

Final Report for 2002/2003 RE052

Process evaluation of SHARE

March 2003

Margaret Reid,
Margaret Reid Research and Planning

Published by NHS Health Scotland,
Woodburn House, Canaan Lane, Edinburgh, EH10 4SG
© NHS Health Scotland 2003

Contents

Summary

1. Introduction

- 1.1 Background and overall research aims
- 1.2 Specific research objectives
- 1.3 Method and sample
 - 1.3.1 *Sample summary – young people*
 - 1.3.2 *Sample summary - teachers*
 - 1.3.3 *Sample summary - parents*
 - 1.3.4 *Sample summary - managers*
 - 1.3.5 *Sample summary – other interested groups*

2. How SHARE is being delivered – in brief

3. Findings on the implementation of SHARE

- 3.1 Perceived endorsement at national and local levels
- 3.2 Commitment from school management
- 3.3 Advocacy
- 3.4 Multi-disciplinary issues
- 3.5 Training
- 3.6 Parental ‘approval’
- 3.7 Review and ‘sell-in’ of SHARE
- 3.8 SHARE and the involvement of Faith Groups

4. The educators’ experience of SHARE

- 4.1 Impact of SHARE training
- 4.2 Educators’ views of the aims of SHARE have evolved
- 4.3 Practical considerations that impact the teaching of SHARE
- 4.4 Customising SHARE
- 4.5 Evaluation
- 4.6 Comments on specific methods and materials
- 4.7 Serious gaps in SHARE from an educator’s perspective
- 4.8 SHARE and students with special needs

5. Young people’s experience of SHARE

- 5.1 What young people see as the aim of SHARE
- 5.2 How young people feel in SHARE sessions
- 5.3 Impact of the educator on young people’s experience of SHARE
- 5.4 SHARE and discussion
- 5.5 ‘Best’ SHARE lessons according to young people
- 5.6 SHARE sessions that don’t work so well for young people
- 5.7 General improvements to SHARE suggested by young people
- 5.8 Wholly teacher taught versus multi-agency
- 5.9 Lasting impressions for older teenagers

6. Parents and SHARE

7. SHARE moving on

Summary

This qualitative research study was commissioned to evaluate the implementation of SHARE, a 20-session teacher/educator-led relationship and sexual health education resource for secondary schools.

The overall objectives were to:

- update understanding of the experience of using SHARE
- identify obstacles to usage
- provide guidance on the further optimisation of SHARE.

A series of focus groups, mini-groups, paired depths and depth interviews (both face to face and by phone) were conducted, in areas where SHARE has been introduced, among 'users' and 'influencers' of SHARE. These are: Teachers; Secondary School Students; Parents; School Management; Health Promotion Advisors; Local Authority Policy Officers; Faith Groups. Insight was also sought from a small sample of personnel involved in The Healthy Respect Demonstration Project.

Fieldwork took place in February and March 2003.

Overall, SHARE provides a very positive experience for those involved i.e. for users such as students and educators, as well as for most of those interviewed who influence its use e.g. Local Health Promotion Advisors. The majority of those interviewed are enthusiastic about its various elements including aims and underlying values, training, ease of use as a resource, etc.

There is wide variation in the delivery of SHARE across schools. Class sizes vary as do the number of sessions delivered in a single year. SHARE is taught wholly by teachers, by guidance staff only, by those trained in SHARE and some who are not, and also via a multi-disciplinary approach.

A number of factors are essential to the implementation of SHARE and its continued effectiveness. When these are not present the implementation can be seriously curtailed.

The essential factors are:

- Perceived endorsement at national and local levels.
- Commitment from senior management in the school.
- A motivated team of educators within the school who act as advocates.
- And also, if taking a multi-disciplinary approach, close working links with non-teacher educators.
- Training.
- Parental 'approval'.
- A perceived need to review current programmes.
- Or, a 'sell-in' of the advantages of SHARE over current programmes.
- The early involvement of Faith Groups.

Both multi-agency and wholly teacher delivered methods are considered very successful by those involved with them. Each, however, has a particular area of improvement: around closer working links and better administration for the multi-agency approach; and enhanced application learning for the wholly teacher delivered approach.

There is a strongly held belief that SHARE must remain easy to customize. This allows the programme to meet local education policy, and indeed individual school strategies and frameworks. It also accommodates innovation and adoption of new materials and methods as they become available.

At the same time, however, there is a perceived need for SHARE to maintain its underlying values as core and beyond question to ensure that these and the overall aims of the programme are fully delivered.

Objectives around reducing teenage pregnancies and STIs are seen as remaining central to SHARE. At the same time, educators place great emphasis on providing young people with insight into the attitudes and skills that lead to healthy relationships. And much of this is believed to come from engendering open and honest reflection and discussion of sexual health and relationship issues.

Young people and educators largely agree on which sessions work best and which could be improved.

Young people are very enthusiastic about the practical, activity based methods integral to SHARE. They experienced it as an informal and fun (and therefore easier) way to learn.

They welcome being 'treated as adults/with respect'; as responsible decision makers, with some prior knowledge, whose opinions are sought and valued.

Young people consistently claim to be most engaged by focused discussions around topics; and where these are limited e.g. by very large class sizes, their experience seems less satisfactory.

When SHARE (indeed any sexual health and relationships education) has been limited to one or two sessions, young people claim to have been very let down by their schools.

Where there is a strong relationship between parents and school, parents generally trust the school to provide the sexual health and relationships education their children need.

Although detailed knowledge of SHARE is low among the sample of parents interviewed, when presented with SHARE in the focus groups, they are reassured by its values and the emphasis on relationships, rights and responsibilities.

Many parents believe they themselves lack the knowledge, communication skills and confidence to become more involved in sexual health and relationships education with their children. There is some evidence to suggest that where these skills and knowledge have been enhanced, parents can become an invaluable resource in this education.

Gaps in SHARE centre primarily on two areas:

- Inclusion of a lesbian, gay, bisexual and transsexual perspective. This includes methods and materials to deal with homophobia.
- And on an SHARE programme adapted for young people with special needs.

Themes for future development of SHARE are:

- Improving application issues.
- Whole school programmes – and indeed into primary schools. Some authorities have already embarked on this.
- Greater emphasis on the impact of alcohol and drugs on young people's sexual health and relationships decisions.
- Tackling mixed messages, especially from the media, about sex and relationships.

1. Introduction

1.1 Background and overall research aims

This study was commissioned to evaluate the implementation of SHARE, a 20-session teacher/educator-led relationship and sexual health education resource for secondary schools. The SHARE programme has been introduced into a number of local authorities in Scotland since it was originally piloted and researched by the Medical Research Council at Glasgow University.

There was a requirement to undertake qualitative research which would:

- update understanding of the experience of using SHARE
- identify obstacles to usage
- provide guidance on the further optimisation of SHARE.

1.2 Specific research objectives

Research was required to determine answers to these core questions:

- How is SHARE being used?
- How do political, religious, policy and management contexts influence the use of SHARE?
- What are the views of relevant groups, i.e. young people, parents, teachers and managers, about the experience of using SHARE?
- What are the barriers to using SHARE?
- What makes SHARE happen, or not happen?

Research was to provide a full exploration of users' initial comprehension and ultimate acceptance of the values and objectives of the SHARE programme. Information was also sought regarding expectations of SHARE among users, and the extent to which those expectations were met by their actual experiences of the programme.

Research needed to determine the nature of the emotional experience of using SHARE, particularly among the two groups most heavily involved, teachers/educators and students. Related to this was the need to assess the ability of SHARE to engage the participants; to discover how and why engagement failed, and to identify engaging elements and explore how these might be built upon.

The ideas of participants were to be sought regarding possible improvements to the programme and overcoming perceived barriers to its use.

Finally, research was required to provide clues to answering a fundamental question: what, if anything, does this information on the experience of using SHARE, tell us about the potential impact on the behaviour and attitudes towards sex and relationships of the young people involved?

1.3 Method and sample

Qualitative research was conducted among the target group for SHARE i.e. those who actively use SHARE, and those who influence the usage of SHARE:

- Teachers
- Secondary School Students
- Parents
- School Management
- Health Promotion Advisors
- Local Authority Policy Officers
- Faith Groups.
- Insight was sought from a small sample of personnel involved in The Healthy Respect Demonstration Project.

1.3.1 Sample summary – young people

Young females were interviewed in groups of 3 or 4 close friends, while young males were interviewed in friendship pairs. As far as possible, each respondent in a friendship group or pair was at a similar level of sexual experience – Aware, Experienced or Active.

Sample was split by those who (theoretically, if the full SHARE programme were implemented as planned) would have had 10 sessions (i.e. 3rd year students) or 20 sessions (older students) of SHARE. Interviews with young people were conducted in Highland, Dundee City, Edinburgh City and Forth Valley.

The sample of young females was made up as follows:

- Mini-group 1. 3rd years C2DE Aware.
- Mini-group 2. 3rd years ABC1 Aware.
- Mini-group 3. 4th years C2DE Aware.
- Mini-group 4. 3rd years ABC1 Experienced/Aware.
- Mini-group 5. 3rd years C2DE Experienced.
- Mini-group 6. 4th years ABC1 Experienced.
- Mini-group 7. Leavers C2DE Experienced.
- Mini-group 8. 5th years ABC1 Active.
- Mini-group 9. 5th years C2DE Active/Experienced.

The sample of young males was as follows:

- Pair 1. 3rd years C2DE Aware
- Pair 2. 3rd years ABC1 Aware.
- Pair 3. 4th years ABC1 Aware.
- Pair 4. Leavers ABC1 Aware.
- Pair 5. 3rd years C2DE Experienced.
- Pair 6. 4th years ABC1 Experienced.
- Pair 7. 4th years C2DE Experienced.
- Pair 8. 5th years ABC1 Active.
- Pair 9. 5th years C2DE Active.

1.3.2 Sample summary - teachers

Focus groups among teachers or educators were conducted in each of the following locations: Highland, Dundee City, Edinburgh City and Forth Valley.

1.3.3 Sample summary - parents

Three groups of parents of 3rd or 4th year pupils in schools which deliver SHARE were interviewed: a group of ABC1 mums, a group of C2DE mums, and a group of C1C2 dads.

1.3.4 Sample summary - managers

Members of senior management – rector or head of guidance – from SHARE schools were interviewed in depth in Highland, Edinburgh City, Dundee City and Forth Valley.

A series of depth interviews and mini-focus groups were conducted among Health Promotion Advisors in Highland, Tayside and Forth Valley.

Depth interviews were conducted among Local Education Authority Policy Officers in Highland, Glasgow City, West Lothian and Tayside.

1.3.5 Sample summary – other interested groups

A perspective was sought on SHARE from Catholic, Muslim and Free Church of Scotland Faith Groups in Scotland.

Depth interviews took place with a sample of Healthy Respect Demonstration Project Partners from Caledonia Youth, Health Opportunities Team, Parents' Project, and Stonewall Youth Project.

2. How SHARE is being delivered – in brief

There is wide variation in the delivery of SHARE across the sample.

The number of sessions varies from one or two sessions in a single year, to over ten, in some schools.

SHARE is currently being delivered by multi-disciplinary teams in some schools, wholly by teachers in others and by guidance staff only in some of these.

The majority of those delivering SHARE would seem to be SHARE trained but some are not.

Class sizes also vary. Some schools teach SHARE with one educator in a class of 30, others have classes of 30 students but with two educators and others have classes of 15-20 with one teacher. One school had experimented with classes of 20 and three educators delivering SHARE together.

Customisation of the SHARE programme is widespread. It allows educators to take account of practical issues e.g. class sizes; local education policy guidelines; and new materials from other sources which are believed to add to the programme.

While educators would like dedicated classrooms for SHARE sessions, they are rarely available. However, most classrooms with a few exceptions e.g. fixed bench science labs, are readily rearranged for SHARE's small and large group work.

3. Findings on the implementation of SHARE

Research suggests the following elements are essential to the successful implementation of SHARE:

- Perceived endorsement at national and local levels.
- Commitment from senior management in the school.
- Motivated team of educators within the school.
- And also, if taking a multi-disciplinary approach, close working links with non-teacher educators.
- Training.
- Parental 'approval'.
- A perceived need to review current 'programmes'.
- Or, a 'sell-in' of the advantages of SHARE over current programmes.
- The involvement of Faith Groups.

3.1 Perceived endorsement at national and local levels

The critical role of endorsement at a local level is to provide reassurance that the methods and materials of SHARE have been expertly developed and fit within the local education authority policy and strategic framework. Endorsement would likely also give some valuable priority status to the programme.

Teachers and other educators – and senior management, local authority managers and councils – can be concerned not to go beyond national guidelines and open themselves up to personal criticism. This can lead to reluctance to take the initiative in implementing/teaching SHARE (indeed any sexual health and relationships education). Endorsement at a national level i.e. by the Scottish Executive, would give much reassurance where it is required.

There is, however, some concern that endorsement might lead to SHARE being implemented in an over-prescriptive manner. This, it is feared, might stifle innovation such as the introduction of new materials and methods to the programme, and leave little room for tailoring to specific authority and school (even classroom) needs.

On the other hand, a concern was also raised that a recommendation to adapt SHARE 'as necessary' might allow schools and individuals too much manoeuvrability and enable them to side-step 'difficult to teach' issues if they so wished.

A suggested way through this is for the endorsement essentially to be of the underpinning values and aims of SHARE – so it is clear to all involved that they are not open to question and have full backing at a national level.

For some interviewed, the endorsement might extend to the training itself, as indicative of the importance of training to delivery of the values. SHARE is then seen as a coherent package of 'best practice' methods and materials to deliver the all-important values.

Where SHARE has been fully implemented, the majority of educators and school management seem confident that local policy guidelines and strategic framework have been satisfied. They also accept that HEBS offers some national endorsement, if only at the level of expertise and a national perspective. But some still see benefit in a more formal clarification of national guidelines or other clarification of the degree of endorsement for SHARE at a national level.

3.2 Commitment from school management

What does 'commitment' involve here? By and large it seems school management must see sexual health and relationships education as a priority albeit often among many priorities. This sometimes needs a catalyst, like higher than average teenage pregnancy rates or new Community School status.

Management must then be convinced of the potential of SHARE to meet the individual school's needs in this subject. Some success in promoting the effectiveness of SHARE has been achieved by local policy agencies in health and/or education and through reporting of the experience of other schools in the area that have had success with SHARE. Advocates of SHARE, i.e. usually trained educators, within the school also have a major role to play in convincing management of the effectiveness of SHARE.

Management must be confident SHARE – and therefore the school – is in line with national and local education guidelines on sexual health and relationships education.

Resourcing SHARE must also be forthcoming from management: ideally to provide a dedicated team of trained educators for maximum impact, with a special co-ordinator to help meet training requirements. Suitable timetabling, parental involvement and, where appropriate, the smooth involvement of outside agencies were also mentioned as areas demanding commitment of resources.

As an example of the problems of implementation of the programme where school management are not comfortable with SHARE, this study encountered more than one school where a curtailed version of the programme had been introduced. This seemed entirely due to management issues and despite an enthusiastic, organised and skilled team of trained educators supporting it.

This curtailed programme was perceived as inadequate by the small sample of young people interviewed who attended such schools.

3.3 Advocacy

For full implementation SHARE needs an advocate (ideally a team of them) within the school that actively makes it happen - by gaining the support of school management, planning the programme, organising staff to teach it, sometimes initiating training, co-ordinating actual teaching and resourcing and providing a supportive team ethos. Without the above, teachers can return to school motivated by the training – and other agencies can offer teaching and support – but SHARE will be implemented as a ‘gap filler’ at best.

3.4 Multi-disciplinary issues

Close working links with other educators in a multi-disciplinary approach raise other issues. A multi-disciplinary approach inevitably entails additional administration. Simply fitting schedules of agency personnel with a school’s timetable can be difficult, as can resourcing e.g. 5 classes all requiring the same agency/lesson/materials at the same time.

Such a setup is demanding of pre-planning to agree objectives/respective roles and materials for a lesson and for teachers to give insight into specific needs and sensitivities of individual classes and students.

A dedicated administrator in each school would ease such scheduling and resourcing issues. Building in a lesson pre-planning session with teacher and agency would maximise effectiveness of SHARE.

3.5 Training

SHARE training has been organised in various ways. Two, three or five day courses; whole school, guidance team only; multi-agency or teacher-only courses; residential and daytime; were encountered.

There is consensus over the core benefits of training (in whatever ‘type’) as it affects initial implementation of SHARE. Interviewees commented on enhanced motivation and enthusiasm, a belief in the values of SHARE and the programme’s efficacy and a sense of SHARE’s importance. They were also convinced, through this dedicated training of the high worth of educators to SHARE’s delivery.

Some authorities recommend school management are SHARE trained so they can recognise and endorse these benefits.

Whole school training seems to ease implementation. The entire team go back as a powerful pressure group with shared purpose.

Multi-disciplinary training, in its turn, eases implementation by forging invaluable links between agencies and schools and offering insight into the various disciplines and their respective roles in the team prior to going 'live' in a school.

To maximise implementation, many across the sample suggested volunteers for training (and subsequent teaching), at least in the first 'wave'. These participants would be already motivated and possessing the belief that they can teach sexual health and relationships from the outset.

3.6 Parental 'approval'

There is a strong belief that involving parents at the start of the programme reduces the risk of misinformation and unwarranted anxiety from that quarter.

Consultation currently takes many forms including letters telling parents the programme is starting; dedicated parents evenings to go through materials prior to teaching; and using the school board to review SHARE prior to adoption.

Where there has been a strong relationship of trust between school and local parents, SHARE has been introduced very smoothly.

Virtually no negative feedback from parents at consultation has been registered by the schools and authorities interviewed. There is consensus among managers and educators that SHARE does not go beyond what parents want, indeed it is seen as reassuring parents with its emphasis on relationships, respect and responsibility.

3.7 Review and 'sell-in' of SHARE

For SHARE to be implemented (or considered for implementation) it often requires a catalyst at school or local authority level. This is followed by a review of current programmes and the subsequent identification that needs could be better met.

Once local policy guidelines are in place there seems to be a role for local health and education officers to 'market' SHARE by raising awareness of the programme and outlining the benefits, for instance through meetings with health co-ordinators; and by pulling together testimonials from schools who have had success with the programme.

Local managers also have a crucial role to play in co-ordinating training. Where they can, and have, offered resources, such as paying for training or cover for staff, this has been welcomed and has eased implementation.

A suggestion was made that this group also has a key role in encouraging and co-ordinating follow-up support and refresher training.

3.8 SHARE and the involvement of Faith Groups

There is agreement from all influencers and educators that Faith groups should be consulted nationally at pre-implementation stage. For SHARE to be introduced to denominational schools, approval and endorsement must come from the 'top'.

A practical procedure for progressing the implementation of SHARE into denominational schools was suggested.

The National Catholic Education Commission could be approached to set up a working group including teachers, parents and health workers, to review methods and materials with the aim of adapting SHARE for use in Roman Catholic schools. It is anticipated that this would involve the addition of materials to SHARE and not a total overhaul of the programme. This working group would then take recommendations to the NCED who would seek approval from the Bishops. Timing for such a scheme is propitious, with the imminent appointment of a new Director of Catholic Education Services and support team.

The Muslim faith shares the concerns of some other faiths regarding sexual health and relationships education, on issues of pre-marital sex, contraception, etc. A process model similar to that suggested for denominational schools, seeking approval from a Muslim authority (e.g. Pakistani Society as a start point) to reassure parents might prove viable. Thereafter it would be valuable to hold informal meetings with Muslim parents where they are taken through SHARE – particularly the underlying values. If parents find it inappropriate to take young Muslims through SHARE in school an alternative would be to run sessions in local Muslim community centres, lead by teams that include trained SHARE educators and Muslims.

4. The educators' experience of SHARE

Research discovered a real enthusiasm among educators for what they perceive to be the essential elements of SHARE:

- Overall aims and values
- Training
- Structure of the programme
- Sense of progression in the programme
- Ease of use as a resource
- High quality of most materials
- Adaptability/flexibility of the programme

Multi-agency and teacher team approaches are both seen as successful by those involved in each.

4.1 Impact of SHARE training

Educators see SHARE training as invaluable, often inspiring. It had encouraged them to explore their own attitudes and values concerning sex and relationships. In doing so it had also enabled them to experience some of what students will eventually feel in SHARE sessions – a sort of role reversal.

The training had successfully imparted confidence in the methods and materials of the programme. Where appropriate it had encouraged team building.

Educators were able to understand and share the aims of the programme right from the start, and go back to school highly motivated.

Sample sizes make it difficult to contrast the experiences of those with e.g. 5 days versus 2 days training, however, all claimed great, and similar, benefits.

The strong team ethic established among those teaching SHARE within a school leads some schools to consider the formal training of new staff unnecessary. Other schools (with seemingly equally strong team cultures) and agency personnel believe the exploration of personal values and confidence building provided by the formal training programme too important to miss out. Also, some feel the training is essential for those unused to discussion-based teaching.

A serious concern was raised that experience within a school becomes diluted as teachers move on and training is not available for new staff. This is considered to have most impact on the understanding and acceptance of the ethic of the programme in the school.

An additional benefit of SHARE training is the belief that the teaching skills involved in SHARE are transferable – with positive impact –to teaching other subjects.

4.2 Educators' views of aims of SHARE have evolved

Educators know of the 'hard' targets of reducing teenage pregnancies and STIs that SHARE aims to tackle – these remain valid objectives. It is recognised that SHARE has a difficult task in encouraging application of learning which naturally affects meeting these objectives. And giving young people the practical knowledge to make informed decisions, which SHARE seems to do extremely well, remains of fundamental importance.

However, providing young people with the wherewithal to have healthy (sexual) relationships has come to the fore for most educators.

Educators believe that core to this is encouraging reflection and open and honest discussion of young people's attitudes around rights and responsibilities and those that make for healthy relationships; as well as equipping young people with the skills to make and implement their decisions. This last objective, skills provision, is widely held to be the most challenging.

Educators can take a very long-term view of their objectives and the objectives of SHARE: "To give young people the skills to talk to their own children such that this next generation has a better experience of (sexual) relationships."

4.3 Practical considerations that impact the teaching of SHARE

Class size has an enormous impact on how SHARE is taught. Classes of 30 with one educator are not seen as ideal. Small group work is seen as less effective as it is difficult to get round all of the groups and whole class discussion is extremely difficult to facilitate. Thus greater emphasis, in these circumstances, is placed on teacher led lessons and written responses.

Those with classes of 15-20, or with pairs of educators in larger classes, are able to generate more discussion with students (along SHARE guidelines) and claim very positive experiences.

Delivering SHARE sessions in blocks is seen as particularly effective because trust is more easily maintained between sessions and progression is more readily recognised.

Educators rarely have access to a dedicated SHARE classroom – and usually a school would need several at once. The types of rooms (e.g. science labs, music rooms, language labs) which cause most difficulty, but are still used, have immovable fixtures which cannot be rearranged for informal discussion and small group work.

Open plan (in fact, any non-dedicated room) demands extra care, for issues of privacy, confidentiality and disrupting the lesson next door through increased noise levels.

4.4 Customising SHARE

All educators interviewed customise SHARE to some extent – and insist on being able to continue to do this. This is seen as essential to accommodate practical situations, reflecting the number of sessions on SHARE that school policy outlines (it varied from 1 session a year to 10 in the subjects of this study), the class size, the maturity of the young people in individual classes and the extent of their sex-education prior to SHARE.

Educators want to be able to integrate new, valuable materials and methods from other sources, e.g. the video on STIs, 'Billy Ballgreedy', from Family Planning Association. They also wish to see continued innovation in sexual health and relationships education at school or authority level.

4.5 Evaluation

Evaluation is ongoing among educators, though on an informal basis, with regular practical discussions being reported, helped by a strong team ethos among SHARE educators in schools. The aims are primarily to share experiences and solve problems.

Some schools reported that they assess the effectiveness of their programme by the openness and maturity of discussion their students have on related issues – especially as observed by visitors.

Information on the extent of the original SHARE pilot and MRC evaluation would provide reassurance to those who raised the issues of measuring success on a more formal basis.

4.6 Comments on specific methods and materials

Educators agree with young peoples' views of which methods and materials work especially well (see later). They see the discussion of rights and responsibilities as fundamental to the programme, and some educators reiterate these frequently.

Role reversal sessions can be difficult – and sometimes are dropped by individual teachers. When they work, however, they are considered very rewarding.

The SHARE session encouraging positive comments about classmates often demands more maturity than many early in 3rd year possess, so this is sometimes dropped or used later. Young people themselves can claim not to see the point of this exercise.

The 'Anne' scenarios, in particular, were singled out by educators as demanding high literacy skills that can be problematic for some young people.

Several educators requested updated videos, feeling this material now looks out of date.

However, recent trainees are uncomfortable with the new 'Anne and Stuart' video. While, they agree, it is often the case that young women need to take control in such situations and this must be addressed, the video seems 'unbalanced'. Educators believe it provides no clear indication that or how the young man could act responsibly. There are therefore concerns over how some young men might be left feeling after watching this video.

Clearly, if this video is to be used it must always be accompanied by a detailed discussion of issues with the young people and also a full debriefing by the educator at the end of the session.

4.7 Serious gaps in SHARE from an educator's perspective

Consistent mention was made of certain areas which SHARE needs to cover in much more depth. Lesbian, gay, bisexual and transsexual perspectives need to be more fully included, ideally throughout the programme rather than as an add-on section. The Clause 28 debate, two years before this study, seems to have made some educators very cautious in this area.

Guidance was also requested on how to cover homophobia, perhaps as a session topic in its own right, as well as how to handle ad-hoc homophobic comments and attitudes in SHARE sessions.

A widespread demand for SHARE methods and materials for those with special needs was made by educators and influencers.

4.8 SHARE and students with special needs

A consistent observation by teachers, managers and agencies is that SHARE makes fairly high demands on literacy skills, comprehension skills and emotional maturity.

Teachers and educators who teach young people who have special needs (and they are often more vulnerable and in need of the information and skills covered by SHARE than the average young person) find SHARE difficult to adapt. They would welcome consultation and an adapted programme.

It was reported that parents of children with special needs are often so keen to have help with this education that they would deliver it themselves!

5. Young people's experience of SHARE

Whether they have been through 2 SHARE sessions or 20, wholly teacher taught or multi-agency, young people claim the experience is very positive. They welcome being 'treated as adults/with respect' - as responsible decision makers, with some prior knowledge, whose opinions are sought and valued.

Broadly, students are very enthusiastic about SHARE as a practical, activity based programme involving peer group discussions. They experience it as an informal and fun (and therefore easier) way to learn.

Overall satisfaction with SHARE sessions seems higher in schools which could readily offer both small and large group work – particularly focussed discussions.

Common criticisms among young people are that SHARE is taught too late at 3rd and 4th year; that there is too much written work to be done on their own; and that lessons in some schools are too short at 45-50 minutes such that important and enjoyable discussions are cut short.

The young people interviewed have an incredible thirst for knowledge and discussion around sexual health and relationships. This can lead some to request that no time is wasted on revision and that sessions constantly provide them with new information and topics to think about.

If the school seems to take sexual health and relationships education seriously – which is seen as true of schools where SHARE is well in place – the young people interviewed believe an important need of theirs is being covered i.e. the school is doing its job! This has obvious implications for mutual respect between young person and school. Young people also believe that if the school takes this aspect of education seriously (as it often does with drugs) it emphasises that they themselves ought to as well.

5.1 What young people see as the aim of SHARE

Young people interviewed seem very aware of the value of SHARE to them. It provides expert and up to date information in an involving and enjoyable way, and gets them thinking and talking about sexual health and relationships.

At the very least SHARE is perceived as giving them information on how to protect themselves from pregnancy and STIs, and up to a point on how to get help if they need it.

SHARE is also recognised as about helping them to be prepared and take the right decisions about sex and relationships. Young people seem to see the starting point for this as finding out what everyone else - especially the opposite gender - thinks, wants, is up to!

5.2 How young people feel in SHARE sessions

Understanding how young people feel in SHARE sessions can be an indicator of how effective the programme is.

Most students said they had anticipated feeling embarrassed and perhaps gone into their first SHARE session with some anxiety. They had hoped to learn but were sometimes sceptical.

However, virtually all seemed to have been positively surprised that SHARE sessions were generally enjoyable. They claimed to have learned important things and they felt respected (i.e. treated as grown-ups). Young people recognise that SHARE needs an atmosphere of safety, trust and honesty to work best.

Thus those who have experienced SHARE would advise new learners: don't be embarrassed, you will learn a lot and still have a laugh. And that the best thing to do is join in with the activities and discussion; don't be scared to ask questions; be open and say what you think; and be willing to change your mind.

5.3 Impact of the educator on young people's experience of SHARE

The confidence and attitude of the educator is seen as having a marked impact on the experience of SHARE for the young people interviewed. When the educator is relaxed and open, young people believe the educator knows the subject; they feel comfortable using their own language and believe they can have better discussions with everyone.

Young people report that they want the educator to take SHARE sessions seriously but be relaxed enough to laugh. The educator must want to hear the young person's opinions; not be shocked at what they say/ask; not tell them what to think; and not direct questions at individuals.

Trust in confidentiality remains central to getting the most out of SHARE lessons and young people know this must be maintained.

For the majority of the young people interviewed, educators seem largely to have delivered on these demands.

5.4 SHARE and discussion

Compared to teachers, students seem less conscious of practical issues around class layout and privacy, except when it actually interferes with good group discussions.

Young people especially appreciate hearing what everyone else in their peer group thinks. It is particularly interesting for them to hear from the opposite gender and 'popular people'.

They believe more ground can be covered in discussion as opposed to written work. Young people perceive that discussion encourages them to think more about the issues, and challenges what they think they know. Even when watching a video, young respondents report that they are more inclined to think about it and take in more when they discuss it afterwards. For those who do not want to talk, young people believe that this group still derives great insight from simply listening and learning from the opinions of educator and peers.

Young people also claim discussion makes the SHARE session more adult, serious and important. Adults discuss things.

A strong bond was mentioned by some that emerges in the class when SHARE discussion is working especially well, and reported that this can be disrupted easily, for example, by newcomers joining the group.

Young people (including many boys) often personalise the information they cover in class, later in discussions among friends outside school.

The SHARE session is here perceived as acting as a conversation starter and allowing the young people to speak with increased knowledge and insight.

5.5 'Best' SHARE lessons according to young people

Consistently, lessons on STIs are singled out for praise. Students report they learn a great deal of factual information in these sessions, particularly bringing home the need for protection to both boys and girls. These sessions can prompt some to think more seriously about casual sex, and gave some girls more 'courage' to carry condoms.

The condom demonstrator is seen as a surprising lesson and really funny, but with a serious point. It gives welcomed practical insight.

The Talking about Sex session seems to work really well by young people in creating the right atmosphere and setting the rules for future lessons.

For 3rd years, the session on legal issues around sex, for example underage sex, is new news for many and had clearly made an impact on their thinking.

Videos generally are welcomed, especially if followed up with discussion on the issues raised. Students like to see young people in situations they might find themselves in, talking the way they would talk. Some videos (not necessarily SHARE ones) are considered an enjoyable way of getting a message across well.

True and false quizzes are popular with some students. They are seen as an effective way of blowing away myths. They allow young people to find out that they know the same as everyone else.

Means of asking anonymous questions are generally welcomed and taken seriously i.e. usually demanding an authoritative answer.

While the specific sessions mentioned above are rated highly by young people, the discussion element of SHARE remains most engaging for them.

5.6 SHARE sessions that don't work so well for young people

There was criticism from girls across the sample that the videos as a whole seem to concentrate too much on the girl's thoughts, decisions and responsibilities. As supporting evidence for this view, a couple of boys interpreted the message of the Claire and Ally session as "girls can mislead you"!

Some students do not see the point of the traffic lights session. Nor do some 3rd years interviewed understand the aims and benefits of "say a nice thing" session and felt very uncomfortable doing it.

Some young people interviewed – usually those in schools who find discussion-based work difficult to conduct for practical reasons - claim that self-completion worksheets can seem endless and tedious. Their preference is for more involving group exercises, or at least a good balance. The True or False worksheets for example could work well as a team quiz.

Body shape drawings and the mirror 'exercise' were some of the few materials mentioned by young people as "really embarrassing".

5.7 General improvements to SHARE suggested by young people

Many of the topics in SHARE need to be covered earlier in the lives of young people: both practical knowledge based sessions and those around skills in relationships. There is a strong perception by young people that the schools are lagging behind. Issues within the SHARE remit are today being raised earlier for them, by TV soaps, friends, magazines, their own experiences and of course, their parents.

Large class sizes, hence relatively little participation, might explain a request from several young people to have more class-wide discussions.

Spontaneously, several across the sample mentioned that homosexuality was barely covered by SHARE and that it should be.

More is also seen as needed to link alcohol (getting drunk) and to a lesser extent drugs, with the likelihood of unsafe decisions around sex and relationships.

Young people would appreciate more insight from people closer to their own age. Those they believe have some very recent first hand experiences of the issues around sex and relationships they are now facing. Some schools have recognised this to an extent and, for example, are actively encouraging older students to educate/mentor younger students in some social subjects.

There is a demand for even more help with 'skills' development: dealing with peer pressure; knowing "how you know you are really ready"; recognising a good relationship; and making a relationship better.

5.8 Wholly teacher taught versus multi-agency

There is only limited information from young people on this matter.

There is little dissatisfaction from young people interviewed from wholly teacher taught SHARE programmes, where the programme is well entrenched and trust has been established.

A consistent request was, however, a chance to meet local health agencies like Caledonia Youth, to be reassured of the attitudes of real people there and of the help they might be able to provide. Leaflets and information are seen by young people as simply not enough.

This attitude is reinforced by the agency personnel interviewed in this study, who would go further and suggest an educational visit to the agency so that a young person's first visit would never be in a crisis and any previous negative experiences with health services are effectively countered.

Those young people who have experienced multi-agency teaching, or felt some dissatisfaction with teacher-only sessions, see clear benefits. Agency staff are perceived as having greater expertise in their field, be it medical or dealing with youth issues. A multi-agency set-up immediately establishes different ground rules and 'atmosphere' to normal lessons - essentially those elements which SHARE sets out as important.

There is also a perception of greater confidentiality from the outset as well as the comfort of anonymity when dealing with a youth worker or a nurse as opposed to a teacher: "They can't discuss what you say in the staffroom later and you won't meet them in your geography class!".

5.9 Lasting impressions for older teenagers

A very small sample of older teenagers – 5th years and recent school leavers - were interviewed to give feedback on lasting impressions from SHARE and what they had subsequently found most useful from what they had learned.

These older teenagers suggested they probably found it easier to talk within, and about, relationships than they might otherwise have done. They also feel that they know/had known what to expect in subsequent experiences. Knowledge about protection almost went without saying.

On the other hand, those older teenagers who have not experienced SHARE (or had minimal exposure to it) believe, on reflection, they had been very vulnerable in their earliest sexual encounters. They claim they had been forced to learn for themselves from girl's/women's magazines, family planning, friends, mums or simply trial and error! They believe very strongly that sexual health and relationships education at school would have helped them most with peer pressure.

These young people have a sense that they have been let down badly by school, perhaps summed up by the comment "Schools or parents can't pick and choose what we need to know."

6. Parents and SHARE

Consultation of parents on SHARE varies widely by school and over time.

When SHARE was first introduced to the school, some held dedicated evenings for parents to come to review materials and ask questions. But to do this every year is sometimes considered unsustainable and unnecessary. Parents in subsequent years are thus given notification that SHARE is about to be taught to their child and that they can find out more and discuss this further with staff as required.

Some schools have found that notification of this sort is sufficient parental involvement from the start of the programme.

Parents in this study expressed views that are of general relevance to any sexual health and education programme, and are not specific to SHARE.

All of those parents interviewed have a mostly positive perception of their child's school. They are largely content to leave sexual health and relationship education in the hands of the school. They trust the school to have expert and up to date information, to teach specifics at the right age and to inform and not 'promote'. Few had sought details of the programme in their child's school.

When pressed, parents are most keen that the school covers relationships as much as the biological/practical aspects of sexual health.

Few of the parents interviewed had any depth of knowledge on details of SHARE (or any other sexual health and relationship education) in their child's school.

When introduced, as part of this research, to the underlying values and aims of SHARE all parents were positive, supportive and actively impressed. They had previously, spontaneously listed as important some of the aims around rights and responsibilities inherent to SHARE.

Parents anticipate difficulties with the suggestion that they might become more involved in delivering SHARE. They cannot envisage what this might entail. Many lack confidence in communicating these issues, believe they do not have up to date information and can find it very difficult or "embarrassing". Those who can talk to their children about sexual health and relationships feel their child would not welcome or need added involvement.

Tips on answering awkward questions and guidance on how and when to initiate sexual health talks, however, would be welcomed by the majority of those parents interviewed.

Some parents believe they have a natural introduction to such discussions with their daughters around the onset of menstruation, but are uncertain of the 'trigger' for initiating conversation with sons.

When to cover which issues remains a big question for parents, and can cause particular anxiety if they believe their child is especially mature or conversely, immature.

Where parents have, or have been given the information, skills and confidence to discuss sexual health and relationships with their children it is reported that they, of course, become valuable and highly motivated educational providers.

It is worth noting that a few of the mothers interviewed, unlike the majority, are not happy to leave sexual health and relationships education to schools for fear that their child does not 'fully understand' the implications.

These mothers seem particularly protective of their teenage children, and are concerned that sexual health and relationships education might happen "too early" in schools. They believe that if their teenagers are not given information or insight into such issues they will not have to make decisions around them, and thus will not make the "wrong" decisions.

The feedback, as covered earlier, from young people who have been given only very limited, or indeed no, formal sexual health and relationships education in schools, tells us that they seek insight through other channels which can be far from reliable.

7. SHARE moving on

Suggestions were sought as to how SHARE could be developed long-term.

- Several authorities and schools recognise the need to introduce and benefit from introducing SHARE values and methods into programmes starting in S1 or indeed in primary school.
- Work has been done to integrate SHARE into whole school programmes – from 1st to 6th year - with a coherent progression through sexual health and relationship issues. This is seen by some as the way forward for SHARE long-term, and there is a degree of disappointment that the latest SHARE draft does not move further towards this 'whole school' approach.
- It was suggested that a primary schools programme based on the SHARE values, and preparing the ground for talking and learning about sexual health and relationships, should also be developed.

- More thorough integration of means of tackling the impact of alcohol and drugs on young people's sexual health and relationship decisions should be brought into SHARE.
- The mixed messages young people get about sex and relationships, particularly from the media, could be addressed in the SHARE programme.
- A request was made for further thinking in SHARE on the 'value' of sex and relationships e.g. what constitutes a good sexual relationship.
- There should be more work on improving application issues – it is believed by advocates that a multi-agency approach to SHARE will improve this follow-through of learning to application.
- It is a widespread belief among those interviewed that there needs to be a strategy to deal with pressure groups and the minority objectors to SHARE. In fact, it would be invaluable to have an authoritative spokesperson whose role is to counter misinformation promulgated by elements of the media and others about sexual health and relationships education generally.