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# Relationships Explored and Life Uncovered

Foróige's REAL U: Relationships Explored and Life Uncovered Programme

## Evaluation Report

Undertaken by the

UNESCO Child & Family Research Centre, NUI Galway





An Evaluation of Foróige's REAL U:  
*Relationships Explored and Life Uncovered* Programme  
**Research Report**

Authored by

**UNESCO Child & Family Research Centre,  
National University of Ireland, Galway**

on behalf of

**Foróige's Best Practice Unit**

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## Executive Summary

### Introduction

Foróige is an Irish national youth organisation which aims 'to enable young people to involve themselves consciously and actively in their own development and in the development of society'. In 2011, Foróige developed the *REAL U: Relationships Explored and Life Uncovered* programme, a relationships and sexuality programme for delivery to young people aged 12-18 years in youth work settings. The programme was developed in response to a need identified both in research (CPP, 2012) and among Foróige staff for new models of relationships and sexuality education for young people to enable the provision of factual information and opportunities to discuss the moral, social and emotional issues associated with sex and relationships. Many of the young people involved with Foróige's services are socially and economically disadvantaged, a group that has been identified as at greater risk of missing out on adequate relationships and sexuality education (Fullerton, 2006). This report outlines the findings of an evaluation of the REAL U programme undertaken by the UNESCO Child & Family Research Centre at NUI, Galway.

REAL U

### Description of the REAL U programme

The REAL U programme aims to engage young people aged 12-18 years in developing and building positive relationships. The programme is set out in a comprehensive manual, designed for use by a trained facilitator leading a group of 10-15 participants aged between 12 and 18 years old. It is recommended that the programme be delivered over 12 weeks for one hour and 30 minutes every week, drawing on modules appropriate for younger and older age groups. Two days training in delivery of the REAL U programme is provided by staff of the Foróige Best Practice Unit for youth workers both within and outside of Foróige. Foróige received funding from the HSE Crisis Pregnancy Programme to fund the design, print and roll-out of the manual beyond the Foróige organisation over a three-year period.

## **Aims and methodology of the study**

The aims of the evaluation were as follows:

- To describe the programme and its operational context.
- To assess programme implementation as this relates to the three domains of utilisation, fidelity and organisation.
- To assess the outcomes for young people participating in the REAL U programme.
- To generate learning for Foróige for future implementation of relationships and sexuality programmes.

A combination of qualitative and quantitative measures were used in the study. Qualitative measures included focus groups with young people, focus groups with staff, interviews with key stakeholders and documentary analysis. Quantitative measures included a survey of staff trained in the programme and a quasi-experimental design to assess outcomes from the programme among participants.

## **Key findings: Programme implementation**

Commencing in March 2012, a total of 10 two-day training sessions were held throughout Ireland, including Dublin, Galway, Roscommon, Donegal, Cork and Kilkenny. In total, 217 people have taken part in REAL U training, including 112 Foróige staff and 105 staff from external agencies, including other youth organisations. A total of 110 (51%) of this group completed a survey as part of the evaluation. The survey results indicated that just over half of respondents had delivered the REAL U programme at least once since they had been trained. Delivery of the programme was much higher among Foróige staff trained– 73% of Foróige staff trained had actually delivered the programme, compared to 33% of staff from external agencies. Foróige staff were also more likely to have delivered the programme more than once. Analysis of data from within Foróige services indicates that the programme has been delivered most to young people in the Blanchardstown region and least in the South East region of Foróige. Young people are generally recruited through youth projects or schools. The majority of respondents said that the programme was delivered with fidelity to the manual, while a range of reasons for adaptation were given. The responses indicate that in addition to being delivered as a full programme, the REAL U manual is being used widely as a resource to support varying types of work with young people. The study also highlighted that the financial cutbacks in the youth sector are impacting on service provision, with implications for the capacity of organisations to deliver the REAL U programme.

The vast majority of those trained feel that they are adequately trained to deliver the programme and reported feeling more confident in teaching this material as a result of having the REAL U programme available. Data gathered from staff through focus groups and surveys indicates that the REAL U programme is a highly valued resource. There is a perception that the programme is very well suited to the needs of young people and that it is attractive and appealing to them which makes them more likely

to engage with it. All staff surveyed are of the view that the programme is effective in what it sets out to do. While participants in the research indicated a high level of satisfaction with the programme, some minor suggestions regarding improvements to the programme were made.

### **Key findings: Outcomes**

Outcomes were assessed using both quantitative and qualitative methods. With regard to quantitative methods, outcomes from the programme were assessed using a quasi-experimental strand, whereby data were collected from youth participants in the Real U programme over three time periods (between September 2012 and March 2013). The outcomes strand included questions in relation to: attitudes to relationships, attitudes to sexualities, mental and social well-being, assertiveness, sexual assertiveness and knowledge of issues related to sexuality. There was also scope within the online instruments to provide feedback in relation to the programme. With regard to qualitative methods, four focus groups were held throughout Ireland to gather feedback from participants in relation to their views on the REAL U programme.

A total of 231 young people completed online surveys at one or more times, a smaller sample than had been intended. Of these, just 107 completed the survey on more than one occasion, allowing for exploration of the intervention effects. A total of 16 young people did not receive the intervention and form a comparison group. Baseline data indicates that there was a need for the programme, with misinformation regarding sexual knowledge and prejudicial attitudes evident among a minority of the participants. Outcomes data showed statistically significant effects for the young people who had taken part in REAL U in relation to attitudes to LGBT and knowledge about sex. No significant findings were evident in relation to assertiveness, attributes of a partner or mental and emotional well-being. Young people rated the programme highly, with 98% rating it as good, very good or excellent, while 84% said that they would recommend the programme to other young people. Qualitative data highlighted that young people found the programme to be relevant, fun and insightful and participants said that it made them better informed and more aware of the consequences of their actions. A survey of staff trained in the REAL U programme indicated that all respondents believe the programme is effective in meeting its objectives.

### **Conclusions**

The study concluded that the REAL U programme is filling a gap with regard to relationship and sexuality education for young people in Ireland. This study has highlighted that the REAL U programme is seen as effective in engaging young people, responding to their needs and impacting on their knowledge and attitudes in this area. The availability of a comprehensive, flexible programme of this nature in youth work settings represents an important development in the move towards comprehensive sex education for young people in Ireland.

While the small sample in the outcomes strand makes it difficult to conclude with certainty that the programme is effective, it is notable that statistically significant improvements were found for participants in two domains – attitudes to LGBT and knowledge about sex. Asked if they felt the REAL U programme

is effective in what it sets out to do, 100% of survey respondents (staff) felt that it was. This view was also expressed in staff focus groups and young people's focus groups. The reasons for effectiveness identified were as follows:


- The programme is 'perfectly pitched' to the needs, interests and concerns of young people and scenarios are easy for them to identify with. They therefore engage fully and maximise their learning from the programme.
- It encourages openness around sexuality among young people & dispels myths.
- It is considered an excellent resource for facilitators as all the information needed is provided. The attractive ring-bound manual allows for relevant sections to be taken out as needed.
- The content can be adapted based on needs and interests of particular age groups.
- The programme supports staff to address difficult topics, such as pornography, STIs, contraception and domestic violence.
- It places sexual health in a broader context of holistic well-being, particularly emotional health and relationships.

The recommendations made on the basis of this research include suggestions for implementation and content.



# 1. Introduction

## 1.1 Introduction

 ***The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin*** 

*UN Convention on the Rights of the Child, Article 29 (d) on the aims of education*

As the quote illustrates, Article 29 of the UN Convention on the Rights of the Child underlines the need for children to be adequately prepared for life, while other articles of the Convention refer to the need for social programmes to prevent sexual abuse and exploitation of children. Relationships and sexuality education (RSE) is essential to ensure that young people can protect themselves against unplanned pregnancy, STIs, abuse, exploitation and HIV/AIDS, and to prepare them to cultivate positive relationships with peers and prospective partners. Irish research suggests that considerable gaps in knowledge exist among young people in relation to sexual health, with early school leavers identified as particularly vulnerable, while factors such as peer pressure, gender stereotypes and lack of assertiveness have been highlighted as barriers to safe sex practices (McHale & Newell, 1997; Mayock & Byrne, 2004). Studies have shown that young people would welcome more education about sex and relationships both in and out of school (Mayock & Byrne, 2004). Research has also highlighted that school-based sex education tends to focus on biological topics, leaving young people with unanswered questions in relation to emotions, sexuality and relationships (Crisis Pregnancy Programme, 2012).

Foróige is an Irish national youth organisation which aims ‘to enable young people to involve themselves consciously and actively in their own development and in the development of society’. In 2010, almost 53,000 young people were engaged in Foróige’s work, supported by 4,633 volunteers and 302 staff members (Foróige, 2010). In 2011, Foróige developed the *REAL U: Relationships Explored and Life Uncovered* programme, a relationships and sexuality programme for delivery to young people aged 12-18 years in youth work settings.

The UNESCO Child & Family Research Centre at NUI, Galway was commissioned by Foróige to evaluate the REAL U programme. This report outlines the findings of the study. This opening chapter describes the REAL U programme in greater detail and provides an overview of the design and methodology of the evaluation study.

## 1.2 Context for the REAL U Programme

Although the legal age of consent in Ireland is 17 for boys and girls, almost one in four of 15-17 year olds in Ireland report having had sexual intercourse (DCYA, 2012), while research indicates that most young people had some sexual experience in their teens (CPP, 2012). Those who had sex before the age of 17 were less likely to have used contraception at first intercourse than those who first had sex after the age of consent. The number of births to teenagers has declined from 3,087 in 2001 to 1,639 in 2012, which represents a 47% decrease (CPP, 2013). In 2011, there were 443 abortions to women aged under 20 giving Irish addresses in UK clinics (UKDoH).

Relationships and sexuality education (RSE) is provided to young people through the formal education system in Ireland and a recent study of 18-25 year olds found that the vast majority of young people (86%) have received some form of sex education (CPP, 2012). A review of the implementation of RSE within the secondary school system found that it is generally taught as part of SPHE in first and second year but tends to decline from 3rd year onwards. The study highlighted considerable diversity and inconsistency in RSE implementation and delivery between schools. Among the barriers to RSE implementation identified were an overcrowded curriculum, discomfort of some teachers in teaching RSE and the pressure of examination subjects (Mayock, Kitching & Morgan, 2007)<sup>1</sup>.

Parents are also an important source of information for young people, but the numbers of parents reporting that they had spoken to their children about sex fell from 82% in 2003 to 70% in 2010 (CPP, 2012). While peers are a key source of information about sex for young people, the information received can often be wrong or incomplete (CPP, 2012). Peer pressure in relation to sex is a common theme in research studies, with some teenagers reporting that they engaged in sexual practices because they felt they needed to do so to 'fit in' with peers. While the usage of contraception among sexually active young people is high, research has also shown that some young people can be reluctant to use contraception or to access sexual health services for a variety of reasons, including embarrassment or lack of knowledge.

Research by the Crisis Pregnancy programme in Ireland has highlighted that only half of 18-25 year olds who received sex education reported that they had been given information on sexual feelings, emotions and relationships, while it also emerged that parents and teachers discomfort in talking about

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<sup>1</sup> A range of free Irish resources are available for parents, teachers and youth workers with regard to sex education. For example, *Busy Bodies* is a guide for 10-14 year olds in relation to puberty, while *You can talk to me* is a booklet for parents on communication with children with regard to sexual health and relationships. The *B4uDecide.ie* education initiative has made available a website and education resource packs for teachers and youth workers to support teenagers in making healthy, responsible decisions about sex.



issues such as homosexuality, safer sex and contraception meant that they were often not adequately addressed (CPP, 2012). The research has shown that, as well as getting factual information about contraception, STIs and available services, teenagers are keen to discuss the moral, social and emotional issues associated with sex.

Relationships and sexuality education within the context of youth development programmes recognises the influence of education and socio-economic factors on sexual behaviour and aims to address some of the antecedents of unprotected sex and teenage pregnancy. Fullerton (2006) highlights that youth programmes tend to be longer in duration than school-based programmes as they aim to address issues such as self-worth, assertiveness and emotional well-being, in addition to knowledge.

From her review of research into relationships and sexuality programmes, Fullerton (2006) concludes that evidence in relation to education programmes is mixed. In general, programmes that focus on sexuality education and youth development have provided strong evidence of a reduction in teenage pregnancy. Fullerton concludes that adopting a simplistic approach to a highly complex area of social behaviour will not succeed in changing young people's sexual behaviour or reducing teenage pregnancy (2006, p.36). Some studies have highlighted the need for sex education to begin earlier.

Kirby (2001) summarised the characteristics of successful education programmes as follows:

- Focus on reducing one or more of the behaviours that lead to unintended pregnancy or HIV/STI infection.
- Include behavioural goals, teaching methods and materials that are appropriate to the age, sexual experience and culture of the students.
- Have a clear rationale / logic model for the intervention.
- Deliver and consistently reinforce clear prevention messages about abstinence, condom use and other forms of contraception.
- Provide basic, accurate information about the risks of sexual activity, ways to avoid intercourse and methods of protection against HIV/STI and pregnancy.
- Include activities that address social pressures related to sexual behaviour.
- Provide modelling and practice of communication (e.g. role play, refusal skills).
- Use teaching methods that involve students and have them personalise the information.
- Last a sufficient amount of time to complete a range of activities.
- Select teachers and peer leaders who support the programme and provide them with adequate training.



### 1.3 The REAL U Programme

The Foróige Relationships and Sexuality Education programme has its origins in the Teenage Health Initiative (THI) which was developed in the former Eastern Health Board area of Ireland in the 1990s as a personal development and sex education programme aimed at delaying the onset of early sexual activity among teenagers. Following a positive evaluation of the programme by Acton and Hynes (1998), the programme was expanded to operate in six youth projects throughout Ireland. Foróige, Youth Work Ireland and the HSE were involved in the delivery of the programmes in various areas. A study of the Teenage Health Initiative in Galway, Mayo and Roscommon undertaken by Kearns et al. (2008) again showed that there was a widespread belief that the programme was beneficial and worthy of investment. However, Kearns et al highlighted that the programme would benefit from:

- Ensuring greater consistency with regard to the core elements of the programme.
- Updating the contents of the programme.
- Examining new and innovative approaches.
- Building in a standard monitoring and evaluation component.

In 2009, Foróige established its Best Practice Unit (BPU), with support from the Atlantic Philanthropies, with the intention of developing manuals for its various programmes and introducing new evidence-based programmes. In order to address the recommendations of the THI evaluation, the Foróige Best Practice Unit was tasked with researching and developing a manual for a comprehensive relationships and sexuality programme. The *REAL U: Relationships Explored and Life Uncovered* programme, which is the focus of this study, was completed in 2011. The programme aims to engage young people aged 12-18 years in developing and building positive relationships and includes the following components:

- A manual for project workers setting out a 12 week programme of relationship and sexuality education in a youth work setting, including core and elective modules.
- Two days training for project workers (from both within and outside of Foróige) in delivering the manual.
- The programme is then delivered to young people in youth work settings throughout Ireland. Foróige staff delivering the programme are supported by their line managers and have back-up support from the Best Practice Unit in relation to any queries that may arise.

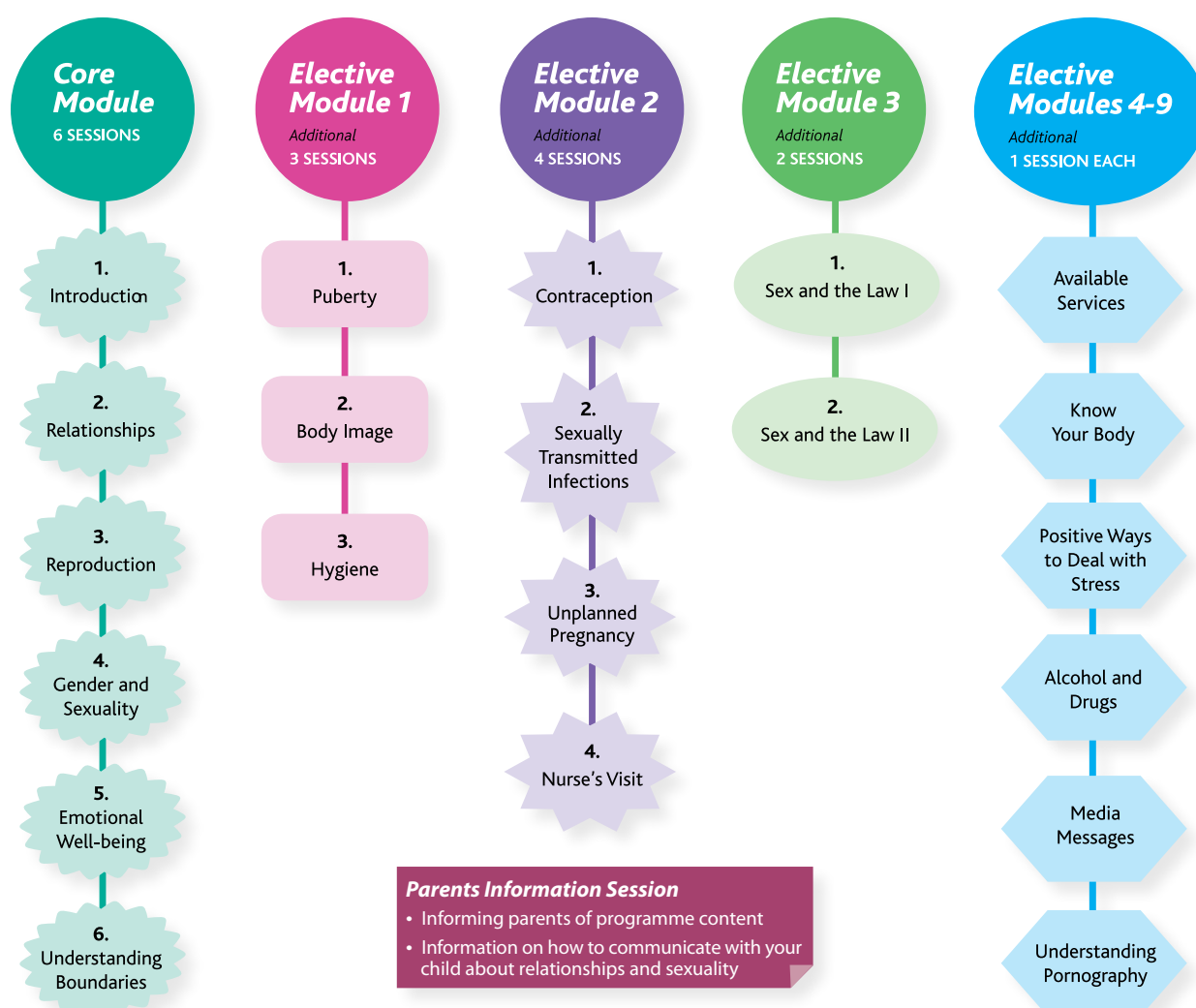
The REAL U programme manual is designed for use by a trained facilitator, leading a group of 10-15 participants between 12-18 years old. It is recommended that the programme be delivered separately to younger and older age groups, 12-14 year olds and 15 to 18 year olds. The groups meet for one hour and 30 minutes every week.

The programme has been designed in line with best practice in relationship and sexuality education. The programme manual identifies good practice in relationships and sexuality education in all aspect of

delivery, from organisational policy to programme content. The activities developed in the manual are underpinned by the theories and principles of youth work, as well as the health belief model (Ajzen, 2002) and the theory of reasoned action (Ajzen, 1991). All activities in the manual incorporate the experiential learning cycle (Kolb et al., 1971) which illustrate the importance of reflection and application of learning in relation to positive behaviour.

The programme consists of a minimum of 9 sessions. Each group is expected to complete the core modules, which are completed over 6 sessions. There are 9 additional elective modules, from which a minimum of three should be chosen. The programme design allows for flexibility in the delivery of the programme, with the choice of electives guided by the needs and age of the group. It is anticipated that follow-up sessions can be undertaken as the group participants mature, allowing them to cover topics which become relevant to them at a later stage. The manual emphasizes the need for facilitators to reflect on whether the activities meet the needs of their groups. They are advised that, depending on the needs and maturity of the group, the material for older or younger groups may suit them better. Trainers are advised that the manual is 'not meant to replace your own creativity and ability to engage the participants' (REAL U manual, p.13). The core and elective modules which make up the programme are outlined in Figure 1.

**Figure 1: An overview of the REAL U programme content**



Foróige aims that young people participating in REAL U will achieve the following outcomes in the medium-term:

- Recognise and develop strategies to cultivate positive relationships.
- Develop and practice effective communication skills, in particular assertiveness.
- Demonstrate increased awareness of their behaviour in relationships.
- Understand the importance of respect with regards to a person's sexual orientation.
- Outline ways of maintaining positive emotional wellbeing.
- Describe the importance of developing their own boundaries within relationships.
- Understand how the male and female reproductive system works.
- Access relevant information available to them.

As part of the elective modules participants will be able to:

- Explain the physical and emotional changes that take place in girls and boys during puberty.
- Recognise the importance of a good hygiene habits.
- Understand the possible consequences of sexual activity e.g. STI's, parenthood etc.
- Develop strategies of discussing contraception in a relationship.
- Explain the causes, symptoms and treatment of a range of STI's.
- Acknowledge the benefits of checking their own bodies.
- Describe methods of coping with stress.
- Identify some of the influences on human sexuality including media influences.
- Demonstrate a heightened understanding of sex and the law.
- Differentiate between pornography and the reality of a relationship

Foróige received funding from the HSE Crisis Pregnancy Programme to fund the design, print and roll-out of the manual beyond the Foróige organisation over a three-year period.

## **1.4 Evaluation Design and Methodology**

As the programme under study was newly developed, the study comprised a focus on outcomes, as well as the implementation and process aspects of the programme. The overall design can be conceptualised as a mixed methods design, whereby qualitative and quantitative approaches are combined in a single study. The aims of the evaluation were as follows:

- To describe the programme and its operational context.
- To assess programme implementation as this relates to the three domains of utilisation, fidelity and organisation.
- To assess the outcomes for young people participating in the REAL U programme.
- To generate learning for Foróige for future implementation of relationships and sexuality programmes.

The methods used in the study are now described. Ethical approval for the study was obtained from the NUI Galway Research Ethics Committee for outcomes data analysis and qualitative fieldwork and analysis.

## A. Implementation and process strand

The main methods used in the implementation and process study were:

**Focus groups with young people:** Four young people's focus groups were held, involving 9 young people in Blanchardstown, Mulhuddart, Sligo and Waterford. A total of four males and five females took part in the focus groups, aged between 14 and 18 years.

**Focus groups with Foróige staff:** Three staff focus groups were held (in Waterford, Sligo and Dublin) involving a total of 13 people. Participants were asked about their initial perceptions of the REAL U programme, their experience of delivering it and their perceptions regarding the response of young people to the programme and other issues. A list of focus group questions is provided in Appendix 1.

**Survey of staff / volunteers trained in the REAL U programme:** A total of 217 people (112 from Foróige and 105 from external agencies) who had been trained to deliver the REAL U manual were e-mailed and asked to complete an anonymous online survey. A total of 110 people completed the survey, 55 of whom were involved with Foróige and 55 with other agencies.

An **individual interview** was conducted with the Programme Officer who oversaw the REAL U programme implementation.

**Relevant data** relating to programme implementation was provided by Foróige, including data regarding take-up of the programme by young people attending Foróige's services in each region.

## B. Outcomes Strand

The design for this component of the review was a quasi-experimental cohort wait-list control, as illustrated in the table below (table 1). Data were collected by Foróige staff from youth participants in the Real U programme over three time periods (Time 1 September 2012; Time 2 January 2013; Time 3 March 2013). It was intended that groups one and two would be of similar sizes and the estimated sample size of c.600 was assessed to be sufficiently powerful to enable valid inferences to be drawn from statistical analyses.

**Table 1: Outcomes Study Design**

Time	Group one	Group two
Time 1: September 2012	Pre-intervention data collection (t = 1) immediately before	Pre-intervention data collection (t=-1) 3 months before
Time 2: January 2012	Post-intervention data collection (t =2) immediately after	Pre-intervention data collection (t = 1) immediately before
Time 3: March 2013	Post-intervention data collection (t = 3) 3 months after	Post-intervention data collection (t =2) immediately after

## Measures

Outcomes data was collected through an online questionnaire specifically developed for Foróige, and was designed to reflect the content of the core components of the Real U programme. Some items were drawn from a number of previously published and publicly available questionnaires. These included items from the Assertiveness Questionnaire designed by Professor Walter vom Saal, State University College at Oneonta, New York, the 'Mind Out' evaluation questionnaire on mental wellbeing from Dr. Mary Byrne and Professor Margaret Barry, National University of Ireland, Galway, a variety of items taken from the 'Talking Sexual Health' resource developed by staff at the Australian Research Centre in Sex, health and Society at La Trobe University, who in turn acknowledge the work and intellectual property of the Victorian Department of Education, Employment and Training, the staff of the 'Belong To' project and the Student Affairs Counselling Service in Buffalo, New York. New items were developed by Dr. Siobhan O'Higgins, NUI Galway.

The questions were required to be appropriate for on-line administration, and the total length of the questionnaire was restricted to minimise respondent burden during data collection. The initial developed questions were subject to review by staff of the Best Practice Unit and subject matter specialists, and were later pilot tested by a group of young people with a similar socio-demographic profile as the intended programme participants. Each of these steps led to changes in the items, and notably a reduction in the overall number of items included.

## Procedure

Programme staff were briefed about the proposed research during their initial training sessions between March and June 2012; this included information on the purpose, design and methods to be employed. Written information was also supplied to all Foróige staff who had received Real U training. Following training, all 53 Foróige staff (which included those who had been involved in the original pilot of the programme the previous year) who had been trained were contacted and asked to start organising two groups of young people to act as participants in the Real U intervention. One group was to begin in September 2012 and the other to begin in January 2013. It was explained that both groups would complete questionnaires at each stage of data collection regardless of when they were taking part in the programme. Staff were informed that there would be a draw for young people who completed all stages and a draw for staff that got the majority of their young people to complete all stages.

Study information sheets and consent forms for parents and participants were disseminated to staff in early September 2012. These were accompanied by details of the procedures to be followed in data collection. A reminder was sent in early October 2012. In January 2013 an alert for phase two data collection was disseminated, and the same in March for phase three. Follow-up communications in April and May were intended to improve response rates. All data were provided by participants via the online survey tool 'Survey Monkey'. The Survey Monkey account and questionnaire were set-up and managed by staff at the Foróige Best Practice Unit. Considerably fewer centres and participants were recruited than anticipated and this has impacted on the analyses conducted and presented in this report.

## **Data Management**

All data were transferred electronically from the Foróige Best Practice Unit to the Research Centre in NUI Galway. Data were exported from Survey Monkey into an excel file, which was then converted into an SPSS data file. All data were recoded into numerical values for the purpose of further analysis. Data from all three stages of the study were merged in a single dataset to facilitate the use of repeated measures statistics. Each survey completion was given a unique identification number and thus it was not possible to match participants over time using that number. Instead they were matched by their initials and dates of birth. All quantitative data were analysed in SPSS 20, while string data were imported to Microsoft Excel for analysis.

## **Response rate**

A total of 231 young people completed at least one on-line questionnaire. For 64 (38 from group one and 25 from group two) of these we also have matched time two data, and the data from this group can be used to investigate short term programme effects. A total of 54 participants provided both time one and time three data (all from the group one), and their data can be used to look at programme effects over a longer time period. There is a small number (n=16) of participants in the comparison group, all from the group two, who provided data at time -1 and time 1; that is at two points in time three months apart during which they were not exposed to the programme at all. Finally there is a group of 25 for whom we have three sets of data, times 1, 2 and 3, as intended with the original group one (see table 1 above) and who are labelled as 'complete'. Incentives were offered (entry into draws to win an i-pad) to staff and young people to increase the response rate but the actual response rate was significantly lower than had originally been planned. Staff reported a reluctance among young people to complete the surveys and a perception that the survey was too long.

## **1.5 Overview of the report**

Following this introductory chapter, Chapter Two outlines findings in relation to the implementation of REAL U, while Chapter Three outlines the findings of the outcomes strand of the study. The findings are integrated and discussed in Chapter Four, to reach a series of conclusions and recommendations regarding the programme.



## 2. Implementation of the REAL U Programme

### 2.1 Introduction

As highlighted in Chapter One, implementation of the REAL U programme commenced in 2011. This chapter explores a number of questions relating to implementation of the REAL U programme. Implementation is assessed according to the concepts of utilisation, fidelity and organisation, with a view to answer the following questions:

<b>Utilisation</b>	<ul style="list-style-type: none"> <li>• To what degree has the REAL U programme been implemented to date?</li> <li>• What is the nature of the population participating on the programme (gender, age, location)?</li> <li>• How are young people recruited to take part in REAL U?</li> </ul>
<b>Fidelity</b>	<ul style="list-style-type: none"> <li>• To what degree is the programme being implemented according to the manual?</li> </ul>
<b>Organisation</b>	<ul style="list-style-type: none"> <li>• Is the amount and quality of training and ongoing support provided at the level required to ensure effective delivery of the programme?</li> <li>• Is the manual adequately comprehensive and of the necessary quality to support effective delivery?</li> <li>• Are there ways in which the programme could be improved?</li> </ul>

It should be noted that this chapter draws on the perspectives of both Foróige and non-Foróige staff through the survey data, while focus group and other data relates specifically to the implementation of REAL U within Foróige.

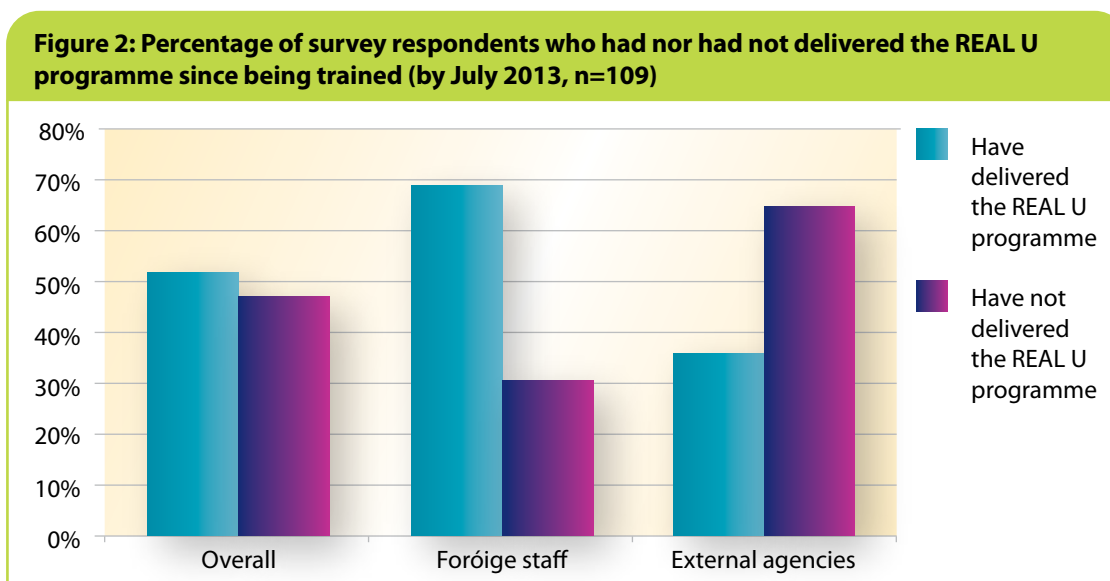
### 2.2 To what degree has the REAL U programme been implemented to date?

The Foróige Best Practice Unit developed the REAL U manual and was responsible for its roll out, which included training those working with young people to deliver the programme and providing back-up



support in relation to the delivery of the programme. Commencing in March 2012, a total of 10 two-day training sessions were held throughout Ireland, including Dublin, Galway, Roscommon, Donegal, Cork and Kilkenny. In total, 217 people have taken part in REAL U training, including 112 Foróige staff and 105 staff from external agencies, including other youth organisations.

As outlined in Chapter One, 110 people who were trained in REAL U completed a survey as part of the evaluation process. More than half of respondents (53%) had delivered the REAL U programme since taking part in training. Delivery of the programme was significantly higher among Foróige staff than among external agencies, with 73% of Foróige staff and 33% of staff from external agencies reporting that they had delivered the programme to date.



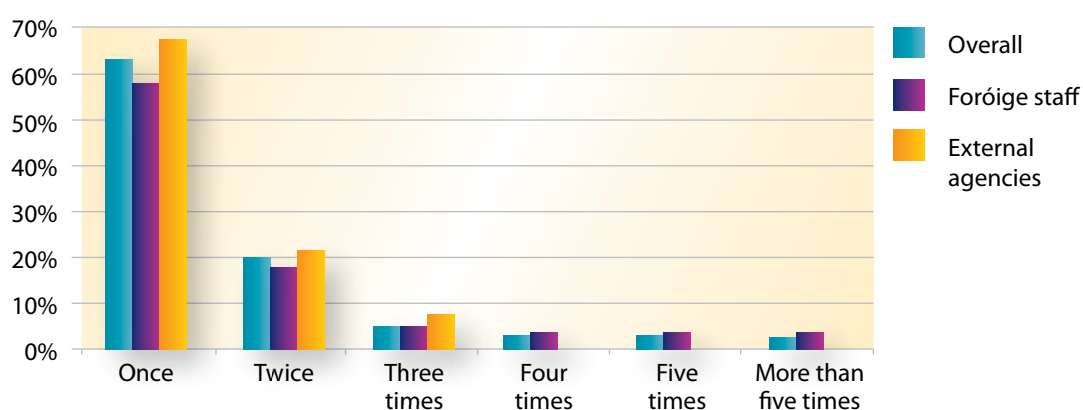
Respondents who had not delivered the programme to date were asked to explain why they had not done so. The following reasons were given:

- They have drawn on exercises from REAL U in individual and group work but have not actually run a whole programme.
- They have not had an opportunity to date but are planning to run a programme in the near future.
- Their role is not conducive to actually running a programme (e.g. management, youth advocate) but they have incorporated general skills and knowledge into their practice.
- They are no longer in the position they were in when they did the training and it is not possible in their new role.
- They have been absent from work due to maternity leave, sick leave, unemployment or are on reduced working hours due to funding cutbacks.
- There was not enough interest from young people in their area.
- Their organisation already has their own sexual health programme.
- They have not been able to fit a programme into their already full schedule of activities.

The responses indicate, therefore, that as well as being delivered as a full programme, the REAL U manual is being used widely as a resource to support varying types of work with young people. The responses also highlight that the financial cutbacks in the youth sector are impacting on service provision, with implications for the capacity of organisations to deliver the REAL U programme.

The survey participants who indicated that they had delivered the programme were asked how many times they had delivered the programme to date. The majority of respondents had delivered the programme once. As illustrated in Figure 3, of those respondents who had delivered the programme, Foróige staff were more likely than staff from external agencies to have delivered the programme more than once (38% compared to 27%). Given that the programme was rolled out in 2012, it is not surprising that one delivery of the programme was the most frequent response.

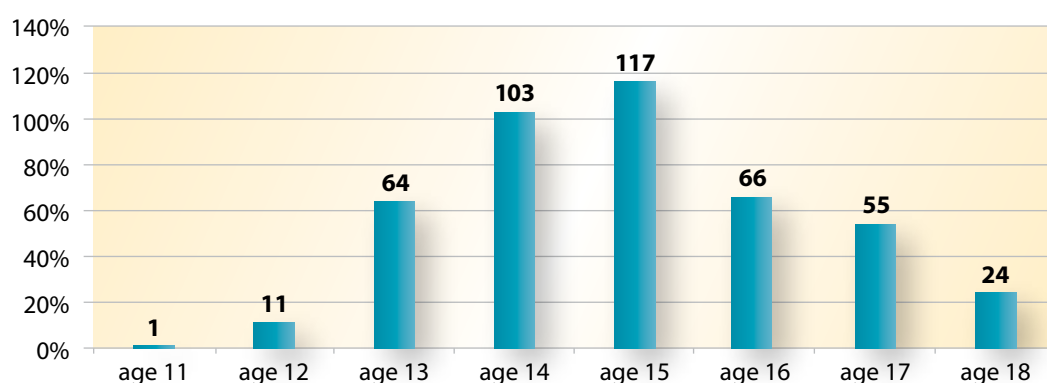
**Figure 3: Number of times respondents had delivered the REAL U programme since being trained (by July 2013, n=50)**



## 2.3 What is the nature of the population participating on the programme?

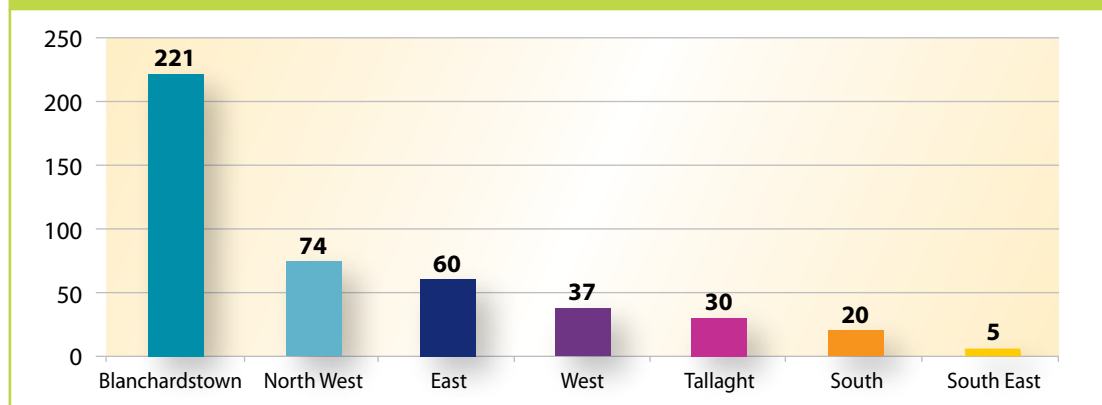
Foróige administrative data indicates that 447 young people have completed the programme through Foróige youth services to date. Of these, 217 were male (48.5%) and 230 were female (51.4%). As illustrated in Figure 4, participants ranged in age from 11 to 18, with the highest number of participants aged 14 and 15 years. In fact, 14 and 15 year olds together account for half of all participants.

**Figure 4: Age breakdown of REAL U participants – Foróige services only (n=441)**



Analysis of the geographical spread of programme participants shows that just under half (49%) have taken part in the Blanchardstown region, followed by 16% in the North West and 13% in the Eastern region. Participation in REAL U has been lowest in Foróige youth services the South and South East (see Figure 5). This participation data relates to Foróige only and similar data is not available for the level of participation in the programme among young people attending external agencies.

**Figure 5: Numbers of young people participating in REAL U training between 2012 and 2013 by each Foróige region**



## 2.4 How are young people recruited to take part in Real U?

Foróige staff were asked in focus groups how young people are recruited to take part in the REAL U programme. The responses indicate that recruitment takes place mostly through youth projects and schools, while some participants are referred by external agencies such as the HSE. In the case of youth services, respondents said that they generally approach a group of young people that they have worked previously and ask if they would be interested in doing this programme. In Blanchardstown in particular recruitment is reasonably easy because word of mouth has spread about the programme and there is now a lot of demand from young people for it. Respondents from Sligo and Donegal have also found it reasonably easy to engage young people with the programme. In Waterford, recruitment is more difficult and staff said that they can find it challenging to 'sell it' to young people. In all cases, it is generally young people that the project workers have been working with for some time and who they feel would benefit from the programme. In schools, referrals have come from SPHE teachers, School completion programme co-ordinators or youth workers may approach the school and offer to run the programme during school hours.

Parents are made aware of the content of the programme and must give signed consent for their child to participate. Staff generally endeavour to speak to them face to face or over the phone to explain the programme and in some areas, information sessions for parents are held. Most staff said that they encourage parents to come in to the project to see the manual. Generally, there have not been issues related to gaining parental consent for young people's participation in the programme. There have been cases where parents have been keen for their child to do the programme but the young person did not want to and also where the parent has wanted the programme run with them.

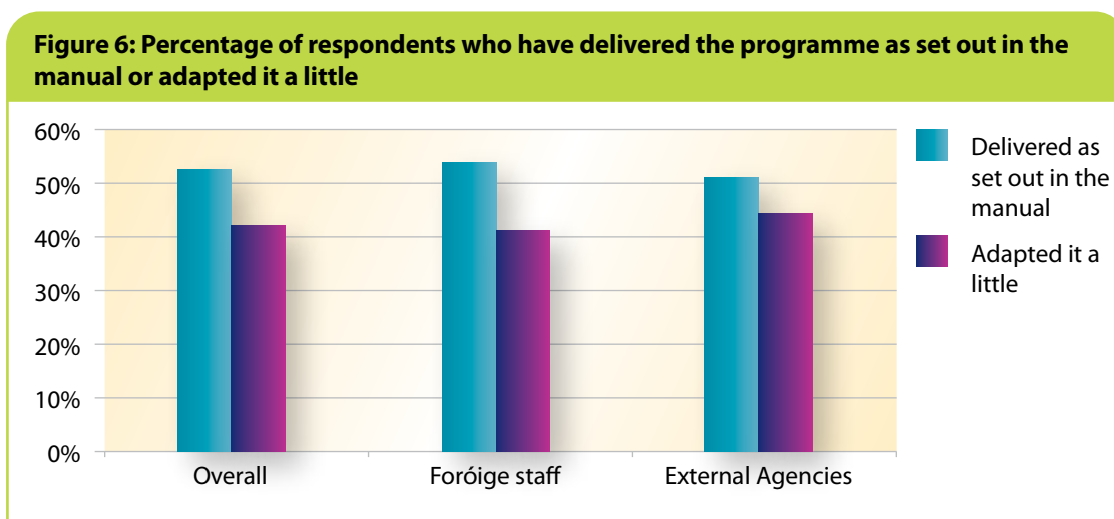
The programme is also used on a one-to-one basis with young people at risk. For example, one project worker said that she is doing the programme with a number of young women where there is a pattern

of early pregnancy in their families. She said that the programme is very valuable in these cases as the young people respond well and are educated about issues that they may otherwise not have an opportunity to learn about. The point was also made that young people may be more likely to go to a youth worker if they had issues related to sex and relationships since doing the programme.

All young people taking part in focus groups as part of this study had heard about the programme from a youth worker who they knew through involvement in a homework club, youth cafe or other youth work activity. The youth worker explained it to them and they thought it sounded interesting so decided to take part. All young people were in groups with people they had known previously and this made them feel more comfortable.

## 2.5 Is the programme operated with fidelity to the manual?

The survey of trained staff asked whether respondents had delivered the programme as set out in the manual or whether they have adapted it. The responses indicate that 62% delivered it as set out in the manual, with 38% having adapted it a little.



The survey responses to this question were also reflected in the focus group findings. Staff taking part in focus groups valued that the manual is adaptable and not highly specific as may be the case with some programmes. There is a good level of fidelity to the manual but adaptations are made. Groups are usually run on a single-sex basis only but occasionally mixed groups are run. Participants are grouped by age – for example 12-14 year olds or 15-17 year olds.

The reasons for adaptation included the following:

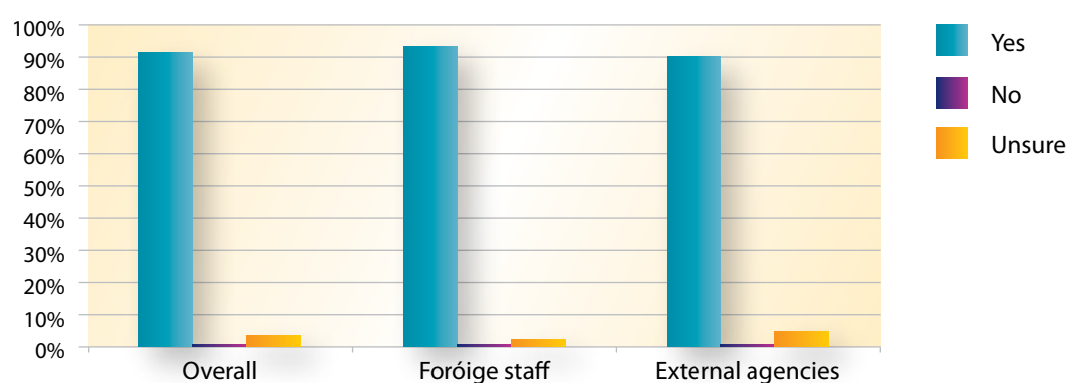
- a. Group size:** Staff expressed the view that the optimal number for a group is 10, but that 6-7 is the average. Some staff said that they have run groups for 2-3 young people, while a number of staff have also used the programme in individual work with young people. In many cases, a higher number of participants was targeted but did not want to take part which resulted in a smaller group size. The overall group size has implications for the way the programme is delivered as it means that sometimes the groups are too small to break into smaller groups as suggested in the programme exercises.

- b. Tailoring the content to meet the needs of the group:** For example, one activity may be run over two sessions as some of the young people 'don't have the attention span' to get all activities covered in one session. A number of survey respondents indicated that they adapt the content for groups where comprehension or literacy was low, to use 'less paperwork and more discussion or visual techniques'. Some respondents reported that some of the content was either too simplistic or too complicated (e.g. sexuality diary, SODAS) for some groups so they adapted exercises to make them more suitable.
- c. Time constraints:** Some staff reported that because they were under time pressure, they did not get the programme finished in the time available. However, they felt that the nature of the programme means that they can choose some of the elective modules at a later date. Some staff said that they sometimes 'mixed and matched' activities from across the elective modules if they didn't have time to cover them all in detail.
- d. Supplement or substitute additional resources:** A number of respondents indicated that they bring in resources from other sexual health programmes or augment the materials with newspaper articles or other items. A prominent example is the use of the RealCare Baby, which makes it possible for participants to practice caring for an infant 24 hours a day. This 'baby doll' as it was referred to by participants was used as an add-on to the programme in some areas.
- e. Using the programme in individual work:** Staff said that they are also using some of the exercises in individual work with young people (for example, positive self talk in dealing with bullying).

## 2.6 Is the amount and quality of training provided at the level required to ensure effective delivery of the programme?

The survey of training participants asked respondents if they feel adequately trained to deliver the programme. Overall, 93% of respondents replied that they did, with a slightly higher number of Foróige staff agreeing (97%) than staff from external agencies (92%) (See Figure 7). Many respondents commented that the training was excellent and that the resource is easy to follow. Some had knowledge of this subject area which they felt was of benefit to them.

**Figure 7: Responses to the question 'Do you feel adequately trained to deliver the programme?' (n=50)**



All Foróige staff taking part in focus groups said that they felt confident to run the programme after taking part in the two days training and that they feel adequately trained and supported to deliver the programme. They found that the modules related to *Sex and the Law* and *Contraception* greatly supplemented their existing knowledge in these areas.

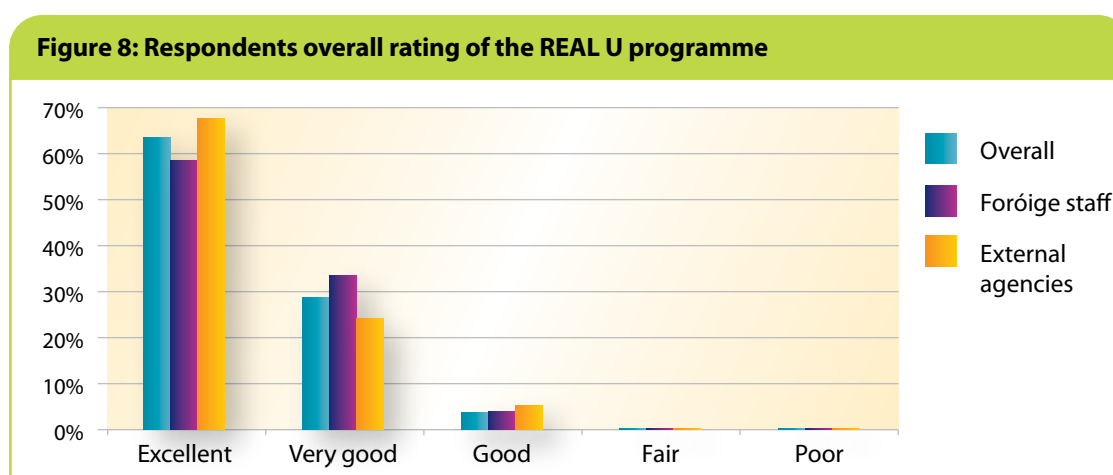
A number of staff members said that, before doing REAL U training, they would have 'shied away' from delivering relationships and sexuality training due to a fear of saying the wrong thing or being unsure about what was appropriate to say to young people. They would have referred young people for training to Teenage Health Workers rather than delivering it themselves. Since training in the programme, they now feel very confident and safe in addressing this topic.

### Are the ongoing supports provided at the level and quality required to ensure effective delivery?

Staff from Foróige Best Practice Unit were available to provide follow-up support to training participants in relation to any queries or concerns they had in relation to delivery of the REAL U programme. Informal peer support is available from colleagues while supervision from their line managers can also help them to address any issues they may have. Feedback from staff through surveys and focus groups suggests that they feel adequately supported to deliver the programme.

## 2.7 Is the manual adequately comprehensive and of the necessary quality to support effective delivery?

The survey of staff trained in REAL U asked respondents to give their opinion of the REAL U programme. As illustrated in Figure 8, all participants rated the programme as excellent, very good or good.



The feedback from Foróige staff who took part in focus groups is that the REAL U programme is a highly valued resource, described as 'excellent', 'very practical and applicable' and 'really straightforward'. The following comments reflect the consensus expressed in focus groups.

*I love the programme. I think it's so important. I think it's one of the best programmes. Visually, it's easy to use. It's practical, the theory is so relevant to young people, the scenarios are so relevant. I think it's a great programme. Even for volunteers, it makes sense for them.*  
(Focus Group 2)



*An excellent resource which covers all aspects of sexual health education for young people. Feedback from young people has been very positive to date, and the programme allows for good group discussion, as well as allowing attitudes to be challenged in a safe and appropriate manner*

*(Survey respondent, external agency)*

The feedback indicates that both the presentation / design and the content of the programme are highly rated by staff. With regard to content, it was felt that the introductory core modules provide a good foundation for the remainder of the programme and that it 'meets young people at their level'. They believe that the programme is perfectly pitched to the needs of the target age group. The scenarios and cases in the programme are considered very realistic and participants '*really connect with them*'. The programme is seen as attractive and well-designed, while the ring-bound folder makes it practical to use on a daily basis.

The feedback from staff is that young people are, in general, very open to the programme. They tend to be curious about issues such as STIs and contraception and value having a space to ask questions and get answers. While they may receive sex education at school, staff were of the view that it tends to be more factual, using formal language and with less opportunity to ask questions. The first session of the Real U programme involves a brainstorm of all slang words used to describe sex and body parts, which makes participants aware from the start that this is a different type of programme than they may be used to. According to staff, there is 'a lot of giggling' at the start but this lessens over time as participants become more comfortable discussing the issues. As described by one project officer, the programme facilitates participants to speak freely about issues and allows them to learn in a fun way.



*The first part of it, where they come up with the different slang they use and then you decide on the terms that are most appropriate, that we will use throughout the programme. From that day, they are like 'wow we can really say this in front of you'. It's very good because it's very open and young people can really clear up any myths they might have and get the facts that they need. I think they buy into the programme from day one because that's really fun... it creates that environment that there is lots of learning for young people in a really comfortable environment.*

*(Focus Group 2)*

The feedback was that the programme works well with older and younger age groups, but that the older age groups 'probably get more out of it'. Staff valued having options within the programme for older and younger cohorts and felt that they could judge which level was appropriate when they got to know the group. Some staff said that it was harder to do the manualised programme with the younger groups, particularly boys, because they can be impatient with the aspects of the programme that focus on relationships and boundaries and many prefer to move on to what they perceive to be more interesting content. However, staff believe that the modules relating to communication and relationships are important as they emphasise the emotional side of relationships. They are also important in terms of





laying the foundation for more advanced modules. For example, in order to understand the 'Sex and the law' module, it is important to have understood consent and boundaries.



Respondents also highlighted that there is a lot of variation in the levels of knowledge among participants. Some young people know a lot and have covered similar content at school, while others know very little. As a consequence, there can be a lot of variation in what they learn from the programme.

Staff in Blanchardstown said that they had recently held a consultation day at which they sought feedback from young people in relation to their needs and the services provided. The Real U programme was rated the most popular programme. They have noticed that Real U participants often subsequently get involved in other groups in Foróige. Staff feel that this is because they have seen the value of non-formal education through REAL U and are willing to try other activities.

From the perspective of staff delivering the programme, the majority of the staff taking part in focus groups would have given training of this nature before being trained in REAL U but some had not. All respondents expressed the view that there is a real need for the programme. The staff taking part in the Waterford focus group had all been trained to deliver the 'squashy couch' sexual health programme, which is delivered over 3-4 sessions. While the 'squashy couch' programme is considered to be a great resource, the staff welcomed REAL U as it is more comprehensive and covers a range of additional topics. While the Waterford participants had the 'squashy couch' programme available to them, staff in other areas said that they used to compile their own materials and found it very beneficial to have this resource available to them.



 *Before the manual, it was really just pulling all the different resources and putting them together. There are good resources there from the HSE, the crisis pregnancy agency and SPHE, but it's much easier now that you can just take out your manual and I think it's very comprehensive. It kind of covers everything that you need to cover in a group.*   
(Focus group 1)

Staff said that they also found it useful that the programme covers issues such as pornography which would have arisen in programmes but they did not have a specific resource to address it. They said that they feel more confident and better equipped to address issues such as this which can be complex. They valued having elective modules which they could offer to the group. For example, if particular issues arise in the group, they can offer them the option of doing an elective module on it to delve into it in greater detail.

 *The REAL U programme is an excellent addition to my work, it is clear, concise and user friendly. It covers all the areas I need in my work, it has given me the skills to tackle subjects such as pornography which I never thought I would be able to facilitate a group on.*   
(Survey respondent, external agency)

A number of respondents said that they feel that their work was being taken more seriously by other agencies as a result of having a comprehensive, attractive manual. They can show agencies such as HSE

and Youthreach and it is clear to them what Foróige will be covering with the young people. They feel that they are held in higher regard as a result.

 *I think the value that other agencies put on you as a project worker and on the work you are doing with the young person becomes more obvious with the REAL U programme... the parents, social worker and other agencies that are involved value the work that I am doing with her more now that we have this manual and they can see what you are doing.*   
(Focus Group 2)

The findings therefore suggest that the programme is believed by staff to be adequately comprehensive and of an adequate quality to support effective delivery.

## 2.8 Are there ways in which the programme could be improved?

Survey respondents and focus group participants were asked if they felt the programme could be improved in any way. While most respondents were of the view that it is an excellent resource, some suggestions were made for additions or changes to the existing programme, including the following:

- Methodologies that are not paper based to suit groups with literacy difficulties. Have more visual materials, such as relevant YouTube clips for some aspects of the programme – e.g. dealing with bullying.
- More focus on cyber-bullying and social media safety, dating and relationship violence.
- Suggestions for how the resource can be used in individual work.
- Understanding boundaries module and cycle chart could be clearer.
- Use more multi-ethnic names in the case examples.
- Have a condensed version of the programme available for when 9 or more weeks are not available. This would also work better in schools where time tends to be more restricted.
- With regard to the flow of the programme, some staff felt that the energy of the programme ‘lulls’ a little after the start. The point was made that some young people can cover communication in a range of programmes so it can get repetitive. There brings a risk that young people will drop out of the programme before they acquire important knowledge.
- There is still uncertainty among some staff regarding the delivery of the ‘sex and the law’ module. Some staff said that they were a little confused after the training and would value more input on this aspect of the programme.

## 2.9 Summary

This chapter has profiled the implementation of the REAL U programme to date, exploring questions related to utilisation, fidelity and organisation. Approximately half of the 212 people trained in REAL U by July 2013 took part in a survey as part of this study. The data indicates that just over half of

respondents had delivered the REAL U programme at least once since they had been trained. Foróige staff were considerably more likely to have delivered the programme than staff from external agencies. Foróige staff were also more likely to have delivered the programme more than once. Analysis of data from within Foróige services indicates that the programme has been delivered most to young people in the Blanchardstown region and least in the South East region of Foróige. Young people are generally recruited through youth projects or schools. The majority of respondents said that the programme was delivered with fidelity to the manual, while a range of reasons for adaptation were given.

The vast majority of those trained feel that they are adequately trained to deliver the programme and reported feeling more confident in teaching this material as a result of having the REAL U programme available. Data gathered from staff through focus groups and surveys indicates that the REAL U programme is a highly valued resource. There is a perception that the programme is very well suited to the needs of young people and that it is attractive and appealing to them which makes them more likely to engage with it. All staff surveyed are of the view that the programme is effective in what it sets out to do. While participants in the research indicated a high level of satisfaction with the programme, some minor suggestions regarding improvements to the programme were made. The following Chapter outlines the findings of an assessment of the outcomes of REAL U for young people.



## 3. An assessment of the outcomes of the REAL U programme for young people

### 3.1 Introduction

As outlined in Chapter One, the evaluation study sought to establish the outcomes of the REAL U programme for participants. Outcomes were assessed using both quantitative and qualitative methods. With regard to quantitative methods, as described in Chapter One, outcomes from the programme were assessed using a quasi-experimental strand, whereby data were collected from youth participants in the Real U programme over three time periods (between September 2012 and March 2013). The outcomes strand included questions in relation to: attitudes to relationships, attitudes to sexualities, mental and social well-being, assertiveness, sexual assertiveness and knowledge of issues related to sexuality. There was also scope within the online instruments to provide feedback in relation to the programme. With regard to qualitative methods, four focus groups were held throughout Ireland to gather feedback from participants in relation to their views on the REAL U programme.

### 3.2 Quantitative Data Findings

As highlighted above, a total of 231 young people completed at least one online questionnaire. Of these, 107 also completed a follow-up questionnaire. As the level of participation in the research and exposure to the programme varied among the participants, they have been separated into four groups for the purposes of analysis.

1. For 64 young people, we have matched time one and time two data, which can be used to investigate short-term programme effects. This group have been labelled as **'Intervention Group 1'** in the presentation of the findings.
2. For 54 participants we have matched time one and time three data, and their data can be used to look at programme effects over a longer time period. These are labelled **'Intervention Group 2'**.
3. There is a group of 25 for whom we have three sets of data, times 1, 2 and 3 and who are labelled as **'Intervention Group 3'**.

4. Finally, there is a small number (n=16) of participants in the comparison group who provided data at two points in time, three months apart during which they were not exposed to the programme at all. These are labelled **Control Group**.

Because of the low numbers in each of these conditions, caution should be exercised in all data interpretation. The age and gender breakdown for all 231 participants is given in Table 2 below. Overall, 150 of the 231 participants were female, 40 participants reported that they were male and 41 did not indicate which gender they were. Given this gender breakdown and the small sample, it was not possible to test for gender differences or gender interactions in the findings.

**Table 2: Percentages by age and gender for the sample (excluding not stated)**

Age in years	% Female n=150	% Male n=40	Total (%)
12-13	25.4	31.2	26.5
14-15	37.7	25.0	35.2
16-17	31.5	21.9	29.6
17+	5.4	21.9	8.6

### ***Baseline data: Evidence of need for the programme***

Baseline data is useful to explore participants existing views and knowledge levels prior to any intervention. For example, 13% of respondents agreed that a woman could not get pregnant if it's the first time she has sex, 19% agreed that a woman could not get pregnant if she does not have an orgasm and 13% agreed that a woman could not get pregnant if she has sex standing up. A total of 13% of respondents disagreed that 'you could have an STI without knowing'. In response to the statement 'a partner is someone I can say no to', 17% replied 'never' or 'almost never'. Asked if it was Ok to see people of the same sex doing love scenes on TV, 38% replied 'never' or almost never'. These responses suggest that there is a mix of knowledge and attitude profiles among young people taking part in REAL U and indicate the potential value of a programme of this nature to address misinformation and challenge attitudes.

Ninety three participants responded to the open-ended question on what they would like to learn from the Real U programme. Twenty four (25.8%) of these said that they didn't know what they wanted to learn, while 20 (21.5%) responded that they didn't want to learn anything. Other responses were related to learning about pregnancy (n=7, 7.5%), Sexually Transmitted Infections (STIs) (n=9, 9.7%), and general sex (n=8, 8.6%), babies (n=6, 6.4%), contraception and protection (n=3, 3.2%) relationships (n=3, 3.2%). Some responses were very general (e.g., 'anything', 'everything I don't know', 'loads of things'), while others were quite specific. Examples of specific responses included; 'socialising, the effects sex at a young age can have', 'the ways' both bodies work', 'how to look after a baby if I have one in the near future', 'more about who to go to if you have problems'. One (1.1%) person said they wanted to learn about 'same sex intercourse', and two (2.2%) others mentioned 'sexuality'. A small number (n=3, 3.22%) said that they would like to learn about specific sexual behaviours such as oral sex, or 'how to take control of sex'. Finally two (2.2%) reported that they would like to learn about where to get help 'more about who to go to if you have problems', 'how to talk to people about problems'.

## Outcomes Analysis

Each table shows the results of comparative analysis (t-test, ANOVA or Chi Square) for each of the groups of participants in relation to each theme assessed.

### ***Attitude to Relationships: attributes of a partner***

Attitude to relationships was assessed with five items where participants were asked to indicate which attributes a partner should have on a five point scale comprising 'never', 'almost never', 'sometimes', 'often' and 'all the time'. Higher values indicate more positive responses. Together the five *Attitude to Relationships* items displayed a Cronbach's alpha of 0.426. No statistically significant results were found in this domain for either the control group or the intervention groups.

**Table 3: Statistics for *Attitude to Relationships* items**

	Means	Statistic	df	p
Control Group (n=16)	24.08, 25.47	t=-0.641	14	ns
Intervention Group 1 (t1-t2, n=64)	24.13, 24.96	t=-1.608	45	ns
Intervention Group 2 (t1-t3, n=52)	24.74, 25.33	t=-1.163	45	ns
Intervention Group 3 (t1-t2-t3, n=25)	24.62, 24.58, 25.04	F=0.392	2,46	ns

### ***Sexualities: attitudes to Lesbian, Gay, Bisexual, Transgendered (LGBT) people***

Attitudes to a range of sexualities were assessed with six items which asked participants whether they think it is okay for people, no matter whether they are straight, gay, lesbian, bisexual or transgender to behave in certain ways, be bullied or have specific expectations. Participants responded on a five-point scale comprising 'never', 'almost never', 'sometimes', 'often' and 'all the time'. Higher values indicate more positive or tolerant views. Together the six *Sexualities: attitudes to LGBT* items displayed a Cronbach's alpha of 0.643. As indicated in Table x, statistically significant results were found for the Intervention Groups 1, 2 and 3 but not for the control group which indicates that those who had taken part in the intervention showed more positive attitudes to LGBT than those who had not.

**Table 4: Statistics for *Sexualities: attitudes to LGBT* items**

	Means	Statistic	df	p
Control Group (n=16)	23.93, 23.21	t=0.664	13	ns
Intervention Group 1 (t1-t2, n=64)	21.07, 22.70	t=-2.378	45	0.022
Intervention Group 2 (t1-t3, n=52)	21.27, 23.33	t=-3.469	44	0.001
Intervention Group 3 (t1-t2-t3, n=25)	19.52, 22.78, 22.91	F=11.743	2,44	0.001

### ***Mental and Social Well-being***

A total of eight items assessed mental and social wellbeing. Participants were asked 'during the last month how often have you...' with response options on a five point scale comprising 'never', 'almost never', 'sometimes', 'often' and 'all the time'. Higher values indicate more positive or less negative responses. Together the eight *Mental and Social well-being* items displayed a Cronbach's alpha of 0.522. No statistically significant results were found in this domain for either the control group or the intervention groups.

**Table 5: Statistics for *Mental and Social well-being* items**

	Means	Statistic	df	p
Control Group (n=16)	26.40, 27.27	t=-0.628	14	ns
Intervention Group 1 (t1-t2, n=64)	25.47, 26.49	t=-1.308	44	ns
Intervention Group 2 (t1-t3, n=52)	24.90, 25.29	t=-0.548	48	ns
Intervention Group 3 (t1-t2-t3, n=25)	25.68, 26.05, 24.50	F=1.197	2,42	ns

### ***General Assertiveness: ease of being assertive***

General assertiveness: 'ease' was assessed by asking participants about their degree of discomfort or ease with behaving in fourteen specific ways on a five-point scale comprising 'very easy', 'easy', 'a fair amount of discomfort', 'much discomfort', 'very much discomfort'. Higher values indicate greater ease when behaving in these ways. Together the fourteen *General Assertiveness: 'ease'* items displayed a Cronbach's alpha of 0.836. No statistically significant results were found in this domain for either the control group or the intervention groups.

**Table 6: Statistics for *General Assertiveness: 'ease'* items**

	Means	Statistic	df	p
Control Group (n=16)	50.00, 50.18	t=-0.083	10	ns
Intervention Group 1 (t1-t2, n=64)	48.37, 48.42	t=-0.029	42	ns
Intervention Group 2 (t1-t3, n=52)	47.47, 48.69	t=-1.023	48	ns
Intervention Group 3 (t1-t2-t3, n=25)	48.37, 49.96, 48.75	F=0.352	2,46	ns

### ***General Assertiveness: frequency of being assertive***

General assertiveness: 'frequency' was assessed by asking participants to indicate how often they engaged in the fourteen specific assertiveness behaviours on a five-point scale comprising 'always', 'usually', 'sometimes', 'rarely' and 'never'. Higher values indicate more frequent behaviour. Together the fourteen *General Assertiveness: 'frequency'* items displayed a Cronbach's alpha of 0.841. No statistically significant results were found in this domain for either the control group or the intervention groups.



**Table 7: Statistics for General Assertiveness: 'frequency' items**

	Means	Statistic	df	p
Control Group (n=16)	50.44, 50.11	t=-0.126	8	ns
Intervention Group 1 (t1-t2, n=64)	45.91, 47.13	t=-0.599	31	ns
Intervention Group 2 (t1-t3, n=52)	44.83, 43.95	t=0.489	39	ns
Intervention Group 3 (t1-t2-t3, n=25)	45.07, 47.53, 43.27	F=1.045	2,28	ns

**Sexual and Relationship Assertiveness**

Specific assertiveness was assessed with eight items. In each participants were asked to indicate how acceptable they thought it was for a person to behave in certain ways with three possible response options 'never', 'sometimes' and 'all the time'. Higher values indicate greater assertiveness. Together the eight *Sexual and Relationship Assertiveness* items displayed a Cronbach's alpha of 0.458. Although mean scores showed an increase for the intervention group and a decrease for the control group over time, no statistically significant results were found in this domain for either the control group or the intervention groups.

**Table 8: Statistics for Sexual and Relationship Assertiveness items**

	Means	Statistic	df	p
Control Group (n=16)	33.09, 32.73	t=0.256	10	ns
Intervention Group 1 (t1-t2, n=64)	31.67, 31.48	t=-0.204	49	ns
Intervention Group 2 (t1-t3, n=52)	32.57, 33.74	t=1.640	45	ns
Intervention Group 3 (t1-t2-t3, n=25)	31.50, 32.80, 33.80	F=1.620	2,38	ns

**Knowledge**

Knowledge about sex was assessed with eighteen items, some were true/false, and for others participants were invited to indicate which of a set of possible answers was correct. Together the 18 *Knowledge* items displayed a Cronbach's alpha of 0.661. As indicated in Table x, statistically significant results were found for the Intervention Groups 1 and 3 but not for the control group Intervention Group 2. This suggests that those who had taken part in the intervention showed higher levels of knowledge about sex than those who had not.

**Table 9: Statistics for Knowledge items**

	Means	Statistic	df	p
Control Group (n=16)	14.00, 13.92	t=0.109	11	ns
Intervention Group 1 (t1-t2, n=64)	13.16, 14.73	t=-2.536	36	0.016
Intervention Group 2 (t1-t3, n=52)	13.64, 14.60	t=-1.768	41	ns
Intervention Group 3 (t1-t2-t3, n=25)	13.18, 15.24, 14.82	F=4.580	2,32	0.018

The analysis of outcomes data therefore indicates that statistically significant findings were found in relation to two of the areas assessed, namely attitudes to LGBT and Knowledge about sex. As highlighted earlier, low numbers in the sample make it more difficult to detect programme effects.

### ***Participant views following completion of the programme***

At time three, following their participation in the programme, participants were asked two closed and open-ended questions. They were asked to rate the overall programme on a four-point scale from fair to excellent, and to indicate whether they would recommend the programme to someone else. Then they were asked to say why they would recommend the programme (or not) to someone else, and finally they were asked what they would like to learn more about.

In total 99 participants provided their overall view of the programme. Only two people (2%) rated it as 'fair' and 33 (33.3%) as 'good'. Thirty-nine (39.4%) reported that the programme was 'very good' and a further 25 (25.3%) that it was 'excellent'. Ninety-seven participants answered the question about whether they would recommend the programme, and of these 82 (84.5%) reported that they would recommend it and only one (1%) that they would not. A further 14 (14.4%) were unsure on this point. Forty-six participants answered the open question on why they would recommend, or not, the programme. Only four (8.7%) were ambivalent, 'they may not be interested', 'because some people might be too young' and 'cause I wouldn't have the balls to do it'. The remainder were positive, focusing on the 'learning' involved (n=16, 34.8%), how it 'helped' them (n=12, 26.1%), that it was 'interesting or informative' (n=10, 21.7%) and would help them 'in the future' (n=4, 8.7%). A small number of participants raised specific issues, for example 'because it describes your maturity' and 'to keep yourself right and to know your rights'.

Finally, participants were asked to say what they would like to learn more about, and 77 of them gave open-ended answers. The most frequent response (n=11, 14.3%) was 'nothing', four (5.2%) of whom also said that they had learnt enough. Other general answers included 'don't know' which was the response from three (3.9%) participants, 'anything' which was given by four (5.2%) participants and 'sex in general' which was mentioned by six (7.8%). Among the more specific answers were 'STIs' (n=9, 11.7%), 'contraception' (n=3, 3.9%), 'pregnancy and babies' (n=3, 3.9%), 'sexualities' (n=3, 3.9%). A number had specific issues that they would like to learn more about such as 'drugs and sex', 'how to seduce', 'how to deal with stress' and 'puberty'.


### **3.3 Qualitative feedback from young people regarding the programme**

The young people taking part in focus groups all said that they very much enjoyed doing the REAL U programme and found it very beneficial. They felt that the activities are a good way of learning as it brings the material alive in a way that just 'reading and writing' could not. They felt that it is a good programme for all age groups. REAL U starts by asking participants to brainstorm all the slang words used for sex and body parts. Young people taking part in the focus groups thought that this was a good idea as it made them relaxed and they realised it was a different approach to school. One said *'it was a bit weird at the start but you gradually get used to it'*.



Asked if they feel that taking part in REAL U has made a difference to them, all said that it had made them 'more aware'. A frequent comment that was made was 'any questions we had, we got answers to them'.

 *you're more protective kind of, we know more about it kind of ... you learn about the consequences of it and all that.*   
(Focus group 1, girl 15)



 **I:** *Its nearly 6 months since you did REAL U, has it made a difference to you?*

**R:** *Yes, we're more aware of the different things you can get and we're more aware of like the contraception you can get and we know like not to have a baby because it's just so much stress. We know how to act if something, a situation happens..... like for example, if your friends were fighting and you were in the middle of it, how to sort it out.*   
(Focus group 3, girl, 14)

All of the participants said that they had had some sex education at school as part of SPHE. Asked how REAL U was different, there was a consensus across the focus groups that REAL U was much more comprehensive and facilitated them to engage a lot more with the topic. The interactive nature of the programme meant that they could get their questions answered and it was done in a 'fun' way. A number of participants said that they would be embarrassed to ask the questions they had at school.

 *I don't think people would be confident enough to do it in school. I think it's better when it's just a small group and a youth leader that you actually know. In school it's really rushed and it's awkward talking about it to your teacher. But here you feel more confident to talk.*   
(Focus Group 3, girl, 14)

One young person described the added value that the non-formal youth work setting brings as follows:

 *You learn far more from the CRIB (youth cafe) than you would learn in school.... Cause I think they give you more detail here than they do in school and there is more time, there is less people. If you have any questions or anything you can ask them here rather than in a full class. You feel more comfortable.*   
(Focus Group 1, girl, 14)

In the Blanchardstown area, some REAL U participants are given the option of bringing home the 'RealCare Baby, which gives participants a sense of the demands associated with caring for an infant. One young woman described how 'it wouldn't stop crying, you had to burp it, feed it... it felt like seconds between diaper changes, you had to rock it for ages before it stopped crying. I couldn't even go out or anything, it was just there'. One young man described it as 'the worst night of my life' for similar reasons. Although the REALCare Baby is offered as an add-on to the REAL U programme (i.e. not part of the core programme), it appeared to have made a strong impression on the focus group participants and is very much associated with the programme in this area.

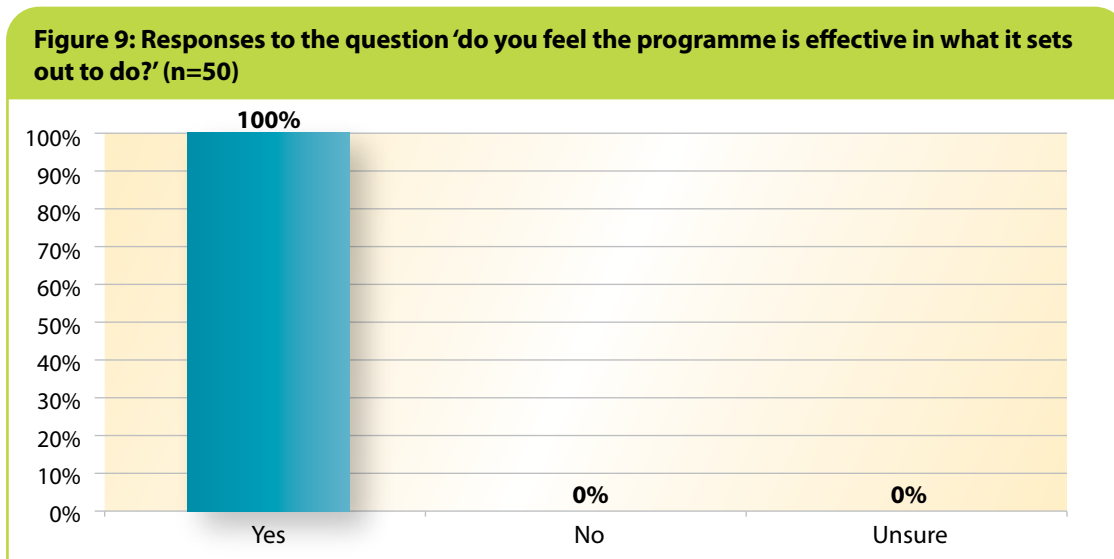
Participants were asked if they had any recommendations for Foróige and the government in relation to relationship and sexuality education programmes. All said they should continue to run programmes of this nature because they make young people more aware of the consequences of their actions. A number of young people said that the government would save money on child benefit if more people did REAL U as bringing home the baby doll would put you off having a baby.

*The more babies like that you give out, the less pregnancies there will be. You're more aware. Before this, I thought 'oh yeah, having a baby at a young age would be stressful'. I didn't actually think it would be that bad like. I wasn't going to do it like or anything but I didn't know how bad it would be.*  
(Focus group 3, girl, 15)

*They would save money on child benefit if more young people did it. You would think twice, you'd think more than twice before you did anything.*  
(Focus Group 2, boy, 17)

### 3.4 Staff views regarding programme effectiveness

The survey of staff trained in REAL U asked respondents to give their opinion regarding whether the REAL U programme is effective. As illustrated in Figure 9, all respondents indicated a belief that the programme is effective in what it sets out to do.



The programme is believed to be effective for the reasons outlined in the previous chapter relating to the genuine need for the programme, its interactive approach and its ability to connect with young people. The following comments were made by survey respondents to explain why they see the programme as effective.

*I believe the programme is effective in what it set out to do as the young people go away with the knowledge that is covered during groups. The young people are provided with a safe*

*environment to discuss and share stories. Young people are given many opportunities to ask questions and have information clarified during group times. Delivering the programme gives young people assertiveness skills and is a great way of increasing confidence and self esteem- the group I delivered the programme with was girls (17-18) The programme sets out facts from myths. The manual and training also equips youth workers with the confidence to deliver a good programme in Teenage Health.*

*(Survey respondent, Foróige)*

*They are at a really tough stage of their lives and they need to be empowered and informed when making decisions in relationships and dealing with their emotional well-being. The Real U programme gives them an opportunity to share, discuss and become more informed on real life situations.*

*(Survey respondent, Foróige)*

### 3.5 Summary

This chapter has presented the findings of the outcomes strand of the research. A total of 231 young people completed online surveys at one or more times, a smaller sample than had been intended. Of these, just 107 completed the survey on more than one occasion, allowing for exploration of the intervention effects. A total of 16 young people did not receive the intervention and form a comparison group. Baseline data indicates that there was a need for the programme, with misinformation regarding sexual knowledge and prejudicial attitudes evident among a minority of the participants. Outcomes data showed statistically significant effects for the young people who had taken part in REAL U in relation to attitudes to LGBT and knowledge about sex. No significant findings were evident in relation to assertiveness, attributes of a partner or mental and emotional well-being. Young people rated the programme highly, with 98% rating it as good, very good or excellent, while 84% said that they would recommend the programme to other young people. Qualitative data highlighted that young people found the programme to be relevant, fun and insightful and participants said that it made them better informed and more aware of the consequences of their actions. A survey of staff trained in the REAL U programme indicated that all respondents believe the programme is effective in meeting its objectives.



## 4. Conclusions and Recommendations

### 4.1 Introduction

The Real U programme was designed by Foróige Best Practice Unit to address an identified need for a comprehensive relationships and sexuality education programme for use in youth work settings. The REAL U programme was developed to provide youth work staff and volunteers with relevant activities to fully explore the complexities of relationships and sexuality with young people aged 12-18 years. This study has assessed how the programme has been implemented since 2011, explored the perceptions of key stakeholders regarding its role and value and assessed outcomes from the programme. In this chapter, the findings of the various chapters are integrated to reach a series of conclusions about the programme, which are;

- Is there a need for the REAL U programme?
- Is the programme effective?
- What supports and constrains implementation of REAL U?
- What recommendations can be made for the future development of the REAL U programme?

### 4.2 Is there a need for the REAL U programme?

The evidence in this study suggests that the REAL U programme is filling a gap in relation to relationships and sexuality education for young people in Ireland. Specifically, the programme adds value to existing provision in the following ways:

- While relationships and sexuality education is taught in schools, the feedback from young people and staff taking part in this research is that young people are left with unanswered questions and feel that there are issues they can't discuss comfortably in a school environment. We saw in Chapter One that Irish research has highlighted a demand among young people for a comprehensive approach to relationships and sexuality education, involving a discussion of the social and emotional issues associated with relationships and sexuality. Staff expressed the view that REAL U is one of the first Irish resources to address the issue of relationships and sexuality among young people



in a comprehensive age appropriate way. The consensus among staff is that the programme has succeeded in addressing a gap in provision because it is capable of engaging with the reality of young people's lives and tuning in to their needs.

- Many of the young people involved with Foróige's services are socially and economically disadvantaged, a group that has been identified as at greater risk of missing out on adequate relationships and sexuality education (Fullerton, 2006). The baseline data in this study (reported in Chapter Three) demonstrated serious instances of misinformation, indicating that there is a need for a programme of this nature to target young people who may have not received adequate education to date. Staff reported that there is a considerable variation in knowledge among participants and that even those who are relatively well-informed about 'facts' benefit from having a safe place to discuss the complexities associated with relationships.
- Youth workers described how, prior to the roll-out of the REAL U programme, they would 'pull together' resources from various sources to develop a relationships and sexuality programme. They have welcomed the availability of REAL U as it is considered greatly superior to resources they would have used previously and also avoids scenarios whereby individual workers are 'reinventing the wheel' due to the lack of a shared resource. In addition, it gives youth workers the confidence to address topics they previously would have shied away from (such as pornography, STIs, legal issues, condom demonstrations) and as a result, they feel that their capacity to effectively address the needs of young people has been enhanced.
- Staff also reported using REAL U in one-to-one and small group work with vulnerable young people who have been referred by the HSE for more intensive intervention due to early sexualisation and other issues. It is thus an adaptable resource that lends itself to both universal and targeted provision.

### 4.3 Is the REAL U programme effective?

While the small sample in the outcomes strand makes it difficult to conclude with certainty that the programme is effective, it is notable that statistically significant improvements were found for participants in two domains – attitudes to LGBT and knowledge about sex. Baseline data in the study highlighted prejudicial attitudes to LGBT and the findings indicate that the programme may be effective in challenging these views. Given the high prevalence of discrimination against LGBT people in Ireland, with 80% reporting verbal abuse because of their sexual orientation (Mayock et al, 2009), programmes that effectively challenge these attitudes are to be welcomed. It is also noteworthy that programme participants showed gains in knowledge, which again suggests that the programme is capable of improving participants knowledge in relation to sexuality. No statistically significant results were found in relation to the other domains studied – attributes of a partner, assertiveness and mental and emotional well-being. The reasons for this are not clear from the study.

Young people taking part in focus groups agreed that the programme is important in terms of making young people more aware of the consequences of their actions. They felt that the programme should be



more widely available to young people to ensure that they are informed and empowered to make the decisions that are right for them. They valued the fact that any questions they had could be asked and generally were answered through the programme.

Asked if they felt the REAL U programme is effective in what it sets out to do, 100% of survey respondents (staff) felt that it was. This view was also expressed in staff focus groups and young people's focus groups. The reasons for effectiveness identified were as follows:

- The programme is 'perfectly pitched' to the needs, interests and concerns of young people and scenarios are easy for them to identify with. They therefore engage fully and maximise their learning from the programme.
- It encourages openness around sexuality among young people & dispels myths.
- It is considered an excellent resource for facilitators as all the information needed is provided. The attractive ring-bound manual allows for relevant sections to be taken out as needed.
- The content can be adapted based on needs and interests of particular age groups.
- The programme supports staff to address difficult topics, such as pornography, STIs, contraception and domestic violence.
- It places sexual health in a broader context of holistic well-being, particularly emotional health and relationships.

The data also suggests that participating in REAL U can connect young people with other youth work opportunities as it raises their awareness of the engaging nature of non-formal education.

#### **4.4 What supports and constrains implementation of REAL U?**

The research highlighted a number of factors which supported and constrained implementation of REAL U. These are as follows:

- The availability of an attractive and user-friendly manual greatly supports implementation of the REAL U programme. The training provided to accompany the manual was also highly rated and gave staff within and outside Foróige the confidence to deliver the training. This is reflected in the fact that 93% of trained people surveyed said that they feel adequately trained to deliver the programme. Furthermore, the fact that the programme is suitable for adaptation has been useful as it gives youth workers the freedom to adjust the content according to the needs of their groups.
- The survey data highlighted that Foróige staff were almost twice as likely to have implemented REAL U compared to staff from external agencies. This suggests that the organisational structure of Foróige is conducive to implementation of the programme, as it has a strong infrastructure of management and service provision in most parts of Ireland. The disparity in implementation between Foróige and external agencies reflects the importance of having institutional structures

for programme implementation, highlighting that in order to get new policies implemented they need to be accepted into the day-to-day work of those responsible for implementing them (O'Toole, 1997). Even within Foróige, the differential implementation of the programme reflects the fact that organisational factors are influencing the degree to which the programme is rolled out. It would be interesting to explore these factors at organisational level in greater detail.

- The research data highlighted the impact of the recession on service delivery, with many staff reporting that they were working reduced hours and did not have the capacity to deliver the REAL U programme. Foróige and all other youth organisations has experienced significant cutbacks in funding over recent years, which is impacting negatively on the extent of service delivery, including programmes of this nature. Staff on short-time working arrangements may not have the time to fit a full REAL U programme into their schedule.
- In the Blanchardstown area, the REAL U programme is very well-established with over 200 young people having participated to date. This area has a high number of youth work staff and a considerable density of population which have helped in building a culture of enthusiasm for the REAL U programme. The decision to offer the RealCare Baby as an add-on to the programme in Blanchardstown also helped to 'sell' the programme as it appears to be a popular talking point among young people. Focus group participants said that REAL U is known as the 'baby doll group'. REAL U is considerably less well established in the South East, with staff reporting that they found it difficult to get young people to agree to take part. These differing experiences suggest that it is easier to sell the programme in areas where it has momentum and that it can be difficult to get young people to buy-in in some areas.
- The REAL U programme does not require users to adhere rigidly to the programme manual and advises that facilitators can adapt the content based on the needs of the group. This flexibility can be seen as a supportive factor in terms of implementation as it enables youth practitioners to respond to the needs of varying groups of young people, whilst still drawing on an evidence-informed programme. Just over one third of respondents (38%) who had been trained in REAL U indicated that they had adapted the programme. The main reasons for adaptation related to meeting needs of groups they were working with, adjusting to a smaller size group or individual work, supplementing with additional resources and shortening the programme to fit a shorter time frame.

#### **4.5 What recommendations can be made for the future development of the REAL U programme?**

The recommendations made on the basis of this research are as follows:

##### **Implementation:**

- There is considerable expertise built up around implementation of REAL U, with evidence of varying practices among staff and some interesting innovations. It would be valuable to have a series of

follow-up one-day training sessions as a forum to share experiences and resources and to address any questions that have arisen in the course of implementation.

- In terms of implementation, it appears that the programme is more likely to be delivered to young people attending Foróige services, with provision more patchy among external agencies. In an era of scarce resources, it may make sense to prioritise resources for future training where the likelihood of programme delivery is highest. Having said that, staff who had not yet delivered the programme reported using it in other ways to inform their practice so the investment in their training has not been without benefit. Within Foróige, there are differences in rates of implementation of REAL U between regional areas. Sharing of experience between regional managers as to why this is the case would be useful to increase take up of the programme in areas where it is currently quite low.
- The young people participating in focus groups said that they would have liked to take part in REAL U when they were younger. It would be valuable to encourage young people to do the initial programme aged 13 and offer top-up modules to them as they get older.

#### **Programme content:**

- The experiential learning associated with taking home the 'RealCare baby' in Blanchardstown appears to have helped to 'cement' the knowledge gained through the REAL U programme. It also helped to create a considerable amount of PR for the programme due to being a talking point for participants. It would be useful to consider the more widespread use of the 'RealCare baby' as part of the REAL U programme.
- The emotional well-being and relationships aspect of the programme appears to be less popular among some young people, who feel that the momentum slows somewhat during this aspect of the programme. However, some young women who took part found this element of the programme very beneficial and staff were of the view that it is important. Some felt that young people cover issues such as communication in other programmes and can find this repetitive. It may be useful to revisit this element of the programme to explore whether it could be made more engaging or that it can be treated as optional if the group has covered it previously.

To conclude, it can be argued that young people have a right to adequate education in the area of relationships and sexuality. While provisions exist within the school system, the positive response from young people and youth workers to the REAL U programme suggests that there is a role for a well-designed programme such as this one for delivery in youth work settings. This study has highlighted that the REAL U programme is seen as effective in engaging young people, responding to their needs and impacting on their knowledge and attitudes in this area. The Foróige Best Practice Unit is to be commended for developing a detailed, engaging and effective resource that has been embraced by youth workers and young people. The availability of a comprehensive, flexible programme of this nature in youth work settings represents an important development in the move towards comprehensive sex education for young people in Ireland.



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## Appendices

### Appendix 1: Survey questions

**Attributes of a Partner:** This was assessed with six items where participants were asked to indicate which attributes a partner should have on a five point scale comprising 'never', 'almost never', 'sometimes', 'often' and 'all the time'. Higher values indicate more positive responses.

- A partner is a person who I trust (q1a).
- A partner is a person who gets jealous when I get close to other people (q1b).
- A partner is a person who takes care of me (q1c).
- A partner is a person who fights with me (q1d).
- A partner is a person who I can say no to (q1e).
- A partner is a person who I can be myself around (q1f).

### Sexualities

Attitudes to a range of sexualities were assessed with five items which asked participants whether they think it is okay for people, no matter whether they are straight, gay, lesbian, bisexual or transgender to behave in certain ways, be bullied or have specific expectations. Participants responded on a five point scale comprising 'never', 'almost never', 'sometimes', 'often' and 'all the time'. Higher values indicate more positive or tolerant views.

- Kiss and hug their partner in a crowd of friends (q2a).
- Get bullied (q2b).
- Share their life with whoever they wish (q2c).
- Have surgery to change how their body looks (q2e).
- Expect to see people of the same sex doing love scenes on television (q2f).

### Mental and Social Well-being

A total of eight items were used to assess mental and social wellbeing. Participants were asked 'during the last month how often have you ....' with response options on a five point scale comprising 'never', 'almost never', 'sometimes', 'often' and 'all the time'. Higher values indicate more positive or less negative responses.

- Lost your cool with people (q3a).
- Been able to sort out an argument that you had (q3b).



- Felt positive about yourself (q3c).
- Talked about your feelings with other people (q3d).
- Been able to change your negative thoughts into positive ones (q3e).
- Felt disappointed or down about something that happened (q3f).
- Thought about looking for help when you felt down (q3g).
- Tried to help someone else when they were sad or feeling down (q3h).

### General Assertiveness

General assertiveness (a) was assessed by asking participants who degree of discomfort on a five-point scale comprising 'very easy', 'easy', 'a fair amount of discomfort', 'much discomfort', 'very much discomfort'. Higher values indicate greater ease when behaving in these ways.

- How easy would you find it to say 'no' to a friend who asks to borrow something (Q4a).
- How easy would you find it to ask a favour of someone (q4b).
- How easy would you find it to tell a close friend when he/she says or does something that bothers you (q4c).
- How easy would you find it to say 'no' to a friend or family member who asks to borrow money (q4d).
- How easy would you find it to ask a personal question (q4e).
- How easy would you find it to start a conversation with someone you don't know (q4f).
- How easy would you find it to ask someone if you have offended them (q4g).
- How easy would you find it to discuss openly with a person his/her criticism of you (q4h).
- How easy would you find it to return a faulty item to a shop (q4i).
- How easy would you find it to express your opinion, even if it is different from the opinion of the person you are talking to (q4j).
- How easy would you find it to tell a person when you feel he/she did something unfair to you (q4k).
- How easy would you find it to say 'no' when you are being put under pressure to drink when you don't want to (q4l).
- How easy would you find it to tell a friend or someone at school, when he/she says or does something that bothers you (q4m).
- How easy would you find it to ask a person who is annoying you in public to stop (q4n).

General assertiveness (b) was assessed by asking participants to indicate how frequently they engaged in series of assertiveness behaviours on a five-point scale comprising 'always', 'usually', 'sometimes', 'rarely' and 'never'. Higher values indicate more frequent behaviour.

- How often do you do say 'no' to a friend who asks to borrow something (q5a).
- How often do you ask a favour of someone (q5b).
- How often do you tell a close friend when he/she says or does something that bothers you (q5c).
- How often do you say 'no' to a friend of family member who asks to borrow money (q5d).
- How often do you do ask a personal question (q5e).
- How often do you start a conversation with someone you don't know (q5f).
- How often do you ask someone if you have offended them (q5g).
- How often do you discuss openly with a person his/her criticism of you (q5h).
- How often do you return a faulty item to a shop (q5i).

- How often do you express your opinion, even if it is different from the opinion of the person that you are talking to (q5j).
- How often do you tell a person when you feel he or she did something unfair to you (q5k).
- How often do you say 'no' when you are being put under pressure to drink when you don't want to (q5l).
- How often do you tell a friend or someone at school when he/she says or does something that bothers you (q5m).
- How often do you ask a person who is annoying you in public to stop (q5n).

### **Sexual and Relationship Assertiveness**

Specific assertiveness was assessed with eight items. In each participants were asked to indicate how acceptable they thought it was for a person to behave in certain ways with three possible response options 'never', 'sometimes' and 'all the time'. Higher values indicate greater assertiveness.

- Decide they want to go out with their friends without their partners (q6a).
- Hit their partner during an argument (q6b).
- Make all the decisions in the relationship, no matter what their partner wishes (q6c).
- Get jealous when they see their partner laughing with an attractive friend (q6d).
- Continue having sex even if their partner says they want to stop (q6e).
- Say 'no' to doing something even though they have done it with their partner before (q6f).
- Share a sexy photo of their new partner with their friends (q6g).
- Say no to something that they did not want to do (q6h).

### **Knowledge**

Knowledge about sex was assessed with 16 items, some were true/false and for others participants were invited to indicate which of a set of answers were correct.

- Puberty means your body is becoming sexually mature (q9).
- The age of consent is different for boys and girls (q10).
- Homophobia is hating or bullying people because they are gay or lesbian (q13).
- You could have an STI without knowing (q14).
- The age of consent in Ireland is 17 (q15).
- Using condoms can help prevent you catching an STI (Q16).
- A heterosexual man is a man who is attracted to women (q17).
- Testicular cancer is a growth or tumour in one of your testicles (q18).
- An orgasm is when a man or women enjoys sexual pleasure to the point of climax (q19).
- A smear test can detect abnormal cells in a woman's cervix (q20).
- A woman cannot get pregnant if she has sex during a period (q21a).
- A woman cannot get pregnant if she has sex standing up (q21b).
- A woman cannot get pregnant if she doesn't have an orgasm (q21c).
- A woman cannot get pregnant if the man doesn't have an orgasm (q21d).
- A woman cannot get pregnant if it's the first time she has had sex (q21e).
- A woman cannot get pregnant if she has a shower or bath after sex (q21f).



## Appendix 2: Focus group questions for young people

**Warm up:** How long have you been coming to Foróige, do you live locally, are you at school, etc?

- How did you hear about the REAL U programme?
- What were your feelings regarding taking part in it?
- Did you know the other people in your group before doing REAL U?
- What did you think of the REAL U programme overall?
  - What did you think of the activities?
  - What did you think of the approach of your trainer?
- What did you like best / think was good about the programme?
- Was there anything about the programme you did not like?
- Did you learn much from doing this programme?
- Would you recommend for other young people to do REAL U? Why?
- Do you think the programme should be changed in any way? If yes, how?
- Any other suggestions for Foróige in relation to REAL U?

### **Appendix 3: Focus group questions for Foróige staff**

General info – introductions, role in Foróige, what role has been in relation to REAL U

#### **Training / initial impressions of REAL U**

- What was the nature of your introduction to the programme?
- What were your initial impressions of the programme? What do you think of the REAL U manual?
- Had you been doing this type of work previously? Did Real U add value to this?
- Did you feel prepared / confident to run the programme on the basis of the training / manual?

#### **Recruitment**

- How did you go about recruiting young people to take part? How is the programme marketed to young people?
- Who are the young people taking part in the programme? Are they the target group you aimed for?
- Are there issues with recruitment / parental consent?

#### **Delivery**

- Do you deliver the programme according to the manual?
- What topics have you covered?
- Are there any you have not covered?
- Do you cover the topics in the order suggested?
- Do you use the materials in delivery?
- Are there modules do you feel work particularly well / not so well?
- How have young people responded to it?

#### **Overall**

- Having run the programme, what is your overall assessment of it?
- Do you feel it is effective in what it sets out to do?
- What difficulties or challenges have you faced in implementing the programme?
- What has supported implementation / made it easier?
- Did you feel adequately trained yourself to deliver the programme?
- Do you receive adequate support in the delivery of the programme?
- Having delivered the programme, do you think the manual is comprehensive enough/of a high enough quality?
- Is this a programme you would consider running again? Any recommendations for changing it?





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