



Teenage Pregnancy and Sexual Health Project

***Evaluation of the Impact of Sex and Relationships
Education Delivered to Professionals in East Brighton
between November 2003 and November 2005***

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Summary, Discussions and Recommendations

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Summary of results

- 88% of respondents understood why the teenage pregnancy and sexual health project exists.
- 69% of respondents felt that the teenage pregnancy and sexual health project had had a positive impact on their working practice.
- 82% of respondents said that their confidence had increased in delivering sex and relationships education to young people.
- 44% of respondents still need support to deliver sex and relationships education to young people.
- 81% of respondents felt more able to respond directly to sexual health concerns expressed by a young person.
- 63% of respondents felt that the support they had received from the teenage pregnancy and sexual health project had had a positive impact on young people who had received sex and relationships education.
- 88% of respondents felt that having a nurse available at young people's centres was 'essential'.

Introduction and background

The teenage pregnancy and sexual health project has been in existence within the Health4all Team since 2003. The project comprises of one full-time Health Adviser (Vicki Lader between 2003 and September 2005, Justine Orme – current post-holder) and a Sexual Health Outreach Nurse (Wendy Gardiner) who currently works the equivalent of one day a week. The project has two broad aims – to reduce the rates of teenage pregnancies and improve the sexual health of residents across the eb4U areas (Moulescoomb, Whitehawk and Bates Estate).

The project comprises elements of community development, supporting and training professionals to deliver sex and relationship education, and face to face work with people who may be vulnerable to poor sexual health and unintended pregnancies.

The project exists because of the link between social deprivation and poor sexual health. East Brighton has the highest rates of teenage pregnancies in the city (between 93 and 145 in every 1000 females aged 15 – 17, 2000 - 2002) and the highest rates of repeat terminations of pregnancies (11 under 18 year olds had repeat terminations in East Brighton, Moulescoomb and Bevendean between 2002 and 2005).¹

The National Strategy for Sexual Health and HIV, published in 2001, states that:

‘There is a strong link between social deprivation and STIs, abortions and teenage conceptions. Unintended pregnancies increase the risk of poor social, economic and health prospects for both mother and child. Girls from the poorest backgrounds are ten times more likely to become teenage mothers than girls from wealthier backgrounds.’

A key component of effective sexual health work is the delivery of appropriate sex and relationships education. The National Survey of Sexual Attitudes and Lifestyles Study of 2000 (Johnson et al) found that the median age of first heterosexual sex for men and women is now 16 years old and that only half of young people used a condom the first time they had sex. The prevalence of sexually transmitted infections is higher amongst men and women for whom first intercourse occurred before aged 16, and amongst those whose main sources of information about sexual matters was friends and others².

Consequently it is vital that young people in particular receive accurate, non-biased information about sexual health and contraception and that they are also given the skills to negotiate healthy relationships.

The non-statutory nature of personal, social and health education gives rise to a perceived low importance of sex and relationship education in some schools. Consequently there is no guarantee that young people will be taught about sexual health issues within the school setting.

It is because of this that a key part of the teenage pregnancy and sexual health project has been to support other professionals to be able to deliver

effective sex and relationships education, whether that be teachers, youth workers, or school nurses.

Between November 2003 and November 2005, the project delivered both programme and tailored training to professionals working with young people across East Brighton. Some training consisted of individual sessions addressing specific topics such as condom skills or Fraser competency, whilst other training was delivered via a programme – for example, a 6 week sexual health module for peer educators as part of a partnership between eb4U, Safe and Sorted and Youth4the Future. Training was also delivered direct to young people themselves. For instance, due to capacity issues at the school, condom skills classes were taught direct to year 9 students at Falmer School in Moulescoomb between April and July 2005.

It was hoped that by delivering SRE training to professionals, the amount of SRE delivered direct to young people would increase across the whole of the eb4U areas. The aim is to improve young peoples' awareness of sexual health issues and help equip them with the skills to keep themselves safe.

This study, looking at the effectiveness of the training and support delivered to professionals, was carried out at a halfway point in the project's life span. The study concentrated on trying to assess the impact on working practice, confidence, and on the young people themselves, as well as assessing the importance of the project's existence with regards to improving the sexual health of residents.

Methodology

In December 2005, a questionnaire drafted by the clinical effectiveness department at South Downs Health NHS Trust was circulated via e-mail to a selected sample of professionals working in East Brighton. All these people had received training and support from the teenage pregnancy and sexual health project at the Health4all Team. All the professionals are involved in delivering sex and relationship education (SRE) to young people, in either an informal or formal capacity (and in some instances, both).

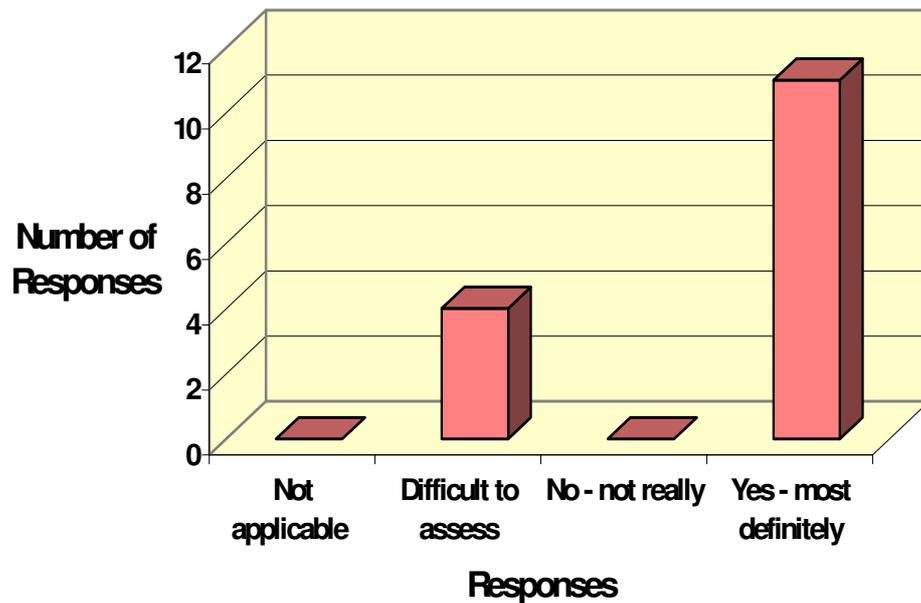
Interviewees were invited to complete an electronic version of the questionnaire and return it to a project support worker within the Health4all team. They were also given the option of printing off the questionnaire and returning it by post to preserve anonymity if they preferred.

Summary of results

In total, 18 questionnaires were sent out, and 16 were returned, giving a response rate of 88%. 12 female workers and 4 male workers responded. Their work roles ranged from Connexions PAs (3), to teachers (1), to youth workers (8) and other professionals (4).

All of the respondents appeared to have a good basic understanding of the aims and objectives of the teenage pregnancy and sexual health project (hereafter referred to as 'the project'). 63% recognised it as part of eb4U, and 88% understood that the project focuses on reducing rates of teenage pregnancy and improving young peoples' sexual health in East Brighton. 75% also recognised that the project has a role in supporting professionals in the delivery of sex and relationships education (SRE).

Q4. Do you believe that this project (and the work carried out by its workers) has had an impact on your working practice?



Impact on working practice

The results of the survey show that the project appears to have had a positive impact on both the confidence levels and working practice of respondents. 69% felt that their working practice had improved as a direct result of interventions from the project, whilst 82% had seen their confidence grow in delivering SRE programmes. No one felt that they were less confident.

“I learnt a lot about the Fraser guidelines and working with young people around sexual health promotion and the associated issues. I now have a much better understanding of the complexities of delivering a successful sexual health promotion programme.”

“Through training and support offered to the team (it) has increased workers knowledge and confidence when supporting young on sexual health issues, and providing tools, activities and resources. The team has also accompanied workers on several detached sessions to look at ways of engaging and offering advice to hard to reach young people and Youth 4 the Future has been included in the C card pilot.”

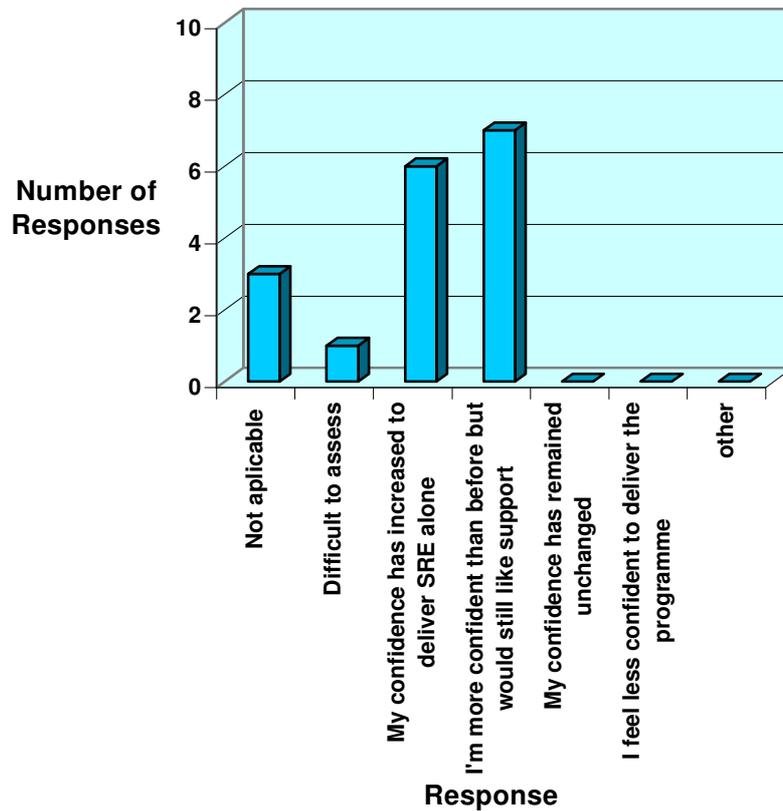
There is clearly still a need for ongoing training and support, however, as 44% said that they felt they needed more support in delivery. Respondents were asked to make specific requests for any further support they felt they required:

“Refresher on condom skills and contraception”

“Am willing to take part in any training opportunities that come my way.”

“I think it would be useful to be able to deliver something a bit more structured out on the street. For example games around sexual health information, quizzes to find out what young people know etc....”

Q5. After input from the programmes team, how would you assess your confidence to deliver the SRE programme?



“Lack of resources within my own service in order to do SRE effectively.”

Confidence to deal with sexual health concerns

The sample was asked to assess their confidence to deal directly with sexual health concerns of a young person. 81% felt that, as a result of support from the project, they felt much more able to respond to SRE related questions from a young person, and 75% felt more confident in referring them to an appropriate specialist service. There was a good level of awareness of local specialist service provision, with respondents naming:

- Safe and Sorted (37%)
- Morley Street Family Planning Clinic (31%)
- Claude Nicol Centre (31%)
- Mac’s Place (31%)
- YPC (25%)
- Sexual Health Worker at eb4U (18%)

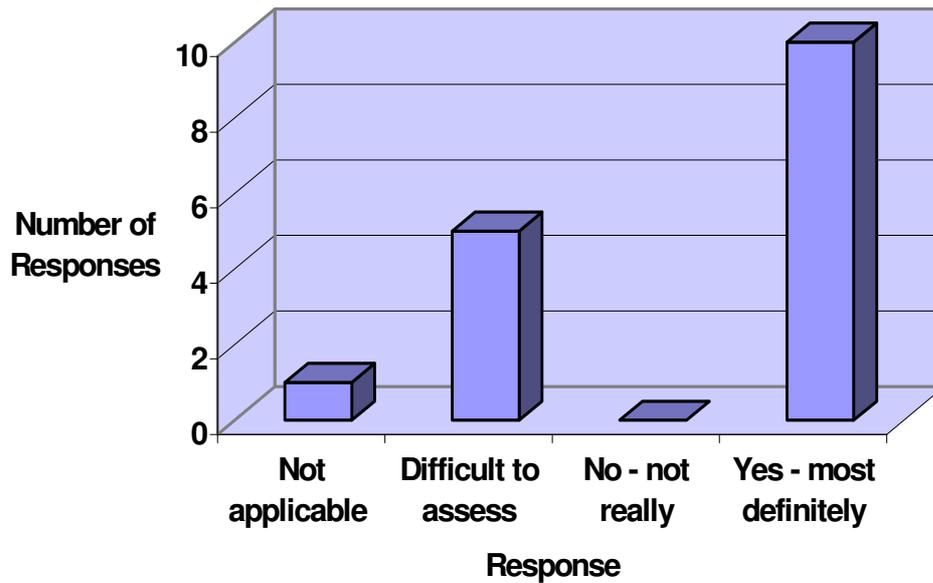
As the main places they would refer a young person on to should they require further sexual health support.

Impact on young people

Asked to assess the impact of the project’s support on the young people, 63% said that they felt there had most definitely been a positive impact. Below is a selection of comments that were made:

“Many young people used the service and said that it was really good.”

Q8. Do you believe that the work carried out by the teenage pregnancy/sexual health health team at eb4u has had an impact on the young people themselves?



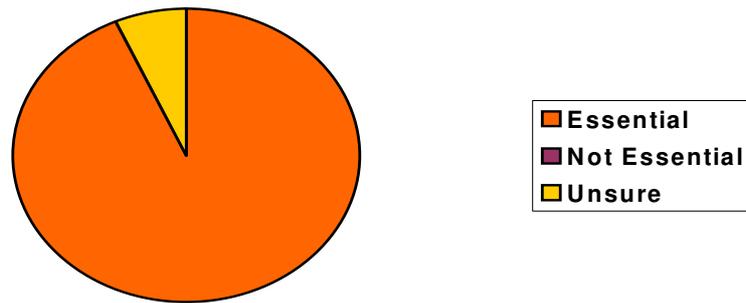
“I think it has had an impact on young people’s lives through the training of workers who work with young people, and the sexual health outreach nurse that is placed at Mac’s Place and the Crewe club. Most young people I come across on the street are aware of the outreach work at the Crewe Club and Mac’s Place.”

Clinical Component

An integral component of the teenage pregnancy and sexual health project is the commitment of a Family Planning-trained sexual health outreach nurse, who works alongside the health adviser at the youth drop-ins. She is able to prescribe emergency hormonal contraception, other forms of contraception, and is able to fit implants on referral to Morley Street clinic. The sample were asked whether they were aware that this nurse held sessions at both Mac’s Place and the Crew Club. 88% of respondents knew about this service, although one respondent only knew about Mac’s Place and not about the Crew Club. When asked whether they felt it was important to have a nurse available at such settings, 88% said they felt it was “essential”:

“As a detached youth worker I didn’t know this, so it worries me that young people not accessing such places may not know either.”

Q10. How important do you think it is to have a nurse available at young peoples' centres to address sexual health concerns?



Finally, the sample was invited to add further comments about the project if they wanted to. Here, respondents described the advantages of having a local 'expert' on hand to support more 'generic' workers, particularly in terms of adding credibility to advice-giving, and to support perhaps already overwhelmed members of staff. The existence of the project has appeared to help generic youth support agencies prioritise sexual health work by having support and training readily available:

"I feel this project is essential in supporting generic youth projects and workers, lending an 'expert' aspect. Young people are more inclined to accept information advice and guidance from a 'specialist' along with the support of their worker."

"The existence of a SH Development Worker in the area has enable S+S (Safe and Sorted) to prioritise SH work and deliver a high standard of SH advice work. It has been crucial to the starting up of the project and useful on an on-going basis."

Some comments reflected a strong belief that this project should be allowed to extend beyond the eb4u boundaries, recognising that there are other communities who would benefit from it's work:

"I would like to see the role extended outside of the eb4U area, particularly those on the 'fringes'."

Discussion

The results of the study show clearly that the project has had a major impact on the working practice of the professionals surveyed. Respondents felt that their knowledge had improved and that through receiving training and support, sexual health had been put firmly on their agenda as a priority area of work. Indeed, the level of SRE delivery has increased since 2003 across the eb4U areas. For example, there are now regular TP3 groups being run at both Falmer School and ACE (Alternative Centres for Education). TP3 stands for Teenage Pregnancy Prevention Project. It is an intensive sexual health course for targeted single gender groups. The teenage pregnancy and sexual health project at eb4U co-delivered 3 of these groups – Falmer, ACE and Varndean School, and supported the Connexions Pas at all of these sites to run the groups on their own, which is now happening.

“By training for and planning the TP3 has improved my knowledge skills for all group and 1-1 work I do on sexual health”

Also, the training received by Youth4the Future (detached youth work team) has enabled them to carry out elements of sexual health work on the streets, such as condom skills:

“The Health4all team delivered our training before we started the detached project. We use this training in almost every session that we deliver on the streets. We also regularly hand out condoms.”

Falmer School also received a lot of support around their delivery of SRE, which has now resulted in a team of teachers delivering certain classes on their own:

“(They) taught me how to teach a contraception lesson, which I have taught and passed on. I have also used the swish CD-ROM and Swings and Roundabouts dvd in an educational capacity.”

So clearly the project has helped increase and improve the SRE that is delivered to young people, and subsequently the confidence of workers to deliver this has also grown. What is interesting to note, however, is that alongside a marked increase in confidence levels (***82% felt their confidence had increased***), is still a desire for ongoing support from the project. This appears to be due to a number of factors, such as a lack of resources within certain organisations, and the fact that perhaps more generic workers do not have the opportunities to keep their skills and knowledge up to date:

“Would prefer to have a more experienced sexual health worker with me to deliver sessions, especially as I have only delivered one course so far.”

As well as feeling far more equipped to deliver SRE activities, the respondents also felt they were now much more able to answer specific SRE-related queries that a young person may have (***81% said they felt much more able to respond***). Being able to deal with a concern there and then will improve the trust a young person has in a worker as well as minimising the numbers of appointments they have to make with different organisations to get their issues addressed. In order for the workers to continue to be able to do this, it is even more important that they receive regular training to keep themselves up to date within an ever-changing field.

As a result of the project, there was also a marked increase in confidence felt by workers in being able to refer a young person on to an appropriate specialist service (and perhaps be able to make an appointment for them). ***75% of respondents felt more confident to refer on to an appropriate agency***. This is important in ensuring that a young person receives the correct treatment and support and isn't unnecessarily journeying between organisations. Youth specific drop-ins and clinics run at different days and times for different organisations and so it is important that workers are fully aware of this so that young people don't waste bus fare, for example, travelling to the right clinic on the wrong day. Drop-ins and clinics may occasionally change their opening times, due to factors such as staff turnover. Because of this, workers need to be kept up to date with any changes that

may occur. If a young person is fully informed of where they can go for help, then it could reduce the risk of them suffering an unintended pregnancy (for instance by obtaining emergency contraception) or physical harm from an undiagnosed sexually transmitted infection (for instance pelvic inflammatory disease):

“(The project has) Made young people more aware of things and letting them know what is available to them.”

63% of respondents felt that the young people themselves had benefited from the SRE support given to workers. The respondents felt that there was now a greater awareness of what services are around, and had seen an improvement in access to information and resources. The initiation of the C Card Scheme (a scheme that allows free and easy access to condoms for young people) by the eb4U teenage pregnancy and sexual health project in September 2005 saw an increase in training delivered to workers. Subsequently this has seen an increase in the numbers of young people accessing free condoms:

“.....Young people have also benefited from the introduction of the C-card pilot scheme, which is intended to improve access to sexual health services across the city.”

(NB – the pilot of the C card scheme is currently being evaluated and will be completed by April 2006)

Evaluation of sessions such as the TP3 groups and the condom skill classes at Falmer School have also shown that the young people have gained valuable knowledge and skills:

“I do believe that that all the TP3 projects which I have delivered have had a beneficial impact on the y.p that have engaged and increased their knowledge and awareness of issues.”

“The support offered has been a valuable resource at Falmer High School and in some cases may have been the best SRE that some young people received before leaving the school.”

One respondent clearly felt that the project had made a definite impact on rates of unintended pregnancies:

“The increased SRE activity has already reflected decreased numbers in pre 16 births, we are anticipating the rates for pre 18 will decrease when those 16 year olds are older.”

Rates of unintended pregnancies can only decrease with a sustained response, particularly in areas where it is culturally the norm to have children at a relatively young age, such as in Moulescoomb and Whitehawk. Training and updates, therefore, need to be consistent and continuous:

“Given the high incidence of teenage pregnancy and sexual health need in East Brighton I know that the eb4U TP and SH project’s work is critically needed. However, I recognise that reducing the number of teenage pregnancies, which is often the result of cultural beliefs, is challenging and requires sustained work.”

88% of respondents were aware of the clinical component of the teenage pregnancy and sexual health project. The same percentage felt it was 'essential' to have a nurse/clinical post available at young peoples' centres to be able to prescribe medications and make clinical assessments and referrals.

“It brings a professional health aspect and adds credibility to the service. It sign posts people to the health service in general.”

In the evaluation ('Deep Dive' exercise) of the National Teenage Pregnancy Strategy (which is now halfway through its 10 year life span), 8877 young people aged between 13 and 21 were interviewed between 2000 and 2004. The results of this showed that young people living in deprived areas, and those having first sex under the age of 16, were more likely to access family planning services located within young peoples' centres, than more mainstream services.

The 'Undercovers' exercise carried out in Brighton and Hove in March 2005 by the Coalition4 Youth found that clinics situated within young peoples' Centres were considered to be more comfortable than mainstream services by the young people who were recruited as mystery shoppers³.

“Although I know that some sexual health concerns can be addressed non medically, I think it is really important to try and give young people as much support as soon as possible and to give a holistic support if possible.”

For many young people, it is too far to travel from parts of East Brighton into the city centre to access services such as Morley Street Family Planning Clinic and the Claude Nicol Centre at the Royal Sussex Hospital. Fears over confidentiality can often prevent young people using their family doctor (GP) for their concerns. By taking outreach services to where young people are already congregating, it is maximising the potential for quick and easy access into healthcare services. For many young people, this is often their first introduction into the healthcare system and the treatment they receive here may help determine how they use healthcare services in the future, particularly young men who are notoriously bad at accessing mainstream healthcare services.

Having a sexual health outreach nurse available at young peoples' settings in East Brighton is a fairly fledging service. It is acknowledged that it can take a long time for these services to become well-known and popular amongst young people:

“Dependant on the service and how relevant SRE provision would be (would it be used?). Young people may say they would use provision but may not when actually established. Needs to be the capacity to pilot provision which to young people can be notoriously slow and time consuming to deliver and monitor.”

Within the young peoples' settings, however, the nurse generally has more time to spend with patients than, perhaps, she would have within a busy clinic open to the general public at a family planning centre. She also has the advantage of being able to refer on the spot to the eb4U Health Adviser for more holistic support.

Recommendations

The amount of SRE delivered to young people in East Brighton has increased since 2003. To ensure a consistent, high quality and sustained level of SRE delivery across the eb4U areas (To reduce rates of teenage conception and sexual ill-health), it is essential that the eb4U Health adviser continue to:

1. Update professionals who have a generic role with young people and keep sexual health high on their agenda.
2. Provide high quality and appropriate training for new workers (Connexions Pas, youth workers, teachers and other roles) in cases of staff turnover.
3. Provide an element of specialism alongside generic workers with groups of vulnerable young people.
4. Provide training and support for generic workers particularly around how to work with hard-to-reach groups (e.g. young people excluded from school, care leavers).
5. In order to provide easy access to contraceptive and sexual health services in confidential and localised settings, it is imperative that the clinical aspect of the project continue, post-April 2006. She should continue to provide access to contraception and medical assessments in settings where young people feel the most comfortable, and where they are already congregating. This will also ease the burden upon already overloaded mainstream services, such as Morley Street Family Planning Centre and the Claude Nicol Centre.

References

- 1 Teenage conception and TOP rates for East Brighton courtesy of the Teenage Pregnancy Coordinator at Brighton and Hove PCT.
- 2 National Survey of Sexual Attitudes and Lifestyle, Johnson et al, 2000
- 3 'The Undercovers' – Evaluating the accessibility of young people's services in Brighton and Hove. Coalition4Youth. March 2005.

Other sources:

The National Strategy for Sexual Health and HIV. Department of Health. 2001

'Contraceptive and Sexual Health Services in Brighton and Hove – an Evaluation.' Department of Public Health, November 2005.

Acknowledgements

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