be the best thing about having a baby when you're a teenager?**



When asked if they would have found out the information acquired through Straight Talking elsewhere, 55% (n 153) said they would not have done. Of the remaining 45% (n 125) who said that they would have learned this from someone else, the most

common source was parents (80%, n 89), but especially mothers (51%, n 57) (Figure 10).



Respondents demonstrated a fairly wide spread in their preferences for the sessions. The majority indicated that the final two sessions were their favourites. Most popular seemed to be learning about the stages of pregnancy, with a particular focus on labour.

*Labour, because I now know what kind of thing you have to go through. (8 – Complete data set).*

Many respondents found that sessions which involved a greater element of practical engagement were enjoyable. Trying to climb stairs with a baby, buggy and shopping was particularly memorable, as was the lottery for the accommodation.

*Taking part in physical activities giving you a real idea of being a teenage mum. (36 – Complete data set)*

Least popular were the early parts of the course, particularly the first session. The reason for this seems to have been that no one wished to engage in the discussions and this was experienced as frustrating and boring by some respondents.

*The first because no one was really talking. (119 – Complete data set)*

*The first session as no one really discussed much. (120 – Complete data set)*

With this in mind, it is worth noting that the reasons for some aspects of the course being favoured above others might be determined not only by the content of those sessions but also their timing. Respondents in the group discussions suggested that initially they were reluctant to engage with the peer educators and enter into a class discussion.

*It wasn't exciting and the class wasn't involved. They kept asking for our views but we didn't know what to say. (Group 5)*

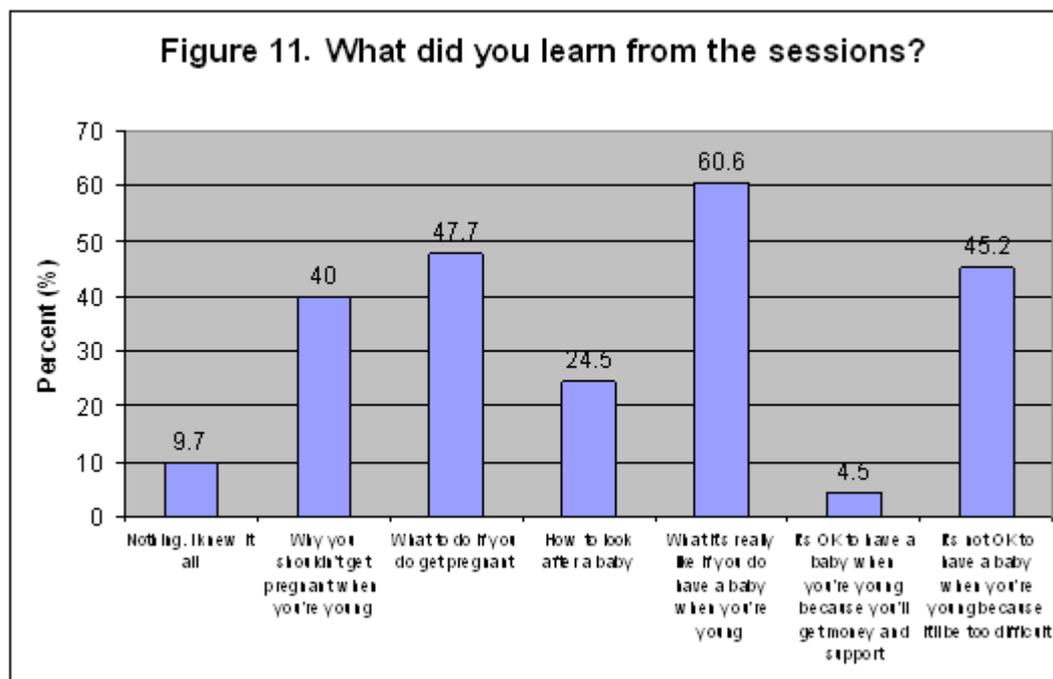
However, as time went by and they became more used to the format and more relaxed with participating, the sessions improved. Indeed, one respondent deemed 'just talking' (142 – Complete data set) to be the best part of the whole intervention.

Other elements that the students had not liked were the tape of the baby constantly crying, and the task of managing a household budget with very little money. However, these elements are deliberately challenging so students not enjoying them is not necessarily an indication of their ineffectiveness.

### 3.1.3. Information from Q3

Data from Q3 shows some interesting changes in the longer-term perceptions of what students thought they had learned (Figure 11). While the two most frequently selected choices remained 'What it's really like to have a baby when you're young' and 'What to do if you do get pregnant', the percentages of students choosing them had fallen to 61% (n 93) and 48% (n 74) respectively. Similarly, the percentage opting for 'Why you shouldn't get pregnant when you're young' was reduced to 40% (n 62), but conversely 45% (n 70) chose 'It's not OK to have a baby when you're young because it's too difficult' (34% at Q2) and only 4.5% (n 7) chose 'It's OK to have a baby when you're young because you'll get money and support'. This was 5% at Q2.

The proportions choosing 'How to look after a baby', which is not one of the aims of Straight Talking, reduced from 46% at Q1 to 41% at Q2. At Q3, only 24.5% (n 38) of students thought that this something they had learned about.



Q3 contained a set of questions not in Q1 or Q2 which were designed to explore the longer-term impact of Straight Talking. From Table 1 it can be seen that the main

thing that students believed that they had learned was that having a good education can afford more choices in life. A total of 86% either agreed (36%, n 56) or agreed strongly (50%, n 77) that this was the case. A high proportion (81%, n 126) also thought that Straight Talking had made them realise that looking after a baby is hard work, with 35.5% (n 55) agreeing a lot that this was the case. The course had also had an impact on stressing the need for financial security prior to having children: 78% (n 130) thought that they had learned this. The same proportion agreed that Straight Talking had made them realise that they should work harder at school so that they could have a good job, with 44% (n 68) agreeing strongly. Regardless of their own situation, the teenage mothers who delivered the course had made the majority of the students realise that a stable relationship was advisable before having children. Of the 71% (n 110) who agreed with this statement, 30% (n 47) agreed strongly. The two least successful areas – though still successful in having an impact – were affording the opportunity to think about aspirations for the future, which 67% (n 103) of students considered was the case, and the course helping young people to make good choices: 62% (n 95) agreed that Straight Talking was able to do this.

<b>Table 1 Respondents' perceptions of learning from Straight Talking</b>				
<b>Statement</b>	<b>Agree</b>		<b>Agree a lot</b>	
	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>
I learned that having a good education can give you more choices in life	36	56	50	77
It made me realise that looking after a baby is hard work	46	71	35.5	55
It made me realise you need to have financial security before having a child	43	66	35	54
It made me think that I should work harder at school so I could get a good job	33	51	44	68
It made me realise you need to have a stable relationship before having a child	41	63	30	47
I had the opportunity to think about my future and what I want out of life	50	77	17	26
Straight Talking helps young people make good choices	40	61	22	34

Bearing in mind that these opinions on Straight Talking were provided a considerable time after the course was delivered, and with no prompting about its content, it appears that the vast majority of students had retained the messages it was designed to convey.

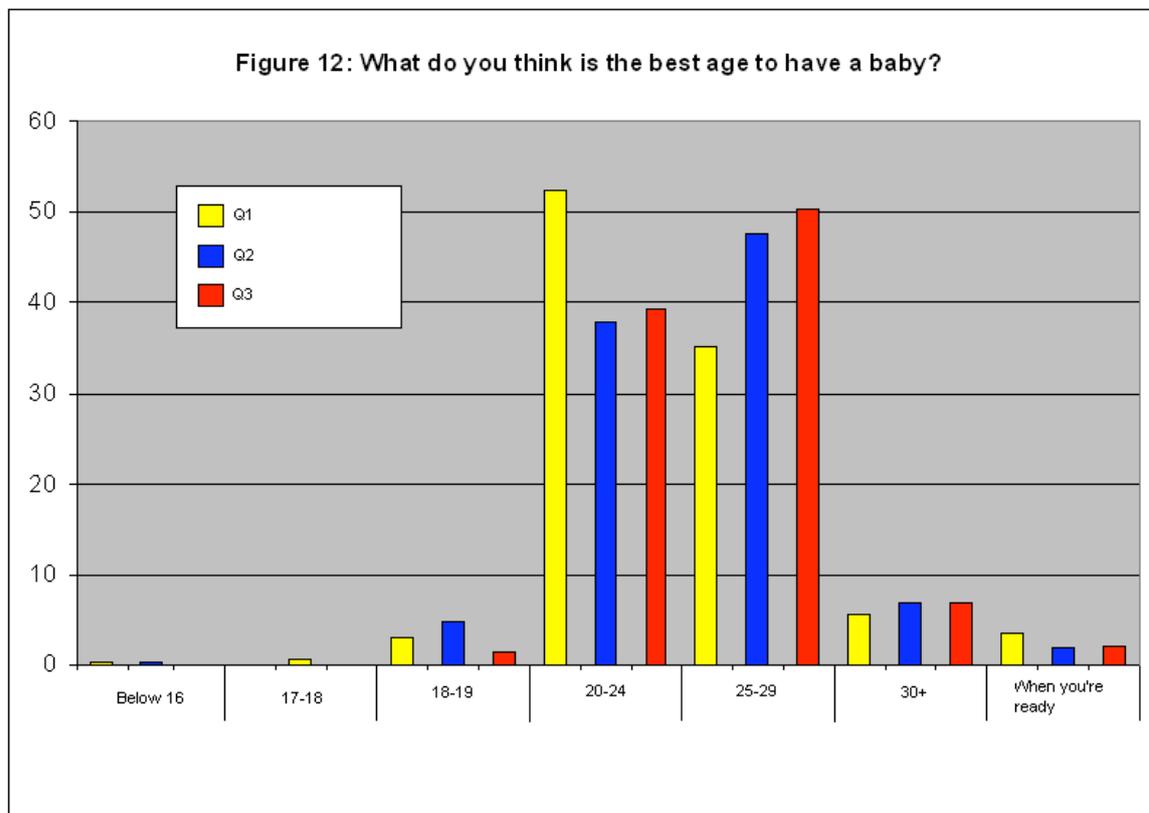
Respondents were almost unanimous in their belief that Straight Talking would be useful to other young people, with only five thinking that it would be no use at all. The majority thought that it would be either 'a bit' useful (46%, n 71) or very useful (51%, n 78).

### 3.1.4. Comparisons across three questionnaires

Two questions running across all three questionnaires concerned students' perceptions of the ideal age to have a baby (Figure 12) and the age at which they themselves would like to have a baby (Figure 13). At Q1, only 8 (3%) thought that the ideal age was under 20, one of whom thought it was under 16. The most popular age group was 20-24, chosen by 52% (n 121), and a further 35% (n 81) thought it was 25 to 29. Only 6% (n 13) opted for 30 and above.

By Q2 there had been a considerable shift in thinking. At this time, more than half of respondents (n 151) selected 25 and over – 48% (n 132) choosing 25 to 29 and a further 7% (n 19) choosing 30 and over. The proportions opting for 20 to 24 had fallen to 38% (n 105). However, 6% (n 16) thought the ideal age was under 20, a higher proportion than at Q1. Most of these (5%, n 13) chose 18 or 19.

Students responding to Q3 had moved their thinking even further. By this time, 50% thought the ideal age for having a baby was 25 to 29, and 7% still thought it was older. While the proportion choosing 20 to 24 had risen slightly to 39%, this was at the expense of those opting for a younger age: only 2 chose 18 to 19 and none opted for younger than that.

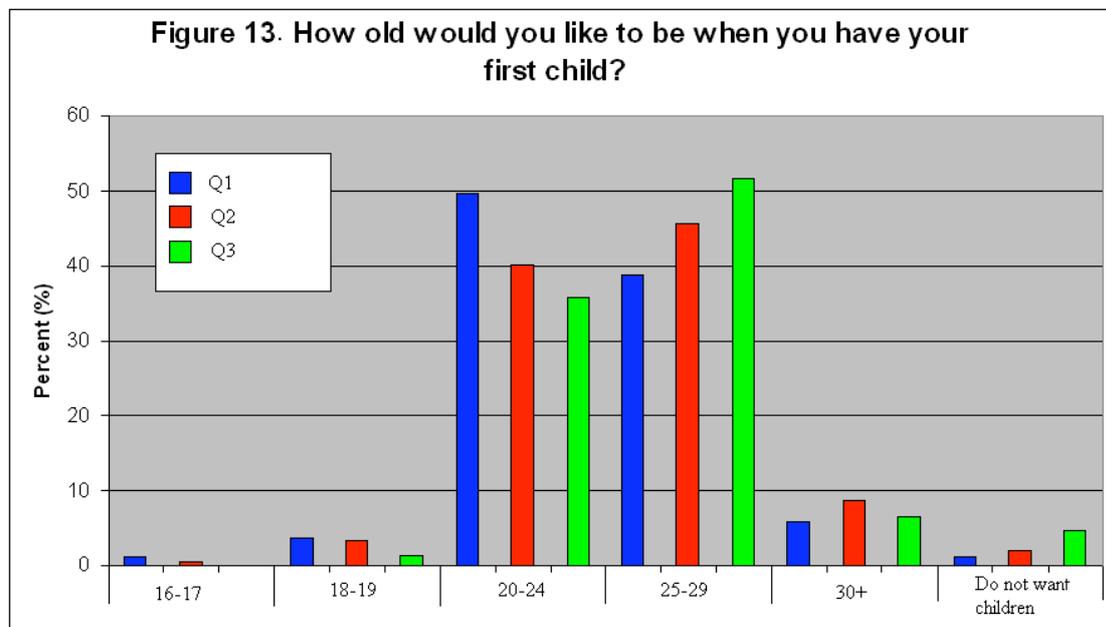


The same pattern emerged in terms of when they themselves would like to have their first child (Figure 13). At Q1 the most popular age was between 20 and 24 (49.5%, n 143). A further 39% (n 112) selected 25 to 29, and 6% (n 17) thought that they would like to be at least 30. At the other end of the scale, 14 students (5%) said they would like to be under 20, three of whom opted for 16 or 17.

The results of Q2 showed the same movement towards older age groups as the previous question. At this time, 46% (n 123) stated that they would like to be 25 to 29 and 9% (n 23) said that they would like to be older than that. The proportions considering their preferred age to be 20 to 24 had reduced to 40% (n 108). However, a small number (n 10) still considered that they would like to have their first child when they were under 20.

Among respondents to Q3, the most popular age for having a first child was 25 to 29 (53%, n 78), with 7% (n 10) now opting to be older than 29. The proportion wishing to be between 20 and 24 had reduced still further from Q2 to 35% (n 54). Only two respondents were looking to be 18 or 19, and none any younger than that. Seven stated that they did not want to have children, slightly more than at Q1 and Q2.

Respondents to Q3 were asked to consider how much Straight Talking had influenced the age at which they wished to become a parent. Just over a quarter (n 40) replied that it had had no influence, 54.5% (n 84) replied that it had influenced them 'a bit' and 19.5% (n 30) thought it had influenced them 'a lot'.



Those wanting children in their 20s, which constituted the vast majority of respondents, highlighted several key considerations that led them to this conclusion. The most common reason given was that by their 20s they would have achieved financial security and would be able to afford to support a child. Waiting to have children would allow these young people the opportunity to gain educational qualifications, and in some cases progress to higher education, which in turn would result in stable employment.

*I would have a job and some money to look after my child. (11 – Q3)*

*Because I want to finish my education before I start a family. (75 – Q3)*

Also seen as a reason for wanting to have children in their 20s was the desire to have established a secure relationship with the other parent of the child. Notably,

however, while many respondents indicated that this was important, almost none mentioned marriage as a key factor.

*When myself and partner are financially, socially and emotionally ready. Must be a joint decision. (41 – Q3)*

Another key consideration was the need to have grown up. Respondents variously pointed to the need to be 'mature' or 'responsible' or to the ability to 'make good decisions'. This also chimed with others' desire to be 'settled'.

*More matured (sic) and capable of taking responsibility. (23-Q3)*

The final main reason for not wanting to have children too young was so that time was left to do things in life that might be precluded by having a child. These included having fun, travelling, going out with friends, going to university, or focusing on a career.

*I want to concentrate on my career first and enjoy life. (87 – Q3)*

Some also indicated simply that they did not want to be 'too young' when they first have children.

*Because I don't want a child too young. (48 – Q3)*

On the other side, however, and perhaps one of the reasons why comparatively few respondents wanted to start having children beyond their 20s, numerous respondents indicated that they did not want to be too old when their children were grown up.

*I don't want to be an old parent like mine are, I would like to be a good age so you can still enjoy life with kids. (42 – Q3)*

## **3.2. Group discussions**

Discussions took place with groups of students immediately after they had completed Q3. The purpose of these discussions was to add more depth to the quantitative data by exploring some of the responses which had been given and also to assess how well they could recall, several months later, what Straight Talking offered them. Eight schools were involved in these groups, though two separate discussions took place in two schools, making a total of ten groups. All of these were a mix of male and female students.

### **3.2.1. Recall**

Discussions always began with the very broad question of 'What do you remember about Straight Talking?' Almost invariably, the first fact which was volunteered was that the course was delivered by a young woman who had had a baby when she was young. In many cases this was followed by details about the young woman such as her name, how old she had been when she had her first child and, in some cases, the name of the child, her relationships with the father of the child and with her parents and her problems with money, housing and career. It was clear from this

degree of recall that the presence of the young mother in the school had had a considerable impact on the students.

*We had one person for two weeks – S – then it changed to T. One had two children, the other had one. S was in her early 20s and she got pregnant when she was 16 or 17. She told us that you don't get much money when you're living on benefits. (Group 4)*

*Her mum had kicked her out when she got pregnant. She had to live in a hostel. (Group 7)*

*There were two women. Getting pregnant had affected their careers and one of them couldn't get a job at all. The other one was working some of the time but ... there was a problem with juggling childcare. (Group 6)*

Students, also unprompted, recalled the overall purpose of the young woman's presence:

*Teenage mothers talking about their own experiences. (Group 1)*

*She told the truth, about how it really was. (Group 2)*

In terms of content, the aspect of the course which students often remembered quickly was the 'buggy exercise' which involved negotiating a buggy, baby and shopping either up a flight of stairs or on to an imaginary bus in a very limited period of time.

*The buggy exercise where you had to try to get on a bus with the baby and all your shopping and no one would help you. (Group 5)*

Not all classes had had this exercise but some students nevertheless remembered their peers in other classes telling them about it.

Other modules of the course which students most remembered were the budgeting exercise:

*We had a money card and we had to decide how to spend it. There wasn't very much. There was nothing to spend on yourself. (Group 4)*

and the housing lottery:

*There was a housing lottery with the different options for housing. There was one that was a hostel and the man couldn't come in. It was very difficult getting somewhere to live. (Group 1)*

The questionnaire data (Q2) illustrated that the practical course components were the most liked by students, and clearly these were the ones which most stayed in their mind well after the event.

### 3.2.2. Delivery

In terms of delivery, students had mixed views on what worked for them. Some liked the fact that there was less structure than in a traditional lesson and that they 'weren't writing things down' (Group 2), but others (predominantly in higher ability groups) found some of the tasks tedious and not very productive. One example given was a 'wasted' 20 minutes while names which they would choose for their babies were discussed. It would appear that students preferred, or expected, to be challenged, though not necessarily academically, as we see from their appreciation of the practical tasks.

### 3.2.3. Peer educators

One aspect of Straight Talking which students particularly appreciated was the fact that it was delivered by someone who had recent experience of having a child when still a teenager.

*It was very personal. She told it how it was. We were hooked to her story.*  
(Group 9)

*It was good because it was from her experience. She's lived it. ... It was backing up what we already knew but it meant something coming from her.*  
(Group 2)

*We respected them a lot when they started talking because they were truthful and honest.* (Group 6)

*You get to know what it's really like.* (Group 10)

The personalised and realistic account of the practical, financial and emotional difficulties which the young mothers had faced made a considerable impression on the students. Moreover, the manner of their delivery enhanced the content.

*They were friendly and understandable. They didn't mind answering all our questions. They weren't at all embarrassed. They were questions we wouldn't have asked a teacher.* (Group 1)

When asked if the course would have been so effective if either a teacher or an older person had delivered it, the majority of young people gave a negative response.

*Having someone close to your own age group is important because if it was someone older things would have changed since they had children.* (Group 6)

*It would have been different; the teacher hasn't been through that, so it would be less effective.* (Group 7)

However, not all groups enjoyed the same positive experience. Although they all specifically mentioned the value of having someone young deliver the course, three groups – all consisting of high achieving students – were disappointed with the manner of delivery. In all cases, a major issue was the fact that the young mothers lacked confidence and were not well prepared.

*One of them was new and couldn't answer our questions. (Group 5)*

*She wasn't really very confident. She was fidgety and awkward and she looked as if she didn't want to be there. (Group 4)*

*Sometimes she was stuck about what to say next. And she didn't know the answer to some of our questions. (Group 3)*

There should not necessarily be any expectation that the young mothers would be able to answer all the questions posed to them as they do not present themselves as experts in either pregnancy or parenting. However, if the course involves a question-and-answer session for the students then they might reasonably anticipate that their questions, unless highly obscure, would be answered. In the cases cited above it is possible that all the peer educators were new to the task and were faced with students in the higher ability streams who might be less forgiving than others of their lack of experience.

There were, however, other aspects of the peer educators' conduct which were not attributable to inexperience. In two cases, students referred to the fact that sessions were repeatedly interrupted by mobile phones ringing, and in another case the students were unconvinced by the peer educator's delivery.

*Sometimes it felt like she was holding things back, saying she didn't remember something. (Group 4)*

A further problem was that in two cases the young mothers had become pregnant during the course, leading the students to be somewhat dismissive of them for having failed to learn from their previous mistakes (though they were, in fact, no longer teenagers: see section 4.2.2). In one case this was compounded by the fact that the students had already detected a measure of insincerity from the young mother.

*She didn't seem to take it seriously. It didn't seem to be realistic enough. She made it seem all right. And then there was a gap between the sessions and when she came back she was pregnant again and that destroyed our trust in her. (Group 5)*

### **3.2.4. Young fathers**

It is widely accepted that young fathers are difficult to identify and even harder to engage. Despite their best efforts, Straight Talking has met with only limited success in recruiting young fathers as peer educators, and there were none working in the Barking and Dagenham schools. Some students, predominantly though not exclusively male, expressed regret that a young father had not been present for at least one session so that they could have discovered how pregnancy and parenthood impacted on them.

*It would have been good if we'd had a father as well – not just for the boys, for the whole class. You need to have the male perspective. Women tell us how they had to put up with it but it would be nice to know what the fathers had to put with. (Male in Group 6)*

One group (8) identified a series of questions that they would have liked answered by a young father, including: Was the pregnancy planned? Did you stay with the girl? How did your parents react? Did you hang around? Do you work and provide child support?

However, this was not a unanimous problem: one group showed indifference to the suggestion of bringing in young fathers, feeling that they had heard the young fathers' viewpoint adequately conveyed by the young mothers. In another group, a female student stated that nothing would be gained by the presence of a young father as 'boys won't take it seriously', a comment rapidly refuted by the boys in the group.

### **3.2.5. Relationships with parents and friends**

One factor arising from the questionnaire data which we were keen to explore in discussions was the high proportion of young people who felt that gaining support from parents would be one of the benefits of being a teenage parent. This did not obviously arise from peer educators' accounts of their own relationships with parents, some of which, as recounted by the students, had been problematical.

When faced with the question 'What would your parents think if you or your girlfriend became pregnant?' students proffered a range of scenarios. In some cases the response was governed by cultural factors: a girl in Group 8 replied that 'My mum's African and would kick me out' and a boy in Group 5 reported that he 'would be on the next plane back to Nigeria.' Some students resorted to hyperbole with statements such as 'My dad would kill me' or 'My dad would kill the father' while others expressed the view that, although their parents would initially be angry, upset, worried or disappointed, they, and especially mothers, would eventually become more accepting and would provide support.

However, in two groups there was wider variation of responses. In one (Group 8), almost all the students knew someone who was a teenage mother and in the other (Group 6) two or three students had a family member of their own generation who had become pregnant. In the former group, several respondents reported that their parents would be supportive, one suggested that they 'would maybe pay more attention' and another commented that 'if your parents weren't interested in you, you could start your own family'. In the other group, students had first-hand experience of parents' supportive behaviour.

*My dad would be upset but my mum would look after it. My sister fell pregnant when she was 16 but they (parents) got over it after they'd been angry at first. They'd be there for me.*

*I've got a cousin who was pregnant when she was 16. First of all it was a disgrace, then her parents' attitude changed after the scan and it wasn't so bad after all.*

Thus, having a baby when young might be seen as a tactic, conscious or unconscious, for gaining parental attention and support.

In the case of friends, girls generally believed that their closest friends would stand by them and provide help. However, the wider social circle would not be so supportive and there was a fairly widespread view among both boys and girls that a teenager who became pregnant would be seen as 'a slag.'

### **3.3. Information from teaching staff**

SRE teachers who were involved in Straight Talking were, with only one exception, keen to continue having the course delivered to their students. Their typical comments were that

*The programme has been very successful and well received in the years it has been running in school. I would like to see it continue.*

*It forms part of the enrichment programme in PSHE and offers variety in SRE curriculum.*

*Student feedback is very positive and they really appreciate the 'realness' that the young mothers bring to the sessions.*

In the one case where it was about to be discontinued, this was largely because of the school's future reorganisation.

The strengths of Straight Talking which the teachers identified echoed those highlighted by the students:

*Peer education.*

*The students are able to talk with and engage with the girls. They can identify with them as well.*

*Students relate to people nearer their age that have been through the issues discussed.*

*First hand experience of having a child when young; problems associated with attitudes; housing; travel.*

It emerged from the discussions with students that those who were not in the highest ability groups were less critical of Straight Talking than those who were potentially high achievers. Teachers, therefore, were asked if they thought that the course appealed more to some students than others and on the whole they felt that it did appeal to those who were not especially career-oriented.

*Probably the ones less likely to have career plans in place.*

*The less academic seemed to be more involved than in other aspects of PSHE.*

Some teachers also believed that female students were more engaged than the males, though there was little evidence of this from our discussions with students.

One teacher commented that ‘the better facilitators managed to involve the boys more.’

There was general, though not unanimous and sometimes cautious, agreement that Straight Talking could influence the behaviour or attitudes of students who might be considered most at risk of teenage pregnancy. Its undisputed strength lay in its ability to convey the message about the reality of teenage parenthood

*I would hope so although it's difficult to assess in the short term. I think all the students benefit from hearing 'first hand' the practical difficulties/disadvantages of early pregnancy.*

*Students are faced with the harsh reality of what it's like dealing with this difficult situation. It dispels myths students may have previously had.*

Teachers were asked to rate different aspects of Straight Talking on a scale of 1 to 10 (with 10 being high). The ratings were consistently very high in respect of:

Appropriateness for the age group of the students (Years 9 and 10, and in one case, Year 11): average score 9

Number of sessions (four, in all cases): average score 10

Content: average score 9

Impact on students: average score 8

Overall fit with PHSE/SRE in the school: average score 9

Ratings for delivery and the peer educators showed much greater variation. While some gave a score well above average, the more common response was a range from low to very high (for example, ‘4 -10, variable’). This ties in with teachers’ comments about what they saw as the aspects of Straight Talking which were not always so good and which, because of their commitment to the programme, they would like to see improved.

*Variable delivery – it's a good organisation but the success depends on the delivery and this is too varied.*

*Varies with person delivering it. Some are very good but others are quite weak in terms of voice and classroom techniques.*

*Some girls not fully trained, some appear a little shy and some do give the wrong message.*

*Girls consistently arrive late for lessons*

*Young mothers are not always very good. Often they do not know the answers to the questions the class asks – or get the answers wrong – and I have to intervene.*

*They write things on the board but get the spellings wrong. The brighter students pick this up and then some of their respect for the young mothers is lost.*

Teachers offered constructive suggestions as to how the peer educators might be better trained and supported to deliver the sessions, and one suggested that they should be offered a qualification for delivering and taking part, which, coincidentally, Straight Talking is about to introduce. Further suggestions included ensuring that the peer educators had current information about the health, welfare and housing and that there was clarity about learning objectives and ground rules in each session.

A final comment concerned the disparity within the sessions as peer educators had some leeway in what they delivered beyond the core topics. One teacher commented that 'this means some students get a better deal than others.' Certainly there was disappointment among students who had missed out on the much-appreciated buggy exercise, though this was often omitted for practical reasons (the absence of a buggy) or because it might contravene the health and safety requirements in a school.

## 4. CONCLUSIONS AND RECOMMENDATIONS

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The main aim of this evaluation was to explore the extent to which information given by Straight Talking as part of SRE continues to influence young people's attitudes and decision-making beyond the point of delivery and has the potential to bring about lasting attitude and behavioural change. In working towards this aim, information was collected on respondents' views of the content and delivery of the course in order to identify those aspects which might impede their learning and those which might facilitate students' recalling what they had learned.

The course is delivered in schools by peer educators who are young parents (currently all mothers in Barking and Dagenham). It consists of four or five sessions delivered on a weekly basis typically during an SRE lesson to a class of Year 9 or Year 10 students. In one school in this sample, it was delivered to students in Year 11 but this was out of necessity, not choice and in the expectation that it would be transferred to the pupils in the year below. The majority of students in this sample considered that they had been in the appropriate age range (in Years 9 and 10) to appreciate what Straight Talking could offer, and teaching staff concurred with this view. It would seem, therefore, that Straight Talking should continue to provide for this age group wherever possible.

The SRE teachers who were responsible for Straight Talking in the schools were largely complimentary about the course and from the students' accounts there is an indication that they worked co-operatively with the organisation and the peer educators. Students appeared to have been given information in advance about the format of the course and had fairly clear expectations of what they were going to learn (the realities of early parenthood). These expectations were largely fulfilled, according to their accounts both immediately after and some time after the course ended, although students both thought they were going to learn and thought that they had learned what to do in the case of pregnancy. This is not one of the aims of Straight Talking and it is likely that students understood this to mean how to deal with the practical and emotional aspects of pregnancy rather than what options were open to them (abortion, adoption etc). However, by the time of the third questionnaire completion, the proportion believing that this is what they had learned had fallen considerably.

The Straight Talking course proved effective in changing young people's perceptions about the difficulties of having a baby when young. At the end of the course, they were more likely to prioritise a shortage of money and feeling tired than they had been before the course started. On the other hand, they were less likely to be concerned about not completing their education or gaining qualifications, possibly because they had learned that these were possible even with a baby.

Nevertheless, when they completed the questionnaire (Q3) which addressed the longer term impacts of Straight Talking, the realisation of the importance of education for future life chances had made the greatest impression on students. They had also recognised the importance of applying themselves to their studies in order to gain well-paid employment, alongside the difficulties of looking after a baby, especially without financial security and a stable relationship.

It would seem, therefore, that the messages which Straight Talking seeks to convey had been taken in and retained and, if anything, had more impact when they had had time to be absorbed than they had immediately after they had been delivered. The measure that was used to ascertain whether such messages could influence behaviour and attitudes was the students' views on the ideal age to have a child and their own preferred age to do so. This is, admittedly, a somewhat blunt instrument with which to measure the sophisticated concepts of attitude and behaviour change, but given the relatively short period of time available it was the most appropriate and does go some way to addressing the aim of Straight Talking to reduce the rates of teenage pregnancy. It does not, however, posit that intentions at one point in time become reality at another. Notwithstanding the caveats, it does appear that a considerable shift took place in students' thinking between the time prior to having the course and some six to 12 months later: there was a perceptible movement towards later child-bearing, both as an ideal and for themselves. This cannot necessarily be entirely attributable to the effect of Straight Talking as a range of factors could also have been influential, not least that students were a year older and their thinking had changed. However, their reasons for postponing child-bearing did chime with those espoused by Straight Talking: completing their education, gaining qualifications, being in employment, and, just as importantly, having the freedom to enjoy life.

#### **4.1. The strengths of Straight Talking**

What is delivered and who delivers it are the two features of Straight Talking which contribute most to its effectiveness. Both teachers and students believed that the content of the course contained the right ingredients for holding students' interest and providing them with the relevant messages. The practical aspects of the course most easily captured students' attention and were most readily recalled some time later. Similarly appreciated was the freedom to ask questions and engage as equals in discussions, although students needed some time to adjust to this as it was generally a novelty in the classroom setting. As one young woman pointed out, 'we were a bit awkward at first because we didn't know *how* personal you could be' (Group 6).

The other feature of Straight Talking which differentiates it from other interventions designed to reduce teenage pregnancy is the fact that it is delivered by young parents in their role as peer educators. They are trained and supported in their work but nevertheless their courage in facing a class of at least 30 teenagers should not be underestimated. The training is brief compared with that provided for others in similar situations and covers many different aspects of their work, and the majority have not had the benefit of either further education or previous employment. The earlier evaluation of Straight Talking carried out in 2005 referred to the confidence which the peer educators acquired through this work but it also highlighted the fear they had initially experienced.

Despite some criticisms of their delivery referred to above and to which we return later, it is undoubtedly their role in Straight Talking which makes the intervention so effective for its recipients. This supports the findings in the report by the Youth Parliament that teenagers wanted young mothers involved in sex and relationships education (UK Youth Parliament, 2007). The fact that the course was delivered by people who had experienced being a teenage parent and who were prepared to

catalogue the hardships they had endured, honestly but without self-pity, made both an instant and lasting impression on the students, even on those who found fault with their style or conduct. They were virtually unanimous in believing that the course would not have been anywhere near so valuable had it been delivered by someone other than a mother who was still young and who had had a child at an early age. It was the authenticity of the young mothers' accounts which convinced the students: as one student in a group commented, 'It was backing up what we already knew but it meant something coming from her' (Group 2).

## **4.2. Recommendations**

It was clear that the peer educators in Barking and Dagenham had been operating under difficult circumstances for some time. This was not of their own or Straight Talking's making but stemmed from organisational problems in the borough. A reluctance to fill the vacant post of local Teenage Pregnancy Co-ordinator had resulted in an increased workload for the member of the team responsible for Straight Talking and this, in turn, had led to her being unable to devote sufficient time to supporting the peer educators. External funding had allowed Straight Talking to create a designated post of Local Scheme Co-ordinator (to be filled by a former peer educator) but a series of delays and difficulties in the borough had prevented the appointed person taking up her role for some time. At the time the research was carried out, she was in post but her working conditions were still not conducive to her carrying out her tasks with maximum efficiency. The outcome of this disruption was that, despite interventions from Head Office, the peer educators had not been sufficiently supervised or supported and standards of delivery had been falling for some time.

The situation is now being rectified and it seems, therefore, an opportune time to use the data from this study to pinpoint those features of Straight Talking which respondents felt could be changed to make the intervention even better than in the past.

### **4.2.1. Programme fidelity**

One issue which arose from discussions with both students and teachers was that there was some discrepancy in which parts of the course were delivered. Sometimes this was due to the course being reduced, at a school's request, from five sessions to four and sometimes it was due to difficulties with the more practical elements of the course. On other occasions, what was included or omitted beyond the core elements appeared to be more arbitrary and at the discretion of the peer educators. This is a particular issue if there is within-school variation.

One of the teachers pointed out that 'Not all the facilitators keep to the same work scheme, which means some students get a better deal than others' and certainly the students who had not received the parts of the course which they had heard were particularly enjoyable (the buggy exercise) or informative (the question-and-answer session) felt that they had been disadvantaged.

Although there is no evidence about what works in a programme of this type, there is evidence from studies of parenting programmes that programme fidelity (where the

course is always delivered in the same way and to the same format) is an important component of success (Moran *et al.*, 2004). The new co-ordinator has already expressed an intention to monitor what is being delivered in each class and this could include ensuring the standardisation of the course. Clearly there are some practical issues to be addressed, too – making sure there is a buggy available and that the health and safety requirements of the school can be met if this activity is to take place on a staircase – which might make additional demands on her time.

#### **4.2.2. Peer educators**

As noted above, the delivery of a few young mothers met with disapproval from both staff and students. Equally, we have noted that they had for some time been working with insufficient support and this might have affected in particular the performance of those who were newly trained.

The unreliability of the peer educators was a problem for staff. Lessons needed to begin and end on time and cover needed to be provided if the young mother did not arrive at all. Therefore, greater store needs to be set by punctuality and dependability. Similarly, standards need to be observed about the use of mobile phones in the classroom.

Peer educators are in a potentially awkward situation in the classroom unless the boundaries between their role and the role of the teachers are clear and are observed. Having the teacher present is something of a mixed blessing as they might be a source of either support or judgment, and young people who did not have very positive experiences at school might easily feel intimidated by them. Research has pointed to the fact that young people working in schools as peer educators may experience conflict with teachers (Harden *et al.*, 1999) and while this did not appear to apply in this case, it was clear that expectations of role and ability needed to be clarified.

Some teachers were of the opinion that the young mothers were not sufficiently well trained in classroom techniques, though that is not, in fact, a requirement of them: teachers remain in the classroom to help maintain order and ensure the smooth running of the sessions. It would, undoubtedly, be advantageous if peer educators had teaching skills but this is something of a tall order.

A further issue highlighted by teaching staff was that the ground rules to which the peer educators were working were not made explicit, or not explicit enough. These should cover things such as confidentiality and language use and should be displayed and revisited every lesson.

These concerns do raise questions about the level and nature of training and supervision. There was some disquiet among teaching staff that the young mothers were not adequately trained to deliver the course, and this was also picked up by some students who thought that they were uncomfortable and ill-prepared. One young person remarked that the peer educators needed to have charisma and although this might be an excessive demand, self-assurance is very important. This can be acquired over time but it is important that the young mothers are confident with the course content when they begin. Consequently, the training might need to be revisited to ensure that it is thorough enough initially and can be topped up

intermittently. One teacher suggested that a qualified PSHE/SRE teacher might be employed to train the young mothers, but this carries cost implications for the intervention. However, it is important that the peer educators are as well trained as possible if they are to gain the respect of the teachers and students.

Gaining – and retaining – the respect of students is not necessarily simple. Students' accounts of their initial meetings with the peer educators indicated a considerable amount of admiration for them, but teenagers can be harsh judges and approbation can easily turn to censure. In this case, when peer educators became pregnant again they were seen as purveyors of a mixed message. If the underlying theory of peer education is Social Learning, and the message is avoidance of pregnancy when young, not in a secure financial state and not in a steady relationship, then having a peer educator who becomes pregnant a second time by a different partner while still not in steady employment begs a question about how much value can be given to the 'education' which is being imparted. The belief is that they have not adopted change and their message cannot be trusted. One possible solution to this conundrum is training on how to handle the situation in as constructive a way as possible, in particular by stressing that the young mothers were not, in fact, teenagers and were in a settled relationship.

In terms of the composition of the peer educators working in Barking and Dagenham, two recommendations arose, both of which might well have been exclusive to the schools involved in the study. Several students pointed to the fact that the young mothers who delivered Straight Talking in their year group were both white, while all the schools involved an ethnic mix and some classes/groups had a very high proportion of black students. The population of the borough is predominantly (nearly 80%) white but does include 10% who are black and around 7% who are Asian. The parenting attitudes prevalent in different ethnic groups often arose in discussion groups and some young people alluded to the fact that they would have liked at least one of the young mothers to have been non-white in order to present a different perspective. We understand that Straight Talking does have non-white peer educators, so it was, perhaps, simply unfortunate that none of these was involved in the study schools.

The other recommendation concerns fathers. We have already noted, on both this occasion and previously, the absence of young fathers as peer educators. Many recipients of the course in this study lamented the fact that the only glimpse of the fathers' perspective was that which was mediated by the mothers. This was particularly a cause of concern for boys. In fact Straight Talking does have young fathers in its workforce and in the current recession is able to provide work for others who have lost their jobs. It would therefore, be advisable to ensure that they can be engaged at some point in each course,

### **4.2.3. Content**

Consistency of content would also assist in attending to two other recommendations from teaching staff. The first was that if the programme could be sent to the school in advance of the sessions, teachers would be able to prepare resources and information to help in the delivery and reinforce the messages. The second was that students could be provided with a summary sheet outlining the topics covered in

each session. This would not only serve to remind students of what they had learned but would also act as a trigger for further discussion once the course had ended.

Should the programme be revised, or sections of it prioritised in producing a uniform approach, consideration might be given to including as many practical exercises as possible. There are two reasons for this. One is that these are the elements which students remember most clearly and therefore have the greatest impact. The second is that they appeal most to students who are not high achievers or career oriented: those in the higher ability groups were more critical and discerning. This is an important point in view of the current thrust of government policy, which is to focus on young people who are considered to be most at risk of becoming teenage parents. These include young people who have no particular aspirations for their future and are, therefore, more likely to adopt a fatalistic attitude to pregnancy.

### **4.3. Conclusion**

For the maximum benefit from Straight Talking, adequate funding and full co-operation of the local authority should be in place. However, it is clear from this study that, even in less than ideal circumstances, the unique approach of Straight Talking is very effective in making students listen to, hear and remember the messages it seeks to deliver about the reality of teenage parenthood. Moreover, it fits with two of the drivers of the Teenage Pregnancy Strategy: to make young people appreciate what being a teenage parent is really like and discredit the romantic view and false information which surround it; and to ensure that interventions speak to the most vulnerable groups. Learning at first hand about the very real difficulties of teenage parenting might serve to make them more pro-active in preventing pregnancy.

*It's always the same thing – 'use contraception'. But we had a different view and it seemed more serious. (Group 1)*

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# APPENDIX 1: CONTENTS OF THE STRAIGHT TALKING SESSIONS

## **Session 1**

Introduction

1st Stage of Pregnancy

Name game

Will your partner stay?

How will your Parents react?

Perceptions of a Teenage Parent

Advantages and Disadvantages

## **Session 2**

2nd Stage of Pregnancy

The Housing Lottery

Crying Baby CD

True or False

## **Session 3**

3rd Stage of Pregnancy

DSS benefit

CSA

Shop till you drop

## **Session 4**

The Birth

Young Mother Q&A

Buggy Run

## **Session 5**

You now have the baby

5, 10, 20 years

Who do you tell?

Where can you go for advice?