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Research in Public Health

# Evaluation of the Ur Choice Relationships and Sex Education programme in Bradford schools: September 2014 – May 2017

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# Table of Contents

Plain English Summary .....	5
Background .....	5
Ur Choice.....	5
Evaluation aims and objectives.....	5
Evaluation work packages.....	6
Introduction .....	9
Background to Ur Choice .....	9
Development of Ur Choice.....	9
Evaluation aims and objectives.....	11
Evaluation work packages.....	11
Literature Review.....	12
Literature review aims .....	12
Literature review methods .....	12
Literature review findings .....	13
Factors influencing school engagement in and delivery of RSE.....	13
Case Study Methodology .....	18
Study Design .....	18
Analysis and findings .....	19
Findings .....	22
Teachers’ and external delivery partners’ perceptions of factors influencing school engagement in the delivery of Ur Choice .....	22
Introducing and delivering Ur Choice.....	23
Situation within curriculum.....	23
Personal characteristics of delivery team .....	24
Co-delivery with health and other professionals.....	26
Peer educators.....	27
Delivery .....	27
Content .....	29
Sustaining Ur Choice in schools .....	29
Factors influencing young people’s experiences of Ur Choice .....	30
Delivery team.....	30
Gender .....	31
Lesson content, materials, and structure .....	32
Discussion and implications .....	35
Links between Ur Choice findings and the literature review .....	35
Pre-programme activity .....	35
Introducing and delivering the programme.....	36
Sustaining the programme.....	37
Ur Choice specific findings .....	38
Suggestions for content improvement.....	39
Final remarks and limitations of the study.....	39
Implications of the evaluation of Ur Choice for policy makers, teaching staff, external delivery teams and young people:.....	39
Acknowledgements .....	41



# Plain English Summary

A summary outlining the background to the evaluation of Ur Choice, the methods used to conduct the evaluation, the main findings and conclusions

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## Background

It has been well established that education and health are closely linked. Although teenage pregnancy rates in the United Kingdom (UK) have been falling, rates remain poor when compared to other European countries. Good quality, school based, age appropriate, Relationships and Sex Education (RSE) is associated with being older at sexual debut, and being more likely to engage in safer sexual practices.

## Ur Choice

Ur Choice is a RSE programme currently being implemented in secondary schools in the Bradford Metropolitan District Council area of England. The programme was developed by Bradford Metropolitan Council in 2009-10. Its ethos follows the idea that no one individual has all the answers around sexual health and that contribution from a number of people often provides a balanced educational input. For this reason, Ur Choice was developed to be co-delivered by health professionals, teachers and peer educators. The programme was developed in consultation with young people in Bradford, giving them a chance to shape it, and to ensure that it reflected their perceived RSE needs.

Ur Choice is intended to offer opportunities for young people in years 9-11 to explore relationships and sexuality in a safe, healthy, and fun way. It comprises of both peer and adult delivered sessions for Y9 and Y10 pupils. The peer sessions are designed to be delivered by six formers at the same school and the adult sessions are co-delivered by a health worker (school nurse, youth services, and voluntary sector) and a teacher. With regards to the content of programme, in Y9 the topics covered include STIs, conception, consent, confidentiality, sexuality and stages in a relationship. The Y10 programme expands on these topics and includes more details around legal rights, abuse and pornography. More recently delivery of the programme has been extended to include young people in years 7 and 8 (ages 11-13).

## Evaluation aims and objectives

The overall aim of this evaluation was to identify key assets, facilitators and barriers in the implementation of Ur Choice in Bradford secondary schools, in order to inform the future delivery of the programme and enable optimal support in terms of infrastructure, training, and resources.

The objectives were to:

1. Examine the assets, facilitators and barriers to schools' engagement with the Ur Choice programme

2. Investigate what resources, training, and infrastructure are needed for schools in the future to deliver Ur Choice

### **Evaluation work packages**

In order to meet the aims and objectives of the evaluation two distinct work packages were undertaken:

1. A review of current literature to explore factors which are known to enhance the engagement of schools in health promotion activity, particularly those relating to RSE
2. Comparative case studies in three schools, including observation of lessons, interviews with delivery staff and focus groups with young people who had received Ur Choice

### **Literature review aims**

A literature review was undertaken to explore the available evidence relating to factors, which are known to enhance the engagement of schools in health promotion activities.

### **Literature review methods**

Five major databases were searched from 2010 to 2017. 'Grey' literature was accessed from sources known to the researchers and also the websites of major national voluntary sector organisations.

### **Literature review findings**

The findings of the literature review around the factors influencing school engagement in and delivery of RSE are categorised in 3 main areas namely pre-programme activity, introducing and delivering the programme and sustaining the programme. These main

categories along with the subcategories in each of them are briefly presented below.

1. Pre-programme activity: the steps that need to be taken to facilitate school engagement. These are:
  - a. Developing relationships with stakeholders
  - b. Assuring those delivering the programme receive appropriate training in order to enable them to discuss and deliver sensitive topics
  - c. Developing an RSE curriculum that is comprehensive, fit for purpose, and fits the school ethos
2. Introducing and delivering the programme: what commissioners need to provide schools with to ensure a smooth introduction and delivery of an RSE programme, and how teachers operationalise the programme
  - a. Support for teachers to increase their confidence discussing sex and relationships
  - b. Provision of standardised materials ready for delivery
3. Sustaining the programme: common challenges that schools face in their attempt to sustain an RSE programme.
  - a. Time constraints
  - b. Financial restrictions

The findings of the literature review were used to inform the comparative case studies that were conducted.

## **Case Study Methodology**

### **Study Design**

A qualitative cross-comparative case study of three schools delivering the Ur Choice programme was undertaken (between September 2014 and June 2017).

Normalisation process theory (NPT) was used to interpret, theme and organise the findings.

### **Case study selection**

The sample of schools that took part in the evaluation included:

1. Two schools highly engaged with the delivery of Ur Choice
2. One school newly delivering Ur Choice

### **Participant selection**

A purposive approach to sampling participants in data collection in the case study schools was undertaken which included four distinct stakeholder groups within the evaluation: those responsible for developing and commissioning the Ur Choice programme, health professionals and voluntary sector workers responsible for co-delivery of the sessions, teaching staff responsible for co-delivery of sessions, and young people as the consumers of the sessions.

### **Data Collection**

Data were collected through semi-structured interviews and focus groups and analysed using a Framework Analysis approach.

### **Findings**

Teachers and external delivery partners discussed a number of factors influencing school engagement in the delivery of Ur Choice. The main factor for teachers'

engagement was that Ur Choice was offered as a package with training and support provided as well as access to experts to deliver Ur Choice alongside teachers.

Teachers also talked about the intricacies of introducing and delivering Ur Choice as well as situating it within the curriculum. They offered views on the personal characteristics of delivery team (both for teaching staff and external teams) and their experiences of co-delivering Ur Choice with health and other professionals.

In addition, teachers and external delivery partners offered their views on peer educators, their experiences of delivering Ur Choice and provided comments and recommendations for content improvement. Lastly, teachers discussed the practicalities of sustaining Ur Choice in schools.

With regards to young people's experiences of Ur Choice, they talked about the delivery team and the characteristics of the ideal person to deliver RSE in general. They also commented on the content of Ur Choice, the materials and the structure of the sessions.

### **Discussion and implications**

The findings of this evaluation highlight both similarities and differences to the literature around RSE. Ur Choice was found to have many strengths; forming relationships with stakeholders being pivotal. The support and the training provided were commended by teachers and external delivery staff as was the content and provision of materials. The

adaptability of Ur Choice was also seen as a strong point.

Young people also felt that Ur Choice was enjoyable. However, they made a number of suggestions regarding the content, the preferred delivery team and the mode of delivery.

Notably, the majority of participants (teachers and young people) did not agree with having peer educators delivering the programme.

Data collection was limited to three schools who were engaged with the programme and to pupils they selected to take part. So, caution should be exercised in interpreting the results as they may not be representative of schools that did not engage, or stopped engaging, or of a wider range of pupils' views.

Recommendations based on the findings of the evaluation of Ur Choice are provided mainly regarding engagement of schools, sustainability of Ur Choice within schools and improvements of the content of the programme.



# Introduction

## Background to the Ur Choice programme, aims, and objectives of the evaluation

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### Background to Ur Choice

There is well established research evidence that shows that education and health are closely linked; pupils with better health and wellbeing are likely to achieve better academically [1]. However, less is understood about how and why this happens and how to support programmes that bring-about these benefits.

### Relationships and Sex Education

Although teenage pregnancy rates in the United Kingdom (UK) have been falling, rates remain poor when compared to other European countries [2]. In the UK, rates of sexually transmitted infections remain high with the majority of new diagnoses being accounted for by young people aged 16-24 years old [3]. Moreover, there is evidence that early sexual relationships are often unsatisfactory and can lead to regretted sex [4].

There is evidence that good quality, school based, age appropriate, Relationships and Sex Education (RSE) is associated with; being older at sexual debut, and being more likely to engage in safer sexual practices. In addition, women are less likely to feel forced into sex, of feel incompetent and, distressed about sex. Abortion rates are also lower [5].

In England, RSE is not currently compulsory in all schools, though there are plans to change this [6]. This latest RSE policy document states that all schools (both primary and secondary) will be required to deliver age appropriate RSE by 2019. Although the specific content of the subject will be developed by the school, certain topics must be covered such as different types of relationships and healthy relationships, safety online and factual knowledge around sex and sexuality in the context of relationships [6]. With regards to the parents' right to withdraw their child from RSE, this will remain possible for secondary school children but not for primary [6]. This guidance is partly a result of Ofsted reporting that over a third of English secondary schools lack good quality RSE provision [7].

### Development of Ur Choice

Ur Choice is a RSE programme currently being implemented in secondary schools in the Bradford Metropolitan District Council area of England. Ur Choice was partly developed in response to the high teenage pregnancy and chlamydia rates identified locally. In 2008, the teenage pregnancy rate was 45.4 per 1000 girls in Bradford. In

addition, there was a 3% rise in the diagnoses of Chlamydia between 2008 and 2009 [8]. However, the most recent data shows an under 18s conceptions rate has dropped to 22.3 per 1,000 girls in Bradford, much closer to the national figure of 20.8 per 1,000, girls. This drop has occurred during the time period in which Ur Choice has been in place, but causality is difficult to attribute. Locally, figures for chlamydia detection, are better than the England average (1,385 per 100,000 young people being diagnosed in Bradford, compared to 1,887 nationally [9]).

The Ur Choice programme was developed by Bradford Metropolitan Council in 2009-10. Ur Choice recognises that it can be difficult to discuss sex, emotions and relationships. A positive, open approach from adults can make it easier for younger people to engage. Young people are encouraged to ask questions. In teaching Ur Choice, adults are not expected to have all the answers and may need to ask someone else. Ur Choice values choice and diversity and seeks to be inclusive of young people, whatever their background, faith (or lack of faith), ability, race, gender or sexual orientation.

Adults and peer educators delivering sessions are encouraged to keep to these ground rules themselves [10]. For this reason, Ur Choice was developed to be co-delivered by health professionals, teachers and peer educators. In addition, Ur Choice borrows ideas from Social Norms theory and promotes delay, rather than abstinence, of sexual activity [11].

The programme was developed following consultation with young people in Bradford, giving local young people a chance to shape the programme. Formal guidance documents [12, 13] as well as the evaluation of the RSE programme that was delivered previously were also taken into account in developing the Ur Choice programme.

It was intended that the Ur Choice programme be offered to schools located in local teenage pregnancy 'hot spot' areas (a targeted approach). However, since 2009, it is offered to all secondary schools that wish to deliver it (universal approach). In 2009/10 the Ur Choice programme was piloted in two local secondary schools, and in 2017 was delivered in 8 schools.

Ur Choice is intended to offer opportunities for young people in years 9-11 (ages 14-16) to explore relationships and sexuality in a safe, healthy, and fun way. It comprises of both peer and adult delivered sessions for Y9 and Y10 pupils. The peer sessions are delivered by six formers at the same school and the adult sessions are co-delivered by a health worker (school nurse, youth services, voluntary sector) and a teacher [11]. With regards to the content of Ur Choice, in Y9 the topics covered include STIs, conception, consent, confidentiality, sexuality and stages in a relationship. The Y10 programme expands on these topics and includes more details around legal rights, abuse and pornography [11]. In addition, content about Female Genital Mutilation (FGM) is delivered. An important aspect of the Ur Choice is that it can be changed easily by the development team to include content that is

pertinent. More recently delivery of the programme has been extended to include young people in years 7 and 8 (ages 11-13).

People who deliver Ur Choice, health workers and teachers, are offered a full day's training for each programme (Y9 and Y10) although sometimes this is shortened to accommodate health workers' and teachers' busy schedules. Peer educators train for two days. All participants in the training observe Ur Choice being delivered by experienced trainers [11].

Initial feedback on Ur Choice was positive. Teachers felt that it was user friendly and saved them time as it was pre-prepared. Young people who took part in the consultation were engaged with Ur Choice [11]. In order to evaluate Ur Choice further, during the early years of the programme and as it was adopted in more schools, Bradford Metropolitan Council commissioned this evaluation.

The focus of this evaluation report is on the structure, delivery and perceptions of the year 9 and 10 Ur Choice sessions delivered from September 2014 – May 2017 in three participating schools from the perspectives of teachers, health care professionals and other external delivery partners and students.

### **Evaluation aims and objectives**

The overall aim of the evaluation was to identify key assets and barriers in the implementation of Ur Choice in Bradford secondary schools, in order to inform the future delivery of the programme and

enable optimal support in terms of infrastructure, training, and resources.

The objectives were to:

1. Examine the assets and barriers to schools' engagement with the Ur Choice programme
2. Investigate what resources, training, and infrastructure are needed for schools in the future to deliver Ur Choice

### **Evaluation work packages**

In order to meet the aims and objectives of the evaluation two distinct work packages were undertaken:

1. A review of current literature to explore factors which are known to enhance the engagement of schools in health promotion activity, particularly those relating to SRE
2. Comparative case studies in three schools, including observation of lessons, interviews with delivery staff and focus groups with young people who had received Ur Choice

What follows covers the findings of these two work packages.

# Literature Review

Review of the literature relating to: i) factors which affect engagement of schools in health promotion activities and ii) influence delivery of school based Relationships and Sex Education.

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## Literature review aims

As part of the evaluation package, a literature review was undertaken to explore the available evidence relating to factors, which are known to enhance the engagement of schools in health promotion activities. The review focused particularly on research into factors influencing the delivery of school based relationships and sex education in the UK since 2010.

## Literature review methods

Five major databases were searched from 2010 to 2017:

1. MEDLINE
2. CINAHL
3. Embase
4. PsychInfo
5. AMED

Search terms can be found in appendix 1. 'Grey' literature was accessed from sources known to the researchers and also the websites of major national voluntary sector organisations including the Sex Education Forum<sup>1</sup> and Personal Social Health and Economic (PSHE)<sup>2</sup> network. These sources provide more practice oriented guidance and complement the peer reviewed academic literature. From the initial sweep,

a substantial number of systematic reviews were identified. These synthesise large bodies of evidence to assess the effectiveness of sexual health interventions in school and community settings [14-17] In addition recent reviews concerned with the implementation of health promotion activities in schools [4, 18-20], provided further sources of current evidence. Additional evidence on good practice from three large scale school based health promotion programmes, including Sexual Health And Relationships Education (SHARE), Randomized Intervention of PuPIL-Led sex Education (RIPPLE), and Healthy Respect RSE programmes, is also included [4, 18, 20].

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<sup>1</sup> [www.sexeducationforum.org.uk](http://www.sexeducationforum.org.uk)

<sup>2</sup> [www.pshe-association.org.uk](http://www.pshe-association.org.uk)

## Literature review findings

### Factors influencing school engagement in and delivery of RSE

Adapting the format used by Pearson [18] in their review, we present the findings of the literature review in three sections:

1. pre-programme activity,
2. introducing and delivering the programme and
3. sustaining the programme.

#### 1. Pre-programme delivery:

A number of important factors that take place pre-programme delivery are highlighted within the evidence base that contribute to successful implementation of RSE programmes in schools. Setting solid foundations by encouraging buy-in from all stakeholder groups at the very beginning of programme development and negotiating relationships with all potential partners is identified as essential to the success of school based programmes. This preparatory work can be broadly categorised into 3 categories:

- a. Developing relationships with stakeholders
- b. Assuring those delivering the programme receive appropriate training in order to enable them to discuss and deliver sensitive topics
- c. Developing an RSE curriculum that is comprehensive, fit for purpose, and fits the school ethos

#### ***1a. Developing relationships with***

***stakeholders:*** Stakeholders that need to be on board include; head teachers and teaching staff, school administration,

parents and carers, other stakeholders such as school nurses, and pupils [18].

Foundation work with these groups is especially important if the programme to be delivered comprises content that could be deemed contentious by nature, such as RSE [18, 21]. Some research has suggested that parental opposition can challenge the delivery of RSE because of concerns or complaints [22]. Sustained engagement work between the school and health promotion practitioners, with parents, may help to reduce teachers' fear of what content is delivered in RSE therefore leaving teachers confident to deliver without fear of parental backlash [23]. Formby [24] found that backlash from parents, particularly in faith schools, as well as bad publicity, influenced the way RSE programmes were delivered, making teachers uncomfortable to talk about sex and contraception. Embedding RSE and sexual health provision as part of a larger generic health and wellbeing approach within schools may combat this.

Strong partnership working between schools and health practitioners to set the sex education curriculum and work through practicalities of implementation has been demonstrated to facilitate school engagement with RSE [4, 25, 26]. This is an ongoing and iterative process that requires continual nurturing. Identification of a credible school 'lead' to drive forward RSE within the school context is important [18, 25]. However, reliance upon a single 'lead' within the school to drive the programme forward can lead to the programme failing to become seen as 'everyone's work' and

becoming embedded – it is also problematic if and when that single lead leaves an organisation [25].

**1b. Assuring those delivering the programme**

**will receive appropriate training:** If the RSE programme is to be delivered by teachers (in its entirety or partly), they need to be assured that they will receive sufficient training and support to deliver the sessions. Training needs to be sympathetic to teachers' need to balance several factors; the pupils' needs, the political demands placed on the teachers by other stakeholders, their workload, and personal career development [22]. Specific RSE training should be delivered to staff tasked with undertaking RSE education in the classroom as general teacher training currently fails to equip trainee teachers to deliver health and wellbeing education as part of the standard provision [27]. This lack of training, as part of standard education, leaves teachers feeling ill-equipped to teach RSE [28].

**1c. Developing an RSE curriculum that is comprehensive, fit for purpose, and fits the school ethos:**

When designing an appropriate RSE curriculum, the involvement of all stakeholder groups in determining what will be taught, by whom, and when could be beneficial to reduce possible barriers to delivery, as all stakeholders feel they have ownership of the programme [18, 19, 23]. Historically school based RSE has failed to consistently respond to the needs of young people when it comes to RSE content – leading to a mismatch between content and need.

Involvement of young people, in curriculum development, can ensure that content matches needs and is therefore useful to the intended recipients [19, 23, 24].

To be attractive to schools RSE programmes need to be constructed so that they meet needs otherwise unmet in school, whilst at the same time being capable of being delivered in ways that are consistent with other school based activities - complementing the underpinning school ethos. Engagement has been found to be problematic where there is a mismatch between RSE content and teachers' personal values [18]. Effective RSE has been shown to promote partnership between school based or school linked sexual health provision. However, schools may lack capacity to develop and sustain these interdisciplinary relationships [21, 24, 29] highlighting a need for continual relationship work to be undertaken.

2. Introducing and delivering the programme:

Several factors can influence schools' participation in the introduction and delivery of RSE. Two key areas are highlighted in the evidence that encourage school's participation. These are:

- a. Support for teachers to increase their confidence discussing sex and relationships
- b. Provision of standardised materials ready for delivery

**2a. Support for teachers to increase their confidence discussing sex and relationships:** A wide ranging review by Pound [19] of 48

qualitative studies of school based RSE undertaken between 1990 and 2015 reported that young people want RSE to be taught in schools and increasingly cite school as a source of sexual health information. However, schools appear reluctant to acknowledge that sex is a potentially embarrassing topic and attempt to teach it in the same way as other subjects, ignoring its unique challenges. The authors note that schools appear to have difficulty accepting that some young people are sexually active. As a result, some young people report negative experiences of RSE, which are gendered and heterosexist, and leave them feeling disengaged.

Whilst relevant accessible curriculum content is important, the success of RSE depends largely on those delivering it. Pound et al's review found that young people want particular qualities from those who deliver RSE. They are keen to be taught about relationships and sex in a safe controlled environment by skilled, professional people who they deem to have expertise in the area, who will maintain confidentiality, clear boundaries with students and who respond openly and honestly to questions or concerns [19]. This same review highlights young people's concerns about their own teachers delivering RSE because of blurred boundaries, lack of anonymity, embarrassment and poor training, observing that teachers themselves feel awkward discussing relationships and sex with pupils. Schools have been described as reluctant to deliver RSE because they are hesitant to

initiate conversations with young people about sex and sexuality [24].

Many young people liked the idea of health professionals delivering RSE as they were seen as well informed, less judgemental and able to provide greater confidentiality, although maintaining discipline was sometimes reported as challenging. Similarly, young people described positive, respectful relationships with peer educators, where these were involved in RSE delivery, prompting reports of egalitarian interactions, attitude changes and new information [19].

In order to address the concerns of teachers Pearson [18] highlights that it is essential to provide thorough and ongoing training for teachers and other professionals delivering RSE, thereby ensuring that delivery staff's knowledge and enthusiasm are harnessed and sustained. In addition, in the case that peer educators are utilised, it is equally important for them to receive training and support throughout the duration of the RSE programme.

Interestingly, training was highlighted as an important factor both in the pre-delivery stage of an RSE programme and during its introduction and delivery. This is because training for teachers serves two purposes; firstly, during pre-delivery it reassures them that they will receive subject specific training and therefore improves engagement with RSE programmes. Secondly, during the delivery, training ensures that teachers are comfortable and confident talking about sex and relationships, removes any personal barriers

and most importantly, ensures that young people are getting consistent messages [18].

**2b. Provision of standardised materials ready for delivery:** Identifying time within an already busy timetable to deliver dedicated RSE can be challenging, particularly if teaching staff are required to prepare specific RSE materials [22]. Therefore, provision of materials that can be taken ‘off the shelf’ and delivered is beneficial for RSE delivery – not only to cut down on preparation time for those delivering but also to ensure fidelity to the RSE programme’s aim, objectives, and ethos [4]. RSE has been found to be most effective when delivered within a ‘whole school’ approach whereby RSE content is delivered across the curriculum subject areas, to embed messages about positive relationships, sex, and sexuality [19, 22] rather than a standalone offering.

With regards to the content of the materials in a number of studies, young people are reported to appreciate skills-based lessons, demonstrations, diverse activities, dynamic teaching techniques, and small group discussions delivered in a controlled environment which minimises the risk of ridicule and discomfort. Views about single gender sessions varied, with some young women expressing a preference for single sex classes as they risk harassment if seen to participate in RSE discussions. Young men report also feeling vulnerable, because of a perceived need to conceal sexual ignorance [19].

### 3. Sustaining the programme:

Achieving sustained RSE provision in secondary schools over the longer term is highlighted as challenging. This may, in part, be due to its non-compulsory status and this is something that might change with the new guidance and the soon-to-be compulsory status of RSE [6]. However, the main challenges identified in the evidence can be categorised into two distinct areas:

- a. Time constraints
- b. Financial restrictions

**3a. Time constraints:** The level of priority that is afforded to RSE provision in schools may in some ways be affected by time constraints. As RSE is currently not compulsory in schools, other priorities may take precedence [18]. Schools may also opt to pick and choose which elements of an RSE programme they deliver, which may result in teachers overriding aims and objectives of RSE programmes [4]. This ultimately affects the consistency of information young people receive [4]. Fidelity to programme delivery is often hindered when teachers are solely responsible for delivery of RSE and other health promotion programmes, rather than in circumstances where RSE is delivered in partnership with other professionals. Research indicates that fidelity is enhanced when teachers work in a collegial atmosphere where issues about RSE programme delivery can be openly discussed with colleagues and support is assured from senior staff in school in collaboration with programme developers [18].



**3b. Financial restrictions:** Continual support for schools and staff delivering RSE through access to outside expertise, support to evaluate and update delivery materials, and ongoing training is highlighted to encourage sustainment of provision [21]. However, for schools, funding health promotion activities that are not compulsory may also have an impact on sustained engagement [22, 30]. Cost of teaching materials, staff time for training, and other fiscal requirements can mean that RSE delivery becomes less attractive in times of austerity. Comprehensive provision of RSE and access to sexual health services within or linked to schools can be costly and funding which is not sustainable can lead to schools' disengagement due to financial constraints [24].

In conclusion, the literature review highlighted a number of important factors that need to be taken into account when implementing a new RSE programme. During pre-delivery, buy in from stakeholders is vital. Consulting with them during the development of the programme and assuring them that support will be provided during implementation are essential steps to take. Furthermore, and given that the school environment is quick paced and highly demanding, it is of particular importance that appropriate training is provided as well as the necessary materials that are to be used. Lastly, time pressures, competing demands, and financial constraints were highlighted in the literature as two of the main factors that influence the sustainability of an RSE programme.

Important gaps in the literature (and research evidence-base) were identified. For example, issues around sexting and online safety for young people are under-explored in published research.

# Case Study Methodology

## Methods of recruitment, data collection, and analysis.

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### Study Design

This commissioned evaluation sought to answer distinct policy and practice questions identified by commissioners about the implementation of the Ur Choice programme. A qualitative cross-comparative case study of three schools delivering the Ur Choice programme was undertaken (between September 2014 and June 2017). Normalisation process theory (NPT) [31-34] was used to interpret, theme and organise the findings. NPT was used as a theoretical lens to approach the study as it is concerned with the 'work' of groups and individuals toward a collectively perceived outcome. It is thus concerned with *implementation* (the way in which practice or practices are actioned through social organisations), *embedding* (process of a practice or practices becoming a routine part of an individual's or group's work) and *integration* (the process of sustaining a practice or practices).

### Case study selection

The sampling of case study sites changed during the life of the project for various reasons that we outline below. Initially, a purposive approach to identifying case study sites was used [35] to select case study sites [36]. We were interested in exploring whether different issues emerged in schools, depending on the length of time they had been delivering the Ur Choice

programme. Three case study sites were identified to meet the specified criteria in the brief:

1. One school that had fully implemented the programme and was highly engaged with the delivery of Ur Choice.
2. One school newly delivering Ur Choice
3. One school that had discontinued delivery of Ur Choice

In discussion with Public Health commissioners, a list of participating and discontinued schools (schools that had started and stopped delivering the programme after a set period of time) was generated, along with contact details of the school lead for RSE. Schools were identified that met the inclusion criteria and invited to take part.

Agreement to participate was received from a highly engaged school and fieldwork carried out in 2015. Likewise, agreement was obtained from a newly delivering school in 2016. We received no responses from any discontinued schools. Because of difficulties recruiting schools willing to take part, and in discussion with the commissioners, the sampling frame was changed and all remaining schools were contacted and invited to participate. A third school agreed in principle to take part, however, after several meetings with the teaching staff and

conducting some observations of the delivery, we failed to negotiate access to carry out the main body of fieldwork (anecdotally, we understand, due to performance pressures and changes in senior leadership within the school). Negotiations continued across the academic years 2015/16 and 2016/17 until we succeeded in engaging another school.

In early 2017, in discussion with the commissioners, agreement was reached that a school that had been delivering the Ur Choice programme for several years should be contacted. Therefore, for pragmatic reasons, the final sample of schools included:

3. Two schools highly engaged with the delivery of Ur Choice
4. One School newly delivering Ur Choice

### **Participant selection**

A purposive approach to sampling participants in data collection in the case study schools was undertaken [35]. We recruited four distinct stakeholder groups as part of the evaluation: those responsible for developing and commissioning the Ur Choice programme; health professionals and voluntary sector workers responsible for co-delivery of the sessions; teaching staff responsible for co-delivery of sessions; and young people as the consumers of the sessions. Further details of participants can be found in tables 1 and 2 below. Peer educators were not recruited in this evaluation because no schools were engaging with the peer led aspect of Ur Choice at the time of evaluation.

### **Data Collection**

Data were collected through semi-structured interviews and focus groups. The interview schedule was developed using Normalisation Process Theory [32, 33, 37-41] as a framework to sensitise the evaluation team to issues around the process of implementing, embedding, and integration of new practices – in this case delivery of Ur Choice.

### **Analysis and findings**

#### **Data Analysis**

Data were analysed using a Framework Analysis approach [42, 43] whereby the data from each stakeholder group was coded against an a priori set of themes derived from NPT constructs. Data from a selection of transcripts were coded by both RM and MC to agree the framework was inclusive of the concepts of NPT and representative of the data. The framework was then applied to the full data corpus by RM.

#### **Reporting**

Data from the Framework Analysis were synthesised and are presented in the following findings section as a narrative. Data have been grouped into two main sections; findings from teaching staff and the external delivery team (made up of school nursing and voluntary sector workers), and findings from young people. Findings are followed by discussion of implications for policy and practice.

#### **Research Ethics and Governance Approvals**

This piece of work was reviewed and approved by Teesside University's Research

Ethics and Governance Committee (study number 121/14). Local R&D approvals were also sought for each stakeholder organisation, as appropriate.

*Table 1 Number of participants from each case study school*

<b>Stakeholder group</b>	<b>Case 1 (n)</b>	<b>Case 2 (n)</b>	<b>Case 3 (n)</b>	<b>Total (n)</b>
<b>Teachers</b> (focus group)	3	2	4	9
<b>Year 9 boys</b> (focus group)	6	6	6	18
<b>Year 9 girls</b> (focus group)	2		6	8
<b>Year 10 boys</b> (focus group)	4	7	6	17
<b>Year 10 girls</b> (focus group)	6		5	11

*Table 2 Number of participants from other stakeholder groups*

<b>Stakeholder group</b>	<b>Number</b>
<b>Voluntary sector workers</b> (focus group)	5
<b>School nursing</b> (interview)	1
<b>Commissioning team</b> (focus group)	2

# Findings

Findings from interviews and focus groups with teachers, external delivery team members, and young people.

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## Teachers' and external delivery partners' perceptions of factors influencing school engagement in the delivery of Ur Choice

Teachers in all case study schools discussed several reasons for engaging with the Ur Choice programme. They said that there was a gap in their school's current RSE provision for young people and highlighted the benefits of support, training, and access to 'experts' to deliver the Ur Choice programme.

All case study schools identified that the main reason for choosing to deliver Ur Choice as their school's RSE programme, instead of any other RSE programme, was because the Bradford Public Health Team had been proactive in contacting them and presenting the Ur Choice programme to them. There was a perception that Ur Choice was a good programme, and this, combined with relationships built with school staff responsible for the provision of RSE convinced them that Ur Choice was a programme that could be delivered appropriately within school.

*[PH team member] got in touch with me, then she delivered a presentation and asked us if we wanted to be part of it, and gave us the resources. It looked like a really good programme. (Teacher)*

Staff in one school identified that there had been a gap in RSE provision for their students. RSE had been situated within the PSHE curriculum, and when that was no longer deemed a priority within the school, and taken off the timetable, all RSE had vanished alongside it.

*When PSHE was taken off the curriculum timetable, the RSE went with it as well. And I felt that that was a huge gap in what we needed to provide for our students. (Teacher)*

Ur Choice was seen by school staff to be a robust programme of RSE. There was value added through the provision of support and training for those teachers responsible for classroom delivery of the sessions, through the offer of external 'experts' to co-deliver the programme, as well as the promise of a peer education component.

*Because it's supported through [names council] and because we've got the external support, the training mechanism for the staff delivering the Ur Choice, was a real incentive for me to get it rolled in within school. And also, to have the opportunity of peer educators as well...I felt would give us a better programme. (Teacher)*

For teachers in all schools finding time for training was an issue. The Public Health team had been flexible in offering training as

and when teachers were free, but teachers felt they would benefit from more.

*[attending training] it's an issue for us, and I've discussed this with [Public Health team], she has to come in and do it after school, during one of our area meetings. Because otherwise, we'd have to give time after school and because we, you know, we have so many things after school and stuff. So it was a very, very one and a half hours condensed...[it would be] nice maybe, if we could go into a bit more depth. (Teacher)*

Members of the external organisations responsible for classroom delivery also said they appreciated the training and support offered by the Public Health team:

*There was only about eight of us, so we could ask all the questions we wanted and be as silly as you wanted to be in a protected environment. So when you do it with the class, you know what you're doing, it's not too bad. They've both been very supportive. (External delivery team)*

### **Introducing and delivering Ur Choice**

Once a decision to deliver Ur choice in school had been made, teachers and other professionals discussed the practicalities of implementing and delivering Ur Choice within their particular context.

Teachers from only one school discussed parental concerns over RSE delivery within their school. Parents were routinely contacted to inform them that RSE would be delivered to their child. Parental withdrawal of their child from RSE sessions was rare and in most cases of parental enquiry, discussion

with the teacher was sufficient to allay any fears.

*A couple [of parents] did call in to say that they didn't want to do it and religion was their basis...they didn't see why their child should be exposed to this information too soon, they felt it was too soon. But, to be honest, when I discussed it with them and told them what the actual topics that were going to be covered, one of them still wanted their child not to do it and then the other one actually said, OK, but if my child feels uncomfortable, I want you to let them out. (Teacher)*

### **Situation within curriculum**

Two case study schools provided Ur choice Religious Education (as part of the RE) curriculum and one school provided it through PSHE. For those schools delivering in RE lessons, teachers felt that situating RSE in the context of this subject was ideal as it provided the opportunity to discuss RSE within the wider context of respect, rather than a focus on the biological aspects of sexual relationships. It also allowed RE teachers to align their RSE and RE teaching to form a coherent story.

*Teacher: You can join things together. So, for example, we do contraception in Islam or Christianity, that sort of ties well at the same time. So you can plan your RE units alongside.*

*Teacher: That's why we did it [Ur Choice] after Christmas, because we'd started marriage in the family topic, which looks at relationships and contraception and things like that. So it fit in well in that unit for them. (Teachers)*

All teachers, regardless of what lesson RSE was delivered in, preferred to situate RSE

within the context of relationships, it was deemed most palatable. However, there was feeling that there was too much focus in the Ur Choice sessions on sex, rather than relationships.

*I try and keep the relationship aspects running through all sessions...when we've talked about the biology, I've referred back to, so where about in the relationship might this happen?...Because I agree, there's a lot of emphasis on the sex and we need to focus on the emotions and the feelings. (Teacher)*

Teachers from each school appreciated the ability to tailor Ur Choice to fit their school's underpinning ethos. They valued the ability to tailor content to take account of local context, for example student views informed by religion or identity.

*With the makeup of our [school's] ethnicity and religious backgrounds, I do feel like the Ur Choice programme, I think it's brilliant in terms of what it does. Like, it did mention that some of your views will come from your religion in relation to this. The boys are not very open in that they all believe it [sex] should only happen after marriage. Whether they practice that is a different matter. (Teacher)*

However, some felt that the cultural context of certain groups of students could be drawn out more explicitly.

*For some of them, it's culturally a very taboo subject and they just turn off straightaway. And I think maybe that's something that could be addressed, maybe at the beginning or just some mention of it somewhere. (Teacher)*

### **Personal characteristics of delivery team**

In the case study schools, teachers with responsibility for the subjects in which Ur Choice programme was taught, were expected to deliver it. This can lead to feelings of embarrassment for some teaching staff as they feel ill equipped to discuss sensitive issues such as sex and relationships. However, school teams mitigated this by releasing members of the team for training, and relying on the support of the external experts to deliver the Ur Choice content (see section "co-delivery with health and other professionals").

*When we first started the Ur Choice, it was discussed as a department and we sort of, we agreed and we rolled with it. But timetabling has meant each year there's been a core of people that have carried on with Ur Choice. But then we've had new people, such as [names new teacher], come in, so they've required more training. And it is just a side effect of the timetabling. But we want to try and support the staff that are new to Ur Choice, to make sure that they feel comfortable delivering it. (Teacher)*

RE teachers acknowledged that their chosen discipline had a positive effect on their suitability to deliver RSE. These teachers felt they had transferrable skills and were competent in delivering taught sessions that deal with 'sensitive issues' and therefore felt well equipped to teach RSE.

*I mean one of the reasons why we deliver the Your Choice within RE is that, you know, I always say that RE is a safe environment to deliver. And we deal with sensitive issues anyway...So I think they have some good general skills anyway that*



*might be different to Science teachers or Maths teachers, you know. (Teacher)*

Some teachers who are new to delivering RSE reported that they anticipated feeling embarrassed by the topic as it takes them outside their comfort zone. However, as time passes they felt their confidence grew.

*I have to say, if you'd have asked me beforehand, how would you feel about delivering this? I would have been a bit like, I'm not sure I really, you know, can do that. But I actually really enjoy it now, and I don't know if that's just my confidence, we're sort of a few years into it. I mean we've had instances where an external nurse or whoever, hasn't turned up, and I've got no issue in doing it and having the discussions. (Teacher)*

Within schools, efforts are made to mitigate the effects of being new to the programme and being nervous about delivery by teaming these members of staff with the external delivery team (if there aren't enough members to cover all sessions that are running) to support those less confident members of the teaching team.

*If they are anxious...we do try and put the health professionals with those staff that haven't delivered it before, who are new to Ur Choice. (Teacher)*

Some teachers used other strategies to manage anxieties about delivering RSE. For example, delivering content in a matter of fact way so as to avoid any discussions of a personal nature.

*I think when you take a really kind of biological approach to it, there's not really much room for the jokes or the rude words or the personal*

*questions, because they can see you just taking a really kind of matter of fact approach. (Teacher)*

Confidence delivering RSE was not only noted by teachers as a barrier to delivery, but also by some newer members of the external delivery team. Similarly to the teaching staff, they valued being able to shadow more experienced members of the team to build their confidence delivering in a classroom setting and becoming comfortable with the content.

*I go in with somebody to do it because I'm not confident enough yet to go in by myself. So today's session, I felt really good and I could have taken the session by myself, definitely. Yes, I could have done. (External delivery team)*

Teachers acknowledged that each team of teachers and external delivery partners possessed different strengths and qualities and with this in mind tried to facilitate sessions as best they could by supporting the person delivering the session.

*You had some [external delivery team] that you could tell it wasn't, like public speaking wasn't their thing. So with them, I probably maybe dipped in a bit more, just to encourage some of them conversations. Because it can be quite intimidating, to be honest, having twenty five to thirty kids looking up at you. (Teacher)*

There was recognition that for external delivery partners, classrooms can be daunting places to deliver RSE.

## Co-delivery with health and other professionals

The co-delivery structure of the Ur Choice programme was complimented by teaching staff. They appreciated having external experts available to deliver sessions and cover content that they themselves may not be as familiar with which added to the student experience.

*Certainly, the healthcare professionals, one of the guys, [name], comes in who's, he's the youth worker, he's brilliant. He just kind of goes off script and he usually gets through the majority of the material but he just follows the tangents wherever they go. Because that's his life, he's working with young people with these issues. So with him, he's very much not linear with delivery. (Teacher)*

Young people were said to respond more openly to staff that are external to their school. Both teachers and the external delivery team felt that young people trust external staff more and are more likely to ask questions in classrooms because of concerns about confidentiality from teachers.

*I think they maybe trust us a little bit more and they're unsure what they can tell their teachers because they think it might go back to their parents, you know. (External delivery team)*

There were different interpretations of what co-delivery meant amongst teaching staff and members of the external delivery team. The majority of teachers did not co-deliver in the sense that they talked through the slides etc.... rather; they saw their role to

identify when young people didn't quite understand concepts to ensure that everyone got the most they could from the lessons and to manage behaviour within the classroom.

*They're meant to manage the classroom because we're not teachers and we can't. (External delivery team)*

Very few teachers stated that they were interactive when delivering Ur Choice, and even then they felt their input was dependent upon the external delivery team member and how receptive they were to their contribution.

*Wednesday period three class, [names external] told me to shut up a couple of times. Who's supposed to be doing this lesson? Not you. So it just depends. And it depends on your health visitor as well, doesn't it, and how receptive they are to engage in those conversations with you, because that's a personal thing, isn't it, as well. (Teacher)*

Many teachers noted that they were there to facilitate the sessions and help to clarify things for their own students, particularly those students whose first language is not English.

*With our school one of the main issues is English and the understanding of terms – they use very basic terms. It's building up on that and getting them to use complex terms. People giving them complex terms – they may not get it. It could be something very basic like consent. I had a boy yesterday, who's even done the Y9 programme, he said "what's consent?" So then I was like, "when I take you on a trip I*

*have to get consent. Can you tell me what consent is?” (Teacher)*

Whilst having another person to co-deliver was deemed important by teachers, it was not always possible due to staffing capacity, meaning that teachers had to deliver content themselves, on occasion.

The gender of the person delivering the RSE session was seen as an important factor that contributed to young people’s engagement with the sessions. There was a perception among teachers and external delivery staff that boys in particular interacted more and were more engaged in sessions if the session leader was male. However, there was a shortage of male external delivery team members to deliver sessions.

*When a man comes in it can be even better sometimes because they relate to the boys well. The boys sometimes don’t relate to females as well. (External delivery team)*

### Peer educators

The Ur Choice programme has, at its core, a peer delivery component. None of the schools included in the evaluation were delivering this aspect of the programme. The main reason cited for this was lack of time available to post 16 students, and lack of interest in undertaking this as an extracurricular activity as there is no recognised qualification attached to it.

*We tried it, if I’m honest, the first year, but I think the post-sixteen, they’ve got a lot of other things going on...when they choose options for an enrichment kind of thing, I think what they just found was that Duke of Edinburgh is a big hitter...and the other one was first*

*aid, because it’s a qualification, isn’t it? So that first year, I think there was only like three learners or something that opted for it. (Teacher)*

### Delivery

The time available within the school timetable was highlighted as an issue for external delivery team members. Several issues were offered that hinder delivery on a practical level. Classes rarely started on time meaning that there was not enough time to get through all of the materials. Technological problems with PowerPoint and sound functions within the classroom caused delays. It was suggested by teaching staff and the external delivery team that Ur Choice should be delivered over more weeks to allow for adequate discussion of each topic as it felt, in practice, that it was a rush to get to the end of each session’s content.

*There’s too much crammed into sessions. I think there could be more time for certain things. (External delivery team)*

The structure of the sessions was noted, by teachers, as having the potential for improvement. Some sessions are focussed solely around PowerPoint slides and discussion. It was felt that the inclusion of more varied activities could sustain the attention of young people for longer.

*Their attention span, I think it’s all kids to be honest, listening for an entire hour, and they just need that opportunity to actually just, you know, go and do something! (Teacher)*

The provision of standardised materials, as well as any props, for each of the Ur Choice

sessions was felt to be of benefit to teachers. Being responsible for the production of such resources had often been an overwhelming task for teachers when they had previously been required to deliver RSE classes.

*Even though a lot of it is stuff I have learnt myself through going to school and life in general, it's a case of you don't realise how much [you need to] put together. But it [Ur Choice] went into so much depth...like facts and everything...went into a lot more detail and they had things to physically show them. (Teacher)*

Members of the external delivery team complimented Ur Choice materials on their capacity to be updated as and when required, unlike the previous RSE programme (Apause) that was delivered in the Bradford area that had become outdated very quickly. However, it was felt that due to several updates of the programme content had meant that the lessons did not necessarily flow as well as they could<sup>3</sup>.

*It is up to date because they have put new content in as new issues have arisen. So, in that sense, it's up to date. I think it's been a bit, this is my opinion only, it's been a bit sloppily done. So things have been slotted in, which don't, in a place that don't necessarily make sense. (External delivery team)*

Teachers in one school also commented on the order in which sessions were to be delivered. It was felt that the relationships aspect should come before the biological/

functional aspects of sex and so had decided as a team to change the delivery timetable to suit their school.

*When we first were presented with the three year nine lessons, I'm going right back to when I got my first training, the issue that I spotted straight away was that lesson three was on relationships. Whereas lesson one and lesson two was on the sort of biology of sex, contraception, you know, and other issues. And maybe with me with my sort of social science, religious studies, I said, no, we need to start with relationships. (Teacher)*

Alongside concerns about the disjointed nature of some of the sessions following the updates, it was noted that the delivery guidance books no longer matched up with the slides for delivery. The external delivery team mentioned that they had not received any update training for these new slides which meant that in some instances they didn't know what was supposed to be delivered.

*It wasn't in our books and we weren't informed of it, but we just clicked on the next slide and there was FGM there. We were like, 'oh didn't know this was being covered'. So it had been added without us knowing. (External delivery team)*

However, the commissioning team had offered an 'update' meeting' to heads of school nursing, voluntary and community sector, and school coordinators alongside provision of updated online resources. Not

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<sup>3</sup> Since fieldwork was completed, the materials have been revised and subsequently reordered to ensure appropriate flow of sessions.

all relevant stakeholders had attended, or accessed the materials electronically.

## Content

Programme content was a focus of much discussion with all professionals – both teachers and external delivery team members. Some criticisms and points for improvement were offered to strengthen the programme.

Several instances of perceived bias were noted by both teachers and the external delivery team. It was felt that there was a female heavy focus on the consequences of unprotected sex – pregnancy – without consideration of the consequences for males. Likewise, when tackling abuse within relationships, males were portrayed as the abusers and the programme content showed videos of abuse that depicted heterosexual relationships only.

*There's also, I was reflecting on this, a bias towards women in it as well...there was actually quite a slant on girls getting pregnant and this happens to girls. And not actually so much on boys. (Teacher)*

Inclusion of topics such as homosexuality and pornography were noted by teachers as a strength of the programme.

*I think, maybe if we did have a homosexual student in the school, I don't think they would ever say it. They wouldn't, no. So the fact that someone's recognising it [through Ur Choice teaching] and saying, yes, it's fine, etc... And, it's normal, at least that student gets a bit of reassurance. (Teacher)*

However, some teachers raised questions about how reflective the teachings were

about what young people actually 'do' in relationships.

*It's like here's the normal behaviour and I think that's about the fact that the focus is on sex rather than relationships. So I'm not sure how much it talks about what fourteen/fifteen year olds do in a relationship, which might include sexual behaviour. I don't know whether that's my bias coming in. (Teacher)*

Some members of the external delivery group felt that important topics such as sexual predators and grooming were absent from the programme completely.

*There's a lack of content around grooming and the worrying thing is that I think some schools think it is covered in the programme, so they think they don't need to cover it elsewhere. (External delivery team)*

The introduction of FGM was noted by the external delivery team as an important issue to highlight. However, its placement in the programme was disputed (see footnote 3). It made no sense to some of those delivering the sessions for FGM to sit alongside teenage relationships. They thought it would fit better when discussing anatomy, female pleasure, and the role of the clitoris.

*We talk about the clitoris and we talk about its role in arousal and how important that is. We could possibly have a young woman sat in that classroom who doesn't have a clitoris, who doesn't look like that, and we don't acknowledge that anywhere. (External delivery team)*

## Sustaining Ur Choice in schools

Two main factors were identified by both teaching staff and the external delivery team

as having the potential to impact upon the sustainability of Ur Choice in schools – financial restrictions in times of austerity and time/ workload constraints of busy staff. Teachers noted that RSE was not necessarily supported financially within the school; no schools stated that they had a budget to deliver it. It was noted that Ur Choice was often chosen as the school’s RSE programme because it was offered to the school free of charge. Teachers postulated that if Ur Choice was no longer offered free of charge they would probably revert to delivering an in-house programme.

*I think, like from our point of view, because we’ve done it a few years and we’re experienced, I think we’d probably feel comfortable making our own resources. I think you’ve got a position now, where most schools are looking to cut £350,000 a year from their budget for the next three years. And it’s, it would depend on each individual school, I think, what their budget was...the health professional, that’s the bit you couldn’t replace, do you know what I mean? Having the health professional in, having it in a partnership. But, in terms of the actual delivery, I think we feel confident enough to do that bit ourselves (Teacher)*

Time and workload pressures were cited by external delivery team members as a burden. Travelling to schools to deliver one session was not seen as an efficient use of their time. Better planning and organisation could alleviate this and make better use of time.

*It took me two and a half hours to do a forty five minute session, between getting there and getting back, and that’s a lot of time out of*

*my own schools, you know. (External delivery team)*

For schools, having the Public Health team take responsibility for the organisation of the external delivery team was essential as they felt taking over this workload themselves would be unachievable and contributed significantly to the sustainability within school.

*That is the biggest factor of having somebody else, that’s the biggest appeal, because it saves me the hassle then of having to liaise with external people to get them. It was literally, she just asked me for when the lessons were happening, forwarded them to her and she then got back, she did all the legwork behind and then just got back to me and said, right, these are the people that are coming on these days. (Teacher)*

### **Factors influencing young people’s experiences of Ur Choice**

Discussions with young people centred around two main themes: who delivered the Ur Choice sessions, and how the sessions were structured. Findings are discussed in the following sections.

### **Delivery team**

To the young people, the people who delivered the sessions affected how they engaged with the sessions, how they interacted with the delivery staff, and influenced their enjoyment of the programme overall. The vast majority of young people highlighted that they preferred professionals, external to the school to deliver the sessions. Staff external to the school were viewed as more

experienced and trained to deliver RSE, rather than regular teachers.

YP3: *Yes, I prefer, I prefer like people that are more*

YP6: *Experienced.*

YP3: *Yes, experienced, yes, that's what I mean. Like not getting taught by someone that doesn't know anything.*

Int: *So do you think that the external people know more than your teachers?*

YP3: *Yes, yes, definitely, they seem to.*

YP1: *Our teachers just go over stuff that we already know, like six times over.*

YP6: *I think that they'll have been to like college or something, won't they, to learn about stuff like that. (Year 10 Boys)*

Some young people commented that they were more likely to ask questions of external visitors than teachers. Some young women also noted the benefits of having RSE delivered by local sexual health clinic staff. Only one group of young people identified that they had received Ur Choice sessions that were actively co-delivered by their teacher and the external delivery team. These young people valued the input from their teacher as they felt more comfortable talking to them as they already had a relationship with them.

YP 3: *I think it was better*

YP 2: *Someone that you know.*

YP 3: *Like a teacher.*

YP 2: *Someone that if you were more like confident talking to. (Year 9 boys)*

When asked what qualities an RSE teacher should possess, young people regardless of

year or gender highlighted several important qualities, including:

- Maturity, but not 'too old'
- Expertise and education in RSE
- Knowledgeable
- Confidence
- Trustworthy
- Professional / credible
- Approachable
- Relaxed
- Good communication skills
- Non-judgemental
- Vibrant/ able to 'get along with people'

Classroom management skills were important in the delivery team as some young women expressed concerns about being teased or ridiculed by the boys making 'silly comments'. Some young women described a situation where one of the external delivery team had walked out of a disruptive session. This suggests that planning, preparation and support were important for all delivery partners:

*The class couldn't cope with it because it was so loud and neither could the person that was trying to teach us. At the end he just walked out. He couldn't be bothered with it anymore (Year 10 girls).*

## Gender

The gender of the person delivering sessions was also highlighted by young people as important. Some young women were seen to be inhibited by a male teacher or external team member, as the following quote shows:

*Some girls in our class like they didn't want to put their hand up and ask because he was male (Year 10 girls).*

There were mixed views about delivery being done in single gender sessions, with some young women suggesting some of the content could be delivered separately to the girls and boys to enable more open discussions.

Although a peer education programme was not being delivered within any of the schools that participated in the evaluation, young people were given the opportunity to think hypothetically about having older students deliver RSE. All the young people who participated in the evaluation felt that having peers from their own school deliver RSE would be inappropriate. Several reasons were given for this; it was felt that Y12 students would not be able to answer questions because they didn't have enough practical experience of sex or relationships, and would not be able to manage behaviour in the classroom. Most importantly, young people felt they would not maintain confidentiality, and some young people felt they would be embarrassed to see the peer deliverers around the school after the programme sessions had been delivered.

*No because it's still confidentiality and they're still not professionals. So like if you're going to, talking to a person from a sexual health clinic, you know that it's their job for it to be confidential. If it's year twelve's, even though they've been trained up, it's, you still don't know if it's going to be confidential or not. (Year 10 girls)*

Young people did suggest to address concerns about confidentiality and embarrassment of having to 'face' the peer educators after the RSE sessions that peer educators could be chosen from other schools in the area. This indicates careful consideration may need to be given to the continuing inclusion of peer educators in the delivery of the programme, and the training and support they require.

### **Lesson content, materials, and structure**

Young people in all focus groups were asked to reflect on the Ur Choice sessions they had received and to name what they remembered being delivered in each of the sessions. Young people regardless of gender remembered discussion about:

- Conception
- Contraception
- Sexually transmitted infections
- Access to advice and services, (including Apps)
- Healthy relationships (including friendships, romantic relationships, marriage, and staying safe, including online)
- Abusive relationships
- Pornography
- Consent
- Sex and the law

Young people enjoyed the Ur Choice sessions as it made a welcome change from 'normal' lessons. Learning about relationships and sex resonated as something important to understand.



*It's good because, you know, you're just not like, you don't just sit there and writing down paragraph after paragraph, so you're actually learning stuff. (Year 9 boys)*

Young people felt that the content that was delivered to them was appropriate to their needs, in that there was nothing present within the programme that they thought they did not need to know. However, some young people were aware that others in their year group had covered different lesson content or done different activities, leaving a sense among some that they had missed out, for example the condom demonstration. Other young people commented that the year 10 content repeated, rather than built on, year 9 sessions.

Several young people offered suggestions for topics that they felt were either absent or felt could have been explored in more depth. Young people commented that they would like more time for discussion of FGM for example:

*FGM. We only touched on that and like, they only told us that it was illegal (Year 10 girls).*

Other suggestions included; same sex relationships, homosexuality, bisexuality and bisexual relationships, online relationships, sexting and sending explicit images electronically, being safe on social media, alcohol and sexual risk and body image. Some young people suggested the programme should include the pressures to conform and the gendered media portrayal of young men and women.

Whilst young people were happy with the content of the lessons, some felt the language used to describe genitalia and sexual practices out of the ordinary as it was not the language that the young people would use themselves.

*They were using like proper words for stuff that we'd never heard before. Whereas, we just say like a slang version of it. (Year 9 boys)*

Moreover, some female Y10 students highlighted that the teaching of the Ur Choice programme promoted a pro-choice ethos but made the assumption that any pregnancy would be unwanted. For these young women advice about where to go for advice about continuing a pregnancy was absent.

YP3: *They only really talked about like the morning after pill and that was it. They didn't actually say like anything about teenage pregnancy.*

YP1: *They didn't give you an option, like if you wanted to keep the baby, like what help you'd get and stuff like that.*

YP3: *Yes.*

YP5: *It was just like a bit of a force thing, like you'd get rid of it. There was no option there. (Year 10 girls)*

Whilst Ur Choice sessions were viewed as a break from the normality of lessons, there were mixed views about the appropriateness of the session structures. Some young people found the conversational nature of the sessions refreshing and appropriate for the content

whilst others felt there could have been more activities to break up the sessions.

Int: *How would you do it?*

YP: *Just like mini groups and mini sessions between the actual talks. If the teacher went round to the tables and just had a main discussion between one table. (Year 10 boys)*

The use of video was seen as helpful as long as teachers supported it with discussions to make sure young people understood the messages. Scenario-based discussions were also appreciated, particularly in small groups, as the quote above shows.

# Discussion and implications

Discussion of the findings from the literature review and case studies followed by implications for: policy, commissioners, teachers, external delivery teams, and young people.

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## **Links between Ur Choice findings and the literature review**

In the following section we draw together findings from the literature review and the qualitative research with all groups.

The findings of this evaluation highlight both similarities and differences to the literature around RSE.

Discussion is provided under the headings: pre-programme activity, introducing and delivering the programme, and sustaining the programme.

## **Pre-programme activity**

A strength of the Ur Choice programme lies in how proactive its commissioners have been in promoting the programme to schools. They have developed relationships with all relevant stakeholders, coordinated the logistical aspects of the programme, therefore minimising workload for participating schools. Commissioners assumed the responsibility of organising the sessions including liaising with external delivery staff and arranging for them to deliver the sessions. This increased participation in the programme. As the literature suggests, this is an essential part

of stakeholder engagement with school based programmes [4, 18, 25].

Another strength of Ur Choice was that initially it was developed in consultation with young people and external delivery staff [11] which is identified as essential for buy-in from each stakeholder group as it encourages ownership [19, 24].

According to evidence, the identification of a named local lead is important for a successful RSE programme in schools [18, 25]. This was highlighted in the focus groups with teachers. Each school that delivered Ur Choice had identified a local lead with responsibility to organise and drive it forward within each school. This seems to have contributed to the success of engagement at each site.

Eisenberg [22] suggested that assuring those responsible for delivering RSE content that they will receive appropriate training is also a very important factor in engagement. The commissioners of Ur Choice offered a comprehensive training package that appealed to participating schools.

### **Introducing and delivering the programme**

For participating schools, the flexibility and adaptability of the training offered was very important. Although the fact that training was available was one of the reasons schools signed up to Ur Choice, it was important that their needs and time constraints were taken into account. Teachers were confident in their ability to deliver a classroom session, but they felt they needed training on how to handle sensitive content. Taking time out of school for training was a barrier, and meant that the training was sometimes condensed to one hour with the opportunity to shadow more experienced staff to build their confidence when discussing RSE. As Eisenberg [22] suggests, training provision has to be sympathetic to teachers' need to balance several factors; the pupils' needs, the political demands placed on the teachers by other stakeholders, their workload, and personal career development. The fact that Ur Choice training could be adapted to suit these needs was a major strength.

Furthermore, research suggests that it is essential for a successful RSE programme to fit with the school's ethos [19, 24]. Ur Choice achieved this by ensuring that the materials were developed within a clear values framework and these were broad enough to be tailored to fit each school's principles. It was felt that Ur Choice provided the opportunity to discuss RSE within the wider context of respectful relationships, rather than a focus on the purely biological aspects of sexual relationships. It also allowed RE teachers to

align their RSE teaching to form a coherent story, for example as part of the RE curriculum. Children and young people commented on the importance of a consistent approach to RSE teaching, suggesting schools should model the values promoted as part of the Ur Choice programme. They were quick to point out any discrepancies between the values underpinning Ur Choice, such as respectful relationships, and their experience of the everyday reality of school life.

As suggested by Eisenberg [22] it is challenging for teaching staff to create their own materials for RSE given the pressures they are facing daily to prepare and deliver sessions for other subjects. The fact that Ur Choice was offered to schools as a package, with the necessary materials ready was a big advantage as it minimised any additional workload for teachers.

In keeping with other research evidence, interactive and skills based lessons, demonstrations and group discussions were preferred by young people as opposed to the more didactic classroom lessons that they felt they normally received [19]. Young people who took part in this evaluation acknowledged that the activities based sessions were refreshing and engaging. However, both teachers and young people highlighted that some Ur Choice sessions were not interactive, and they would have been better if they were activity based. In addition, some young people reported that disruptive classroom behaviour was a barrier to full engagement.

With regards to single gender classes as opposed to mixed, literature suggests that in some cases single sex is preferred by young people [19]. The findings of this evaluation show that young people had mixed views on this issue. Some young women would prefer single gender classes, as they felt that some boys were immature and disruptive during delivery of Ur Choice. However, the majority of young people valued having mixed gender classes as they had the opportunity to understand how sex and relationships are different for young men and young women. This is in accordance with the core principles of Ur Choice that sex and relationships should be jointly negotiated [19].

Alongside the discussions about the gender of the pupils, the gender of the facilitator was discussed by young people. This was also mentioned by professionals as something that could impact on young people's engagement with the sessions. It was suggested that young men draw more from sessions that have a male co-deliverer. However, preferences cited by the young people themselves varied. Some boys felt that they would prefer a male facilitator and similarly some girls would prefer a female. There were some young people who thought that the gender of the facilitator does not matter as long as they have the knowledge necessary. Interestingly, some girls reported that they have no opinion as they have never had a male delivering RSE.

Concerns about parental complaints are often suggested as a reason that schools fail to deliver RSE [23, 24]. In the case of Ur Choice there were reported to be few

parental expressions of concern and those were addressed by teachers and resolved in discussion with parents.

Existing literature suggests that the addition of peer educators in RSE can strengthen young people's engagement [19]. However, there was some resistance from young people in this study to have RSE delivered by peers who they described as inexperienced and unqualified. Potential issues that young people identified included lack of trust, concerns about confidentiality issues, and embarrassment. One school that had tried to recruit Y12 students found there was a lack of appetite to become involved as there was no qualification attached to delivering RSE, suggesting accreditation may be worth exploring.

Challenges were highlighted by all the professional groups who participated around time available within lessons to deliver the full content of the Ur Choice programme. Young people also felt that Ur Choice could be delivered over more sessions to allow for depth of discussion. Generally, all participants felt that although discussions about the content did occur, these were rushed and did not go into the depth required. This was particularly an issue for contentious or complex topics such as FGM.

### **Sustaining the programme**

Time constraints [18] and workload pressures were cited by external delivery team as potential barriers to sustaining RSE activity in schools. In addition, availability of external staff to co-deliver was varied which meant that on occasions, teachers had to

deliver the content themselves. However, the evaluation showed that schools managed to find solutions to such problems arising.

Teachers also discussed time constraints in terms of curriculum priorities. This stems from the fact that RSE is not compulsory and when PSHE was taken off the curriculum timetable, RSE stopped as well.

Another important factor in sustaining an RSE programme according to the literature is financial restrictions particularly with regards to school funding RSE programmes in times of austerity [21]. Ur choice materials and training are provided free of charge. Teachers felt that if this was not the case, school would prioritise other curricula activities and Ur Choice would no longer be delivered. In times of austerity and with increasing reductions in school budgets, it was felt that RSE would not be a priority for schools and the responsibility of developing materials would fall on the teachers.

### **Ur Choice specific findings**

One of the gaps identified in the literature concerned the issues of sexting and online safety. Ur Choice includes material on these in response to growing concerns about these issues.

Young people were involved in the original consultation processes to inform the content of the Ur Choice programme. Further ongoing efforts to gather young people's input and feedback would be useful, now the programme has been running for a number of years.

In this study, young people highlighted the importance of the Ur Choice programme's pro-choice ethos, but also wanted to explore the possibility of, and practicalities surrounding, all available options, including abortion and continuing a pregnancy. Whilst up-dated material is periodically inserted into the Ur Choice programme, and this was seen as a strength, staff delivering the programme did not always feel this was communicated to them effectively, despite efforts by the commissioning team to provide regular updates, suggesting a disconnect in communication styles and needs. In order to ensure that Ur Choice is delivered appropriately, it is important that any new content is cascaded to delivery staff. Moreover, some thought needs to go into the positioning of the new material to ensure that sessions continue to flow.

In addition, external expertise and co delivery were seen as important to both teachers and young people. Negotiating the dynamics between different delivery partners was essential to its success. Having external delivery staff (who were perceived as experts on the subject) and teachers (who young people feel comfortable with) delivering Ur Choice, was seen as a strength of the programme. Whilst it was mainly the external delivery staff who were delivering the content of Ur Choice, the teachers focused on clarifying matters to pupils when needed and managed pupils' behaviour in the class. It is worth noting that this model was seen as successful from all participants in the sessions (teachers, external delivery team, and young people).

However, it was reported that less confident teachers focused on the biological aspects of sex as they felt it could minimise jokes and ridicule in the classroom. This runs counter to the ethos of Ur Choice to promote sex within the context of healthy relationships.

### **Suggestions for content improvement**

Teachers, external delivery staff, and young people offered the following suggestions for improvement of the programme.

Participants believed that ensuring that programme content is gender balanced and explores consequences of unprotected sex for both males and females would improve the messages to young people. In addition, greater acknowledgement of homosexual / bisexual relationships would be beneficial to the programme. Young people appreciated understanding the legal context of sex and relationships and exploring the nature of (un)healthy relationships. The addition of content around sexual predators and grooming will provide strength to the programme.

### **Final remarks and limitations of the study**

In order to carry out the evaluation, three schools were recruited. As noted above (in the methodology section), it was extremely difficult to recruit these schools. So, whilst the overall message from this evaluation is that Ur Choice is generally welcomed and working well, this may only reflect the views of the schools, staff and pupils that were willing and able to take part in this research. It was not possible to report any data from

schools that had not engaged or had initially engaged but withdrew from the programme. It is likely that gathering views from these stakeholders will yield further insights into the acceptability and sustainability of the programme long-term.

In addition, in the schools where data was collected, the pupils who took part were selected by their teachers. It is not possible to ascertain if the views of these pupils were representative of all pupils in the school.

### **Implications of the evaluation of Ur Choice for policy makers, teaching staff, external delivery teams and young people:**

1. When school priorities change, non-compulsory subjects like PSHE or RSE disappear from timetable impacting on the sustainability of programmes. This may well change in light of new guidance in 2019 [6]. However, it remains an issue to be mindful of.
2. In addition, it is essential to ensure that RSE programmes run over enough weeks to cover all aspects in sufficient depth.
3. Proactive recruitment of schools by commissioners and flexibility in delivery of training is important to engagement.
4. Ur Choice is provided to schools for free. In the event it becomes chargeable, support may stop, particularly considering current levels of austerity and reducing school budgets.
5. Acknowledgement of the cultural background of pupils should be

- explicit to avoid disengagement of certain groups of students.
6. Facilitating shadowing of experienced team members promotes confidence for newer members of delivery team to instigate conversations about RSE and model effective classroom management techniques.
  7. More work could potentially be done in order to ensure that teaching staff and external delivery teams work well together. Ensuring that both teachers and external teams know what is expected and required of them would potentially facilitate better collaboration and joint working, ultimately improving delivery.
  8. In addition, recruitment of male facilitators may increase choice and improve the engagement of young men in the sessions.
  9. Participants in the evaluation suggested that extending Ur Choice to more sessions would allow for depth of discussions.
  10. The order of sessions to ensure that sex is taught within the context of positive relationships could usefully be re-considered. On a similar note, insertion of all new materials within each session needs to be cascaded down to delivery staff. This needs careful planning to ensure that content flows appropriately.
  11. Young people felt strongly that Ur Choice materials need to acknowledge all choices available to them i.e. continuing a pregnancy, emergency contraception, abortions same sex relationships, bi-sexuality,. Continued engagement and consultation with young people would ensure their needs are being met.
  12. A central tenet to Ur choice is the inclusion of peer education. The findings of this evaluation show that recruiting peer educators to deliver Ur Choice in year 12 may not be as attractive as other programmes young people can volunteer to become involved with – (i.e. Duke of Edinburgh) as it is not accompanied by a recognised qualification. Exploring possible accreditation options for those participating in the peer education element of the programme may benefit the programme.
  13. Training and ongoing support are important to continue providing as they increase teachers' confidence.
  14. It is worth exploring the best place within the curriculum to teach RSE. Combining aspects of PSHE and RE seemed to work well in the schools that took part in the evaluation.
  15. Ur Choice worked better as a whole school approach; therefore it would be valuable to think about embedding the principles and content of Ur Choice across the curriculum, to send coherent messages to pupils cross multiple subjects.
  16. Young people's views on whether RSE should be delivered in single gendered classes differed. It could be



argued that this depends on the school and pupils' preferences. Therefore, it would be useful to gather pupils' views on this before delivering Ur Choice.

17. Ur choice was developed in consultation with young people. The findings of this evaluation highlight an opportunity for ongoing engagement with young people to ensure that programme structure and content remain relevant to their needs.
18. Gathering views from non-engaging schools could generate new understanding of the acceptability and feasibility of the programme across different school contexts. Similarly, offering pupils who were not selected to take part in the research a chance to share their views may provide new insights.
19. Contributing to the following consultation may be beneficial for Ur Choice stakeholders to share their ideas with the Youth Select Committee  
<http://www.byc.org.uk/uk/youth-select-committee>

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## References

1. Bonell, C., et al., *Why schools should promote students' health and wellbeing*. BMJ : British Medical Journal, 2014. **348**.
2. Office for National Statistics. *Births by mothers' usual area of residence in the UK*. 2014 24/01/2017]; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyareaofusualresidenceofmotheruk>.
3. European Centre for Disease Prevention and Control, *Annual Epidemiological Report 2014: sexually transmitted infections including HIV and blood-borne viruses*. 2015, ECDPC: Stockholm.
4. Wight, D., *The effectiveness of school-based sex education: what do rigorous evaluations in Britain tell us?* Education and Health, 2011. **29**(4): p. 67-73.
5. Macdowall, W., et al., *Associations between source of information about sex and sexual health outcomes in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)*. BMJ Open, 2015. **5**(3).
6. Department for Education, *Policy statement: relationships education, relationships and sex education, and personal, social, health and economic education*. 2017, Department for Education: London.
7. Ofsted, *Not yet good enough: personal, social, health and economic education in schools*. 2013, Office for Standards in Education: London.
8. Okpaluba, I. and N. Corrigan, *Bradford Sexual Health Needs Assessment - 2011*. 2012: Bradford.
9. Public Health England. *Bradford Sexual and Reproductive Health Profile*. 2017 16/05/2017]; Available from: <http://fingertipsreports.phe.org.uk/sexualhealth/e08000032.pdf>
10. Council, B.M.D., *Ur Choice Delivery Handbook 6th edition*. No date: City of Bradford Metropolitan District Council.
11. McIver, K., *'Ur Choice': An innovative approach to relationships and sex education*. Education and Health, 2010. **28**(4): p. 63-65.
12. DfES, *SRE Guidance*. 2000, DfES: London.
13. QCDA, *National Curriculum*. 2007, QCDA: London.
14. Spratt, J., et al., *A review of sex and relationship approaches, activities and resources in primary schools in Scotland. A report for NHS Health Scotland*. 2010.
15. Ingham, R. and J. Hirst, *Promoting Sexual Health*, in *Promoting Health and Well-being through Schools.*, P. Aggleton, C. Dennison, and I. Warwick, Editors. 2010, Routledge: Abingdon.
16. Jones, L., et al., *A review of the effectiveness and cost effectiveness of personal, social and health education in secondary schools focusing on sex and relationships and alcohol education for young people aged 5 to 11 years*. 2009.
17. Owen, J. and e. al., *School-linked sexual health services for young people (SSHYP): a survey and systematic review concerning current models, effectiveness, cost-effectiveness and research opportunities*. Health Technology Assessment, 2010. **14**(30).

18. Pearson, M., et al., *Implementing health promotion programmes in schools: a realist systematic review of research and experience in the United Kingdom*. Implementation Science, 2015. **10**(149).
19. Pound, P., R. Langford, and R. Campbell, *What do young people think about their school-based sex and relationships education? A qualitative synthesis of young people's views and experiences*. BMJ Open, 2016. **26**(e011329).
20. Bonell, C., et al., *Systematic review of the effects of schools and school environment interventions on health: evidence mapping and synthesis*. Public Health Research, 2013. **1**(1): p. 1-340.
21. Garcia, C., *Sexual health education in Quebec schools: a critique and call for change*. The Canadian Journal of Human Sexuality, 2015. **24**(3): p. 197-204.
22. Eisenberg, M.E., et al., *Barriers to providing the sexuality education that teachers believe students need*. Journal of School Health, 2013. **83**(5): p. 335-342.
23. Ollis, D., *'I havent changed bigots but...': reflections on the impact of teacher professional learning in sexuality education*. Sex Education, 2010. **10**(2): p. 217-230.
24. Formby, E., et al., *'Selling it as a holistic health provision and not just about condoms...' Sexual health services in school settings: current models and their relationship with sex and relationships education policy and provision*. Sex Education, 2010. **10**(4): p. 423-435.
25. Ollis, D. and L. Harrison, *Lessons in building capacity in sexuality education using the health promoting school framework from planning to implementation*. Health Education, 2015. **116**(2): p. 138-153.
26. Brewin, D., et al., *Behind closed doors: school nurses and sexual education*. The Journal of School Nursing, 2014. **30**(1): p. 31-41.
27. Dewhirst, S., et al., *Are trainee teachers being adequately prepared to promote the health and well-being of school children? A survey of current practice*. Journal of Public Health, 2013. **36**(3): p. 467-475.
28. Martinez, J.L., et al., *Sex education in Spain: teachers' views of obstacles*. Sex Education, 2012. **21**(4): p. 425-436.
29. Hayter, M., J. Owen, and J. Cooke, *Developing and establishing school-based sexual health services: issues for school nursing practice*. The Journal of School Nursing, 2012. **28**(6): p. 433-441.
30. Craft, L.R., H.M. Brandt, and M. Prince, *Sustaining teen pregnancy prevention programmes in schools: needs and barriers identified by school leaders*. The Journal of School Health, 2016. **86**(4): p. 258-265.
31. May, C., *Towards a general theory of implementation*. Implement Sci, 2013. **8**: p. 18.
32. May, C. and T. Finch, *Implementing, Embedding, and Integrating Practices: An Outline of Normalization Process Theory*. Sociology, 2009. **43**(3): p. 535-554.
33. May, C., et al., *Development of a theory of implementation and integration: Normalization Process Theory*. Implement Sci, 2009. **4**: p. 29.
34. May, C., et al. *Normalization Process Theory On-line Users' Manual, Toolkit and NoMAD instrument*. 2015 [14/02/2017]; Available from: <http://www.normalizationprocess.org>.
35. Braun, V. and V. Clarke, *Successful Qualitative Research*. 2013, London: Sage.
36. Swanborn, P., *Case Study Research; What, Why, and How?* 2010, London: Sage.
37. May, C., et al., *Understanding the implementation of complex interventions in health care: the normalization process model*. BMC Health Serv Res, 2007. **7**: p. 148.

38. Elwyn, G., et al., *Arduous implementation: does the Normalisation Process Model explain why it's so difficult to embed decision support technologies for patients in routine clinical practice*. *Implement Sci*, 2008. **3**: p. 57.
39. Gunn, J.M., et al., *Embedding effective depression care: using theory for primary care organisational and systems change*. *Implement Sci*, 2010. **5**: p. 62.
40. James, D.M., *The applicability of normalisation process theory to speech and language therapy: a review of qualitative research on a speech and language intervention*. *Implement Sci*, 2011. **6**: p. 95.
41. Murray, E., et al., *Normalisation process theory: a framework for developing, evaluating and implementing complex interventions*. *BMC Med*, 2010. **8**: p. 63.
42. Ritchie, J., et al., *Qualitative Research Practice. A guide for social science students and researchers*. 2014, London: Sage.
43. Ritchie, J. and L. Spencer, *Qualitative data analysis for applied policy research*, in *Analyzing qualitative data*, A. Bryman and R.G. Burgess, Editors. 1994, Routeledge: London. p. 173-194.





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