EVALUATION OF THE APAUSE SRE PROGRAMME

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April 2004

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ACKNOWLEDGEMENTS

The authors would like to thank the Teenage Pregnancy Unit (TPU) at the Department for Education and Skills (DfES) for funding this interesting evaluation, and the APAUSE team for their collaboration throughout.

We would also like to thank the national representatives, local APAUSE coordinators and teenage pregnancy coordinators who agreed to be interviewed for the evaluation.

We would also like to thank the school-based APAUSE coordinators who kindly responded to the school questionnaire survey. Thanks also go to the teachers, students and health professionals who participated in interviews in case-study schools.

We would like to thank our colleague at NFER, Sue Stoddart, for her excellent administration and secretarial support. We are also grateful to Christine Stanesby, Research Associate, for her contribution to the case-study research.

It should be noted that the conclusions reached in this report are those of the authors and not necessarily those of the Teenage Pregnancy Unit.

Further copies of the report and executive summary can be obtained from the following address: Teenage Pregnancy Unit, Ground Floor, Caxton House, 6-12 Tothill Street, London, SW1H 9NA. The report and summary can also be accessed on the following website: http://www.teenagepregnancyunit.gov.uk.

EXECUTIVE SUMMARY

Introduction

The Government's ten-year Teenage Pregnancy Strategy aims to tackle the growing concern regarding teenage pregnancy rates in England. Central to the strategy is the improvement of Sex and Relationships Education (SRE). The APAUSE (Added Power and Understanding in Sex Education) SRE programme, developed by the Department of Child Health at the University of Exeter, aims to: increase tolerance, respect and understanding; enhance knowledge of risks and counteract myths; provide effective skills to those who wish to resist unwelcome pressure; and improve effective contraceptive use among teenagers who are already sexually active. The programme consists of: curriculum materials for Years 7 and 8; sessions in Years 9 and 10 led by teachers and health professionals; sessions in Year 9 led by slightly older peers; and an evaluation questionnaire in Year 11. In 2003, 135 schools were participating in the APAUSE programme; these schools were spread across 16 LEAs but were mainly concentrated in the South West, the North West, East and West Midlands and Eastern regions.

The National Foundation for Educational Research (NFER) was commissioned by the Teenage Pregnancy Unit (TPU), now at the Department for Education and Skills (DfES), to evaluate the effectiveness of the APAUSE programme, in terms of whether objectives were being met, and the extent to which it had an impact on young people's attitudes, knowledge and behaviour. It also aimed to investigate perceptions of the APAUSE programme, and to identify areas for future programme development.

Key Findings

- The APAUSE programme was highly valued for the involvement of peer educators and health professionals, although some aspects of these elements of the programme were criticised.
- There was a lack of understanding regarding the scope for flexibility of the programme, with some respondents (particularly national representatives) criticising it for being too 'scripted'.
- The majority of schools using APAUSE thought it was better than other SRE provision and wanted to continue with their involvement. Case-study schools were concerned that they would be unable to sustain the programme if they had to fund it themselves.
- The APAUSE programme was found to have a positive effect on knowledge (e.g. of contraception and STIs). Students involved in the programme had less immature and more responsible attitudes towards sex than students in comparison schools.

- Girls in APAUSE schools had more positive attitudes towards SRE than girls in comparison schools, and overall APAUSE students found SRE more helpful than comparison students.

About the Study

A mixed methodology was adopted, encompassing the following four main elements:

- Exploratory interviews with 11 national representatives (including the Department of Health, Department for Education and Skills, and the fpa), 15 local teenage pregnancy coordinators in areas where APAUSE was being implemented and six local APAUSE programme coordinators.
- A questionnaire survey of all 135 APAUSE schools (a total of 104 responded; a high response rate of 77 per cent), which asked about views on the various elements of the APAUSE programme and perceptions of impact.
- In-depth case-study research in six APAUSE schools (selected from the questionnaire survey to represent different types of school, geographical spread, involvement in different aspects of APAUSE, and a range of views of the programme). Visits involved interviews with key school staff involved in delivering APAUSE, as well as health professionals, student participants and peer educators.
- Analysis of data from the Year 11 questionnaire previously collected by the APAUSE team. A comparison group of schools consisted of those which had recently joined the programme (so students who had completed the Year 11 questionnaire had not participated in the other elements of APAUSE) and schools which had used the Year 11 questionnaire only for their own interest. Data from 2002 and 2003 was analysed, using multilevel modelling to compare the knowledge, attitudes and behaviour of students in APAUSE and comparison schools.

Use of the APAUSE Programme

Year 7 and 8 materials

Year 7 and 8 materials were not being used widely; 25 of the 104 schools surveyed had used them, while 30 schools were aware of them but not using them and 45 schools were not aware of them (four did not respond). Of those who were using the materials, almost all thought they were appropriate for the age and ability of the students.

Peer education

The peer education element was given most praise amongst all groups of respondents; where it worked well, it was thought to be very powerful. Seventy-one of the 81 schools which had used the peer programme thought students responded well to peers, and 70 schools felt they added value. A total of 61 survey respondents thought peers were well-prepared to deliver the programme. However, 45 schools felt the peer element could be improved

(for instance, 15 suggested peers needed better training and five thought they required better classroom management skills). The main concern expressed by case-study schools related to external peers (those from a college, visiting schools with no sixth forms), who were sometimes thought to be unreliable, to have poor attitudes and to not abide by school protocols. In some cases, there was also a lack of continuity of peers. When students thought peers were unprepared and were not taking their role seriously, they said they lacked credibility and were not thought to have much impact. However, in cases where students had received good peer sessions, they were enthusiastic about the effects.

Co-teaching

Co-teaching between teachers and health professionals was considered a real advantage of APAUSE, and was mentioned as such by all groups of respondents. The combination of the health professionals' expertise and teachers' classroom skills was thought to be beneficial; 87 of the 99 survey schools which used the Year 9 adult-led programme thought the health professionals added value, and when asked about the most helpful aspects of the programme, the involvement of health professionals was the most frequent response. Student participants in case-study schools particularly valued the involvement of health professionals; they were considered to have more credibility than teachers. Concerns raised during in-depth interviews related to difficulties in finding sufficient health professionals, and a lack of continuity. Moreover, true 'co-teaching' did not always appear to take place in case-study schools, with teachers sometimes relying too heavily on health professionals or vice versa, and with little time spent preparing together before sessions.

Training

Training for teachers, health professionals and peers was considered crucial for the successful delivery of the programme, and it was valued by most of those interviewed in case-study schools. Four teachers in case-study schools expressed some reservations; for instance, examples/scenarios used in training were perceived to be out-of-date and too explicit. Some case-study school programme coordinators reported difficulties in sending teachers on training because of the time commitment.

Conforming to DfES Guidance on SRE

One of the aims of the evaluation was to explore the extent to which APAUSE conformed to good practice in SRE, particularly that issued by the DfES. Local APAUSE coordinators and teenage pregnancy coordinators felt that the programme did conform to DfES guidance, as did the majority of the teachers responding to the survey (58 of the 104 teachers said it conformed completely, and 27 said it conformed mostly). National representatives tended to feel that APAUSE did not conform totally to the guidance, mainly because they perceived the programme to be 'scripted', which they felt prevented teachers from developing skills and confidence. It should be noted that the APAUSE materials refer to 'classroom notes' for teachers and health professionals rather than scripts, and do not suggest that they should be used rigidly. Thus, there

appears to be a lack of understanding regarding the degree of flexibility permitted. Other aspects of APAUSE seemed to fit closely with the guidance, such as the involvement of peer educators and health professionals. However, national representatives were anxious that schools did not use APAUSE in isolation.

Sustainability and Continuation of APAUSE

A total of 88 of the 104 survey respondents said they would like to continue with the programme. Sixty-three schools felt the programme was better than their previous SRE provision (11 felt it was the same, 22 had not used other programmes, and eight did not respond). However, all of the case-study schools said they would not be able to continue without external funding.

The Impact of APAUSE

There was evidence of some positive impact of APAUSE on students. Almost all of those responding to the school survey said the programme had had a positive impact, and none said it had no impact at all. Evidence from the analysis of APAUSE Year 11 questionnaire data suggested that the programme had a positive impact on knowledge, as did the case-study interviews. The analysis of the Year 11 data also provided evidence that students involved in APAUSE had less immature and more responsible attitudes towards sex than students in comparison schools. Moreover, the analysis of the data found that girls in APAUSE schools had more positive attitudes towards the sex education they had received than girls in comparison schools. Overall, the data showed that APAUSE students found sex education more helpful than other students (particularly girls).

The 2003 Year 11 data (but not the 2002 data) showed that there was a small but significant difference in terms of reported sexual activity; APAUSE students were less likely to be sexually active than comparison students. There were tentative links between APAUSE and the reported use of contraception (on both the first and most recent occasion of sexual activity); although no direct link was found with APAUSE, students who reported discussing contraception and family planning (which is part of the APAUSE programme) were more likely to use contraception. Students who reported having been taught about assertiveness skills (a feature of APAUSE) were less likely to have had unprotected sex. However, there were no significant differences between APAUSE and comparison students in relation to an embarrassed attitude to sex and regretted sexual activity (wishing they had waited).

Conclusion

Overall, the outcomes of the evaluation were positive; the majority of interviewees and survey respondents gave positive feedback, and the findings from the analysis of APAUSE data provided evidence of a positive impact on young people's knowledge and attitudes. However, as discussed, there were a number of concerns at a national and local level that would be worth considering in relation to the future development of the programme.

1. INTRODUCTION

1.1 Background

The Social Exclusion Unit's report on *Teenage Pregnancy* (GB. Parliament. HoC, 1999) highlights the growing concern about teenage pregnancy rates in England, reporting that there are nearly 90,000 conceptions a year to teenagers in this country. The report sets out the Government's ten-year Teenage Pregnancy Strategy, which has the following two core aims:

- to halve the rate of conceptions among under 18 year olds in England by 2010; and to 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, measured by an increase in the sustained participation by teenage parents in education, employment or training.

Central to the strategy is the improvement of Sex and Relationships Education (SRE). In order for teenage pregnancy rates to reduce at all ages, the report stresses that young people need to be better prepared for sex and relationships and with the means to deal with the pressures of sex.

The APAUSE (Added Power and Understanding in Sex Education) SRE programme aims to:

- increase tolerance, respect and mutual understanding
- enhance knowledge of risks and counteract myths
- provide effective skills to those who wish to resist unwelcome sexual pressure
- improve effective contraceptive use by teenagers already sexually active.

The programme, developed by the Department of Child Health at the University of Exeter, aims to assist young people to negotiate stages of intimacy, appropriate contraception and access to services. APAUSE is a multi-agency programme in which different components are facilitated by teachers, health professionals and slightly older peers. The elements of the programme are:

- Curriculum materials for Years 7 and 8 (National Curriculum Science)
- Three adult-led sessions in Years 9 and 10 (led jointly by a class teacher and a health professional, often a school nurse)
- Four peer-led sessions in Year 9

- Evaluation questionnaires in Year 9 (before and after APAUSE sessions) and Year 11.

Training is provided for teachers, health professionals and peer educators, and refresher seminars are available. In addition, the Exeter team have recently developed and piloted the following:

- Peer accreditation process: aims to reward the achievements of peer educators. Peers are observed by teachers who record qualitative comments and then use a set of assessment domains to make a quantitative assessment. Teachers attend a training session to familiarise themselves with the assessment techniques.
- Drama programme for Year 10 students: three sessions delivered by peer educators (often Year 11 GCSE drama students) with support from the classroom teacher and additional input in the third session by a visiting health professional (usually a school nurse). The drama programme is orientated around the question, '*What kinds of negotiations and negotiation skills are teenagers going to need in order to enjoy better relationships and sexual health?*'

The programme can be purchased by LEAs, health authorities and individual schools, and is currently being implemented in over 100 schools across approximately 16 LEAs. A local coordinator, who works closely with the team at Exeter, oversees the implementation of APAUSE in schools in each area.

Since its beginning, APAUSE has been subjected to internal evaluations by the University of Exeter, based on student self-completion questionnaires administered in programme and control schools, dating back to 1991. Such evaluations have shown APAUSE to be effective in increasing young people's knowledge of sex, contraception and Sexually Transmitted Infections (STIs), making young people more tolerant of the behaviour of others, and making them less likely to be sexually active.[1] However, there was a perceived need for an external evaluation of the programme, in order to gain an independent assessment of its impact. In December 2002, the National Foundation for Educational Research (NFER) was commissioned by the Teenage Pregnancy Unit, now at the Department for Education and Skills (DfES), to carry out an evaluation of the APAUSE programme.

This report presents the findings from that evaluation. The conclusions are those of the authors, based on the views expressed by teachers, health professionals, students and others who participated in the research, and do not necessarily reflect the views of the Teenage Pregnancy Unit. The aims of the evaluation are discussed in the following section.

[1] Publications of the findings of internal evaluations can be accessed via the APAUSE website (www.ex.ac.uk/sshs/apause)

1.2 Aims of the Evaluation

The main aims of the evaluation were twofold:

- To investigate the effectiveness of the APAUSE SRE programme, in terms of whether it meets its objectives and the extent to which it has an impact on young people's attitudes, knowledge and behaviour.
- To explore the extent to which APAUSE conforms to accepted good practice for SRE programmes, particularly the guidance issued by the Department of Education and Skills (DfES, 2000).

The evaluation aims to contribute to the United Kingdom evidence base regarding what works in delivering SRE and preventing teenage conceptions. The focus was on conducting impact and outcome evaluation, in addition to collecting process-related data.

The key objectives of the evaluation included exploring the impact of APAUSE on the young people involved, in terms of their:

- knowledge of sex and relationships (e.g. STIs, contraception, average age of first sexual intercourse)
- awareness of strategies to help resist unwanted sexual pressures
- attitudes towards sex e.g. having responsible or immature attitudes
- beliefs about the costs and benefits of sexual relationships.

Other key objectives of the evaluation were to explore the impact of the programme on the following outcomes:

- the number of young people who are sexually active
- the age of first sexual intercourse
- levels of intended and reported use of contraception
- incidence of conceptions and terminations.

Finally, key objectives in relation to process (i.e. the implementation of the programme) included:

- gaining an understanding of APAUSE deliverers' perceptions of the training they receive and their views of being involved in the programme
- investigating the perceived impact and outcome of participation in the programme for individuals and schools
- exploring key stakeholders' perceptions in relation to the costs and benefits of participating in the programme
- identifying where and for whom the programme is perceived to be most effective

- investigating whether APAUSE is deemed an appropriate programme for diverse groups of young people
- exploring perceptions regarding the sustainability of the programme
- assessing whether APAUSE is considered to be a desired, affordable, reproducible and effective SRE programme.

The methods adopted to meet the aims of the evaluation are described below.

1.3 Methodology

A mixed methodology was adopted, encompassing four main elements which are detailed below.

1.3.1 Exploratory Interviews

Exploratory interviews were carried out with the following key personnel (32 in total), in order to establish their views on the APAUSE programme:

- Interviews with 11 national representatives (five face-to-face and six by telephone). The organisations represented were: the Department of Health; the Department for Education and Skills; the fpa; Ofsted; the Black Health Agency; the National Healthy School Standard (NHSS) team at the Health Development Agency (HDA); and the Sex Education Forum.
- Telephone interviews with 12 teenage pregnancy coordinators (TPCs) and three PSHE/SRE LEA Officers/Advisers
- Interviews with six local APAUSE Coordinators (five by telephone and one face-to-face).

Details of the issues covered during interviews are given in Chapter 2 of this report, as is a discussion of the findings.

1.3.2 School Survey

A questionnaire survey was sent to all established APAUSE schools in spring 2003. A total of 135 questionnaires were sent, and 104 were returned, a high response rate of 77 per cent. The questionnaire included questions on:

- policy and practice in relation to SRE and PSHE more generally
- reasons for adopting the APAUSE programme
- views on the various elements of the programme
- perceptions of the impact of the programme on the students participating.

More details can be found in Chapter 3, along with an exploration of the findings.

1.3.3 Case-study research

In-depth case-study research was conducted in order to explore views on the APAUSE programme and details on process, including how the programme is being implemented in schools.

Visits were made to six comprehensive secondary schools across five LEAs. They were chosen (from the questionnaire survey), as far as possible, to reflect different geographical areas and types of schools, as well as involvement in most elements of the programme.[2] Within these categories, an attempt was made to reflect a range of views on the programme, including schools which were particularly positive about APAUSE and schools which had faced difficulties implementing the programme. However, it is not possible to ensure that such a small sample is fully representative of all schools involved in the APAUSE programme, and thus generalisations should not be made.

A range of people were interviewed about their views across the six schools:

- Members of senior management teams (five in total; four had taught APAUSE and one was also the APAUSE coordinator)
- APAUSE coordinators (six in total; all had taught APAUSE, five also had responsibility for PSHE and one was also a member of the SMT)
- Personal, social and health education (PSHE) coordinators (six in total; four were also APAUSE coordinators and one also taught APAUSE)
- Class teachers/APAUSE deliverers (16 in total; four were also members of the SMT, six were also APAUSE coordinators and one was responsible for PSHE)
- Health professionals (seven school nurses)
- Peer educators (11 in total)
- Student participants (51 across six schools)
- School governors (three in total).

The findings from the case-study research are discussed in Chapter 4 of the report.

1.3.4 Analysis of Data

Data previously collected from APAUSE students by the University of Exeter team was reanalysed for the purpose of the evaluation in order to assess the impact of the programme on knowledge, attitudes and behaviour. The following analysis was undertaken:

[2] The six schools included one girls' school, one Roman Catholic school and three schools with sixth forms. One of the six had been involved in the APAUSE programme for less than a year, whereas the others had been involved for longer (three had been participating in the programme for more than three years). One school was piloting the drama programme, and two were involved in the peer accreditation pilot.

- Analysis and comparison of 2002 and 2003 Year 11 questionnaire data (comparing knowledge, attitudes and behaviour of students in APAUSE schools with a comparison group[3])
- Comparison of Year 11 2003 data with Year 9 2001 data for the same cohorts (peer-related data was available in six schools and adult-related data in 40 schools)
- 'Longitudinal' analysis of 2000-2003 data relating to Year 11 students who had been through the APAUSE programme, compared with students in the same schools who had not experienced the programme i.e. students who were in Year 9 in these schools before APAUSE came into effect.

More detail of the methods and findings can be found in Chapter 5 and the appendices.

1.4 Structure of the Report

In Chapter 2, a broad overview of perceptions of the APAUSE programme is reported, with a discussion of the views of national representatives, local APAUSE coordinators and TPCs. We then progressively focus down to a more detailed perspective; the findings from the school survey are presented in Chapter 3, followed by the findings from the in-depth investigation in case-study schools in Chapter 4. The reanalysis of data collected by the University of Exeter can be found in Chapter 5, before key findings and issues are summarised in Chapter 6.

[3] The comparison schools consisted mainly of schools which had only recently joined the programme; Year 11 students had completed the questionnaire but not participated in the Year 9 or 10 elements. The comparison group also included schools which were not involved in the whole programme but which used the Year 11 questionnaire for their own interest.

2. THE PERSPECTIVES OF NATIONAL REPRESENTATIVES AND LOCAL COORDINATORS

This chapter presents the findings from a series of semi-structured telephone interviews conducted with representatives of national organisations, TPCs, and local programme coordinators who were asked for their perceptions on the APAUSE programme. Views on the following issues were ascertained during interviews:

- implementing APAUSE locally[4]
- whether the APAUSE programme conforms to DFES guidance and meets the aims of the Teenage Pregnancy Strategy
- the advantages and disadvantages of the APAUSE programme
- whether the programme is suitable for diverse groups of young people
- the sustainability of the programme long term
- the cost-effectiveness of the programme
- monitoring and evaluation[5]
- the impact of the programme
- how APAUSE compares with alternative SRE provision.

These issues are discussed in turn below. Firstly, background information on the interviewees is given in the following section.

2.1 Background of Interviewees

Eleven national representatives from seven national organisations were interviewed about their views of the APAUSE programme. Those organisations were:

- The Department of Health (DH)
- The Department for Education and Skills (DfES)

[4] Only local coordinators were asked about the implementation of APAUSE as it is associated with their role. They were asked why their areas had become involved in APAUSE, reasons why some schools did not become involved, and any difficulties they and schools had faced in implementing the programme locally.

[5] Because of their specific role, only local coordinators were asked about the usefulness of the monitoring and evaluation tools developed by the University of Exeter.

- The Family Planning Association (fpa)
- The Sex Education Forum
- Ofsted
- The National Healthy School Standard (NHSS) team, at the Health Development Agency
- The Black Health Agency.

All 11 national representatives had expertise in the area of sexual health, SRE and/or PSHE. In terms of teacher training in relation to SRE, most individuals (seven) were not directly involved in training but had responsibility for either making sure training happened or for managing those who did train teachers. Three people had been involved in training teachers in SRE, whereas the remaining respondent had no experience of teacher training.

Most national-level interviewees (nine) reported having considerable knowledge of the APAUSE programme and its aims, due to involvement with the APAUSE team in Exeter (such as attendance at meetings and/or presentations), observation of the programme in school and/or observation of an APAUSE teacher training event. The remaining two individuals felt that, although they had knowledge of the programme, their awareness was slightly '*second-hand*' as it was based on what they had been told by others or what they had read in journals or newspapers, rather than personal observations.

Twelve teenage pregnancy coordinators[6] and three PSHE and/or SRE LEA Officers[7] were interviewed by telephone about their views on the programme (these individuals represented 12 LEAs). TPCs were responsible for local implementation of the national teenage pregnancy strategy, which included developing links between services, such as education, social services and the youth service. These interviewees had links with schools involved in the APAUSE programme (ranging from one to 26 schools). Most individuals felt they had relatively good knowledge of the APAUSE programme; some had been on training courses and most had considerable links with the schools involved. Two TPCs reported that although they had some knowledge of the programme, it was not extensive; APAUSE was adopted by schools involved in the NHSS which were focusing on SRE, and thus responsibility for the programme came under the NHSS umbrella.

As well as national representatives and TPCs, six local APAUSE coordinators were interviewed (five by telephone, one face-to-face). In general, local coordinators were involved in '*establishing the programme in schools*'; they were responsible for providing and/or coordinating training for teachers,

[6] The names of all TPCs in APAUSE areas (a total of 16 LEAs) were supplied by the Department of Health, and a total of 12 were interviewed for the purpose of the evaluation. Those remaining were asked to participate in an interview but felt unable to comment, as involvement in APAUSE was not an aspect of their responsibilities.

[7] In three areas, TPCs suggested it would be useful to talk to additional individuals. In this paper, for simplicity when reporting, the PSHE and SRE Officers are also referred to as TPCs.

health professionals and peers, making sure schools had enough APAUSE materials (such as evaluation questionnaires), and general '*troubleshooting*'. Only one coordinator carried out the role full-time, and the others had to fit it in with other responsibilities. Three were based in Primary Care Trusts (PCTs), two in health promotion units and one was an independent consultant who was contracted by a local PCT. The number of schools involved in APAUSE in each of the six areas represented by coordinators ranged from four to 20. More details about their roles, and how APAUSE is implemented in their areas, are given in the following section.

2.2 Implementing APAUSE Locally

The six local APAUSE coordinators were asked about the implementation of the programme locally. They were asked to comment on why their areas had originally become involved in the APAUSE programme. The following reasons were given:

- Funding was available (three coordinators)
- Attracted to peer element (two coordinators)
- Attracted to health professional and teacher partnership (two coordinators)
- The programme filled gaps in SRE, such as an emphasis on relationships (two coordinators)
- APAUSE would provide a consistent approach across and within schools: '*no other standard programme in the area*' (two coordinators)
- Response to teenage pregnancy (one coordinator).

In four areas, schools were invited to take part in APAUSE at an initial conference or meeting where information about the programme was presented. In three of those areas, schools were recruited on a 'first come first served' basis, and others had to be turned down due to a lack of funding and staff capacity. In the fourth area, a manageable number of schools opted to be involved. In the two remaining areas, schools with high teenage pregnancy rates were targeted. Overall, in three of the six areas some schools declined the offer of involvement, either because of timetable and logistical issues (one area) or because they were happy with their own provision in SRE (two areas).

Coordinators were asked what difficulties that had faced in implementing the programme in their areas. The main findings were as follows:

- Ensuring adequate capacity of health professionals, mentioned by four coordinators. Health professionals have other pressures, and in some areas a shortage of school nurses was an issue.
- Funds, mentioned by three coordinators. Comments included, '*It is expensive to run…it is a sustainability issue*'.

- Time. Three people said they found it difficult to coordinate APAUSE alongside their other commitments.
- Training teachers (due to their other pressures, absence from training sessions is frequent) and training health professionals (‘*it is a huge undertaking*’) (two coordinators).
- Accessing credible peers (particularly in areas where few schools have sixth forms), mentioned by two coordinators.

However, APAUSE coordinators generally felt adequately supported by colleagues, schools and PCTs. Only one coordinator raised the issue that PCTs find it difficult to support the programme financially. Support from the Exeter team was considered ‘*very good*’, and coordinators received ‘*an instant response*’ to enquiries.

The six local coordinators were asked what difficulties schools had faced in implementing the programme. Several comments were made in relation to logistical difficulties faced by schools, such as, ‘*The concept is brilliant but the process is difficult. It is a real time commitment for schools*’ and ‘*There are logistical issues if peers don't turn up or if staff are sick'*. One coordinator reported that schools had found it difficult (and expensive) to release teachers for training, particularly if APAUSE was delivered by form tutors, which meant a large number of staff needed to attend training.

2.3 Conforming to DfES Guidance

There were mixed feelings among national representatives and TPCs about whether the APAUSE programme conforms to DfES guidance on good practice in SRE. Overall, TPCs were more positive than national representatives; nine coordinators felt it did conform to guidance (as one said, ‘*this is our reason for doing it*’), two were unsure due to the perceived scripted nature of the programme[8] (see comments below) and the remaining four felt unable to comment.

However, only one national representative felt that the programme totally conformed to the guidance:

[8] Throughout the report it is mentioned that a number of interviewees described the programme as ‘scripted’. To clarify, ‘script’ is not a term used by the developers of APAUSE in connection with the adult-led sessions. The classroom notes for teachers and health professionals do include examples of case studies, questions to ask and some suggested ‘stage directions’, although it is not suggested by APAUSE that these are used rigidly, rather they are included to provide a framework which can be used flexibly. However, those delivering APAUSE may well choose to use the classroom notes as scripts if they lack confidence to do otherwise. Given the challenges associated with peer education (e.g. dealing with embarrassment, addressing issues and questions which arise, and avoiding inappropriate disclosures by students), the peer sessions are more tightly structured and intentionally include scripts for peers.

> *There is nothing about the programme that is at odds with guidance on good practice in SRE. All the elements are well-structured and have the potential to work well.*

Most national representatives (six) felt that APAUSE conformed in *some* respects to the guidance, although they had concerns about gaps.[9] The involvement of peer educators and health professionals working in partnership with schools was considered to conform to the guidance (this was also the main positive issue raised by the majority of TPCs). In addition, some aspects of the content and topic coverage were mentioned as positive by national representatives (particularly teaching about STIs and about the '*implications of early sexual activity*'). However, there were some concerns among these interviewees, especially in relation to the 'scripted' nature of the programme which was not thought to encourage teachers to develop their own confidence to deliver SRE, or allow for differences in young people's experiences to be explored. This was also the issue raised by the two TPCs who were unsure of whether the programme conformed to guidance. For instance, as one national representative commented,

> *It is very mindful of the guidance. But, SRE programmes have to be very flexible and very responsive to the needs of students, and in my view that's where the weakness of the programme is.*

Although the APAUSE classroom notes explicitly state that the materials should be adapted to suit the needs of the students concerned, it appears that some interviewees were unclear about the scope for flexibility.

Another concern raised, by two national representatives, related to the perception that APAUSE is an abstinence programme. One individual said, '*I would be very unhappy if kids were being told not to have sex*'. Two national representatives felt that APAUSE '*scratches the surface*' and was not in-depth enough. One interviewee said:

> *It provides a partial picture in terms of what we see as effective SRE in schools. It is a very focused programme with very clear parameters or boundaries…we look at a very holistic approach and don't really feel it* [SRE] *can be put into a box.*

Three national representatives felt unable to comment on whether the programme conforms to DfES guidance, and the one remaining commented, '*From what I saw it was quite the opposite of what I see as good practice*'. This person felt strongly that the programme was too rigid and scripted, and did not enable teachers to develop their own confidence:

> *It is really important that teachers of PSHE/SRE are confident about what they are delivering, but also that they are independent…that they don't feel there is a right way to deliver it and that they have confidence in their own decisions.*

[9] It should be noted that APAUSE is not intended to cover all aspects of SRE.

Local APAUSE coordinators discussed briefly their general views on good practice in SRE, and whether APAUSE fitted with their ideas on good practice. All coordinators made positive comments, particularly about the joint teaching between teachers and health professionals and the consistent approach that the programme provided.

2.4 Meeting the Aims of the Teenage Pregnancy Strategy

Interviewees were asked to comment on whether they thought the APAUSE programme was successful at meeting the aims of the Teenage Pregnancy Strategy.

The majority of interviewees felt unable to say whether APAUSE meets the aims of the Teenage Pregnancy Strategy, as they felt that it was hard to measure whether the programme was actually having an impact on teenage pregnancy. As one national representative said, '*There are too many variables*'. One local APAUSE coordinator commented, '*It is hard to link…we can't really say it was APAUSE that made a difference*'. In fact, one TPC commented that although rates were low in her area they had actually increased. In one area they had decreased, but as one national representative stated, even if rates had fallen, '*other things might be going on too*'.

Two TPCs reported that they could see the value of the programme's contribution to the Teenage Pregnancy Strategy, although not in isolation. As one commented, '*It is not the answer on its own…it can't be and shouldn't be*'. In addition, one national representative was concerned that if the APAUSE programme was encouraging abstinence then it was not successfully meeting the aims of the Strategy.

In defence of the programme, one national representative said, '*It* [APAUSE] *helps to raise the profile* [of SRE and the Teenage Pregnancy Strategy] *and any SRE that is not damaging will probably help*'. Moreover, one TPC said, '*It's good at increasing knowledge around sexual health matters which is an important part of the strategy*'.

2.5 The APAUSE Approach: Advantages and Disadvantages

National representatives, local APAUSE coordinators and TPCs were asked for their views on the APAUSE programme and its approach to SRE. Responses reflected views on the advantages and disadvantages associated with the programme and are reported as such below.

Advantages of the programme

- **Peer education**. The most effective aspect of the programme was considered to be the peer element, mentioned by ten TPCs, eight national

representatives and two of the local programme coordinators. Typical comments included, '*The principle of peer education is a good one*' and '*the peer element has always been one of the pioneering elements*'. Peer educators were thought to gain '*huge amounts*' from involvement. For instance, one national representative said, '*It* [peer education] *is a super citizenship model...it is very exciting for the kids to do this*'. One TPC stressed that the peer education training had been heavily over-subscribed in her area. However, the success of peer education was thought to depend on the quality of that training: '*It* [the success of peer education] *much depends on their training and how they deal with each set of circumstances*'. The success was also thought to depend on personality and background of the peers: '*if they are articulate and confident it is very powerful*'. Although seen as a positive aspect of the programme, the success of peer education was thought to be a '*matter for debate*'. Some disadvantages of this approach are discussed below.

- **Involvement of health professionals**. Four of the six local coordinators, three national representatives and three TPCs mentioned the benefits of involving health professionals in SRE. One national representative said, '*the partnership with health professionals is crucial*'. A TPC said '*there is an openness which didn't exist before between education and health professionals*'. One of the local programme coordinators felt that '*the health and teacher partnership gives a really strong message for young people...if they have a good relationship it is very powerful*'. Another local coordinator praised the link with health professionals as a means of increasing students' awareness of local services. However, the effectiveness of their involvement was thought to depend on their training and skills, and the quality of the teaching they deliver.
- **Content**. One representative from a national organisation referred to '*the aim of giving students choice and delaying sexual activity*', as being a positive aspect of the programme. Two TPCs also mentioned content as an advantage of the programme. One specific comment was, '*The work on STIs is good as it's an area which is often ignored*'. Two local programme coordinators were positive about the focus on relationships and assertiveness skills. Another praised the programme for not adopting the 'just say no' approach.
- **Focused work**. One national representative commented that, '*it is encouraging that there is an opportunity to do focused work in SRE*', but did stress that the effectiveness of the programme depended on how it was delivered. Two TPCs echoed this view. For instance, as one said, '*The biggest advantage is that it* [APAUSE] *provides a systematic framework for delivering SRE*'. One local coordinator said, '*Schools doing APAUSE generally have good SRE*'. Two valued the '*consistency*' the programme gave SRE within and across schools.
- **Management of the programme**. One national representative made specific reference to the professionalism of the APAUSE team and commented that the programme was '*well managed*'.

Although representatives from national organisations and TPCs mentioned what they perceived to be effective aspects of the programme, as discussed above, they tended to have a number of concerns about the programme. These are explored in turn below.

Disadvantages of the programme

- **Scripted nature of programme**. Nine representatives from national organisations, seven TPCs and one local programme coordinator were concerned that APAUSE was too 'scripted', suggesting that it did not allow those delivering the programme any flexibility. This was considered restricting in terms of the development of the deliverers' confidence. Comments included: '*It is the scripted nature…you are not creating teachers who will be inherently good at this*', '*It's peer-delivered rather than peer-led. The scripted approach is too inflexible and does not allow the peers to use their own words or ideas*', '*I would find that very restricting…and I wonder how children would respond to that style of teaching*' and '*scripts can be a bit of a straightjacket, which can be a bit restricting*'.[10] Moreover, the programme was seen as a '*narrow approach* [which] *doesn't draw on the knowledge and skills of the audience. There is no scope to bring in prior experiences or difference. There is no flexibility*'. Interviewees were concerned that the programme would not respond to local needs. There appeared to be a lack of clarity regarding the extent to which the programme could be adapted. It should be noted, however, that the APAUSE classroom notes for teachers include examples of case-studies which aim to provide a framework and structure; it is not suggested in the notes that they should be used rigidly as scripts, although teachers may choose to use them in this way. The peer sessions, however, are intended to be more scripted.
- **Age appropriateness**. Five TPCs and three national representatives suggested that, regarding the age appropriateness of the APAUSE programme, '*it is too little too late*'. It was considered that there should be more emphasis in Years 7 and 8 and in primary school. The key thing for interviewees was that '*you need to work from where they* [students] *are coming from…it needs to be more developmental from key stage 1 right through*'. One local programme coordinator was concerned about the lack of SRE coverage in Years 7, 8 and 11 if schools focused on APAUSE.
- **Training approach**. Seven national representatives were concerned about the training received by APAUSE deliverers. For instance, some re-emphasised the issue of the programme being scripted, which, in their view, did not enable teachers to develop their own confidence. They felt the training focused too much on the 'scripts' and needed to be much more skills-based: '*It just goes against everything that everyone – that we are all saying about teacher confidence*'. Two national representatives were concerned about the '*moralistic, naïve*' examples used in the training,

[10] It should be noted that these interviewees regarded the whole programme as 'scripted', and did not distinguish between the peer-led sessions, which are scripted, and the adult-led sessions, for which classroom notes (including case studies) are provided.

suggesting the approach was quite '*preachy*'. In addition, one individual said that two teachers who had received APAUSE training had approached her organisation for additional training, as they had felt it had not met their needs in terms of skills development. TPCs and local programme coordinators (who are arguably more involved with the programme than national representatives) did not mention the training approach as an issue.

- **Materials**. Seven TPCs suggested that the APAUSE materials needed revising and updating. Moreover, issues in relation to the Year 11 questionnaire were raised by a number of the TPCs. For instance, as one coordinator stressed, '*it is far too long and difficult for some Year 11 students which can have a negative impact on them…disengage them from education*'. This issue was not specifically mentioned by national representatives or local coordinators.
- **Content**. Five TPCs and three national representatives (although none of the local coordinators) had some concerns about the content of the programme. APAUSE was criticised for being, in their view, a '*heterosexual programme*' (which does not take into consideration sexual diversity)[11] and for being a '*medical model*' (which focuses more on knowledge and not enough on problem-solving and negotiation skills). Two national representatives expressed concern that the programme might be advocating abstinence. One TPC believed that the sections on STIs needed amending (it should be noted that although another coordinator appreciated that STIs were included as a topic area, she did not comment on the content).
- **Press coverage**. Three national representatives and three TPCs were concerned about the negative impact the '*adverse press*' coverage relating to the programme would have on SRE generally. As one coordinator said, '*The publicity in the national press will probably put off a lot of schools, although it was very sensationalised coverage*'. This was not mentioned by local APAUSE coordinators.
- **'Hard sell'**. Three national representatives and two TPCs (although none of the local programme coordinators) felt that the APAUSE team approached schools with a '*hard sell*'. Comments included: '*It is like being sold a timeshare*', '*There have been complaints brought to* [name of national organisation] *about the hard sell and the pressure which some areas have been put under*' and '*APAUSE is sold by someone who is like a salesman…it is very commercial…it feels like pressure*'.
- **Availability of health professionals**. Five TPCs expressed the view that difficulties had been faced in their areas finding available health professionals to deliver APAUSE, due to a lack of resources. Four local programme coordinators had found it difficult to access enough health professionals as they had other pressures, and in some areas a shortage of school nurses was an issue. This was a particular difficulty in areas with large numbers of schools involved in the programme. In fact, in some

[11] It should be considered that APAUSE is intended as a teenage pregnancy prevention programme and therefore has a focus on heterosexuality.

cases larger numbers of schools wanted to join but there was not the staffing capacity for that to be possible.

- **Peer education**. Although the peer element was considered to be the most effective part of the programme, three national representatives, two TPCs and one local programme coordinator mentioned disadvantages of this approach. In particular, there were anxieties about the level of commitment involved for peers at such an important time in their academic career. There was also scepticism in terms of whether peers from outside the school would be effective as they would not be familiar with the school or classes. The local coordinator had found it difficult to access credible peers, as the local secondary schools did not have sixth forms and recruiting from the local colleges had proved difficult. Moreover, the general consensus among all interviewees was that peers need to be trained appropriately and that there should be benefits for them in terms of their own personal development.
- **Cost**. When asked for views on the APAUSE programme, four TPCs, three local coordinators, but only one national representative, mentioned cost as an issue. The four TPCs and three local coordinators thought it was an expensive programme, which, in some cases, meant fewer schools could be involved than they would have liked. The national representative was concerned that in areas where the programme is adopted, PCTs would put all of their money into APAUSE, which meant the younger age groups would miss out on SRE.

2.6 Diversity

There were differing opinions among interviewees regarding whether APAUSE was appropriate for ethnically, socio-economically and educationally diverse groups. Most individuals were unsure and unable to comment, and were keen for the evaluation to explore this important issue.

Of those who did comment, two national representatives felt that there was no reason why the programme could not be used with diverse groups, particularly young people with special educational needs, but the success would depend on the delivery of the programme. Two TPCs gave very conflicting views about the success of the programme when used with students with SEN, one reporting success and the other not (although no explanations were given).

Four national representatives were sceptical about the suitability for diverse groups due to the perceived scripted and inflexible nature of the programme. One person was concerned that the programme does not take into account diversity in terms of young people's prior experiences:

> *You have to start from where children and young people are at, and there is so much diversity of need out there; different levels of maturity, different circumstances that young people are engaging with*

> *at different stages in their lives. Good SRE has to take that all on board.*

One TPC said the programme had been slightly adapted for Muslim students, '*but they are not very comfortable with it*'. A number of TPCs mentioned that it was difficult to find ethnic minority peers to deliver the programme, which might help with diversity issues.

The general view among the local programme coordinators was that the programme was flexible, although the extent of the flexibility depended, in their view, on the confidence of the deliverers to stray from the example 'scripts'.[12] Interestingly, three local coordinators said that the focus of the APAUSE sessions was dependent on the questions asked by the young people in the groups, and so would be respondent to their diverse needs. For instance, '*differentiation is dependent on the questions*', and '*it is led by the questions asked*'. On a more negative note, one local coordinator was adamant that the programme would not be suitable for '*more vulnerable young people*' (such as those in Pupil Referral Units (PRUs)): '*SRE needs to be more specialist for them*'.[13]

The general consensus was that it is crucial for any SRE programme to meet the needs of all students and be suitable for adaptation in different situations.

2.7 Sustainability

Interviewees were asked whether they thought the APAUSE programme was sustainable for schools. Twelve TPCs and six national representatives thought that the costs of the programme would be an issue for schools long term. Comments included: '*It's a financial commitment, isn't it, and a significant one*', '*They* [schools] *need to look at costs and see if the returns are worth it*', and '*It's fine at present while there's money around, but when the funding starts to go it will be different*'. All six local APAUSE coordinators were concerned about sustainability due to funding. Three areas were coming to the end of the pilot phase, and thus funds had been provided in the past; there were worries about future funds. One coordinator said, '*schools will need a lot of convincing to use their own funds*'. In their view, the future of the programme relied on funds, although that was largely out of their hands.

Three TPCs were concerned that the implementation and delivery of APAUSE in some schools relied heavily on one or two teachers, which could cause problems if they left school: '*A lot depends on how well the ideas are embedded into the school ethos…with a few trained teachers a lot depends on if they stay!*'.

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[12] It should be reiterated here that the adult-led sessions are intended to be flexible; however, teachers may choose to follow the classroom notes as scripts, particularly if they lack confidence. The peer sessions are scripted, although there is intended to be some scope for flexibility.

[13] It should be noted that APAUSE is not designed to be delivered in PRUs.

There was some concern that there was a lack of health professionals to deliver the programme, which made it difficult to sustain the programme long term. For the purpose of sustaining the peer elements, one TPC noted that it was easier if peers were in the sixth form of the school using the programme, although she acknowledged that not all schools have sixth forms.

Two national representatives felt that the programme involved considerable time commitments for schools, which might have implications in terms of sustainability. One individual was concerned that '*anything that relies on experts is not sustainable*', as some areas experience a shortage of health professionals willing to be involved.

For long-term sustainability, it was suggested that there needed to be an improved programme of training trainers, so that teachers and health professionals could cascade training on to others rather than relying on the APAUSE team. It was acknowledged that this was happening in some areas, and was considered good practice.

2.8 Cost-Effectiveness

Interviewees found it difficult to say whether the APAUSE programme was cost-effective, as this was considered difficult to measure. The cost-effectiveness was thought to depend on '*the quality of return and the results*', which they felt unable to comment on. Six national representatives, seven TPCs and all six local programme coordinators thought it was an expensive programme for schools, but most could not say whether it was effective and therefore worth the money. Two coordinators made comments such as '*although it is expensive we are pleased with it*'. Local coordinators also held the view that '*it is expensive but worthwhile*'.

One national representative doubted the cost-effectiveness of the programme, due to concerns about the usefulness of the training. A TPC said that if cost-effectiveness was being measured against teenage conception and pregnancy rates, then perhaps APAUSE was not cost-effective as rates had increased in her area (although she said they had not been very high in the first place).

TPCs mentioned hidden costs for schools, such as returning Year 11 questionnaires and other administration.

2.9 Monitoring and Evaluation

Local programme coordinators were asked how useful they thought the APAUSE monitoring and auditing processes were for schools. There were mixed feelings. Three coordinators thought the Year 9 questionnaires were useful ('*It is valuable for seeing gaps*'), although the other three were dubious about the extent to which schools used the information. Comments included, '*reports are difficult for schools to interpret…it is research speak…it should*

be reader friendly', and '*there is no doubt that it isn't used by schools*' (because it is difficult to interpret).

The Year 11 questionnaires had not been used by schools in two areas at the time of interviews, and in the other four areas there were mixed feelings again among coordinators about its usefulness. The '*breadth*' of the questionnaire was considered useful, and the information was thought to be helpful to provide baseline information at a local level. However, there was doubt about the extent to which individual schools used the feedback for planning: '*if they are sensible they will use the information to plan, but I'm not sure…I am starting to monitor this*'.

Five of the six local programme coordinators carried out their own additional monitoring, although this was mostly informal. Two did say that they organised formal meetings with schools and observed lessons, although the other three mentioned more informal discussions with staff.

2.10 Impact

Most national representatives and TPCs found it difficult to comment on the impact of the APAUSE programme, as it was considered difficult to measure. One person commented, '*it is hard to measure the impact, and isolate the programme*'. For instance, it was thought difficult to tell whether a reduction in teenage pregnancies was the result of involvement in the programme, the result of other programmes/activity, or a mixture of both. A number of interviewees were unsure about impact, and were keen for the outcomes of the evaluation to be publicised. However, the consensus among TPCs was that anecdotal evidence was positive. Despite most interviewees among these two groups finding it difficult to comment on actual impact, two TPCs mentioned positive feedback given by teachers and health professionals in their areas. For instance, in one case, '*evaluations suggest it has been well received. It seems to have had an impact on values and attitudes, but behaviour is harder to measure*'. In the other case, the TPC gave an example from findings from the Year 11 questionnaire: '*the proportion of boys who said they feel it is ok not to have full intercourse has increased in one school*'.

One national representative and two TPCs specifically said that in an area where there was no previous provision in SRE, APAUSE would have improved SRE. For instance, as one TPC expressed it: '*It will have an impact on schools starting from scratch in relation to SRE – the whole package is in place for them, including training*'. The other TPC said, '*It has brought a standard to sex education…previously there was very patchy provision in this area*'. However, the national representative had some concerns: '*Is it the right programme? Schools would have nothing to compare it to*'. Some interviewees felt that the APAUSE programme was beneficial, although not in isolation; it should be supported by other SRE provision in schools and effective external services (such as sexual health clinics).

The consensus among TPCs was that involvement in APAUSE had had a positive impact on multi-agency working: '*It has established good and effective links between education and PCTs*'.

One national representative was worried that APAUSE was a targeted programme in terms of the areas in which it is adopted, and so felt it was limited in terms of what it could achieve (particularly in relation to fully addressing the aims of the national teenage pregnancy strategy).

Local APAUSE coordinators had perhaps looked at the impact of the programme more closely because of their role. In general, anecdotal evidence suggested that the programme had had an impact on schools' approach to SRE. Comments included, '*In PSE overall they have come round to a new way of thinking in terms of approaches adopted*' (less didactic) and '*schools plan SRE better as a result*'. However, in one area the coordinator said that the schools involved in the programme had been 'good' at SRE previously and therefore APAUSE '*would have had more impact if they weren't so good*'. In terms of impact on teachers, the general view was that APAUSE had helped to boost teachers' confidence and broaden their ideas on SRE approaches (again based on anecdotal evidence). Three coordinators mentioned evidence from the Year 9 questionnaires of a positive impact on students. For instance, '*They are showing signs of changing attitudes and beliefs, although it is too early for a change in behaviour*', '*knowledge and assertiveness have increased*', and '*knowledge has increased and sexual activity at 16 has declined*'. Involvement in APAUSE was also deemed to have a positive impact on peers in terms of their own confidence.

2.11 Comparison to Alternative SRE Provision

All interviewees were asked how they thought the APAUSE programme compared to others. Rather than mentioning specific programmes, general comments were made, including the observation that the effectiveness of any SRE is dependent on the quality of the delivery. Most individuals stressed that they were aware of lots of other SRE provision, but not other similar 'packages'. Interviewees were in favour of programmes that had been developed locally, by LEA advisers, which addressed local priorities. The general consensus was that programmes should be flexible, take account of students' prior experiences, and encourage teachers to develop their own delivery skills and confidence.

APAUSE was considered to be successful at '*raising the profile of SRE*', although some national representatives and TPCs were dubious that it was adequate provision in isolation. As one national representative said:

> *the pragmatic view would be that so long as it isn't harmful it is probably better than nothing, but I think we want to move them* [schools] *on a bit. It is likely to be more successful as part of a multi-approach.*

Similarly, comments from TPCs included:

> *It shouldn't replace good existing programmes, it should be an added extra.*
> *If schools buy into it they believe (or are led to believe) that it is all they need to do – this is not the case. APAUSE might sell itself as such though APAUSE is only one approach.*

2.12 Summary and Conclusions

There were mixed feelings amongst all interviewees regarding the APAUSE programme, although local coordinators and TPCs were more positive about the programme then those in national organisations. Most interviewees found it difficult to comment on the actual impact of the programme, as they thought it was difficult to measure, although some local programme coordinators mentioned positive outcomes evident from the Year 9 evaluation questionnaires. Most individuals were extremely positive about the peer and health professional input, but stressed the importance of effective training and delivery techniques.

The main concern was about the perceived scripted nature of the programme, which meant APAUSE was considered by national representatives and TPCs to reflect a '*narrow*' approach which did not enable prior experiences or diversity to be taken into account. There was concern that the potential for professional development resulting from the training was restricted by the perceived scripted nature of the programme; there was thought to be little scope for APAUSE deliverers to develop confidence and skills.

There was some concern that APAUSE would not provide adequate SRE provision in isolation.

The findings from the school survey are discussed in the following chapter.

3. THE SCHOOL SURVEY: BROAD INVESTIGATION OF SCHOOL PERSPECTIVES

This chapter is based on the findings of a survey of 135 schools involved in the APAUSE programme.[14] The surveys were sent to the school APAUSE coordinators and requested information and views on the schools' SRE policy and practice, how APAUSE had impacted on this and how various elements of the programme had worked. A total of 104 schools returned the questionnaire, a high response rate of 77 per cent. These findings are based on those responses.

3.1 SRE Policy and Practice

The schools were asked about whether they had a policy on SRE and which staff were responsible for teaching it. As shown in Table 3.1, almost all of the schools responding had an SRE policy, either stand-alone (71) or included within a broader policy (29).

Table 3.1 School policies on SRE

Does your school have an SRE policy?	Number of Schools
Yes, a discrete policy	71
Yes, within another policy	29
No	1
Missing/No response	3
Total	**104**

A single-response item
Source: NFER Survey of APAUSE Schools, 2003

For nearly all schools, the favoured method of timetabling SRE was as distinct modules within the PSHE framework (90 responses). However, in many schools it was covered also (or instead) in other areas, including:

- in science lessons (60 responses)
- through the tutorial system (29)
- in religious education (RE) lessons (27)

[14] It should be noted that at the time of the evaluation, 135 schools were participating in the APAUSE programme; these schools were spread across 16 LEAs but were mainly concentrated in the South West, the North West, East and West Midlands and Eastern regions.

- through special events (23)
- in citizenship classes (16)
- in physical education (PE) lessons (9)
- in other (unspecified) subjects (9)
- in assemblies (9).

Questioned as to which teachers were responsible for delivering SRE, the responses (illustrated in Table 3.2 below) show that in some cases, combinations of different teachers were involved. Just over two-thirds of the schools had specialist (PSHE) teachers, while form tutors had some responsibility for delivering SRE in just under half of the schools. This probably includes schools where PSHE was delivered mainly by form tutors, and schools where tutorial sessions were used to supplement specialist teaching.

Table 3.2 Teachers responsible for delivering SRE

	Number of Schools
Specialist teachers	72
Science teachers	53
Form tutors	46
RE teachers	25
PE teachers	6
Other	18
N =	**104**

More than one answer could be given.
Source: NFER Survey of APAUSE Schools, 2003

The schools were also asked how many of the teachers who delivered SRE had received specific training in that subject. The findings are shown in Table 3.3 below and reveal that in two thirds of schools, most or all teachers had been specially trained, but in a third, only some had.

Table 3.3 Teachers trained to deliver SRE

	Number of Schools
All	40
Most	29
Some	33
None	1
Invalid response	1
Total	**104**

A single response item
Source: NFER Survey of APAUSE Schools, 2003

These responses showed that the schools currently doing the APAUSE programme generally had a well-defined SRE policy and specifically trained teachers, although it was impossible to say how much this resulted from adopting APAUSE and how much already existed.

When respondents were asked about how confident those delivering SRE were, 34 schools said all of their staff were confident, 48 said most were confident and 22 said some were.

3.2 The APAUSE Programme

The schools were asked a series of questions about why they had adopted the APAUSE programme, how it differed from previous SRE provision and how the programme was operating through the various year groups. The question, '*Why did your school decide to adopt the APAUSE programme*?' was an open-ended question and thus some of the responses were individual. The most frequent responses are shown in Table 3.4 below.

Table 3.4 Reasons for adopting APAUSE

	Number of schools
It was recommended by others	25
Liked the structure	14
Local priorities	13
Positive approach to SRE	11
Part of a local pilot/trial	11
Promotes relationships with health professionals	9
Updating SRE policy	8
Wanted to enhance existing SRE	8
Seemed well-researched/evaluated	8
Includes training for staff	7
Use of peers	6
Use of professionals	6
Secured funding to introduce it	5
Good record of success	4
Don't know	6
N =	**104**

More than one answer could be put forward
Source: NFER Survey of APAUSE Schools, 2003

The reason given by the largest number of schools was that the programme was recommended by others. Programme structure and links with local priorities (which usually meant the programme helped to meet the aims of the Teenage Pregnancy Strategy) were the next most common responses. The six

respondents who claimed not to know why their schools had taken up APAUSE were interesting; perhaps it was a policy which had been handed to them without any proper explanation, or they had taken up their post at the school after APAUSE had been introduced.

In reply to the question '*Does the APAUSE approach to SRE differ from that previously used in your school?*' a large majority (92 out of 104) answered 'yes'. They were asked to explain in what way APAUSE was different from previous SRE provision. The responses are shown in Table 3.5 below.

Table 3.5 How APAUSE differs from previous SRE

	Number of Schools
Involvement of peers	44
Involvement of health professionals	34
More detailed/in-depth coverage	17
More interactive	16
Staff specifically trained	10
Better structure	5
Refreshing approach	5
Varied methods of delivery	4
SRE was not consistently delivered	4
SRE was incoherent	3
N =	**92**

More than one answer could be given
A filter question: all those who said APAUSE was different from previous provision
Source: NFER Survey of APAUSE Schools, 2003

The involvement of peers and health professionals in APAUSE was the most striking difference from previous provision, and it was these parts of the programme which appeared to have been seen by most schools as being especially worthwhile and interesting. The responses also indicated that the more detailed and interactive approach used by APAUSE was recognised as being different from previous SRE programmes used in the schools. The provision of staff training was another difference that was commented on quite widely, with the implication that this was one of the advantages of the programme. A few of the respondents were negative about previous SRE in their schools, but most gave positive reasons for adopting APAUSE.

The next sections are related specifically to how APAUSE was used with different year groups.

3.2.1 The Year 7 and 8 materials

Table 3.6 summarises teachers' responses to a question about the use of the APAUSE Year 7 and 8 materials.

Table 3.6 Use of Year 7 and 8 materials

	Number of Schools
Not aware of them	45
Aware of them but not used	30
Yes, materials used	25
No response	4
Total	**104**

A single-response item
Source: NFER Survey of APAUSE Schools, 2003

It would seem that the APAUSE resources need to be 'advertised' more widely as nearly half the schools had not heard of them; indeed, some of the returned questionnaires included requests from the respondents asking for information about the Year 7 and 8 materials.[15] However, of those who were aware of the materials, less than half were using them. Of the 25 schools that were using the materials, 22 thought they were appropriate for that age group, two thought they were not (although they did not say why) and one did not reply to the question.

The schools were also given the opportunity to say what other SRE programmes they used in Years 7 and 8. Thirty-seven schools were using their own in-house programmes, and ten schools were using national science curriculum materials. Four schools were doing nothing except APAUSE, and 27 did not respond to the question (which probably implies that they were not doing anything). The remaining schools referred to a wide range of visual and written resources. There was some concern expressed that for schools doing only APAUSE, there would be no SRE in Years 7 and 8 if the APAUSE materials were not used.

3.2.2 The Year 9 programme

Almost all the schools (99 in total) had used the adult-led part of the Year 9 programme, three had not done so and two had not used it yet. The schools reported that most lessons took place in mixed class groups. The schools were asked which health professionals were involved with the Year 9 classes and most respondents said a school nurse (86) and/or another nurse (65). Health visitors, doctors, and 'other' health professionals, were also mentioned by smaller numbers of respondents, and some schools mentioned using a combination of different personnel.

[15] It should be noted that the APAUSE team relies on local programme coordinators to promote the materials, but it appears that this may not be happening to a great extent.

There was a very positive reaction to the use of health professionals, with 87 schools believing they added a lot of value to the lessons. For instance: '*The health professionals add an extra dimension to it – for the better'*. Another respondent stated*, 'For an overall programme to be delivered by specialists and non-specialists it is excellent. The cooperation with the health agencies is most encouraging'*. Others emphasised how the inclusion of health professionals '*helped the non-specialists feel more comfortable'*. Some commented on the way in which health professionals were regarded as '*experts*' by the students who responded well to their input: '*Students listen intently to the school nurse and appear to accept what she says about teenage pregnancy, STIs etc'*. Six schools believed health professionals added a little value, whereas none of the respondents thought that no value had been added by health professionals. Those remaining did not respond. These responses indicated a high level of enthusiasm for the input of health professionals.

Fifty schools thought that the Year 9 adult-led programme could be improved, whereas 30 did not think it could be improved. Twelve respondents did not know whether this element needed improving, and seven did not respond.

Those who felt improvements were required (50) tended to make implied criticisms rather than specific suggestions for improvement:

- the scenarios should be reviewed (9 responses)
- the content should be reviewed (5 respondents, although they did not specify which sections)
- there is too much prescription (5 respondents)
- liaison between health professionals and teachers needs reviewing (5 respondents)
- the work schedules need to be shorter (4 respondents).

The schools were then asked about their involvement with the peer-led part of the programme in Year 9. A total of 81 schools had used peers and of these, 42 had used peer educators from their own school, eight had used students from another school, and the remainder had used students from local further education (FE) and sixth form colleges. The 81 schools that had used peer educators were then asked in greater detail about their involvement. The responses were again very positive:

- 71 schools strongly agreed or agreed that students responded well to peers
- 70 strongly agreed or agreed that peers added value to the programme
- 61 strongly agreed or agreed that the peers were well-prepared to deliver the programme
- 54 strongly agreed or agreed that students preferred to discuss sensitive issues with peers
- 25 agreed or strongly agreed that peers had found class management difficult, but 44 disagreed with this.

These responses showed that the majority of schools using the peer part of the programme believed it was having a beneficial effect, especially in terms of how students responded to peer educators: *'peer education works for most students to increase credibility and allow them to relax and ask the questions they need to know'*. While there were schools that appeared to have some reservations about how the peer element operated, particularly in the area of peer training and class management, the majority evidently thought the advantages outweighed the disadvantages. The main reservations are discussed below.

The 81 schools using peer educators were asked if they thought the peer-led part of the programme could be improved. More than half (45 schools) said yes and a quarter (19 schools) said no. Ten said they did not know and seven did not respond. An open-ended question as to how it could be improved brought a number of suggestions, with the most significant being that peers needed better training. This was suggested by 15 respondents, while five said peers needed better class control skills. It could be inferred from this that while the principle of peer education was widely accepted as beneficial, there were sometimes problems with the practice and that some peer educators carried out their tasks more successfully than others. This is not surprising, as many of the peers involved would probably have had little experience of dealing with a classroom situation, but some schools obviously thought that the training peers had received had not been sufficient for the task they had taken on. This finding may appear to conflict with that reported above i.e. that three-quarters of the schools that had used peer educators reported they were well-prepared to deliver the programme. However, it should be noted that even some of those who agreed that peers were well-prepared also reported that they found class management difficult.

There were also some issues with peer absences. One PSHE coordinator complained, '*on several occasions, two out of four of the peers did not turn up so the teacher was left stranded with no video and no resources. Unfortunately the overall impression of the programme is not as it should be'*. Schools that did not have their own sixth form were therefore often at a disadvantage and it would seem to be in their interest to have a 'safety net' lesson for when such circumstances arose.

There were other suggestions for improvement, but none were given by more than six respondents. The suggestions included:

- sessions should be less scripted
- better liaison between peers and teachers is required
- more preparation time is needed
- need to deal with peer drop-out rate
- more interaction between students is necessary.

The other main drawback of the Year 9 programme (the use of both peers and visiting health professionals) was the amount of time it took to organise and the need to juggle timetables and classes. It was these types of issues which were regarded as the chief difficulties schools faced in implementing APAUSE, and many teachers referred to the '*time-consuming'* task of coordination. On the other hand, such logistical problems were accepted by most as an inevitable part of bringing in external agencies and if the end result was worthwhile, then it was a burden worth bearing.

Schools were asked if they used any other SRE programmes in Year 9. Sixteen said they used a programme of their own, while four said that they covered some SRE as part of the science curriculum, and several made individual reference to specific resource packages. However, 21 schools said they did nothing apart from APAUSE, and there were 46 non-responses, which could imply that two-thirds of the schools used only APAUSE in Year 9.

3.2.3 The Year 10 programme

The participating schools were asked about their involvement in the Year 10 adult-led element of the programme. This was being used by 68 schools; 15 schools were not using it and 21 schools said they were not using it yet. As with the Year 9 programme, nurses were the health professionals most involved, with a very small number of health visitors and doctors. There was again a positive response from those schools using it, with 56 schools claiming it added a lot of value to SRE for this age group. Those using the Year 10 adult-led programme (68) were asked to say if they thought it could be improved; 25 schools said yes and 24 said no (14 schools said they did not know and five did not reply to the question). The 25 schools that had thought this element of APAUSE could be improved were invited to say how, but again, their responses took the form of criticisms rather than suggestions for improvement and none of the comments were made by more than four respondents. Their comments were:

- materials needed reviewing
- work schedules were too long
- programme was too long-winded
- problems accessing health professionals.

The Year 10 drama programme, which had been pioneered in some areas, had been used in nine of the responding schools. All nine said their students had responded positively. Of the four who thought some improvements could be made, their main suggestion was making it simpler to deliver (although they did not elaborate on this).

All the schools were asked if they were using any other SRE programmes in Year 10, and 22 schools were using their own in-house programme. A further

22 schools were not using any other SRE programme for this age group, and 30 schools did not respond to the question (which suggests that they were not using other SRE programmes). Four schools mentioned that they approached the subject through the national science curriculum. A number of schools made reference to other materials (although responses were individual).

3.2.4 The Year 11 questionnaire

Most schools stated that they would, or already had, sent back the 2003 questionnaire and only seven said they would not complete it. The reasons given for not returning were: no time available, questions inappropriate, no longer doing APAUSE and questionnaire not received (all individual responses). Three schools did not give a reason.

Questioned as to whether they did any other SRE in Year 11, 26 schools replied that they used their own programme. Seven schools said the subject was 'mentioned' in Year 11. A total of 18 schools did not do any other SRE, and 35 schools did not respond to the question. This implies that half the schools did nothing except the questionnaire. There was therefore, some concern from respondents that if a school focused only on APAUSE, there would be little SRE in Year 11, which would mean a gap; one teacher criticised the emphasis on Years 9 and 10 for being *'a bit short, sharp shock treatment'*.

3.3 Perceptions of the APAUSE Programme

The last part of the questionnaire allowed the participating schools to reflect on their use of the APAUSE programme and its strengths and weaknesses. The findings are reported in the following sections.

Firstly, the schools were asked an open-ended question as to whether they had found any aspects of the programme particularly helpful and if so, what these were. Almost all responded positively, with only four schools claiming they had not found anything particularly helpful (although nine schools did not respond to this question). The aspects most frequently identified as particularly helpful are illustrated in Table 3.7 below.

Table 3.7 Helpful aspects of APAUSE

	Number of Schools
Co-teaching with health professionals	32
Positive content and materials	16
Positive approach and clear structure	16
Peer-led sessions	15
Staff training	6
Positive response from students	6
N =	**91**

More than one answer could be given
A filter question: all schools finding aspects particularly helpful
Source: NFER Survey of APAUSE Schools, 2003

Co-teaching with health professionals was seen as the major advantage of the programme. There were references to increased staff confidence resulting from cooperation with health professionals and having a clearly defined programme, with the following comment being one example: '*The staff feel more at ease with a planned script and a health person to answer specific questions*'.

Teachers also made comments about the training they had received. One senior teacher said, '*I think the training provided is excellent and would say that no lessons will be delivered by untrained staff*'. Another said their school appreciated '*the annual training which allows for staff turnover*'.

When asked if they had found any aspects of APAUSE unhelpful, 30 schools said yes but 64 said no, and a further ten schools failed to respond. However, when those that replied yes were asked to give details of what they had found unhelpful, many of the comments related to the problems faced by individual schools, rather than to the programme itself. The most frequent responses (each given by four respondents) were:

- the scenarios lacked credibility
- the material was outdated
- there was a problem with the technical labelling of diagrams
- the Year 11 questionnaire was too long and/or difficult.

Schools were asked to reflect on any difficulties that they might have faced in delivering SRE before they began using APAUSE. They were evenly divided on this issue; 46 schools said they had encountered difficulties and 45 said they had not. There was no response from 13 schools. Table 3.8 shows the main difficulties faced in SRE prior to adopting APAUSE.

Table 3.8 Difficulties experienced prior to APAUSE

	Number of Schools
Teachers’ reluctance to tackle SRE	14
Teachers’ lack of confidence in delivering SRE	13
Poor delivery of SRE by teachers	8
Inconsistent provision	7
No available training for teachers	6
Unreliable external agencies	6
Lack of good materials and organised approach	5
N =	**46**

More than one answer could be given
A filter question: all schools experiencing SRE difficulties
Source: NFER Survey of APAUSE Schools, 2003

The schools that had faced difficulties in delivering SRE (46 schools) were asked to explain how, if at all, their difficulties had been addressed by the programme. The main responses are shown below in Table 3.9.

Table 3.9 How difficulties had been addressed by APAUSE

	Number of Schools
Input of health professionals	13
Good quality training provided	12
Structured approach of APAUSE	11
Raised teachers’ confidence	3
APAUSE has clear aims	3
APAUSE ensures continuity	3
N =	**46**

More than one answer could be given
A filter question: all schools experiencing SRE difficulties
Source: NFER Survey of APAUSE Schools, 2003

The contribution made by health professionals was seen as the most important way in which SRE had been improved, closely followed by the training provided for teaching staff and the well-structured approach of the APAUSE programme. However, although 13 respondents had reported lack of teacher confidence as a problem before APAUSE, only three said the programme had increased confidence.

3.4 Difficulties in Implementing APAUSE

Participating schools were asked if they had faced any difficulties in implementing APAUSE; 27 said no, but 69 said yes (eight schools did not reply to this question). The major difficulties are listed in Table 3.10.

Table 3.10 Difficulties implementing APAUSE

	Number of Schools
Timetabling issues	18
Organisational/logistical difficulties	14
Lateness/absence of peers	14
Lateness/absence of health professionals	9
Lack of time to train peers	7
Lack of health professionals	6
Training of sufficient staff	6
Shortage of trained peers	4
Teacher turnover	4
Too much material for a lesson	4
N =	**69**

More than one answer could be given
A filter question: all schools experiencing difficulties implementing APAUSE
Source: NFER Survey of APAUSE Schools, 2003

The most frequent responses related to the problems of fitting a complex programme involving large numbers of people into restricted school timetables. For many schools this was a serious concern and was exacerbated by peer educators and health professionals who were late or did not turn up at all, leaving schools to find an alternative lesson at very short notice. The responses relating to insufficient numbers of peers and/or health professionals were also to be expected and were bound to be an issue in large schools where several classes were running at the same time.

3.5 Comparison of APAUSE with other SRE Programmes

Asked to compare APAUSE with other SRE programmes, the response was very favourable to APAUSE, with 63 respondents claiming it was better than other programmes and 11 saying it was the same as other programmes they had used. There were 22 schools that had not used another programme and eight did not reply to the question. None of the other schools suggested that APAUSE was 'worse' than other programmes.

The main responses given by the 63 respondents who thought APAUSE was better than other SRE programmes are shown in Table 3.11.

Table 3.11 Comparison with other SRE programmes

Why APAUSE was better	Number of Schools
Involvement of health professionals	20
Involvement of peers	12
Clarity/good structure of the programme	12
Good content	11
Good approach	10
An interactive programme	6
Provided training for teachers	4
Relevance to students	4
Better organised	4
Easy for teachers to deliver	3
N =	**63**

More than one answer could be given
A filter question: all schools finding APAUSE better than other programmes
Source: NFER Survey of APAUSE Schools, 2003

The responses here reinforced the message that what the schools particularly valued, and what was missing from most previous SRE programmes, was the input of health professionals and peer educators: *'the use of professionals and peers added interest'*. The structure and content of the programme, as well as the principles underlying it, were also rated highly by several teachers.

3.6 Conforming to DfES Guidance on SRE

The schools were asked to comment on whether they thought APAUSE conformed to the DfES guidance on SRE, published in 2000. There was a positive response to this question from the schools, with 58 saying it conformed completely and 27 saying it conformed mostly; one thought it conformed partly and 11 did not know (seven did not answer the question). Of those respondents who did not think it conformed completely, the main reason cited was that it did not cover all areas of SRE sufficiently, especially the issues of HIV/AIDs and STIs.[16]

3.7 Impact of APAUSE

Finally, the schools were asked their opinions on the impact of APAUSE on students. Only one respondent thought APAUSE had made no impact on their students, and only two thought the effect was limited. There was a wide range of positive responses, but those that appeared most frequently are listed in Table 3.12.

[16] As already noted, APAUSE is not intended to cover all aspects of SRE.

Table 3.12 Impact of APAUSE

	Number of Schools
Raised awareness and improved knowledge	36
Encouraged independent thinking and challenged attitudes and myths	17
Helped students make more informed/mature choices	15
Promoted open discussion	10
Encouraged confidence and assertiveness	9
Provided information on where and how to access advice	5
Would have an impact on all aspects of relationships	5
N =	**104**

More than one answer could be given
Source: NFER Survey of APAUSE Schools, 2003

The area of impact which drew most positive comments concerned the increase in knowledge and access to information which APAUSE had given. There were numerous references to students gaining 'clear, accurate knowledge', and to how APAUSE 'provided essential information and the skills to make informed choices'.

There was more uncertainty amongst the respondents as regards how far the programme had an impact on attitudes and behaviour: 'I'm really not sure if it has much impact on students' attitudes and behaviour'. One senior teacher made the point, 'Attitudes are challenged, but not necessarily changed, and some behaviour may be modified, but it's difficult to tell'.

On the other hand, there were teachers who felt that APAUSE had achieved, or would achieve, the aim of helping students to think differently, to challenge myths, resist peer pressure and encourage assertiveness. An example of such positive feedback came from a PSHE coordinator who was convinced that the programme, 'encourages waiting time and dispels the view that everyone is doing it under 16 years of age'. As can be seen from Table 3.12, there were many similar views on enabling students to make more mature choices and think out their views more clearly. Even if the programme's effect was limited, it could still be significant, as one teacher explained: 'The impact will vary, but if it only has a positive effect on 20 per cent of our population, it has got to be worthwhile and most students will learn something'.

The building up of a supportive atmosphere was also seen by many as an important outcome: 'The programme identifies positive shared values and role models within an environment of mutual trust where everyone's views are valued'. This, it was felt, had contributed to encouraging increased confidence among individual students and helping them to think clearly about emotional issues.

A comment from a deputy headteacher concluded on a positive note and generally reflected the schools' response to the impact of the programme: 'As a result, we have a much better informed group of young people who are able to think for themselves and make informed decisions about their bodies'.

In response to a question on whether APAUSE was best for certain groups of young people, 71 schools thought no and 19 said yes (14 schools did not answer this question). Of those who answered yes, most believed it was more suitable for higher-ability students.

Looking to the future, the schools were asked to comment on whether they would continue using APAUSE. There were 88 schools which said they would, six said no and ten did not answer. The reasons given for abandoning APAUSE were funding, timetabling, lack of peers, a preference for their previous in-house scheme and that APAUSE was not considered suitable (each reason was given by a single respondent).

3.8 Conclusions from the School Survey

There are a number of conclusions that can be drawn from the responses to the school questionnaire as discussed below.

There were two aspects of the APAUSE programme which drew a particularly positive response: the use of peer educators in Year 9 and collaboration with health professionals in Year 9 and 10. There were some issues with these parts of the programme, such as peer training and insufficient availability of health professionals. However, the schools were generally enthusiastic about the contribution being made to SRE by these methods and they clearly felt that their students responded well to these aspects of the programme.

Many teachers took the opportunity in answering the question on how APAUSE compared to other SRE programmes to reinforce the message that health professionals and peers added value to the programme.

The number of schools using APAUSE materials in Years 7 and 8 was quite low and almost half the schools claimed that they had never heard of them. There were probably around 53 schools that did no SRE in Year 11, apart from completing the APAUSE questionnaire. It was this pattern of intensive concentration in Years 9 and 10, but not very much before and after which led some school staff to voice concerns about continuity of SRE provision. In schools where they had developed their own SRE programmes for Years 7, 8 and 11, this was not an issue, but schools that depended on APAUSE as their only programme had some concerns, although they were happy to have what they regarded as a well-constructed programme to use.

Co-teaching with health professionals was perceived to be the most helpful aspect of the whole programme by far, and few respondents made comments about unhelpful aspects of APAUSE. Overall the fact that 63 of the

respondents found APAUSE better than any other SRE programme they had used and none considered it worse, suggests that, for most schools, the advantages outweighed the disadvantages. The vast majority of respondents thought APAUSE had a positive impact on their students, particularly on their knowledge and awareness. However, there was more uncertainty regarding impact on attitudes and behaviour.

Overall, the fact that 88 of the 104 respondents said they would continue with the APAUSE programme suggests that the majority felt it was worthwhile and added value to their schools.

The findings from the in-depth investigation of APAUSE in case-study schools are discussed in the following chapter.

4. THE CASE-STUDY SCHOOLS: IN-DEPTH INVESTIGATION OF SCHOOL PERSPECTIVES

This section focuses on the findings from the in-depth investigation carried out in six case-study schools.[17]

Interviews were carried out with:

- the school APAUSE coordinator
- an APAUSE-trained teacher
- a member of the senior management team (sometimes they were also APAUSE teachers)
- the school PSHE coordinator
- a group of students who had received the APAUSE programme (usually Year 11)
- one or two groups of Year 12/13 students who had been peer educators
- a health professional assigned to the school
- a school governor (in three areas).

All these interviews were conducted face-to-face apart from one governor who was interviewed by telephone.

This section of the report looks at the responses of these different people as to why the APAUSE programme was used, how it was implemented, its positive and negative aspects and its perceived impact.

4.1 Implementing APAUSE in schools

As background information, the schools were asked how long they had been using APAUSE and why they had become involved. Two schools had been involved in the original pilot scheme and had been participants for many years. One school had been involved for only a year and the others had been doing APAUSE for three years. For three schools, the main reason for taking up APAUSE was a desire to revise their SRE programmes, which were felt to be lacking in effectiveness. One school had been asked by the local authority to take up APAUSE because of high teenage pregnancy rates. The other two

[17] Details on how the schools were selected are given in Section 1.3.3.

had looked at the programme and decided that they liked the content and methods. With the exception of one school, which admitted the provision of funding was a major motive, respondents had all felt real enthusiasm for APAUSE as an SRE scheme, describing it as '*innovative*', '*exciting*' and saying that '*nothing else had the quality, and depth of delivery'*.

4.2 Implementing APAUSE in PSHE

Each school APAUSE coordinator explained how the programme was implemented within their school. In three cases, there were similarities as it was delivered as a discrete element of SRE within the PSHE programme, although in each of these schools there were distinctions:

- One school had its students set by ability[18] for PSHE and it had usually been taught by a specialist team, but this was no longer always possible.
- In another, APAUSE was part of the PSHE programme, which also included citizenship and RE. The coordinator here emphasised that PSHE was regarded as a specialist subject and had strong senior management support.
- The third school taught APAUSE as part of an SRE module, which included their own elements, and this was integrated into a PSHE programme, with specialist teachers. It was begun at the end of Year 8 with a five-week introductory phase on physical terminology, which made use of a computer program.

There was one school which followed the same pattern of teaching SRE as part of a PSHE programme, but this was then integrated into the school's pastoral system and the coordinator explained that the school favoured an '*holistic*' approach and did not regard APAUSE as a '*stand-alone programme*'. Due to timetabling difficulties, APAUSE in Year 9 was delivered in PE lessons and the PE staff were APAUSE trained, while in Year 10 it was led by tutors. A further development was that the school had now taken up the GCSE World Issues syllabus in key stage 4 and this would include APAUSE, as the coursework element involved research on a personal relationship/moral issue such as abortion.

Another approach was taken by a school where APAUSE in Year 9 was delivered in drama lessons and taught by the drama staff, alongside the health professionals and peers. However, in Year 10, it was integrated into the PSHE system, which was delivered by tutors. Here, the coordinator made the point that it worked better in drama than it did in PSHE, perhaps because the teachers were specifically trained and even though they had not originally been very keen to take on APAUSE.

[18] Some schools set students by ability for English and use the same sets for humanities and PSHE.

The final and again rather different model of implementation was the school where APAUSE was part of the tutorial system, but was also taught in RE and science. The coordinator stressed that those delivering APAUSE had all been trained and they had chosen to be involved, it was not imposed on them. He also added that the entire timetable had to be reorganised to fit in APAUSE. Another interviewee at the school confirmed this: *'The fact that we suspend other lessons shows the status and importance it is given'.*

4.3 Teaching SRE and APAUSE

In some schools, more than one teacher delivering APAUSE was interviewed, so the following responses came from 16 teachers. The majority said that they had considerable experience of teaching SRE before they became involved in APAUSE, so they had felt reasonably, or very, confident about it. Four described their experience before APAUSE as limited, or not recent, and they had therefore felt less confident about delivering it. However, whether they regarded themselves as experts or not, all felt that they had benefited from the training.

All of the teachers had found the training '*helpful*' and one also described it as '*good fun'*. Other positive reactions included that it was memorable for its '*open approach and honesty*', it was useful for '*dealing with the embarrassment on both sides'*, the gaining of '*greater medical knowledge made it easier to answer difficult questions'* and it was helpful that they were '*put through each stage, rather than just told about it'*. One of the coordinators, speaking of the six Year 9 staff who had attended training, said that three had been enthusiastic about going, two had been neutral and one had been '*anti*'. By the time they had finished, all had been very positive. In the same school, some of the Year 10 tutors who had received training had moved on to specialise in SRE/PSHE.

There were four teachers who despite general approval expressed some reservations about the training programme. Two from the same school said the initial training had been very beneficial, but the recent training for Year 10 staff had caused some concern. One stated: '*The approach seemed to diverge from the philosophy of APAUSE, the cameos in Year 10 were too explicit, so that students were likely to treat it more lightly'* . He had actually changed one of the modules because he thought it would not work. The other teacher had similar concerns about the Year 10 training and also thought it needed to include more on contraception. Of the other two, one, who claimed not to be very experienced in SRE, said the training: '*filled in the gaps, but the materials they use are so dated'*. The other had enjoyed the initial training and still went each year in order to keep up to date, but '*there comes a point when the spontaneity goes'*, as it changed so little.

4.4 Views on the APAUSE Programme

This particular section deals with the views of all those involved with APAUSE in the schools – teachers, coordinators, senior management, peer educators, students who had received the programme, health professionals and school governors. The questions they were asked ranged across their reactions to the different elements of the programme, what they saw as the helpful and unhelpful aspects, and the cost-effectiveness. These views are reported in the following sub-sections on the various elements of APAUSE.

4.4.1 Peer education

The peer education element in Year 9 was implemented in all six schools and evoked very strong feelings, both positive and negative. As it was widely regarded as one of the most significant parts of the APAUSE programme, it is worth considering in some detail.

Three schools were using peer educators from their own sixth forms and three were using peers from local colleges or other sixth forms. Where the peers were from, had a bearing on how well the system operated, as discussed below. However, as regards general reaction to peer education, opinion was mixed. Four schools, on balance, felt there were more positive than negative aspects and one school reported an entirely negative experience. In the remaining school, the staff were divided, with one teacher claiming it was disastrous, one saying it had worked well, and the coordinator maintaining a neutral position. The main message emerging from this, stated plainly and frequently by school staff, was that: 'When it [peer education] works it is excellent, when it does not, it is absolutely dire'.

The chief difficulties that were mentioned by school staff were:

- If peers came from outside the school, there were often problems with organisation of the peer programme and absence and lateness of peers. In one school, where there were ten classes to cover, the coordinator talked about the *'nightmare of organisation'*. In another, where peer education was described as *'a total disaster'*, two peer groups had never turned up and one of these phoned the school from a pub to say they were not coming. Other groups *'turned up late, delivered as fast as possible and got out'*. One coordinator said it was essential to have alternative lessons prepared, as peers failing to appear was a regular occurrence. One of the school nurses interviewed also reinforced the way in which using external peers caused problems: *'They have transport problems so don't turn up or are late. In some cases the groups of peers may never have met each other as the college is so huge. So they don't gel as a group which causes problems. In a sixth form they will know each other and the dynamics would be totally different'.*
- Lack of preparation was a general problem, with staff pointing out that peers needed to know when to ask for support: *'They need to be 100 per cent clear on their role'.* Some teachers said they would have been happy

to meet briefly with peers before their sessions, just to check that everything was ready, but this was either not possible or had not been welcomed.

- Several teachers complained about peers who *'just read from the script'* and made no attempt to engage the students. Peer educators relying too much on the script was a frequent criticism which was also made by the students receiving the programme (see below). While the importance of the scripts for peers was recognised, there was a difference between using them and being so dependent that they never took their eyes off them.
- Inappropriate behaviour was a strongly voiced criticism from a number of teachers and again, this was more of a problem when peers came from outside the school: *'They chew gum and have poor behaviour. I am not always particularly pleased with their approach and attitude'*. One teacher had been especially perturbed by the insensitive way that a peer group had handled a class, explaining that they were so rude that several students had been left *'distraught'*.
- Inability to control classes and failing to make any impact on them was another general criticism. Teachers agreed that class control was a skill that took time and experience to acquire, but if peer education was to be successful, it should be a major part of their training. One teacher said that some peers showed: *'lack of assertiveness, confidence and skills to handle situations'*. At first, she never used to intervene, but later felt it necessary to do so: *'I couldn't sit through terrible sessions anymore, I felt sorry for both the peers and the class'*. She added: *'It's a huge problem as they are supposed to be teaching students how to be assertive'*.
- A problem referred to by two schools was the lack of continuity caused by different peer groups turning up to take the same class for different sessions. This prevented a good relationship building up and left the students confused.

So, while there were a number of problems that applied generally to peer education, it appeared that there were particular issues if external peers were involved.

However, there was plenty of praise for peer education when it worked successfully. In fact it was the peer element which had encouraged many schools to take up APAUSE in the first place. The principle of peer education was regarded as innovative and potentially, highly beneficial, for both peer educators and the students with whom they were in contact. There was a general belief amongst school staff that students did react better to peers than they would to a teacher giving them the same information: *'Students can relate better to messages coming from those closer to their age'*. Another teacher stated: *'The peer element is the most valuable aspect. They are close in age and have just gone through the same feelings as them'*.

By contrast to the complaints about lack of preparation and class control skills, there was also commendation for peers who were *'well-rehearsed and had no problems with class behaviour'*. One teacher said she had seen the best and the

worst peer sessions in her school and commented: '*Some deliver it brilliantly, they can be very skilful and I've seen some do it better than a teacher'*. There was also an admission from teachers that expecting students, who were usually only 17 years old, to deliver the sessions successfully was asking a lot. As one said: '*Success depends on their ability to deliver, their commitment and ability to engage with the students. It's a lot to ask of them*'.

Much of what was said by the teaching staff was reflected in what the students who had received the Year 9 programme had to say. When they had received good peer sessions, they were enthusiastic about its effects, but if their experience had been poor, they were understandably negative. There was general agreement with the view that they responded better to peers than to adults, with comments such as: *'It was interesting to have somebody more your own age, less embarrassing'; 'It was fun as well as informative. They are just a couple of years older, so they could relate to us quite well'; 'It's easier to discuss with people around your own age, they are less threatening'*.

Other positive reactions which came from the students themselves were:

- that they had learnt a lot about STIs. As one admitted: '*I didn't know much about that before'*.
- the message that it was 'all right to say no' was one they remembered.

One student group that felt generally positive about the effects of peer education, made the point that for some of them, the experience had been embarrassing because there were older siblings amongst the peer group. In their opinion therefore, it was better to have peers from a different school, who did not know them. This of course, ran counter to the schools' experience that having peers from the same school usually worked better.

In two schools the reaction from the students was entirely negative, in one it was largely positive and in the other three it was mixed. The students who had had a positive experience said that the peers '*knew we would feel embarrassed*', so put them at ease: '*They were dead conscious about your feelings*'. Unfortunately, a lot of the students remembered the peer sessions for the wrong reasons and felt that their expectations had not been met. Their comments included:

> *It was a waste of time. They tried to use our language, but they were just rude.*
>
> *They just read from a script and laughed at each other.*
>
> *We didn't like it when they didn't turn up and the teacher had to do what they should have done.*
>
> *They were not very confident and kept getting the words wrong.*

Lack of confidence and an inability to build a relationship with a class meant that the message the peers were trying to get across was diluted, or failed entirely. The students that felt most negative about their peer education experience were also those that said the lessons had made no impact on them.

A final point to be made about the student response was that even when they had enjoyed the sessions and felt they could relate to the peers, some were sceptical about how much lasting impact it had on them: '*We might talk about things for ten minutes after the session, but then we forget about it'*. Another student made an interesting contribution to the debate about the relative effect of peers and adults: *'We can relate to them better, but they don't have the same experience as someone a lot older'*.

The other important contributors to the evaluation of this part of the programme, were the peer educators themselves. They were positive about the effects on themselves of having been involved, but were rather divided as to the impact on the students. Their reasons for becoming involved were a mixture of self-interest and altruism, as most admitted they thought volunteering would look impressive on UCAS forms and CVs, or would be a better alternative to work experience. However, some said they had found their own lessons in Year 9 very helpful and wanted to do the same for others, or they liked '*helping younger students*'. Several also said they thought volunteering was an opportunity to see '*what it was like to be a teacher'*. The reasons for becoming a peer educator were important in the light of what some teachers had said about poor motivation and commitment. One school APAUSE coordinator said she had heard that in some colleges, peers were chosen by their tutors rather than volunteering, but this was not the case with any that we interviewed.

The main challenges that peers had faced were:

- travelling and missing lessons for those who were not resident in the schools
- having to deal with difficult or unresponsive classes
- finding the time to go to the training sessions and prepare properly
- the training course not meeting their needs.

The peer educators had felt particularly positive about:

- some aspects of their training courses
- the quality of the scripts, which one described as '*brilliant*' and others said they could not have managed without
- interacting with the classes and building up a relationship of trust
- believing that what they were doing was of real benefit for younger students: '*They will have better understanding'*

- gaining self-confidence and new skills as a result of the training and experience.

Some peers thought that, although the scripts were good, they were too prescriptive and '*a bit of imagination was needed too'*. Others said that they had been free to adapt the wording as necessary. There was a general feeling that some sort of recognition for being a peer educator was a good thing. Some had received certificates, although there was no formal assessment procedure. In one area, they had also been given £15 tokens, which had been appreciated. If they came from the schools where they were delivering, there had usually been some feedback from the teachers after the sessions and this had been helpful. If they were external peers, contact with staff was often minimal and there was not much of a support system.

4.4.2 Peer training and accreditation

The issue of peer training and accreditation was one which brought conflicting views and would seem to be of great importance if peer education is to work effectively.

The teaching staff in schools where the peer programme had not worked well, thought that more attention needed to be given to the training courses. One teacher remarked: '*Some* [peers] *are so terrible; I can't believe they are trained'*. Others commented on lack of confidence and skills, which they assumed was due to poor training or the failure of trainers to make sure the peers realised what was appropriate behaviour in a school.

The peers themselves held differing views about the value of their training courses. Some said it had been '*stimulating and interesting'*, and they praised the trainers for making it so. Others said the training '*had been fun',* as well as thorough and they had learnt class management skills. On the other hand, another group complained that the training had been '*patronising*' and they had not finished going through the sessions, so they felt under-prepared, yet one peer said the training was too long (spread over two days) and too much of it was spent on arguments between the trainers and students.

One other issue with training mentioned by two groups was the time lag between when they completed their training and when they delivered their sessions. In one area this was as long as three months, which meant they needed some 'refresher training' before they took the classes.

The formal peer accreditation scheme was being run by two of the schools, although none of the peers interviewed had been involved. In one of the schools doing the accreditation, all three specialist PSHE staff had received assessor training and the school coordinator thought the criteria for observation were good and it was valuable to have a record of how the peer sessions went. He did say, however, that there was insufficient time built into the process and it would have been helpful to have had a discussion with the peers after the session observed, to find out how they felt it had gone. The

other school involved in the accreditation was quite contemptuous about it, stating that the relevant staff had received 15 minutes training at the end of a staff meeting, the evaluation sheet was not long enough for writing comments and the peers were totally unprepared for assessment, to the extent that they demanded to know why the interviewee was writing notes about them. The evaluation sheets had never been collected by anyone.

It would seem that a well-organised and thorough accreditation process would be welcomed by both the peers and school staff. It would also help to ensure standardisation in the peer training system and a more rigorous method of recruiting peers. The peer educators that were interviewed were genuinely enthusiastic and well-motivated; indeed, one said that the training he had been at, had weeded out those who were not really committed. However, the experiences recounted by some teachers suggested this was not true of all peers. Better procedures for recruitment and training would perhaps go some way towards tackling the difficulties that schools had found with the peer education element of APAUSE, although it would not deal with the organisational problems of schools that used external peers. Teacher support for the peer education part of the programme was strong, as long as it worked well. Its advantages and disadvantages were summed up by one deputy head who also taught the APAUSE programme: '*If the students like them* [the peers] *and they are confident, then they are great. If they are rubbish, the students feel insulted*'.

4.4.3 Adult-led sessions

The adult-led element of APAUSE, delivered in Years 9 and 10, was, like the peer element, regarded as a distinctive and valuable part of the programme. The attitude towards it was also very similar, that is, that the ideas of partnership and team teaching were very attractive, but this was only beneficial if it worked properly. The schools had found fewer problems with this element and most teachers and health professionals were enthusiastic about it.

All the schools were using school nurses and there was one doctor, as well as nurses from a local genito-urinary unit involved too. Only one school had had a largely negative experience with health professionals, while most thought the benefits outweighed any disadvantages. The benefits were seen as:

- The development of partnership working between teachers and health professionals which was referred to by nearly all of those involved and described by one teacher as '*the main benefit of the APAUSE programme*'. School staff talked about the advantage of having '*a specialist who can answer the questions that the teacher can't*'; and how '*They have the professional knowledge and give students greater awareness*'. Another said that having two people co-teaching: '*adds liveliness to sessions and makes the children feel more relaxed*'. The health professionals too spoke of the value of building a good relationship with the school team teaching APAUSE, how partnership working enabled them to learn from each other

and how they were able '*to complement each other on classroom management*'. One health professional described how: '*the relationship with the school is excellent, they value the school nurse as part of the community*', while a teacher expressed the view that the great strength of APAUSE was the variety provided by the combination of teachers, peers and health professionals.

- In one school particularly, the teachers thought that the joint approach of a health professional and a teacher in the classroom was important because the teacher, especially as a form tutor, was a disciplinary figure to the tutor group and therefore not the right person to deal with SRE. The benefit of health professionals was that they are from outside the school, '*which is more appropriate for SRE*'. One tutor said that this arrangement enabled him to '*take a back seat*' and just deal with any behaviour problems. This did imply that this was not genuine team-teaching, although it could still be seen as a partnership. The tutor's view was supported by the students from the school, who said that having a nurse was much better than having these lessons with the tutor; one added, '*To talk about sex with your teachers is wrong*'. The health professional also reinforced this point, stating: '*Tutors have an authoritarian role in the classroom that doesn't work in SRE and they can't be seen to lose that role for one lesson every now and then*'.
- The health professionals were usually seen by the students as experts whose knowledge could be relied on, and they were generally treated with respect and attention. One group of students said: '*The nurse was much better than the peers, she was properly trained; we had more respect for her*'. In a different school, the same comment was made about the health professional having '*authority and respect*', and one student added: '*The nurse was really good, it was more like a professional. She was really down to earth as well. She was dead front on and confident*'.
- Many of the students said that they felt they had learned something, or even '*a lot*' from the health professional sessions. Several student groups mentioned STIs as an area of knowledge that had been opened up to them, while the opportunity to ask questions of an 'expert' was especially valued by classes. One student remembered that '*they were friendly and nice and had loads of information*', while another said, '*You could ask them questions and be taken seriously*'.
- Some students, usually boys, maintained that they knew it all already, but teachers thought that the reaction of most students was favourable.

The challenges which had arisen in relation to the adult-led element were:

- Although there was far less of a problem than there had been with the peer educators, some teachers referred to problems caused by health professionals being absent. Usually this was unavoidable and there was a good reason, but in one school the health professional had simply not turned up and the teacher had to take the lesson herself. This undermined the whole idea of a partnership, as the students' response was: '*Why do we need a nurse?*'

- Almost every teacher mentioned the issue of continuity and the importance of having the same health professional for each session. Unfortunately, for organisational reasons, this was not always possible and in schools where SRE was timetabled at the same time for all tutor groups, finding as many as nine nurses to come to the school at the same time was a real problem.
- Most health professionals made the point that the sessions only worked well if the trained teacher was there in the class. Staff absence was bound to occur sometimes, but if a supply teacher was with the class, then usually '*it was a waste of time*'.
- Insufficient time was a problem also referred to by many. Both teachers and health professionals said this was a particular problem in relation to joint preparation for lessons. One teacher stated: '*We can't sit down together beforehand to plan who will do what during a session*'. While this problem was accepted as unavoidable, given the time pressures for both teachers and health professionals, there was a sense that the system would work better if such time was available. Several nurses also felt that the sessions were often too rushed and that discussions, which formed an important part of the lessons, had to be cut short.
- There were some teachers who felt the co-teaching partnership did not work properly because some health professionals were not reliable, but also some health professionals who blamed some teachers for not playing their full part. One school complained about a health professional who had not prepared and just read the 'script', while on another occasion no-one came at all. The interviewee added that in theory, partnership with health professionals should '*raise the status of what was being delivered, but in practice it wasn't delivered properly. The staff had to go over the same ground afterwards to rectify it*'. Other teachers made similar criticisms: '*Some are excellent, but some are less confident and stick rigidly to the script. If it's a fifty-fifty partnership with the teacher it works well, but it depends on who we get*'. Interestingly, some of the health professionals made exactly the same points in relation to teachers: '*Some teachers don't do much. More often than not, they haven't got a clue, they haven't developed true team teaching*'. Another health professional commented: '*It needs to be a true partnership and co-delivered, not one-sided. Some are not confident, even after training, and rely heavily on the health professional*'. By contrast, one coordinator gave his view on this situation as: '*Some health professionals want to do it all and see teachers as the disciplinary body only. Others expect the teacher to do most of it and only chip in when asked for professional input*'.

Such criticisms from both sides were not really surprising, given that team-teaching between different professions is still unusual, but it probably also reflects the problem of insufficient time for the teachers and health professionals to meet together, establish a genuine partnership and clarify their expectations. The balance of opinion on both sides was still positive about the benefits of co-teaching.

Two other points raised related to the content of the adult-led programme. The teachers in one school complained that: '*The format is old now, we* [the health professional and teacher] *often abandon the format and make up our own stories and examples, students don't believe them otherwise*'. While this was a criticism of some of the content of the existing programme, it was also a good example of effective co-operation on how to plan and co-teach. The other concern came from a school nurse who knew the background of the students and was aware that some would have '*a terrible time*' dealing with the content of APAUSE. She added that: '*there is an assumption that everyone is OK to talk about sex*', but she knew that for some students it was a painful experience, especially if they had no choice about participating in role plays.

The final comment on this part of the programme related to a question that the teaching staff were asked about whether they thought there was a difference in the reaction of Year 9 and Year 10 classes. Two teachers (from different schools), thought that there was a better response from boys in Year 10 because they were not quite so immature. However, in another school, the coordinator said that the programme worked better in Year 9 when it was led by trained staff, rather than Year 10 when it was done by tutors. He did add that although the tutors received training, because there were so many of them, time pressures meant they only had two hours of training each. The other interviewees did not think there was much difference between the year groups, rather the success of the programme depended on how well each individual teaching partnership worked.

4.4.4 The Year 10 drama programme

Two of the schools visited had taken part in the Year 10 drama pilot. One had become involved because they wanted '*to try something different, a new approach*', as they had been doing APAUSE for a long time. The school also had an advanced skills teacher in drama, who was interested in using drama in a new context. The other school said they had been asked to pilot this addition to APAUSE.

One school had 20 GCSE students who were trained. The training was described as '*very thorough*', consisting of five lessons and two twilight sessions. The drama teacher was enthusiastic about the training, which was '*delivered brilliantly, the students really learned and understood it*'. There was a strongly positive reaction to the delivery of the drama, which was performed by ten students. The Year 10 staff considered that it had '*worked well and been a great success*', while the drama students had also enjoyed it and got a lot out of it. Both the school APAUSE coordinator and the APAUSE teachers felt that this had been more successful than the peer sessions (they used external peers); in their view, the thorough training had played an important part in the pilot's success. They hoped to include the drama in their programme in the following school year (2003-4).

In the other school, 30 Year 11 GCSE drama students were involved and received training for one day on site. They had performed successfully and the

Year 10 audience had '*reacted well and been amused'*. However, the school APAUSE coordinator did not think that there was any real impact on the audience, who regarded it as '*entertainment*'. The impact was greater on the drama students who had increased their skills. He did point out that a difficulty was the closeness in age and often family relationship between Year 11 and Year 10 students, which made it harder for the performers to be taken seriously. Despite this, the school intended to use the drama element again in the following year, but possibly in a different way (it was not specified how this would be done).

4.4.5 Year 11 questionnaire

The questionnaire was completed by students in five schools, although one school was only in the first year of delivering the programme. One school which had not done it so far, said that they would in future. All the schools that had done the questionnaire said that their lower-ability students struggled to finish it, and, as one commented: *'They don't always understand what they are answering'*. One coordinator thought that a special needs version could be helpful. Three schools felt that the questionnaire was too long and a shorter version would be easier to complete. One coordinator thought it was helpful *'for thinking back on what has been learnt';* while another commented that the students '*had been shocked by the questions and needed reassurance as to who would read them'*.

4.4 6 Helpful and unhelpful aspects of APAUSE

The views of teaching staff and health professionals are included in this section. The most helpful aspects of APAUSE were seen as:

- partnership between schools and health professionals and the expert input of health professionals: '*They are a big plus for the APAUSE programme*'.
- the principle of peer education when it was done well.

Other helpful aspects, each mentioned by several respondents, were:

- structured lessons with continuity and progression
- up-to-date information for young people (information on contraception was considered particularly helpful).
- materials already available so teachers did not have to design them
- training for teachers
- evaluation, so schools received feedback on the effectiveness of the programme.

Individual respondents described APAUSE as a '*quality programme, well-thought through and interesting*', and said that:

- *'It gets over knowledge within a values context without too much moralism'.*
- *'It allows young people to talk about sex in a controlled atmosphere'*
- *'It gives powerful messages which students would not get otherwise'.*

The unhelpful aspects of the programme were thought to be:

- peer education when it did not work well (this comment was made by almost everyone)
- some of the stories/scenarios used in the programme were weak and unrealistic and some strategies, such as labelling parts on diagrams, were dated (comments made by three people)
- there were too many scientific terms that young people would not use (one teacher).

4.4.7 Cost-effectiveness

When asked about the cost-effectiveness of the APAUSE programme, the most common response was *'I don't know'*, or *'I'm not sure'*. Two coordinators added that they did not know how it could be measured. What would be the time span necessary to measure change, and if teenage pregnancy rates fell, how would causality be decided? One school nurse did not think it was cost effective, but another one did, basing her reply on an estimation that it cost £1,500 for one school. Three staff from different schools said that the programme was cost-effective, but only because the training was provided free to their school.

4.4.8 Suitability for diverse groups

There were five schools that commented on the suitability of the programme for different educational needs. All of them thought that the programme tended to be more suitable for higher-ability students, but this was not a particular problem because they could adapt it to allow for differentiation. Group work also meant that all abilities *'could be absorbed'*. One coordinator thought that students at risk of exclusion needed a more tailored programme.
Schools in areas of high ethnic diversity had faced problems, for example sometimes students were withdrawn from classes. The nurse in one school said she thought, *'some Muslim parents would be appalled'*, if they knew the whole content of the programme. One teacher said that Asian students, who found the lessons alien to their tradition, *'make themselves mentally absent'* and in another school, a teacher said that: *'A lot of Asian students switch off because they are going to have an arranged marriage'*. However, a comment from one coordinator was that APAUSE provided an important service for those from recently-arrived immigrant communities because it allowed them to ask questions which would not have been possible otherwise. One school nurse also said that she was now seeing Asian girls at a drop-in centre, which

was a '*huge risk for them*', but showed that APAUSE had built up an atmosphere of trust.

4.5 Impact of APAUSE

There was only one school where the staff thought there had been no beneficial impact at all, although this was the school that had been using the programme for only one year. The others could all point to some positive impact, with four of them showing particular enthusiasm. The main impacts on schools and staff were stated as:

- The partnership between schools and health professionals and a collegiate approach within a school encouraged co-operation, exchange of ideas and an innovative attitude. Where partnerships already existed, APAUSE had strengthened and formalised them
- There had been a positive impact on staff professional development; the skills and knowledge acquired were often transferable to other areas of teaching and learning
- PHSE and SRE had gained higher status in schools.

On students, the main impacts had been:

- Assertiveness skills, awareness, knowledge (especially of STIs), decision-making skills and self-confidence had all increased
- There was a realisation that relationships are an important part of life and can be discussed openly
- The demolition of myths had been an important service to students
- There was much greater awareness of how and where to access services. Most nurses reported an increase in numbers attending drop-in centres and one school said students now came to staff if they thought they were pregnant or had contracted an STI
- Although two schools did not agree, in four schools, staff thought there had been an impact on attitudes. One had used its own evaluation process to come to this decision, while the others said it was '*a feeling*'
- The programme was popular and captured student interest. One coordinator pointed out that: '*in 60 lessons in Year 9, not one child was sent out*'.
- Peer educators who developed successfully gained a lot in confidence and skills.

For health professionals there had been an impact in that:

- Their status within schools had been raised and they were now seen as a source of expert information on various issues

- They were now more familiar figures and were getting more referrals.

As a final word on impact, the health professional interviewed in one area thought that the programme had delayed sexual activity in boys under 16 and had contributed to a fall in teenage pregnancy rates, although she had no hard evidence on which to base this opinion.

The impact of APAUSE is discussed in more detail in Chapter 5.

4.6 Continuation and Sustainability

Three schools said that they definitely hoped to continue with the APAUSE programme, as long as funding was still available. In one of these, the coordinator commented that, *'I could not imagine the pastoral programme without it'*, while in another school it was claimed that there would be great disappointment if they did not continue, as APAUSE was *'a very valuable programme'*. This school said they would carry on with just the trained teachers and without the health professionals if necessary, although this would detract considerably from the impact.

Two schools said that they intended to continue this year (2003-4), but would then review the situation. In one of these, continuation in the long term would depend on staff turnover and the external funding issue, while in the other, the decision would be based on whether the programme worked more successfully, as well as whether funding was still available.
The sixth school was also continuing this year, but was *'not sure how much longer we'll use it'*. The coordinator added they would certainly be unlikely to continue, *'if we had to pay for it'*, but they were also concerned that recent revisions to the content of the programme had not been sufficient and so, *'the material was dated and lacked flexibility'*.

In all the schools, attitudes to the sustainability of the programme were linked to the question of external funding and uncertainty caused by rumours about funding. One school thought the LEA coordinator would no longer be funded after this year, so there would be no-one to recruit peers or organise the programme, and another said that their area was in its last year of teenage pregnancy funding. However positive they were about APAUSE, none of the schools thought they would be able to fund it themselves.

To summarise the responses of the case-study schools therefore, the overall opinion was that the advantages of the APAUSE programme outweighed any disadvantages. There was one school that was particularly disillusioned because of their experiences, but even here, they were prepared to try the programme for longer to see if they got better results. The elements of the programme that were perceived as the most innovative and worthwhile, that is, the peer education and the partnership with health professionals, were also the most risk-laden. When they worked well, they made an impressive impact, but if they did not work properly, they caused annoyance and disappointment and

so undermined the entire programme. Collaboration with the health professionals was felt to work effectively in most cases, but the two major problems with peer education were associated with the recruitment and training procedures and the difficulties caused by having to use external peers. While a well-monitored programme of training and assessment could go a long way towards solving the current problems, there was little that could be done about the logistical difficulties involved in the use of external peers.

In conclusion, it would probably be an accurate reflection of the views expressed by the majority of those interviewed, to use the comment made by one school coordinator, that APAUSE '*is a good quality research-based programme. It is monitored and evaluated – no other programme can offer that*'.

5. ANALYSIS OF APAUSE DATA

Based on their own analysis of the Year 11 questionnaire data, the Exeter team claim that APAUSE has a positive impact on the young people participating in the programme. Specifically, the document entitled '*Curriculum Models of APAUSE*' (Department of Child Health, 2002) states that students who participate:

- are more knowledgeable about sexual health
- have altered their beliefs
- are less likely to have had sexual intercourse by the age of 16
- are nearly twice as likely to rate their sex education as 'OK'.

The Year 11 and Year 9 data was made available to NFER and this chapter reports on the independent analysis conducted by NFER statisticians. It also, where appropriate, compares our findings to those of the Exeter team.

5.1 Analysis Undertaken

Analysis of 2002 and 2003 Year 11 questionnaire data

Year 11 questionnaire data for 2002 and 2003 was analysed. In each year, responses of the APAUSE group were compared with those from the comparison group. The APAUSE group consisted of Year 11 students from schools which had been involved in the programme for two or more years at the point of questionnaire completion (meaning that those students would have experienced the main Year 9 elements of the programme). The comparison group consisted of schools which had only recently joined the programme, and thus the Year 11 students who had completed the questionnaire would not have taken part in the APAUSE elements designed for Years 9 and 10. The comparison group also included schools which were not involved in the overall programme, but used the Year 11 questionnaire for their own interest. The total number of schools and students in APAUSE and comparison groups (in both 2002 and 2003 data) is presented in Table 5.1 below.

Table 5.1 Schools and students in Year 11 surveys

Schools/students participating	2002		2003	
	Schools	**Students**	**Schools**	**Students**
Schools in the APAUSE group/APAUSE students	22	3194	35	4673
Comparison schools/students	70	8842	76	9454
Total number of schools/students	92	12,036	111	14,127
% of schools in APAUSE group/APAUSE students	24	26	32	33

Data for 2002 and 2003 was analysed separately, but findings were compared in order to detect any change. If differences between APAUSE and comparison students are consistently significant across the two years, this is strong evidence that involvement in APAUSE is linked to differences in knowledge, attitude and/or behaviour. The questionnaires for 2002 and 2003 were fairly similar: there were some additional questions in the 2003 survey and some slight changes to the way questions were worded, but essentially the analysis was the same.

Datasets for 2000 and 2001 were available to NFER. However, as the 2002 and 2003 datasets were the largest, with the largest number of APAUSE schools, it was considered unlikely that comparable analysis of earlier questionnaires would yield any additional information. Moreover, the students in Year 11 in 2000/2001 would have been in Year 9 in 1998/1999, four years before the evaluation took place; it could be argued that detailed analysis of data collected that far back in time would have been of less relevance. In addition, there is less consistency between 2001 and 2002 questionnaires, which would have made comparability more difficult. Thus, it was considered most appropriate to focus the analysis of 2002 and 2003 data.

Outcomes investigated

The outcomes investigated were split into three different categories: knowledge-related, attitudinal and behavioural (sexual activity).

Knowledge was a single score obtained by adding the scores gained in the knowledge-related items on the Year 11 survey. For instance, students were invited to tick ‘true’, ‘false’ or ‘don’t know’ in response to items such as ‘*A girl cannot get pregnant the first time she has sexual intercourse*’ and ‘*More than half of all teenagers have had sexual intercourse before they are 16*’. For a complete list of items, see Appendix II.

Attitudinal measures were obtained by applying factor analysis[19] to the relevant items in the Year 11 questionnaire. Students were asked to report the strength of their agreement[20] in relation to a number of attitudinal items, including '*I think it is better to wait until at least 16 before having full sex*' and '*If you fancy someone, that is a good enough reason for having sex*'. For a complete list of items, see Appendix II. Five factors were identified and investigated.

Behavioural variables, four in total, were each derived from responses to one or two items in the Year 11 survey. These included, '*Have you ever had sex without contraception?*' For a complete list of items, see Appendix I.

These ten outcomes are summarised in Table 5.2 below. Full details of the items on which these were based are given in Appendix II, which includes tables showing item-level differences.

Table 5.2 Outcomes investigated

Type of outcome	Variable/Factor description
KNOWLEDGE-RELATED	Knowledge Score
ATTITUDINAL (Factor analysis outcomes)	Immature attitude towards sex
	Responsible attitude towards sex
	Embarrassed attitude toward sex
	Positive attitude towards sex education
	Helpfulness of sex education
BEHAVIOURAL	Has had sex
	Has had unprotected sex
	Has had regretted sex
	Used effective contraception

Background variables

A large number of background variables were included, and controlled for in the analysis, as it was thought that they might help to explain differences in student responses.

School-level variables included were whether the school was single-sex or mixed, whether it had a sixth form, and the percentage of students eligible for free school meals (FSM), as well as the extent of its involvement in APAUSE.

[19] Factor analysis is a statistical technique used to group items which correlate highly with one another. Such correlations imply that the items concerned could be measuring aspects of the same underlying issues, which are known as factors.

[20] Students could respond to 'strongly agree', 'agree', 'disagree', or 'strongly disagree'.

Student-level variables included gender, ethnicity, age (in months) and how many GCSEs were being taken (as a surrogate for ability). Responses to many other items in the Year 11 questionnaire were used as background variables: for a complete list, see Appendix I.

Multilevel modelling[21] was used to determine whether, after allowing for these factors, there were significant differences between students in APAUSE and other schools.

'Longitudinal' Analysis of 2000-2003 data

It is theoretically possible that differences found between APAUSE and other schools could be due to characteristics which the APAUSE schools have in common (other than their involvement in APAUSE, and the background variables taken into account). Therefore, in order to establish whether differences were really due to APAUSE, a further analysis was carried out. The methodology was the same, but the analysis was confined to APAUSE schools.

The responses of Year 11 students who had experienced the APAUSE programme (i.e. their schools had been involved when the students were in Year 9) were compared with the responses of students *in the same schools* who did not experience APAUSE (i.e. students who were in Year 9 in these schools before APAUSE came into effect). The earliest dataset available to NFER when this analysis was undertaken was from 2000, so in order to include some Year 11 students who had not experienced APAUSE, the analysis was confined to schools joining the programme in 1998/1999 or later.

The longitudinal analysis combines information from four years of questionnaires. Due to inconsistencies between them it was not possible to use the same range of background variables as in the main analyses described above. For this reason, findings indicating the effect of various background characteristics are not comparable with the 2002 and 2003 analyses. It was possible to explore only four of the ten outcomes defined above (three attitudinal and one behavioural):

- perception of helpfulness of sex education
- positive attitude towards sex education
- immature attitude towards sex
- whether the student had had sex.

[21] Multilevel modelling is a form of linear regression which takes into account the fact that data is grouped into similar clusters at different levels. For example, individual students are grouped into year groups or cohorts, and these cohorts are grouped within schools. There may be more in common between students in the same cohort than with other cohorts, and there may be elements of similarity between different cohorts in the same school. Multilevel modelling allows us to take account of this hierarchical structure of the data; it therefore produces more accurate predictions, as well as estimates of the differences between students, between cohorts and between schools.

However, a consistent effect of APAUSE demonstrated in the 2002, 2003 and 'longitudinal' analyses would be very strong evidence for the impact of the programme.

Comparison of Year 11 data with Year 9 data

APAUSE students are asked to complete a questionnaire (including knowledge questions) before and after both peer- and adult-led sessions. We understand that there is no usable Year 9 data for 2000 (it was not collated by the APAUSE team) and therefore it was not possible to compare the 2002 Year 11 data with Year 9 data for the same cohorts. Year 9 data for 2001 was available, although the data related to the peer programme came from only six schools.

Only two of the questions on the surveys that related to the adult-led sessions, and one on the peer-related questionnaires, appeared also on the Year 11 questionnaire. Moreover, for only one question was there available data for all three time periods (i.e. before APAUSE in Year 9, after APAUSE in Year 9 and Year 11), and thus the analysis was very limited. However, some conclusions can be drawn from the findings (see below). The questions explored were three true/false items:

- A girl cannot get pregnant the first time she has sexual intercourse (false). (Data only available for after Year 9 adult sessions, and Year 11)
- If you had unprotected sex on a Friday night, emergency contraception would work if you took it on Monday night (true). (Data only available for after Year 9 adult sessions and Year 11)
- More than half of all teenagers have had sexual intercourse before they are 16 (false). (Data available for before and after Year 9 peer sessions and Year 11).

Incidence of conceptions and terminations

The specified outcome indicators for APAUSE include 'incidence of conceptions and terminations'. Relevant data is not available at school level, but we planned to look at LEA-level trends, to see if there were any noticeable differences between areas where APAUSE had been implemented and others. Unfortunately, it emerged that APAUSE had been running sufficiently long enough to have an impact in only three LEAs. It was therefore not possible to pursue this investigation further.

5.2 Findings from Analysis of the APAUSE Data

The key findings from the analyses are reported below in three main sub-sections: knowledge, attitudes and behaviour. The findings from the main 2003 analysis are reported, and any differences in the 2002 findings are noted.

Findings from the ‘longitudinal’ analysis, and the Year 9-Year 11 comparison are also reported when they yield confirmatory or conflicting evidence.

A number of figures are presented to illustrate significant findings. The variable names abbreviated in the figures are listed in full in the tables below. Where findings are described in the text, the variable names shown in the figures are indicated in brackets in italics for clarification. For a full list of all variables, including those which were not found to be significant, see Appendix I.

School-level variables

Variable Name	Description
Apause	In an APAUSE school
Girlsch	Girls’ school
Pcfsm	*Percentage eligibility for free school meals*
Schdrink	*Proportion of students in school who drink (of those that answered questionnaire)*

Pupil-level variables

Variable Name	Description
Asian	Asian
Black	Black
Catholic	Catholic upbringing
Citysub	Live in a city or suburb
Dontown	Parents don’t own house
Drink	Drink alcohol
Drinklot	Drink alcohol often
Drunk	Got drunk in the last month
Drunkgrp	*Extent of drunkeness in year group*
Eal	English as an additional language
Earlylrn	Taught sex education prior to Year 7
Ethmiss	Ethnicity unknown
Fathnot	Father not living at home
Female	Female
Femapau	Interaction (females in APAUSE programme)
Femsis	*Interaction (number of sisters that a female student has)*
Firstmar	Parents in first marriage
Fpaid	Father in paid work
**Friends*	*Susceptibility to peer pressure*
Friendtr	Friends in trouble with police
Howfar	*Extent of sexual activity*
Mothnot	Mother not living at home
Mpaid	Mother in paid work
Muslim	Muslim upbringing
Numbro	*Number of brothers*
Numgcse	*Number of GCSEs being taken*
Numoth	*Number of other qualifications being taken*

Numsis	*Number of sisters*
Other	Other ethnicity
Otherreg	Other religious upbringing (non-Christian)
**Parents*	*How strict are parents*
Qualyr1	Want to do 1-year post-16 course (not A-levels)
Qualyr2	Want to do 2-year post-16 course (not A-levels)
Regpar	Religious parents
Reliback	Brought up with religious background
Relistno	Strongly disagree with ‘I am religious’
Relistro	Strongly agree with ‘I am religious’
Reliyes	Agree with ‘I am religious’
Roughold	*Rough measure of age in months*
Rural	Live in the countryside
Seassls	Taught lots/some about assertiveness
Sebabya	Had a pretend baby to look after
Secondom	Shown how to use condom
Secontl	Taught lots about contraception
Sedrama	Drama in sex education by Year 11 students
Seemerg	Discussed emergency contraception
Sefactl	Taught lots of facts about sexual intercourse
Sefpls	Taught lots/some about local family planning
**Selfest*	*Low self-esteem/less assertive*
Semorls	Taught lots/some about morals
Sesings	Single-sex SE sometimes or more often
Sestdl	Taught lots on sexually transmitted diseases in Year 11
Smdrgfri	*Extent of smoking and drinking amongst friends*
Smdrgyr	*Extent of smoking and drinking amongst year group*
Smoke	Smokes
**Superv*	*Parental supervision*
**Talk*	*Talking to parents (about sex and other things)*
Timesch	*Which year joined school*
Village	Live in a village
Wantjob	Hope to get a job (rather than FE)
Wantuni	Hope to go to university

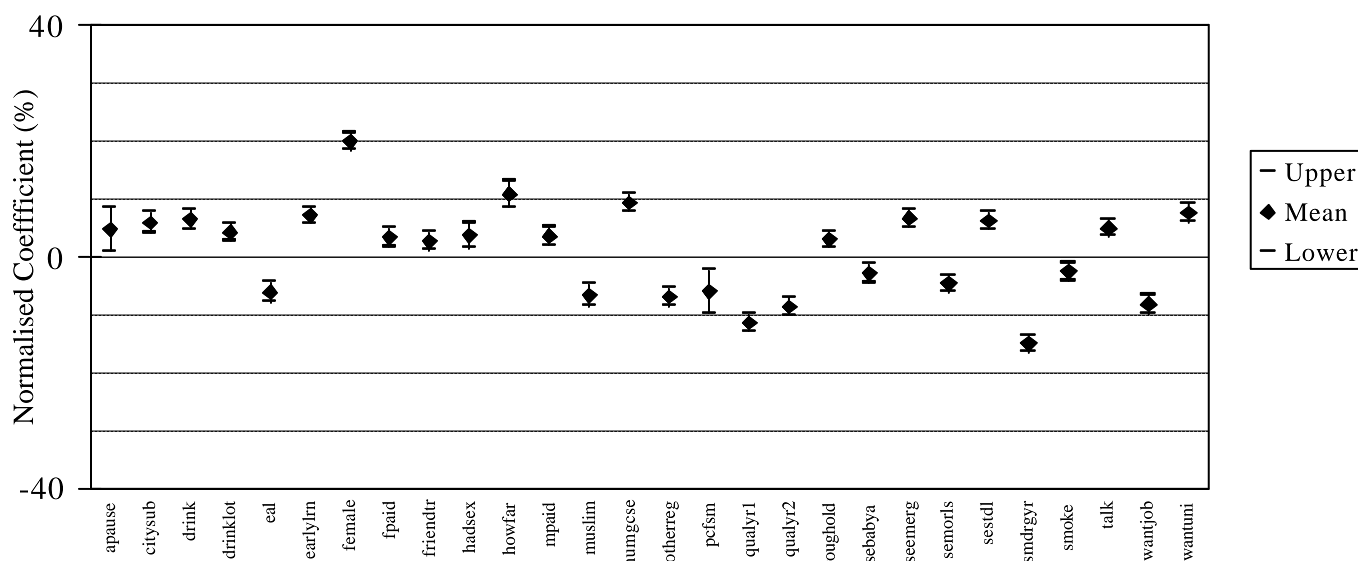
Variables marked * are derived from responses to a group of related items on the Year 11 questionnaire. These and other items in italics are continuous (numeric) variables, the rest are binary (yes/no) indicators.

5.2.1 Knowledge

Figure 5.1 shows the variables which had a significant impact on students' knowledge.[22] Variables represented by a bar above the central line had a positive impact, those below the line had a negative impact. The further the bar is from the horizontal line, the stronger the impact of the variable concerned.

[22] See Appendix I for a list of items included in the knowledge score, and for a full description of the background variables.

Figure 5.1 Variables impacting on knowledge



As shown in Figure 5.1, the factor with the greatest impact on knowledge was gender – girls scored much higher than boys *(female)*. Not surprisingly, ability (represented by the number of GCSEs to be taken, and the desire to go to university) also had an impact *(numgcse* and *wantuni)*, as did sexual experience – those with greater experience of sex knew more about it *(howfar)*. Students who had discussed emergency contraception *(seemerg)*, and been taught lots about STIs in Year 11 *(sestdl)* gained higher scores. Again, this is not surprising as both topics are included in the knowledge questions.

Other factors positively associated with knowledge scores included living in a city or suburb *(citysub)*, being able to talk to parents (about personal issues, including sex) *(talk)*, drinking alcohol *(drink)* and starting sex education in primary school *(earlylrn)*.

However, students in a year group where a substantial proportion of other students smoked and drank, had considerably less knowledge than average *(smdrgyr)*. Other factors negatively associated with knowledge scores included having English as an additional language *(EAL)*, being Muslim *(Muslim)* or belonging to any other non-Christian religion *(otherreg)*, and attending a school where a high proportion of students were eligible for free school meals *(pcfsm)*.

After controlling for these and other factors, APAUSE students had higher knowledge scores overall than comparison students *(apause)*. Details of comparative scores on individual knowledge items are provided in Appendix II, Tables A1-A3.

The findings are consistent with the conclusion of Kay *et al.* (2002) that the proportion of students correctly answering questions about contraception and STIs was higher in programme schools.

The comparison of the 2003 Year 11 APAUSE cohort with the same cohort of students who were in Year 9 in 2001 resulted in the following key findings relating to knowledge:

- After Year 9 APAUSE sessions, 88 per cent knew that a girl can get pregnant the first time they have sex; 91 per cent answered this correctly in Year 11, indicating knowledge had been sustained.
- After the Year 9 sessions, 54 per cent knew that if you had unprotected sex on a Friday night, emergency contraception would still work on the following Monday morning; 44 per cent got this correct in Year 11, suggesting a decline in knowledge.
- Before APAUSE sessions in Year 9, 50 per cent of APAUSE students knew that most young people under the age of 16 had not had sex; the proportion increased to 69 per cent after the Year 9 peer-led sessions, suggesting they had an impact.[23] By Year 11, although this figure declined to 61 per cent, this was still a larger proportion than was the case prior to APAUSE in Year 9.

An increase in knowledge over time might be expected, so without a comparison group it is impossible to tell whether these longitudinal findings reflect the residual impact of APAUSE, or the maturation of the students concerned.

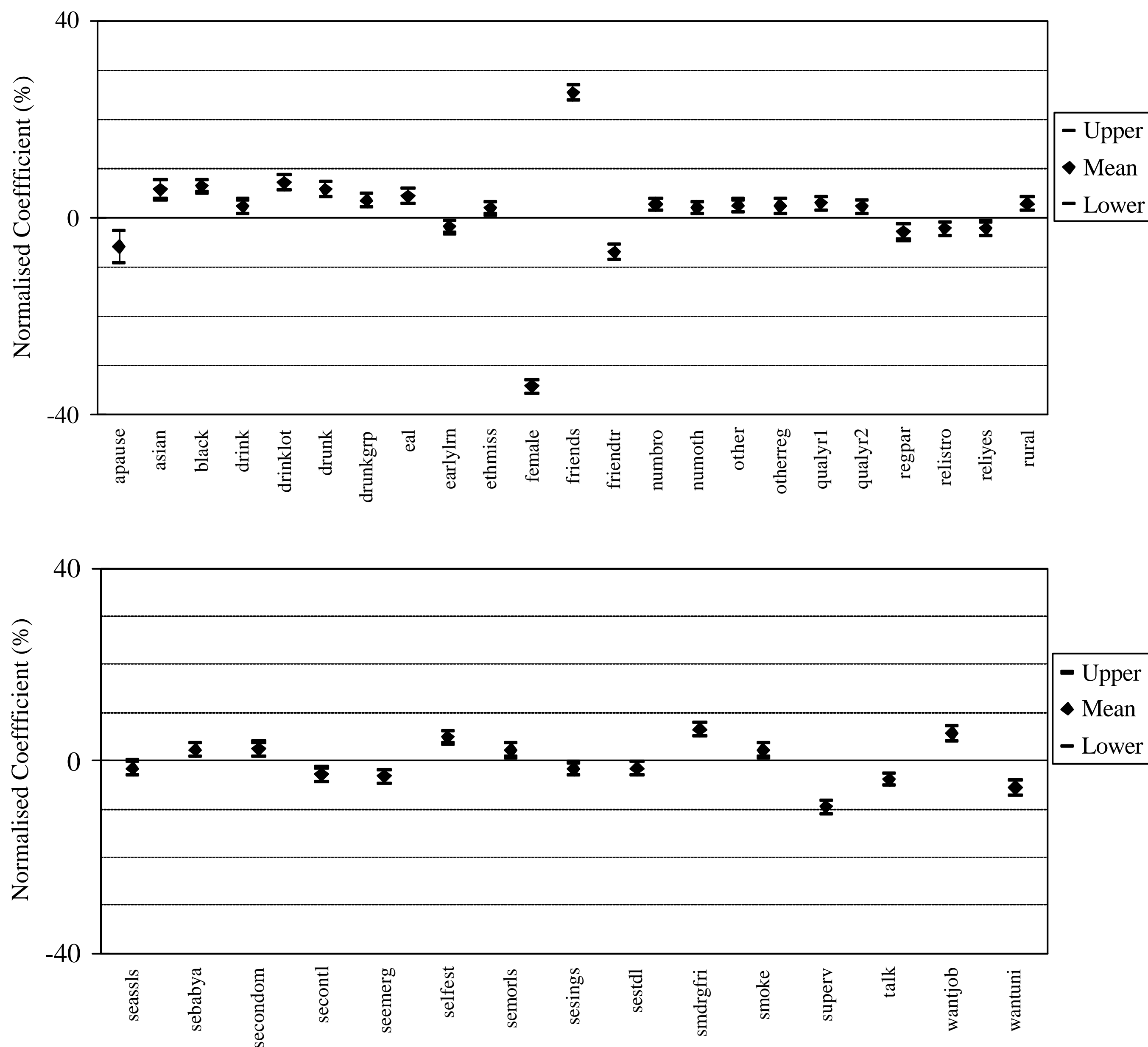
5.2.2 Attitudes

Immature attitude to sex

'Immature attitude towards sex' includes items such as '*if at first you don't succeed in getting your partner to have sex, just keep on trying' and 'having sex shows your friends that you are grown up*'. Variables with a significant impact on this factor are illustrated in Figure 5.2.

[23] These percentages (both pre and post) are much higher than those reported by Kay *et al.* (2002). However, it should be noted that the NFER data was based on a sample of only six schools (see Section 5.1).

Figure 5.2 Variables impacting on immature attitude to sex



Two variables were very strongly associated with this factor, one positively and one negatively. The variable with by far the greatest *negative* impact was being female *(female)*; girls were much less likely to have an immature attitude than boys.

The variable with by far the greatest *positive* impact on this outcome was peer pressure *(friends)*. Students susceptible to it were likely to have a much more immature attitude to sex.

Students wishing to go to university *(wantuni)*, and those with close parental supervision *(superv)*, were also less likely to have immature attitudes. On the other hand, Asian *(Asian)* and black students *(black)* were more likely to have

immature attitudes to sex, as were EAL students *(eal)*, students who smoked *(smoke)*, and students who drank (particularly those who drank often) *(drink* and *drinkalot).*

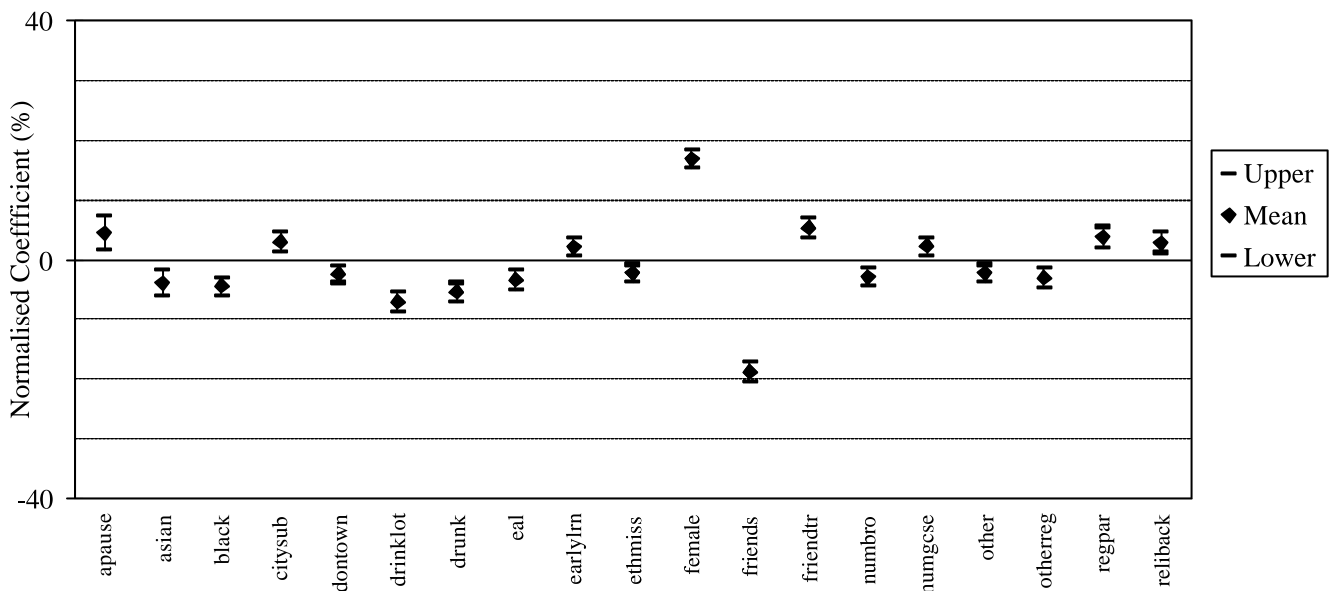
After controlling for other factors, APAUSE students were significantly less likely than comparison students to have an immature attitude to sex *(apause)*. Responses to individual items included in the factor are shown in Appendix II, Tables A4 and A5.

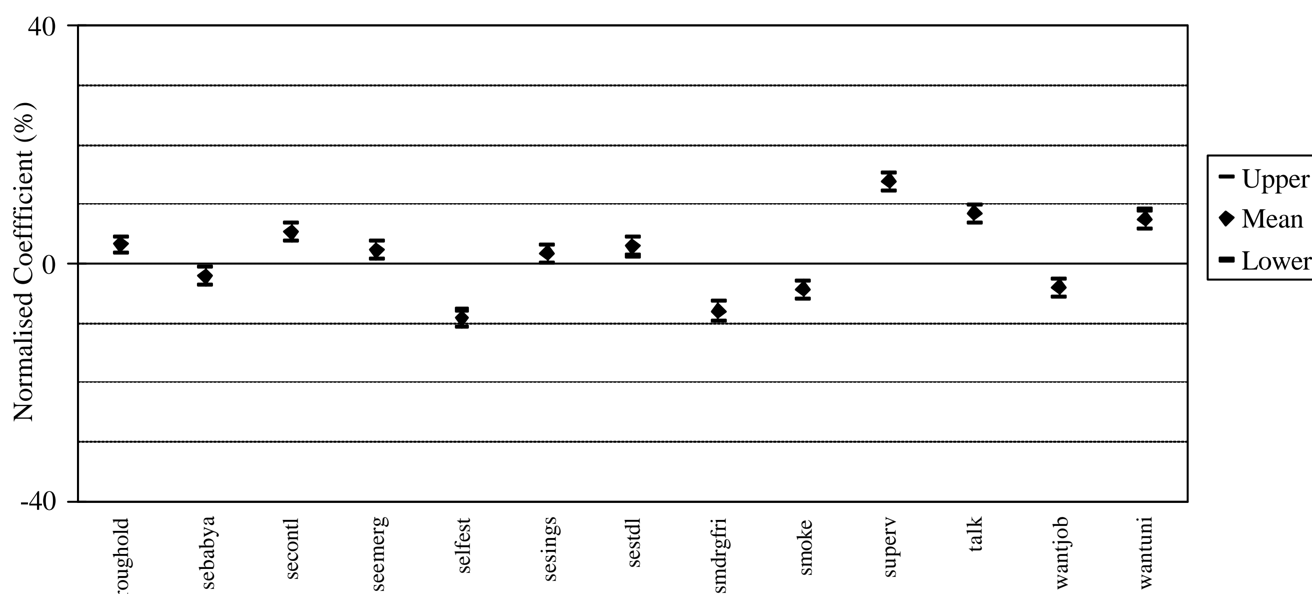
The 'longitudinal analysis' (described in Section 5.1 above) provided further confirmation that APAUSE students were significantly less likely to have immature attitudes to sex. As we have no matching data for individual students pre- and post-APAUSE, we could not state categorically that students '*have altered their beliefs*' (Department of Child Health, 2002). However, as the NFER analysis controlled for a wide range of school and student variables, it seems reasonable to assume that the difference is indeed due to the impact of the programme.

Responsible attitude to sex

'Responsible attitude to sex' is the opposite factor to the one just discussed. It included items such as *'if I was going to have sex I would talk to my boy/girlfriend about it' and 'I think it is better to wait until at least 16 before having sex*'. Variables significantly associated with this factor are illustrated in Figure 5.3.

Figure 5.3 Variables impacting on responsible attitude to sex





We saw above that APAUSE students were *less* likely to have *immature* attitudes to sex. Figure 5.3 demonstrates the converse: they were *more* likely to have *responsible* attitudes to sex *(apause)*. Individual items are shown in Table A6 in Appendix II.

However, when the 2002 data was analysed, APAUSE students were not found to have more responsible attitudes towards sex; this is possibly because the dataset was smaller and therefore fewer effects were identified as significant.

Other variables with a strong positive impact on this factor included being female *(female)*, talking to parents *(talk)*, close parental supervision *(superv)* and wanting to go to university *(wantuni)*. Students who reported having been taught a lot about contraception *(secontl)* and STIs *(sestdl)* had more responsible attitudes towards sex.

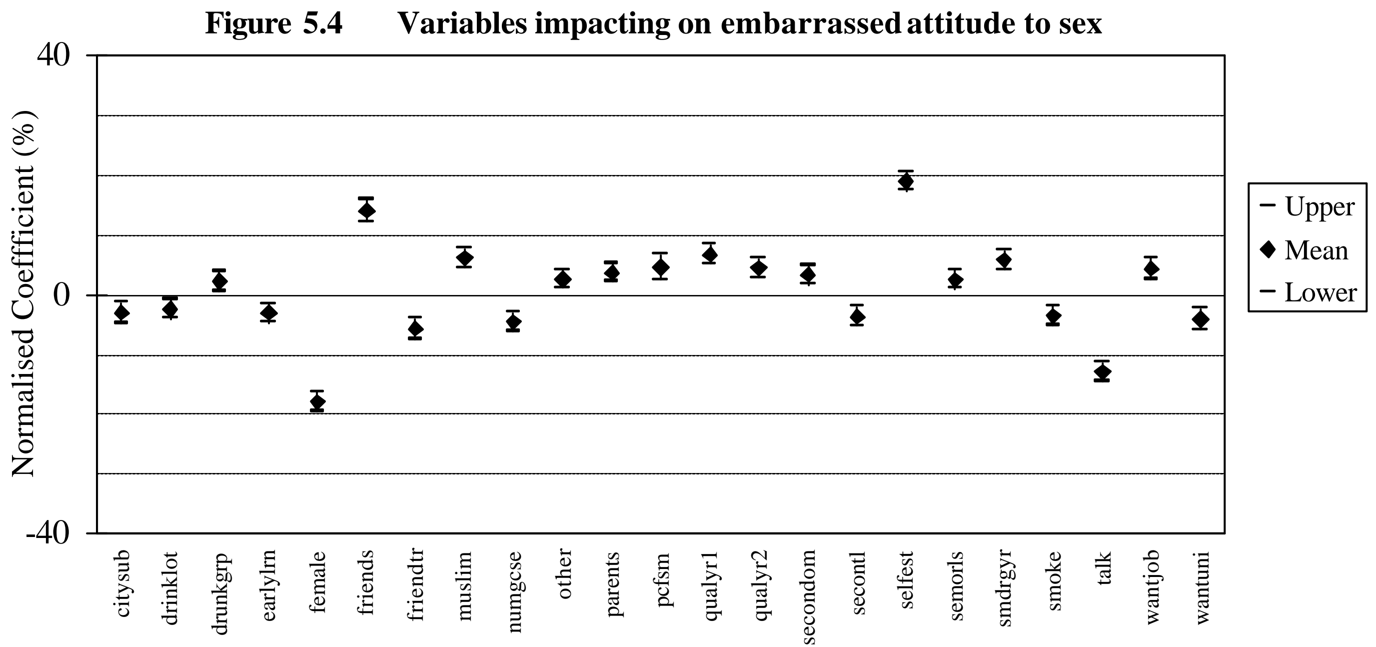
Susceptibility to peer pressure *(friends)* had a very strong negative impact. Other variables negatively associated with a responsible attitude included low self-esteem *(selfest)*, ethnicity *(Asian* or *black)*, smoking *(smoke)* and heavy drinking *(drinklot* and *drunk)*.

In 2002, those who reported having been taught a lot about facts had more responsible attitudes, although this was not found to be significant in 2003. There were no significant links between responsible attitudes and being taught about morals.

Embarrassed attitude to sex

The ‘embarrassed attitude towards sex’ factor included items such as ‘it is too embarrassing to suggest using a condom’. Variables significantly associated with this factor are illustrated in Figure 5.4 below.

Figure 5.4 Variables impacting on embarrassed attitude to sex



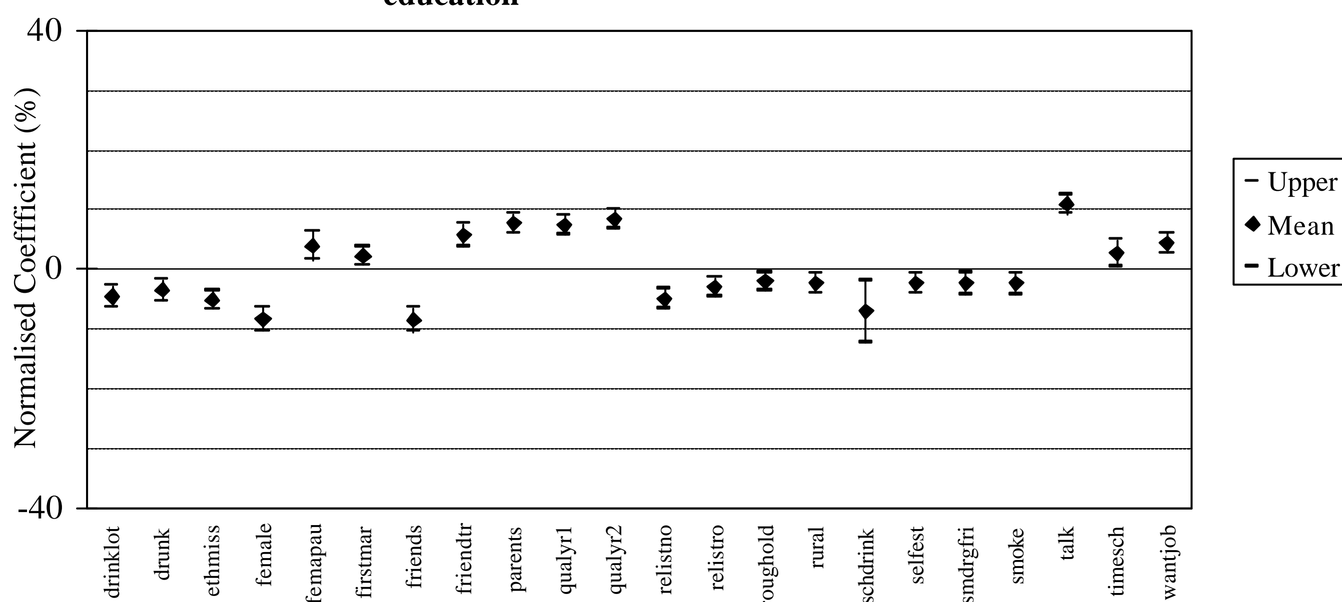
In this case, APAUSE did not have a significant impact. Key findings were:

- girls were much less likely to have embarrassed attitudes to sex *(female)*
- students who had an open relationship with their parents were less likely to be embarrassed about sex *(talk)*
- low self-esteem was strongly positively related to embarrassed attitudes *(selfest)*
- students susceptible to peer pressure were more likely to have an embarrassed attitude *(friends)*.

Positive attitude towards sex education

Items related to attitudes to sex education, such as '*I enjoyed the lessons*' were included in this factor (see Table A8 in Appendix II). Variables significantly associated with this factor are illustrated in Figure 5.5 below.

Figure 5.5 Variables impacting on positive attitude towards sex education



Overall, APAUSE students were significantly more positive than those in comparison schools. However, further analysis showed that this difference was due mainly to girls *(femapau)*. Although girls generally had less positive attitudes than boys *(female)*, APAUSE girls were more likely to have positive attitudes to sex education than comparison girls (see Table A9 in Appendix II for individual items).

Other groups more likely to have a positive attitude to sex education included:

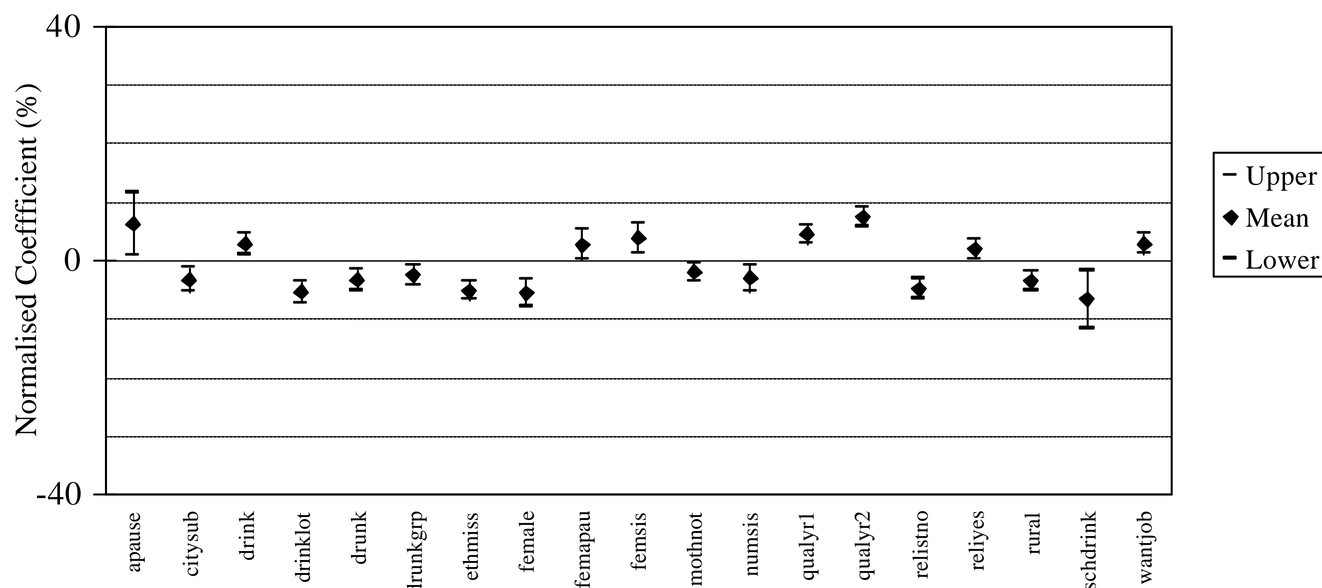
- students who talked to their parents about sex and other things *(talk)*
- students who had strict parents *(parents)*
- students who hoped to get a job *(wantjob)* or wanted to do a post-16 course other than A-levels (*qualyr1* and *qualyr2*).

Students who were susceptible to peer pressure were less likely to have positive attitudes towards sex education *(friends)*.

Helpfulness of sex education

Some items in the Year 11 questionnaire focused on how helpful students had found sex education, and were included in this factor, such as '*I have learnt to manage intimacy*', and '*I have learnt to discuss sex with a partner*'. Variables significantly associated with this factor are illustrated in Figure 5.6 below. See Table A10 in Appendix II for individual items.

Figure 5.6 Variables impacting on finding sex education helpful



The 'helpfulness' factor obviously relates closely to the 'attitude to sex education', and the findings (confirmed by the longitudinal analysis) were very similar:

- APAUSE students found sex education more helpful than comparison students *(apause)*
- APAUSE girls were especially likely to find sex education helpful (compared with comparison girls*) (femapau)*
- Students who wanted to get a job post-16, or do a course other than A-levels were more likely to find sex education helpful (*wantjob*, *qualyr1* and *qualyr2*)
- In general, girls were less likely than boys to find sex education helpful *(female)*.

Our analysis does not confirm the Exeter team's claim that APAUSE students *'are nearly twice as likely to rate their sex education as OK'* (Department of Child Health, 2002). In the Year 11 questionnaire, students were not asked to rate their sex education directly. However, one possible answer to a question about how sex education might be improved (not included in either of the factors discussed above) was *'It's OK as it is'*. Based on combined data from 2000-03, 59 per cent of APAUSE students agreed with this statement, compared with 46 per cent of other students. The same pattern was found in other items related to sex education: APAUSE students were consistently more positive, but they were not *'nearly twice as likely'* to respond positively to any individual item.[24] There was just one relevant item which did not reflect this pattern: APAUSE and other students were equally likely to find sex education boring (one third of each group).

[24] The Exeter claims were no doubt based on the analysis of earlier data, which may have yielded a more positive result.

There were also interesting differences between the APAUSE and comparison groups in terms of what they reported having been taught within SRE (see Appendix II, Table A12 for individual items).

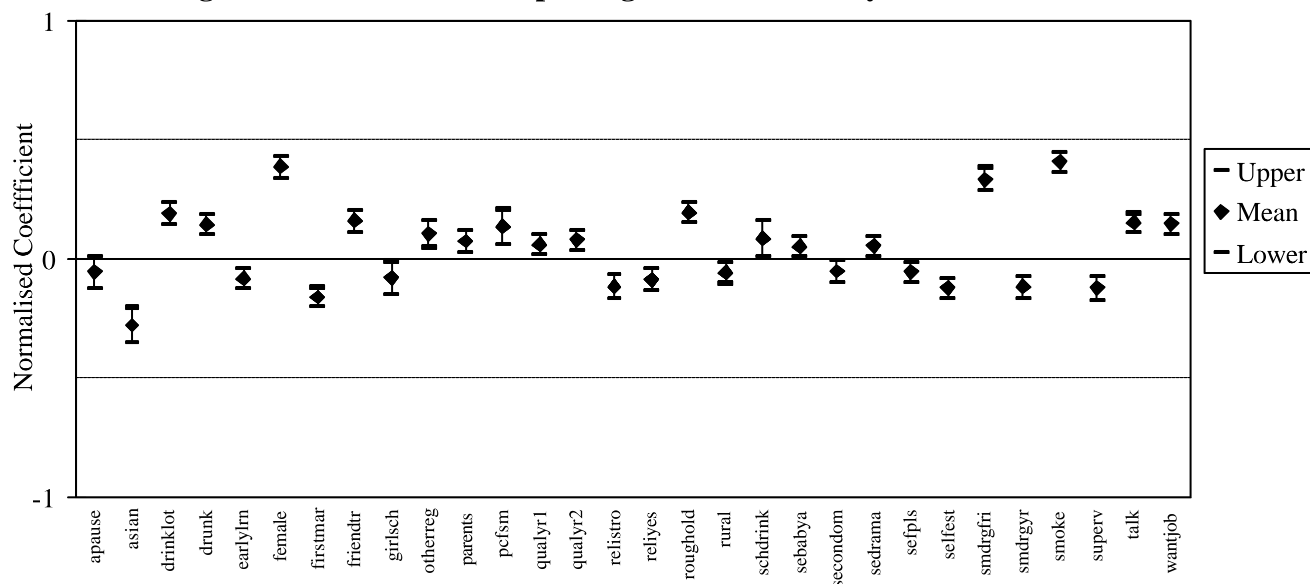
5.2.3 Behaviour

The analysis of behaviour-related items excluded students who reported having sex before the age of 13, since the commencement of their sexual activity preceded exposure to APAUSE. The findings reported in this section relate to sexual activity ('has had sex'), unprotected sex, regretted sexual activity and the use of effective contraception. Figures 5.7-5.10 illustrate variables which impact on behaviour.[25]

Sexual activity

In the APAUSE Year 11 questionnaire, students (aged 15-16) were asked '*how far have you gone physically in a relationship?*' Those who responded by ticking '*sexual intercourse*' were defined as sexually active. Figure 5.7 illustrates the variables significantly associated with sexual activity, based on the 2003 data.

Figure 5.7 Variables impacting on sexual activity



As shown in Figure 5.7, APAUSE *(apause)* was found to have a small effect on sexual activity in 2003 (statistically significant at the ten per cent level).[26] Thirty-two per cent of APAUSE students had been sexually active compared

[25] Due to the dichotomous (yes/no) nature of the outcome variables, the normalised coefficients in one figure included in this section cannot be compared to the normalised coefficients in another. They are provided purely to allow comparisons between different variables within each figure.

[26] A statistically significant difference between two groups indicates that the probability of that difference occurring by chance is less than a present value (usually taken as five per cent). The impact of APAUSE here is not significant at that level, but the probability of it occurring by chance is less than ten per cent.

with 36 per cent of comparison students. However, no such significant difference was found when analysing the 2002 data, or in the longitudinal analysis, which suggests this evidence is not strong. In the past, analysis of data undertaken by the APAUSE team at the University of Exeter has suggested a more significant effect of the programme on sexual activity. Thus, to investigate further, data from as far back as 1997 was explored.

Data from before and after schools had joined the programme was compared, to see if there was a drop in the reported sexual activity of students in Year 11. It was found that, after exposure to APAUSE, 33 per cent of students reported having had sex, while in the same schools prior to involvement in APAUSE, 35 per cent of students reported having had sex. This difference is significant at the one per cent level (using multilevel analysis, controlling for background factors). This may suggest that the programme was effective in reducing sexual activity in the past but is now less effective. Alternatively, the fact that the longitudinal analysis of 2000-2002 data did not find a significant effect of APAUSE, yet the analysis of 1997-2003 data did, could suggest that the programme has more of an effect if running for longer, and an analysis over a longer period would contain more schools in that situation.

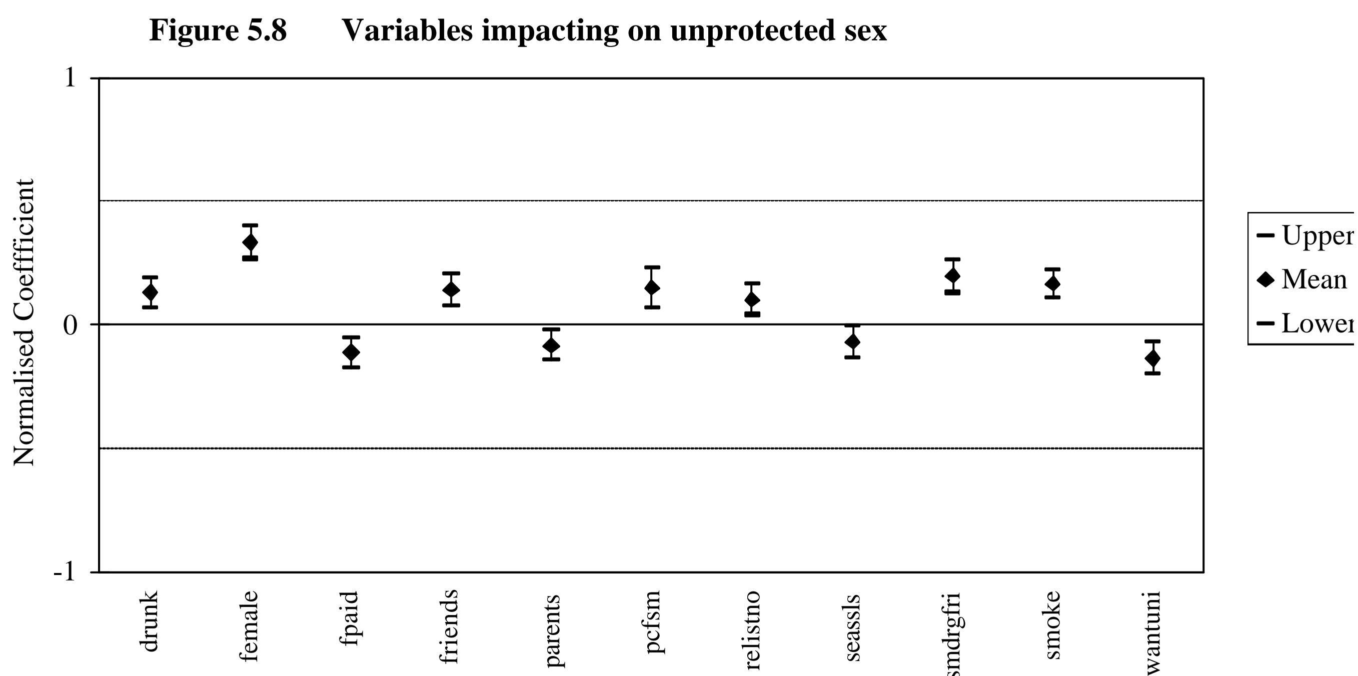
Other findings relating to sexual activity, as shown in Figure 5.7, included the following:

- girls were more likely to have had sex than boys *(female)*
- smoking and drinking behaviour were related to sexual activity *(drinklot, drunk, smoke* and *schdrink)*
- Asian students were less likely to have had sexual intercourse than students in other ethnic groups *(Asian)*
- students in schools with higher percentages of students eligible for free school meals were more likely to have had sex *(pcfsm)*
- students who talked openly to their parents were more likely to have been sexually active *(talk)*, students with a high degree of parental supervision less so *(superv).*

Unprotected sex

The Year 11 survey included a question on whether students had ever had sex without using contraception. Variables significantly associated with unprotected sex are illustrated in Figure 5.8.

Figure 5.8 Variables impacting on unprotected sex



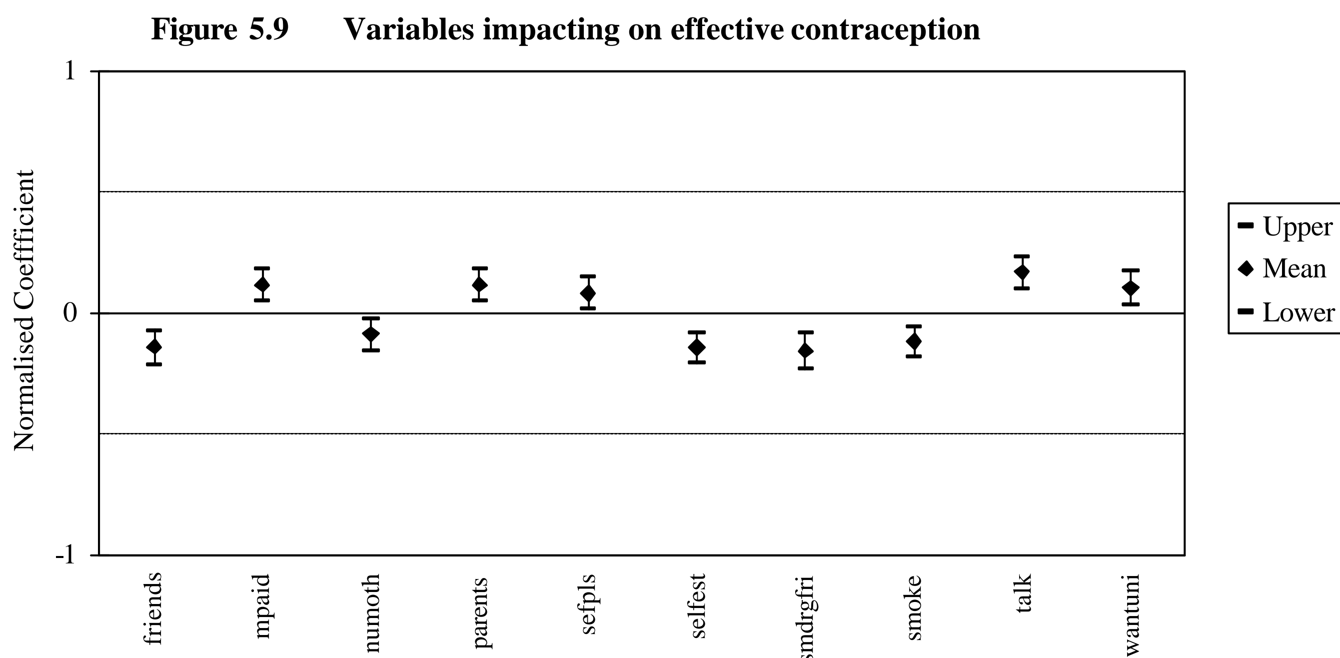
There was no significant difference between APAUSE and comparison students evident from the analysis of the 2002 or 2003 data. However, those who reported having been taught some/lots about assertiveness skills were less likely to have had unprotected sex *(seassls).* As APAUSE focuses on assertiveness skills, this may be indirect evidence of an APAUSE effect.

Overall, sexually active girls were more likely to report having had unprotected sex than sexually active boys *(female)*. In addition, students who smoked *(smoke),* got drunk *(drunk)* or had friends who drank and smoked *(smdrgfri)* were more likely to have had unprotected sex, as were students in schools with a high proportion of FSM students *(pcfsm)* and those susceptible to peer pressure *(friends)*.

Use of effective contraception

Students who had had sex were asked what contraception, if any, they used the first and last time they had sex; the analysis then focused on students who reported using effective contraception on both the first and last occasion. Variables significantly associated with the use of effective contraception are illustrated in Figure 5.9.

Figure 5.9 Variables impacting on effective contraception



There was no statistically significant difference between the APAUSE and comparison groups in either 2002 or 2003. In 2003, of those who had become sexually active from the age of 13, 72 per cent involved in the APAUSE programme had used contraception, compared with 69 per cent of the comparison group (this is a small difference, not statistically significant). However, when exploring the data further it showed that in 2002, students who reported having discussed emergency contraception in school were more likely to have used effective contraception the first and last times they had sexual intercourse, and in 2003 students who reported being taught a lot about local family planning were more likely to have used contraception *(sefpls)*. Discussion about emergency contraception and local family planning may well have been boosted by the APAUSE programme, and so this could be a tentative indirect link with APAUSE.

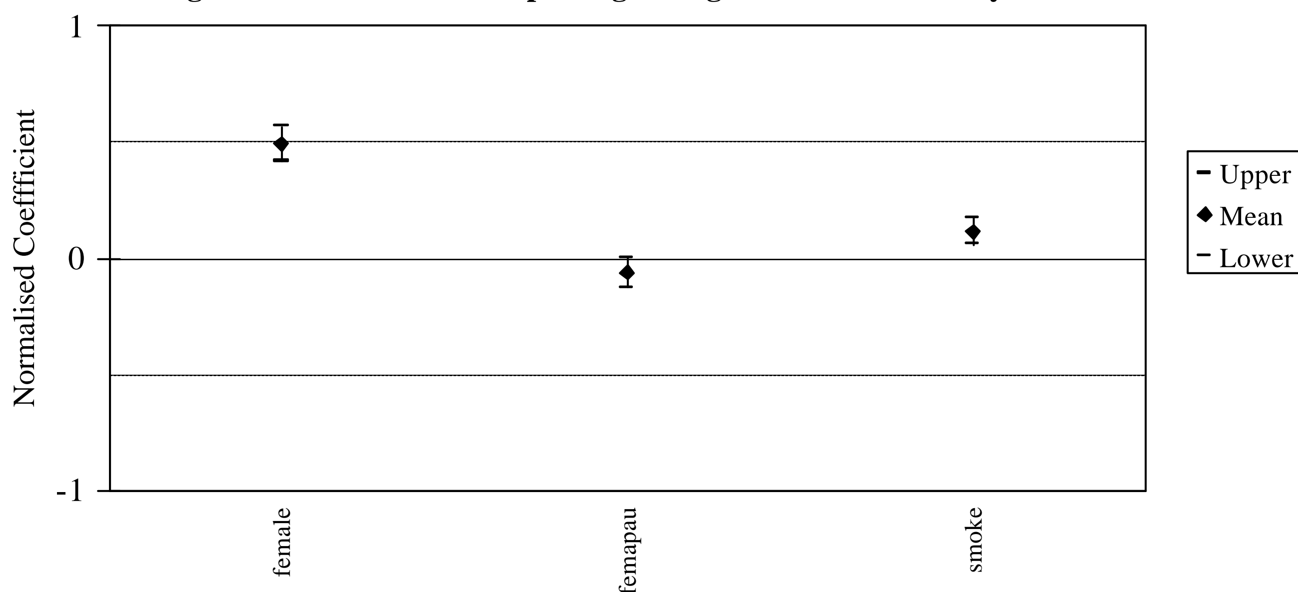
Other findings in relation to the use of effective contraception included:

- students who had an open relationship with parents, and those with strict parents, were more likely to use effective contraception *(talk* and *parents)*
- students wanting to go to university were more likely to use effective contraception *(wantuni)*
- students who smoked and those with friends who smoked and drank alcohol were less likely to use effective contraception *(smoke* and *smdrgfri)*
- students with low self-esteem were less likely to use effective contraception *(selfest).*

Regretted sexual activity

Students were asked how they felt when they first had sex, and could respond that they wished they had waited longer before sex, or that it should not have happened at all. Variables impacting on regretted sexual activity are illustrated in Figure 5.10.

Figure 5.10 Variables impacting on regretted sexual activity



There was no significant effect of the APAUSE programme; of those who were sexually active, 28 per cent of APAUSE students compared with 29 per cent of comparison students (in both 2002 and 2003) reported that they had regrets the first time they had sex. However, the 2003 data showed that, although girls generally were much more likely than boys to regret their first experience of sexual intercourse (*female*), APAUSE girls were slightly less likely than girls in comparison schools to do so *(femapau)* (although this was only significant at the ten per cent level, and no significant difference was evident in 2002).

5.2.4 Summary of Key Findings

To summarise, the APAUSE programme was found to have the following positive effects:

- APAUSE students had higher knowledge scores than comparison students
- APAUSE students were significantly less likely than comparison students to have an immature attitude to sex
- There is some evidence that APAUSE students tended to have more responsible attitudes towards sex than comparison students (this was significant in 2003, but not 2002)
- APAUSE girls were more likely to have positive attitudes to the sex education they had received, than comparison girls

- APAUSE students found sex education more helpful than students in the comparison group
- APAUSE girls were especially likely to find sex education helpful, compared with comparison girls.

There were some tentative links between APAUSE and the following:

- Use of contraception (although there was no direct link to the APAUSE programme, students who reported discussing contraception and learning about family planning (possibly boosted by the APAUSE programme) were more likely to have used contraception)
- Sexual activity (but only a small significant difference in 2003, which was not supported by the 2002 data or longitudinal analysis)
- Unprotected sex (again, no direct link, but those who reported having been taught assertiveness skills (possibly in the context of APAUSE) were less likely to have had unprotected sex).

There were no significant differences between APAUSE and comparison groups in relation to the following:

- An embarrassed attitude to sex
- Regretted sexual activity (students wishing they had waited before having sex, or wishing is had not happened at all).

Key findings from the whole evaluation, and issues for consideration, are given in the following chapter.

6. KEY FINDINGS AND ISSUES FOR CONSIDERATION

In this chapter, we summarise the key findings and issues emerging from the evaluation, which could be considered by the APAUSE team in relation to the future development of the programme. It is worth noting that opinions varied across the different groups included in the evaluation; in general national representatives tended to have more concerns about the APAUSE programme than local coordinators or schools. The findings from the questionnaire survey of schools were generally positive, while the case-study investigations in a small sample of schools gave a more in-depth picture of some of the issues faced (as well as of the successes). It should be noted that some of the issues may well relate to SRE more generally, although in the context of the evaluation they were raised in relation to APAUSE specifically. The key findings are discussed below.

6.1 APAUSE in Context

Almost all of the schools responding to the survey had an SRE policy. In most cases it was taught within PSHE, although elements were often addressed also in science, RE and tutorials.

There are two common models for delivering PSHE, including SRE. Some schools regard PSHE in the same way as other curriculum subjects, and have a department of trained teachers who cover the subject across the school. In other schools, PSHE is delivered by form tutors, as they are perceived to know their students best and are therefore best placed to deal with personal issues (although as most teachers are form tutors, they will not all have training in dealing with sensitive topics).

There was evidence of both these patterns in schools responding to the survey. About 70 per cent of schools reported that specialist staff were responsible for delivering SRE, while just under half said that it was delivered by form tutors (evidently, some schools used a combination of both approaches). This may explain why most respondents said that at least some staff who delivered SRE in their schools lacked confidence to do so, and in less than half of the schools had all SRE teachers received specific training.

As suggested by the findings about the place of SRE in the curriculum, science teachers and RE teachers were also involved in delivering SRE.

6.2 The APAUSE Programme

Schools had most often become involved in APAUSE because it was recommended by others. Other reasons were that they liked the structure of the programme, that it helped support local priorities, and they saw it as a positive approach to SRE. In fact, three fifths of the survey schools thought APAUSE was better than their previous SRE provision, and none suggested it was worse. The use of peer educators and health professionals, where it was planned properly and worked well, was thought to add value to SRE. The structure of the programme was also rated highly by schools when asked about how APAUSE compared to other SRE. A summary of views on specific aspects of the programme is given below.

The structured nature of APAUSE

There were varying views of the value of the structured and perceived 'scripted' nature of the APAUSE programme. National representatives and teenage pregnancy coordinators criticised this, suggesting that it did not allow teachers to develop their confidence and skills. However, schools valued the structure as it provided continuity in the form of a developed 'package'; this was one of the main reasons why survey schools had adopted APAUSE. Less experienced teachers in particular felt more comfortable with a structured programme, and tended to use the classroom notes more rigidly than the specialist PSHE teachers, who felt able to use them more flexibly. It should be noted that although the classroom notes do include example case studies, it is not suggested by APAUSE that they are used rigidly as scripts; teachers may well choose to use them as such though, particularly those who lack confidence. Scripts are provided for peer educators, who welcomed them, although students who had participated in sessions criticised peers who simply read from their scripts.

The Year 7 and 8 materials

The Year 7 and 8 materials were not widely used; 25 of the 104 schools surveyed had used them, while 30 schools were aware of them but not using them and 45 schools were not aware of them (four did not respond). There may be a need for the materials to be advertised and promoted more effectively. However, the APAUSE team informs local coordinators at LEA level of the materials, and relies on them to promote them in schools. Therefore, the low take-up of the materials may be because coordinators choose not to promote them, perhaps due to training considerations. A concern among some national representatives and local coordinators was that if the APAUSE materials were used they would be best placed alongside other SRE provision, and not be used in isolation.

The Year 9 and 10 programme

Almost all schools responding to the survey had used the adult-led programme in Year 9, and more than three-quarters had used the peer element. The majority had also either used the Year 10 adult-led element or were planning to do so. Most of the comments about the Year 9 and 10 programme, made by all groups of respondents, were in relation to the method of delivery, as discussed below. However, teenage pregnancy coordinators, survey respondents and interviewees in schools referred to the APAUSE materials. Although the materials had been amended recently, some felt that not enough work had been done to bring them up-to-date, and that students would not relate to outdated examples. Some teachers in case-study schools who had been involved in delivering the programme for a number of years said they were losing momentum.

The Year 11 questionnaire

Most schools responding to the survey said that they had already used, or would use, the 2003 Year 11 questionnaire. There was concern, however, among a few teenage pregnancy coordinators, survey respondents and interviewees in schools that the Year 11 questionnaire was too difficult for lower-ability students. It might be useful for the local programme coordinators and schools to be involved in a consultation process regarding possible amendments to the APAUSE materials, although if substantial changes were made to the Year 11 questionnaire, this would affect the ability to monitor impact of APAUSE over time.

6.3 Conforming to DfES Guidance

One of the aims of the evaluation was to explore the extent to which APAUSE conforms to accepted good practice for SRE programmes, particularly the guidance issued by DfES (2000). Representatives of national bodies, TPCs, local coordinators and schools were asked for their views.

The national representatives were by far the least positive, with only one of 11 saying that the programme conformed totally to the guidance. By contrast, the majority of TPCs and all of the local coordinators gave a positive response. It is possible that national representatives were not as familiar with the programme as the other groups of interviewees.

A large majority of teachers responding to the school survey (85 of the 104 respondents) felt that APAUSE conformed completely or mostly to the guidance. One said it conformed partly, 11 said they did not know and a further seven did not answer the question. This is not surprising, as teachers (particularly those who are not PSHE specialists) may not be entirely familiar with the guidance. Moreover, if they are told that the programme has been purchased for use in their school or LEA, they may not unreasonably assume that it has already been judged to conform to the guidance, and would not feel

it necessary to make an independent assessment. It may be, therefore, that some of the teachers who responded positively were reflecting their assumption rather than their own judgement.

There is certainly a good deal of resonance between the APAUSE materials and the DfES guidance. The latter states, for example, that effective SRE *'enables young people to mature, to build up their confidence and self-esteem and understand the reasons for delaying sexual activity'*. The guidance also strongly recommends the involvement of health professionals and peer educators. This seems to fit closely with the APAUSE approach.

The main reason given by those teachers who said the programme did *not* conform completely was that it did not cover all aspects of SRE sufficiently. However, it is important to note that APAUSE does not claim to be comprehensive: on the contrary, the Year 10 classroom notes state explicitly: *'These sessions should be regarded as one component (i.e. not all) of the schools' SRE curriculum'*.

National representatives criticised APAUSE for being too structured and perceived it to be 'scripted', suggesting that this did not allow teachers to develop their skills and confidence, and that it did not allow for the exploration of individual differences and experience. It should be noted, however, that APAUSE is intended to be flexible; the classroom notes for teachers and health professionals include example case studies, but it is not intended that these should be used rigidly as scripts. For example, the Year 9 notes state explicitly:

> *This manual is not a restrictive text and all of the above and that which follows needs to be seen in the context of helping young people enhance self-efficacy through collaborative goals.*

Similarly, the Year 10 notes state: '*The text is a guideline – obviously requiring modification to suit the needs of the group and the style of the presenter*'.

However, it should be considered that a number of survey schools became involved in APAUSE because they valued the structure. Moreover, teachers may *choose* to follow a script closely, not because they feel *constrained* to do so, but because they *prefer* to do so. This applies particularly, as suggested above, to staff with less experience and confidence in delivering SRE. It was summed up by a respondent who wrote that *'The staff feel more at ease with a planned script'*.

Having discussed the adult-led sessions, it is appropriate to mention the peer scripts. These appear, on paper, to be very rigid – not only the words, but even the 'stage directions' are provided in great detail, and it is not clear from the printed booklets how much scope there is for variation. Fieldwork revealed differences in understanding and practice concerning the degree of flexibility permitted. Some peers evidently did simply read from the script,

and were criticised for this by both teachers and students. The scope for flexibility needs to be emphasised during training. Interacting freely with other students on a sensitive topic doubtless requires a higher degree of confidence and training than simply reading from a script. Experience helps too, but the peers have limited opportunities to gain this, as their career as an APAUSE peer educator must necessarily be a short one.

One final point concerns the suitability of APAUSE for diverse groups of students. The DfES guidance states that SRE should meet the individual needs of all young people, including those with SEN or learning difficulties. The school survey included a question on whether APAUSE was best for certain groups; while the majority (71 of the 104 schools) said no, most of those answering yes believed that the programme was most suited to higher-ability students. Case-study schools took a similar view, but did not see it as a problem because they could adapt it to allow for differentiation. Two TPCs reported using APAUSE with SEN students, with mixed results. It may be that more explicit advice on adapting the programme for different educational needs would be helpful.

6.4 The Delivery of APAUSE

Specialist teams

An underlying issue in relation to the success of APAUSE concerned the way it was delivered. Across the schools included in the evaluation, APAUSE was being delivered in a variety of ways. Although in the majority of cases schools had at least some specialist teachers, in other cases it was taught by other non-specialist teachers and/or form tutors who had less experience of, and perhaps less confidence in, teaching SRE and/or PSHE. For all, but particularly the least experienced, the training was crucial; yet those who needed it most were perhaps least likely to access it (if a large number of form tutors were responsible for delivery of APAUSE, it would be difficult to release them all for training). The findings suggest, therefore, that perhaps APAUSE is most effective when delivered by a specialist team of teachers. This reflects national policy, which advocates any SRE being delivered by specialist teachers. Consideration needs to be given as to how to maximise the effectiveness of APAUSE in schools where this is not the case.

Peer education

The peer education element of APAUSE was given most praise amongst all groups of respondents and was considered one of the most helpful elements of the programme; there was general consensus that where it worked well it could be extremely positive and very powerful. Seventy-one of the 81 survey schools which had used the peer education programme thought students responded well to peers, and 70 schools felt the peers added value. Moreover, 61 of the 81 survey schools involved in the peer element thought the peers were well-prepared for their role. Students who had received good peer-led

sessions were positive about the approach and enthusiastic about the effects. They liked being taught by young people close in age as they could relate to them and their experiences. Peer educators interviewed in case-study schools were positive about the impact of their involvement on their own personal development.

However, 45 of the survey schools felt the peer element could be improved; for instance, 15 suggested peers needed better training, and five thought they required better classroom skills. The consensus among the six case-study schools was that in cases where peer education does not work it can be disastrous. For instance, staff and student participants said peer educators sometimes lacked credibility if they were seen to simply read from the classroom notes without appearing confident.

Interviewees in case-study schools were also concerned about external peers (those from a college, visiting schools with no sixth forms), who were sometimes thought to be unreliable, to have poor attitudes and not to abide by school protocols. Often, there was not continuity in peer education groups, which was considered important by school staff. When peer educators came from outside the school, school staff did not have responsibility for recruitment. This suggests a need to review the recruitment process, particularly for schools which do not have sixth forms.

Peers need to be properly briefed about what they are getting involved in and the level of commitment it requires. Some case-study interviewees perceived that local coordinators recruited any college students who appeared interested, rather than assessing their level of commitment and whether they had the necessary skills. Views on the training received varied in case-study schools, with some suggesting a need to focus more on general classroom practice and school protocols as well as the content of the APAUSE programme.

Peer accreditation was viewed positively (if managed properly) by those involved in the accreditation pilot and others, and could help to formalise the peer education process. Having to work towards accreditation might mean that only committed students become involved, and peers would have to maintain a level of commitment in order to achieve accreditation. In addition, peers included in the evaluation suggested they would value such recognition.

Co-teaching

Co-teaching between teachers and health professionals was considered a real advantage of APAUSE, and was mentioned as such by all groups of respondents. The combination of the health professionals' expertise and teachers' classroom skills was thought to be beneficial; 87 of the 104 survey schools thought the health professionals added value, and when asked about the most helpful aspects of APAUSE, the involvement of health professionals was the most frequent response. Students in case-study schools particularly valued the involvement of health professionals; they were considered to have more credibility than teachers.

However, teenage pregnancy coordinators, local programme coordinators and interviewees in case-study schools expressed concerns regarding the difficulties in finding sufficient health professionals. The importance of the continuity of health professionals was raised in case-study schools, although this was not always possible due to the small number of health professionals and the large number of schools and classes requiring their input.

Real 'co-teaching' did not always appear to take place in case-study schools. In some cases, teachers left it up to health professionals to lead sessions, particularly form tutors who admitted to lacking expertise. In other cases, the reverse occurred and health professionals left it up to teachers to lead sessions, as they were deemed to have better classroom management skills. Perhaps there is a need to emphasise the value of genuine co-teaching. A common view in case-study schools was that there was not enough time for teachers and health professionals to get together beforehand to plan sessions and negotiate roles, although there was a sense that this would improve sessions if time allowed for it. A few survey schools also suggested increased liaison between health professionals and teachers when asked how the adult-led sessions could be improved.

It should be noted that both peers and health professionals, however committed, may sometimes be unable to attend a planned session. Teachers in case-study schools reported instances of being 'let down' and unsure what to do with their class. It may be worthwhile producing materials for a standby lesson which could be used in such circumstances.

6.5 Training

Training for teachers, health professionals and peers was considered crucial for the successful delivery of the programme. The APAUSE training approach was criticised by national representatives, who felt it focused too much on familiarising teachers with the 'scripts', rather than on building teachers' skills and confidence to deliver the programme flexibly. However, the training was not criticised by local APAUSE coordinators or local teenage pregnancy coordinators who were interviewed. Moreover, the training received was valued by most of the teachers and health professionals interviewed in the case-study schools. Only four teachers interviewed expressed reservations; for instance, examples/scenarios used in training were perceived to be out-of-date and too explicit.

Survey schools were not asked specifically about the training for peers, but three-quarters of survey schools involved in the peer element felt peer educators were well-prepared. However, in response to a general question on how the peer education element could be improved, a quarter felt that peers needed better training and/or better classroom management skills. Case-study schools also mentioned a need for the training to focus more on general classroom practice and school protocols, as well as the content of the

programme. The peer educators interviewed in case-study schools had mixed feelings about the training they had received; some had found it fun and useful, whereas others had felt under-prepared.

Difficulties in finding time to train large numbers of teachers, health professionals and peers were mentioned by local programme coordinators; some hoped that eventually those who were trained could help to train others. Moreover, case-study schools mentioned it was difficult to send large numbers of teachers out on training; this was a particular problem for a school where APAUSE was delivered by tutors.

6.6 The Impact of the APAUSE Programme

There was evidence of a positive impact of APAUSE on students. Almost all of those responding to the school survey said the programme had had a positive impact, and none said it had no impact at all. Evidence from the analysis of data indicates that the APAUSE programme has had a positive impact on knowledge, which was also suggested by interviews conducted in the six case-study schools. For instance, the data analysis showed APAUSE students were more likely than comparison students to be aware that less than half of all teenagers have had sexual intercourse before they are 16.

There is also evidence from the analysis of data that students involved in APAUSE have less immature and more responsible attitudes towards sex than students in comparison schools. APAUSE girls had more positive attitudes towards sex education than comparison girls, and overall APAUSE students found sex education more helpful than comparison students. In addition, findings from the survey and visits to a small sample of schools were positive about the impact of the programme on challenging myths.

Findings from the analysis of data relating to knowledge and attitudes thus broadly substantiate the claims made in the APAUSE materials, although in 2002-03 the positive impact on views of SRE was not as strong as suggested by the APAUSE team (possibly because the Exeter analysis was based on earlier data). In terms of sexual behaviour, the findings were less clear. Interviewees in the small sample of case-study schools felt unable to comment on impact, as they had no knowledge of students' personal lives, although a few did report positive findings from their school evaluation reports. The analysis of Year 11 data from 2003 concluded that APAUSE students were less likely to be sexually active than comparison students (significant at the ten per cent level), yet no such difference was evident from the 2002 data or other analysis carried out.

From the analysis of data, there was some evidence that students who reported discussing contraception and learning about family planning (arguably boosted by the programme) were more likely to have used contraception for their first and most recent experience of sexual intercourse. The findings from interviews carried out in a small sample of schools suggest that involvement in

the programme had led more students to visit drop-in centres and access other services.

There was no evidence from the analysis of data of a difference between APAUSE and comparison students in terms of having sex without contraception. However, those who reported being taught some/lots about assertiveness skills (a feature of APAUSE) were less likely to have had unprotected sex.

The analysis of the data revealed no significant differences between students in APAUSE and comparison schools in terms of an embarrassed attitude to sex or regretted sexual activity.

6.7 Funding and Sustainability

The majority of the schools included in the evaluation were keen to continue being involved in APAUSE, which indicates that the value of the programme outweighed any difficulties encountered. However, the general view across all groups of interviewees (including school staff) was that funding might affect the long-term sustainability of the programme. Although APAUSE was considered a worthwhile programme in general, it was thought to be expensive; all of the six case-study schools said they would not be able to continue with the programme without external funding. In some case-study areas, they were coming to the end of their pilot phase, and so external funding was being reviewed; there were real sustainability issues being faced in these areas.

6.8 Summary of Key Issues

Overall, when all of the data is considered, the outcomes of the evaluation of the APAUSE programme were positive. Although there were a number of concerns, particularly at a national level, the majority of interviewees and survey respondents gave positive feedback, and the findings from the analysis of Year 11 data provided evidence of a positive impact on young people's knowledge and attitudes.

We suggest that the following issues would be worth considering in relation to the future development of the programme:

- strategies adopted when recruiting peers (particularly those external to APAUSE schools)
- peer education training (particularly to address issues of classroom management and school protocols)
- the continuation of the peer accreditation process, in order to formalise the peer education training (and hopefully eradicate some of the challenges faced)

- the encouragement of increased liaison between teachers and health professionals prior to sessions, and the clarification of expectations regarding their roles
- the continuity of health professionals and peer education teams
- amendments to the materials (updated examples and scenarios), in consultation with local coordinators and schools
- a standby lesson plan to be used if peers or health professionals are not available for a particular session
- advertisement of the Year 7 and 8 materials, or encouragement of local coordinators to promote the materials in schools
- a focus on developing deliverers' confidence to use the example 'scripts' flexibly.

Finally, it is important to note that the majority of the schools included in the evaluation were keen to continue with APAUSE, and evidently considered their involvement in the programme to be worthwhile.

REFERENCES

DEPARTMENT OF CHILD HEALTH (2002). *Curriculum Models of APAUSE.* Exeter: University of Exeter, Department of Child Health.

GREAT BRITAIN. PARLIAMENT. HOUSE OF COMMONS (1999). *Teenage Pregnancy* (Cm. 4342). London: The Stationery Office.

KAY, C., TRIPP, J., REES, J., MELLANBY, A., HINDE, J. and HULL, T. (2002). *A Behaviourally Effective School based Sex and Relationships Education Programme.* Exeter: University of Exeter, Department of Child Health.

APPENDIX I: BACKGROUND VARIABLES AND OUTCOMES

1. Background Variables Included in the Analysis

The following table lists all the background variables which were included in the analysis. The variable names are used as identifiers in the figures in Chapter 5. Most of the pupil-level variables are derived from the APAUSE Year 11 questionnaire; some are based on responses to individual questions, some are derived from responses to a group of related items.

It is worth noting that the background 'teaching variables' (such as sefactl, sestdl, seassls, secontl) are based on self-reported data at pupil level. School-level information about the content of SRE was not available.

School-level variables

Variable Name	Description
Apause	In an APAUSE school
Apbits	In a school that used some elements of APAUSE (but not an APAUSE school)
Boysch	Boys' school
Girlsch	Girls' school
OK0001	Delivery of APAUSE OK in school year 2000/2001
Pcfsm	*Percentage eligibility for free school meals*
Schdrink	*Proportion of students in school who drink (of those that answered questionnaire)*
Schdrunk	*Proportion of students in school who got drunk in last month (of those that answered questionnaire)*
Schno6	School with no sixth form
Schsmoke	*Proportion of students in school who smoke (of those that answered questionnaire)*

Pupil-level variables

Variable Name	Description
Asian	Asian
Black	Black
Catholic	Catholic upbringing
Citysub	Live in a city or suburb
Dontown	Parents don't own house
Drink	Drink alcohol
Drinklot	Drink alcohol often
Drunk	Got drunk in the last month
Drunkgrp	*Extent of drunkeness in year group*
Eal	English as an additional language
Earlylrn	Taught sex education prior to Year 7
Ethmiss	Ethnicity unknown
Fathnot	Father not living at home
Female	Female
Femapau	Interaction (females in APAUSE programme)
Femsis	*Interaction (number of sisters that a female student has)*
Firstmar	Parents in first marriage
Fpaid	Father in paid work
**Friends*	*Susceptibility to peer pressure*
Friendtr	Friends in trouble with police
Howfar	*Extent of sexual activity*
Mothnot	Mother not living at home
Mpaid	Mother in paid work
Muslim	Muslim upbringing
Numbro	*Number of brothers*
Numgcse	*Number of GCSEs being taken*
Numoth	*Number of other qualifications being taken*
Numsis	*Number of sisters*
Other	Other ethnicity
Otherreg	Other religious upbringing (non-Christian)
**Parents*	*How strict are parents*
Qualyr1	Want to do 1-year post-16 course (not A-levels)
Qualyr2	Want to do 2-year post-16 course (not A-levels)
Regpar	Religious parents
Reliback	Brought up with religious background
Relistno	Strongly disagree with 'I am religious'
Relistro	Strongly agree with 'I am religious'
Reliyes	Agree with 'I am religious'
Roughold	*Rough measure of age in months*
Rural	Live in the countryside
Seassls	Taught lots/some about assertiveness
Sebabya	Had a pretend baby to look after
Secondom	Shown how to use condom
Secontl	Taught lots about contraception
Sedrama	Drama in sex education by Year 11 students
Seemerg	Discussed emergency contraception

Sefactl	Taught lots of facts about sexual intercourse
Sefpls	Taught lots/some about local family planning
**Selfest*	*Low self-esteem/less assertive*
Semorls	Taught lots/some about morals
Sesings	Single-sex SE sometimes or more often
Sestdl	Taught lots on sexually transmitted diseases in Year 11
Smdrgfri	*Extent of smoking and drinking amongst friends*
Smdrgyr	*Extent of smoking and drinking amongst year group*
Smoke	Smokes
**Superv*	*Parental supervision*
**Talk*	*Talking to parents (about sex and other things)*
Timesch	*Which year joined school*
Village	Live in a village
Wantjob	Hope to get a job (rather than FE)
Wantuni	Hope to go to university

Variables marked * are derived from responses to a group of related items on the Year 11 questionnaire. These and other items in italics are continuous (numeric) variables, the rest are binary (yes/no) indicators.

2. Items Included In the Knowledge Score

The knowledge score was based on the sum of scores given to the individual knowledge items listed in the table below, which also indicates the scoring system used.

Item	Range of Codes	Max Mark	Correct Code
A girl cannot get pregnant the first time she has sexual intercourse	0, 1, 2, 3	1	2
A good method of contraception for teenagers is 'withdrawal'	0, 1, 2, 3	1	2
Teenagers under the age of 16 can get free condoms from a Family Planning Clinic	0, 1, 2, 3	1	1
Some good methods of contraception do not protect from sexually transmitted infections (STIs)	0, 1, 2, 3	1	1
More than half of all teenagers have had sexual intercourse before they are 16	0, 1, 2, 3	1	2
If you had unprotected sex on Friday night, Emergency Contraception would work if you took it on Monday morning	0, 1, 2, 3	1	1
You can get contraceptive advice from any GP, not just your own	0, 1, 2, 3	1	1
Taking the contraceptive pill has more medical risks than getting pregnant	0, 1, 2, 3	1	2
HIV/AIDS is now the most common STI in this country	0, 1, 2, 3	1	2
A girl can't get pregnant during her period	0, 1, 2, 3	1	2
Someone who has an STI may not notice anything wrong with them	0, 1, 2, 3	1	1
You can catch an STI from oral sex	0, 1, 2, 3	1	1
STIs: Plasmodium?	0, 1	2	***a.*** 0 1 0 0 1 0 1 1 1 1 0 0 = 2 marks ***b.*** Any of the previous code combinations where one or two codes are missing or incorrect = 1 mark ***c.*** Anything else = 0 marks
STIs: Chlamydia?			
STIs: Trichomonas?			
STIs: Srongyloides?			
STIs:Herpes?			
STIs: Filaria?			
STIs: Warts			
STIs: Gonorrhoa?			
STIs: HIV/AIDS?			
STIs: Syphillis			
STIs: Dengue			
STIs: Acromegaly			

3. Behavioural Outcomes

The behaviour variables are listed in the following table; some are single items whereas others are a combination of items.

Variable description	Item Description	Category
Has had sex	Which of these have you ever done with anyone?	Sexual intercourse
Has had unprotected sex	Have you ever had sex without contraception?	Yes
Has had regretted sex	How do you feel about when you first had sex?	I wish I had waited longer before having sex *or* It shouldn't have happened at all
Used effective contraception	If you had sex, what contraception did you use the first time?	♦ Condom ♦ Pill ♦ Condom and pill
	If you had sex, what contraception did you use the last time?	♦ Condom ♦ Pill ♦ Condom and pill

Note: The analysis of each of these variables excluded students who had had sex before the age of 13.

APPENDIX II: ITEM-LEVEL TABLES

Showing Differences between Students in APAUSE Schools and Students in Comparison Schools

Tables A1-A3 show item-level responses to questions included in the knowledge score (see Appendix I, Section 2 for details of scoring). It should be noted that item-level differences were not tested for statistical significance.

Table A1: Knowledge (1)

		% of comparison students	% of APAUSE students
A girl cannot get pregnant the first time she has sexual intercourse	True	3	4
	False	**93**	**93**
	Don't know	3	3
	No response	1	1
A good method of contraception for teenagers is "withdrawal" ("Pulling out")	True	11	9
	False	**79**	**84**
	Don't know	9	6
	No response	1	1
Teenagers under the age of 16 can get free condoms from a Family Planning Clinic	**True**	**82**	**78**
	False	7	8
	Don't know	10	13
	No response	1	1
Some good methods of contraception do not protect you from sexually transmitted infections (STIs)	**True**	**72**	**73**
	False	16	15
	Don't know no	11	11
	Response	1	1
More than half of all teenagers have had sexual intercourse before they are 16	True	48	34
	False	**36**	**52**
	Don't know	16	13
	No response	1	1
If you had unprotected sex on Friday night, emergency contraception would work if you took it on Monday morning	**True**	**35**	**43**
	False	49	41
	Don't know	15	15
	No response	1	1
You can get contraceptive advice from any GP, not just your own	**True**	**76**	**78**
	False	8	7
	Don't know	15	13
	No response	1	1
Taking the contraceptive pill has more medical risks than getting pregnant	True	26	25
	False	**41**	**40**
	Don't know	32	33
	No response	1	1
N		**9454**	**4673**

A series of single response items. Due to rounding errors percentages may not sum to 100
The correct answers are indicated in bold

Table A2: Knowledge (2)

		% of comparison students	% of APAUSE students
HIV/AIDS is now the most common STI in this country	True	49	45
	False	**24**	**26**
	Don't know	26	28
	No response	1	1
A girl can't get pregnant during her period	True	24	23
	False	**58**	**57**
	Don't know	17	18
	No response	1	1
Someone who has an STI may not notice anything wrong with them	**True**	**83**	**81**
	False	5	6
	Don't know	10	12
	No response	1	1
You can catch an STI from oral sex	**True**	**57**	**54**
	False	18	19
	Don't know	24	26
	No response	1	2
N		**9454**	**4673**

A series of single response items. Due to rounding errors percentages may not sum to 100
The correct answers are indicated in bold

Table A3: Knowledge of sexually transmitted infections

	% of comparison students	% of APAUSE students
Plasmodium	3	3
Chlamydia	**72**	**75**
Trichomonas	5	5
Strongyloides	3	2
Herpes	**71**	**78**
Filaria	8	6
Warts	**57**	**66**
Gonorrhoea	**67**	**69**
HIV/Aids	**95**	**95**
Syphilis	**49**	**48**
Dengue	0	1
Acromegaly	3	2
N	**9454**	**4673**

A series of single response items.
Percentage of respondents identifying disease as an STI
STIs are indicated in bold

Tables A4-A12

The remaining tables (A4-A12) show item-level responses to questions included in the attitudinal factors. Note that items in italics are reversed i.e. *disagreeing* with those statements would contribute to the factor concerned. Item-level differences were not tested for statistical significance.

Table A4: Immature attitude towards sex (1)

		% of comparison students	% of APAUSE students
Gays and lesbians should be treated with respect	Strongly agree	30	31
	Agree	48	46
	Disagree	12	11
	Strongly disagree	9	10
	No response	1	2
It's more important to keep your relationship going than to have sex	Strongly agree	29	36
	Agree	61	57
	Disagree	8	6
	Strongly disagree	2	1
	No response	1	1
I think it is better to wait until at least 16 before having full sex	Strongly agree	12	15
	Agree	47	48
	Disagree	35	31
	Strongly disagree	5	5
	No response	1	1
Boys who have sex with several partners should be proud of themselves	Strongly agree	6	5
	Agree	11	8
	Disagree	47	47
	Strongly disagree	35	40
	No response	1	1
If at first you don't succeed in getting your partner to have sex, just keep on trying	Strongly agree	4	3
	Agree	21	16
	Disagree	60	60
	Strongly disagree	14	19
	No response	1	1
If you fancy someone, that is a good enough reason for having sex	Strongly agree	4	3
	Agree	23	17
	Disagree	55	57
	Strongly disagree	17	23
	No response	1	0
You will keep your boy/girlfriend longer if you have sex	Strongly agree	3	3
	Agree	21	17
	Disagree	58	58
	Strongly disagree	17	21
	No response	1	1
N		**9454**	**4673**

A series of single response items. Due to rounding errors percentages may not sum to 100
Items in italics required either 'strongly disagree' or 'disagree' as a response for an 'immature attitude'

Table A5: Immature attitude towards sex (2)

		% of comparison students	% of A PAUSE students
If you were in love then you would say 'Yes' when your partner first wanted to have sex	Strongly agree	15	13
	Agree	47	42
	Disagree	32	37
	Strongly disagree	5	7
	No response	1	1
Sexual intercourse is the only way to be satisfied in an intimate relationship	Strongly agree	4	3
	Agree	17	14
	Disagree	60	60
	Strongly disagree	17	21
	No response	2	2
Having sex shows your friends that you are grown up	Strongly agree	2	2
	Agree	8	6
	Disagree	55	51
	Strongly disagree	35	41
	No response	1	0
I would not want to have a boy/girlfriend for longer than 3 months without having sex	Strongly agree	3	3
	Agree	12	9
	Disagree	55	53
	Strongly disagree	29	35
	No response	1	1
If you haven't got a condom it is still worth having sex because you might not get the chance again	Strongly agree	3	2
	Agree	10	8
	Disagree	45	44
	Strongly disagree	41	45
	No response	1	1
Girls who say 'No' to sex probably do not really mean it	Strongly agree	3	3
	Agree	16	12
	Disagree	56	57
	Strongly disagree	25	27
	No response	1	1
Girls who have had sex with several partners deserve a bad reputation	Strongly agree	7	7
	Agree	21	20
	Disagree	55	54
	Strongly disagree	16	18
	No response	1	1
N		**9454**	**4673**

A series of single response items. Due to rounding errors percentages may not sum to 100
All items required either 'strongly agree' or 'agree' as a response for an 'immature attitude'

Table A6: Responsible attitude towards sex

		% of comparison students	% of APAUSE students
I would not want to have a boy/girlfriend for longer than 3 months without having sex	Strongly agree	3	3
	Agree	12	9
	Disagree	55	53
	Strongly disagree	29	35
	No response	1	1
If you haven't got a condom it is still worth having sex because you might not get the chance again	Strongly agree	3	2
	Agree	10	8
	Disagree	45	44
	Strongly disagree	41	45
	No response	1	1
It is just too embarrassing to suggest using a condom	Strongly agree	1	1
	Agree	7	6
	Disagree	51	52
	Strongly disagree	39	40
	No response	1	1
If I was going to have sex I could talk or negotiate about it beforehand	Strongly agree	15	19
	Agree	65	64
	Disagree	16	13
	Strongly disagree	2	3
	No response	1	1
If you want to be sexually intimate but not have full sex it is better to talk about it first	Strongly agree	14	17
	Agree	69	69
	Disagree	14	11
	Strongly disagree	2	2
	No response	2	1
I will protect against an unplanned pregnancy whenever I have sex	Strongly agree	41	41
	Agree	46	47
	Disagree	8	8
	Strongly disagree	2	2
	No response	3	3
It's more important to keep you relationship going than to have sex	Strongly agree	29	36
	Agree	61	57
	Disagree	8	6
	Strongly disagree	2	1
	No response	1	1
I think it is better to wait until at least 16 before having full sex	Strongly agree	12	15
	Agree	47	48
	Disagree	35	31
	Strongly disagree	5	5
	No response	1	1
N		**9454**	**4673**

A series of single response items. Due to rounding errors percentages may not sum to 100
Items in italics required either 'strongly disagree' or 'disagree' as a response for a 'responsible attitude'

Table A7: Embarrassed attitude towards sex

		% of comparison students	% of APAUSE students
It is just too difficult to negotiate with your boy/girlfriend how far you would go in a (physical) relationship	Strongly agree	3	3
	Agree	25	23
	Disagree	55	56
	Strongly disagree	15	16
	No response	2	2
It is not possible to control embarrassment when talking about having sex	Strongly agree	3	3
	Agree	26	26
	Disagree	54	55
	Strongly disagree	15	15
	No response	1	1
I would find it too difficult to refuse to do something physically intimate with my boy/girlfriend	Strongly agree	6	5
	Agree	25	21
	Disagree	52	54
	Strongly disagree	16	19
	No response	1	1
It is just too embarrassing to suggest using a condom	Strongly agree	1	1
	Agree	7	6
	Disagree	51	52
	Strongly disagree	39	40
	No response	1	1
N		**9454**	**4673**

A series of single response items. Due to rounding errors percentages may not sum to 100
All items required either ‘strongly agree’ or ‘agree’ as a response for an ‘embarrassed attitude’

Table A8: Attitude towards sex education (How do you feel about sex education in your school?)

		% of comparison students	% of APAUSE students
It was boring	A lot	5	6
	Some	29	29
	A little	54	54
	None	8	7
	No response	3	4
I learnt a lot about sexual health	A lot	13	15
	Some	57	63
	A little	21	16
	None	5	3
	No response	3	4
It was useful	A lot	14	16
	Some	61	65
	A little	17	12
	None	5	3
	No response	3	3
I enjoyed the lessons	A lot	6	5
	Some	48	50
	A little	37	34
	None	6	5
	No response	4	4
I learnt a lot about relationships	A lot	7	9
	Some	41	46
	A little	40	36
	None	8	5
	No response	4	4
N		**9454**	**4673**

A series of single response items. Due to rounding errors percentages may not sum to 100

Table A9: Attitude towards sex education (girls only)

		% of comparison girls	% of APAUSE girls
It was boring	A lot	4	4
	Some	29	27
	A little	57	58
	None	8	8
	No response	2	3
I learnt a lot about sexual health	A lot	12	14
	Some	55	64
	A little	25	17
	None	5	3
	No response	2	3
It was useful	A lot	12	14
	Some	60	67
	A little	20	14
	None	6	2
	No response	2	2
I enjoyed the lessons	A lot	4	5
	Some	48	51
	A little	39	36
	None	5	4
	No response	3	3
I learnt a lot about relationships	A lot	6	9
	Some	40	45
	A little	43	38
	None	9	5
	No response	2	3
N		**4674**	**2414**

A series of single response items. Due to rounding errors percentages may not sum to 100

Table A10: Helpfulness of sex education (Do you think your school sex education helped or will help you to…)

		% of comparison students	% of APAUSE students
Deal with relationships	A lot	7	10
	Some	33	36
	A little	29	31
	None	27	19
	No response	4	4
Discuss or negotiate sex with a partner	A lot	9	12
	Some	30	35
	A little	30	30
	None	27	18
	No response	4	5
Talk to a health professional about your sexual health	A lot	11	13
	Some	31	35
	A little	30	29
	None	23	18
	No response	4	5
Manage or negotiate intimacy (physical aspects of your relationships)	A lot	7	9
	Some	32	37
	A little	32	32
	None	25	17
	No response	5	5
Obtain contraception if needed	A lot	26	27
	Some	37	40
	A little	20	19
	None	13	10
	No response	5	5
Talk about or negotiate using contraception if needed	A lot	17	18
	Some	37	42
	A little	25	24
	None	16	11
	No response	5	5
N		**9454**	**4673**

A series of single response items. Due to rounding errors percentages may not sum to 100

Table A11: Helpfulness of sex education (girls only)

		% of comparison girls	% of APAUSE girls
Deal with relationships	A lot	6	9
	Some	30	34
	A little	31	34
	None	31	21
	No response	3	3
Discuss or negotiate sex with a partner	A lot	9	13
	Some	27	35
	A little	32	32
	None	29	17
	No response	3	3
Talk to a health professional about your sexual health	A lot	12	14
	Some	31	37
	A little	31	29
	None	22	16
	No response	3	3
Manage or negotiate intimacy (physical aspects of your relationships)	A lot	6	9
	Some	30	37
	A little	34	34
	None	26	17
	No response	4	4
Obtain contraception if needed	A lot	28	29
	Some	36	40
	A little	21	19
	None	12	9
	No response	3	4
Talk about or negotiate using contraception if needed	A lot	18	20
	Some	37	41
	A little	27	25
	None	16	10
	No response	3	4
N		**4674**	**2414**

A series of single response items. Due to rounding errors percentages may not sum to 100

Table A12: Reported content of SRE

		% of comparison students	% of APAUSE students
Content of Sex Education	Taught lots of facts in sex education	27	32
	Taught lots on sexually transmitted diseases	43	52
	Taught lots/some assertiveness	49	79
	Taught lots/some morals	54	67
	Taught lots about contraception	51	57
	Taught lots/some about local family planning	58	64
	Had a pretend baby to look after	11	9
	Discussed emergency contraception	62	76
	Shown how to use a condom	60	47
	Single-sex SRE sometimes or more often	45	36
	No response	6	4
N		**9,454**	**4,673**

Numbers represent per cent of N giving each response within each group