

Kent Academic Repository

Full text document (pdf)

Citation for published version

Billings, Jenny R. and Hashem, Ferhana and Macvarish, Jan (2007) Let's Talk: Attitudes and values about sex and relationships among young people and professionals. Phase 2: Development, implementation and evaluation of two interventions. Project report. Centre for Health Services Studies, University of Kent, Canterbury

DOI

Link to record in KAR

<https://kar.kent.ac.uk/11765/>

Document Version

UNSPECIFIED

Copyright & reuse

Content in the Kent Academic Repository is made available for research purposes. Unless otherwise stated all content is protected by copyright and in the absence of an open licence (eg Creative Commons), permissions for further reuse of content should be sought from the publisher, author or other copyright holder.

Versions of research

The version in the Kent Academic Repository may differ from the final published version.

Users are advised to check <http://kar.kent.ac.uk> for the status of the paper. **Users should always cite the published version of record.**

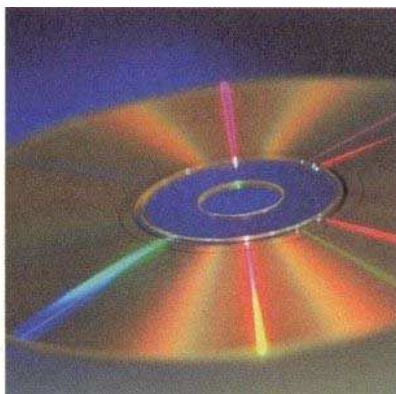
Enquiries

For any further enquiries regarding the licence status of this document, please contact:

researchsupport@kent.ac.uk

If you believe this document infringes copyright then please contact the KAR admin team with the take-down information provided at <http://kar.kent.ac.uk/contact.html>

'Let's Talk': Findings from Phase Two



**Jenny Billings
Ferhana Hashem
Jan Macvarish**

**CHSS
University of Kent**

October 2007

www.kent.ac.uk/chss



Kent and Medway NHS



Centre for Health Services Studies (CHSS)

The Centre for Health Services Studies (CHSS) is one of three research units in the University of Kent's School of Social Policy, Sociology and Social Research. It contributed to the school's Research Assessment Exercise 6* rating. This put the school in the top three in the UK. CHSS is an applied research unit where research is informed by and ultimately influences practice. The centre has a long history of working with public health practitioners, both as members of staff and as honorary members of staff who are active as consultants to the centre and as practitioners in the field.

CHSS specialises in the following disciplines:

- Care of older people
- Ethnic minority health
- Public health and public policy
- Risk and health care

Researchers in the Centre attract funding of nearly £1 million a year from a diverse range of funders including the Economic and Social Research Council, Medical Research Council, Department of Health, NHS Health Trusts and the European Commission.

Funding and acknowledgements

We would like to thank all the young people who took part in the research and all the school staff, youth workers and school nurses who helped us to conduct the evaluations for the schools. Finally, we would like to thank the Kent Teenage Pregnancy Partnership for their ongoing involvement in the research and the European Interreg IIIA Programme for funding the 'Let's Talk' Project.

Further copies can be obtained from:

Executive Officer
Centre for Health Services Studies
George Allen Wing
University of Kent
Canterbury
Kent CT2 7NF
Tel. 01227 824057
Fax. 01227 827868
chsenquiries@kent.ac.uk
<http://www.kent.ac.uk>

Contents Page

Page Number

Report on the Evaluation of Intervention One:

Six Week SRE Course 1

Report on the Evaluation of Intervention Two:

Road-shows 21

Appendix One..... 35

Appendix Two 45

Report on the Evaluation of Intervention One: Six Week SRE Course

October 2007

Report on the Evaluation of Intervention One – Six Week SRE Course

Jenny Billings & Ferhana Hashem

CHSS

University of Kent

1.0 Introduction

The Kent Teenage Pregnancy Partnership and the Conseil General de la Somme developed an Interreg action research project in partnership, entitled 'Let's Talk' to explore young people's attitudes, values and beliefs regarding sex and relationships to go some way toward understanding elevated teenage pregnancy rates in Kent. Parts of Kent and the partner area of the Somme in France share similar problems such as a higher than national average level of teenage birth rates, though there are marked variations within the Primary Care Trusts.

This project consisted of two phases. Phase One was the data collection phase, and was used to inform Phase Two of the project. In Phase One, young people and professionals were invited to explore their attitudes and values towards sex, relationships, sexual health and teenage pregnancy in a number of focus groups. Phase Two involved the development of two interventions that were designed based on the knowledge gained from Phase One.

Two interventions were developed and evaluated following Phase One: the first, a six week course on sex and relationships education (SRE) in a secondary school in West Kent which forms the basis of this report; and the second, an evaluation of two sex and relationships education road-shows in East Kent.

This section of the document reports on the findings from Phase Two of the project and discusses the results of the evaluation of one of the two interventions that were developed with health professionals, school nurses and school teachers.

2.0 Method

Intervention one (as well as the second intervention) was developed drawing from the results from Phase One of the project. The findings from Phase One showed that young people and professionals wanted more information on the following themes –

- Negotiating relationships –
 - Initiating a relationship
 - Setting rules and boundaries
 - Preparing for and having sex
 - Contraceptive choice and service issues

- Issues around teenage pregnancy

A course on SRE was developed taking into account the above themes and a six week programme was devised. A curriculum of activities was planned around the research findings. Each session was delivered weekly during a timetabled Personal, Social and Health Education (PSHE) lesson at a secondary comprehensive school in West Kent. The six week course schedule was devised according to the following themes –

Session 1: Exploring the notion of relationships

Session 2: Peer pressure

Session 3: Assertiveness skills

Session 4: Self-esteem

Session 5: Understanding each other

Session 6: Expanding knowledge, contraception and the benefits of choosing to delay

The six week course was delivered between May and June 2007. The quantitative evaluations took place at the end of each session and the qualitative evaluations took place after the completion of the entire course between mid to end of June 2007.

2.1 Development of Evaluation Instruments

Two evaluation tools were devised in order to capture the responses of the young people to the six week course (see Appendix 1). First of all, at the end of each session the young people were asked to complete an evaluation form, which was designed to understand their overall satisfaction with the session and to assess what they felt they had learnt. Second, following the delivery of the six week programme, we re-visited the school and asked each of the classes to feedback and reflect upon the course. We used an interview schedule to ask questions on what they liked about the sessions, what they disliked, what they felt was missing and what they felt could be improved. The responses were recorded on the sheet for each of the three focus groups (see appendix for schedules).

Another important area of evaluation was to gauge from the school nurses, who delivered the programme, what their responses were to the six week course. We organised a meeting with them (N = 2) and asked what their reflections were to the sessions, what they felt was effective and ineffective as learning tools and what they felt could be improved.

2.2 Analysis

Following the collection of the quantitative data, the information from each of the six sessions was input into six separate data sets. These data sets were then merged – not for purposes of cross comparative analysis, but in order to eliminate any inconsistencies or missing responses. All the data was input into SPSS (Statistical Package for the Social Sciences) and frequency analysis was carried out using this software package. A second part of the analysis was undertaken importing data from SPSS into Excel in order to compare frequency clusters of variables (i.e. helpfulness, interest, usefulness and knowledge).

Table 1: Number of Year 8 Pupils responding to evaluation questionnaire

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
No. of Pupils	N = 49	N = 21	N = 46	N = 44	N = 44	N = 28

The qualitative data was drawn from each of the three focus groups that were carried out with the school pupils. The data was recorded and written up thematically across the same four main variables. This information was then filtered back and re-conceptualised within each of the six sessions.

2.3 Distribution of Pupils and Year Groups

Table 2: Frequency Distribution of Pupils' Responses from Six Evaluation Sessions

Year 8 Groups		Variable 1: Helpfulness	Variable 2: Interest	Variable 3: Usefulness	Variable 4: Knowledge
Session 1	N =Valid	47	48	48	47
	N=Missing	2	1	1	2
	Total =	49	49	49	49
Session 2	N =Valid	21	21	21	21
	N=Missing	0	0	0	0
	Total =	21	21	21	21
Session 3	N =Valid	45	44	45	45
	N=Missing	1	2	1	1
	Total =	46	46	46	46
Session 4	N =Valid	43	43	44	43
	N=Missing	1	1	0	1
	Total =	44	44	44	44
Session 5	N =Valid	42	41	44	43
	N=Missing	2	3	0	1
	Total =	44	44	44	44
Session 6	N =Valid	28	28	27	28
	N=Missing	0	0	1	0
	Total =	28	28	28	28

The level of responses from the school pupils, as shown above, was not uniform. In some sessions we received responses from N=49 pupils (Session 1), however, in another session (Session 2) we received responses from only N= 21 pupils. We were unable to ascertain why there was such a difference in the number of returned evaluation questionnaires. Maybe there was not the opportunity to distribute the questionnaires due to time restraints or perhaps pupils disliked completing this task (discussed further below). We also totalled the number of frequency distribution responses, but in some cases the responses had to be discounted on the basis of being either invalid or missing. As the number of responses collected across the six sessions was not consistent in number, therefore we conducted analysis according to the data available in each session, rather than conducting analysis across the six sessions.

Table 3: Pupils Present for Focus Groups

Facilitators: Teacher and Researcher			
Year Group	8.1	8.2	8.3
No. of Pupils	12	18	19
Date	20/6/07	20/6/07	15/6/07
Time	11.25am -12.25pm	2.15pm-3.15pm	1.15pm-2.15pm

When collecting the qualitative data to gauge pupil feedback on the six week course, both the PSHE teacher and the researcher were present. Due to the sensitive nature of the subjects discussed for SRE, it was agreed that the most appropriate classroom environment for eliciting responses from the pupils would be to include the teacher, whom the young people were familiar and comfortable with. Moreover, the school pupils were drawn from a deprived cohort and many were disruptive. Due these reasons, the teacher was asked to remain in the class. However, it was agreed beforehand that the school nurses, who delivered the course, would not be present. This would ensure that the school pupils responded in relatively impartial classroom conditions.

The pupils were drawn from three Year 8 groups (12 to 13 year olds) of varying abilities and learning capabilities. The focus groups were conducted during a PSHE class and the pupils remained in their year groups. Overall the numbers of pupils who participated in the focus groups totalled N=49.

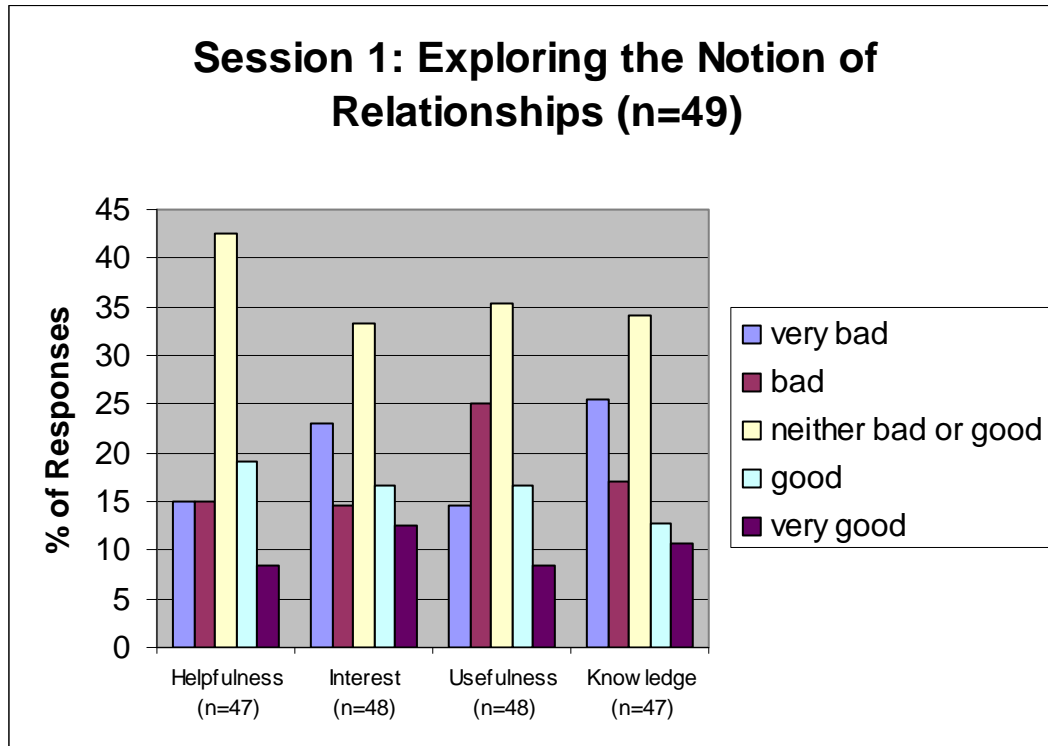
3.0 Evaluation of Sex and Relationships Education Course

The following provides an evaluation of the six week course. The analysis focuses primarily upon the data collected from the school. A limited amount of qualitative data has been included from the school nurses, however, their reflections serve mainly to underline the views of the school pupils rather than providing the foundations of the discussion. Both qualitative and quantitative sets have been used synonymously in order to provide an objective evaluation of the programme.

3.1 Session 1: Exploring the Notion of Relationships

The first session on 'Exploring the Notion of Relationships' provided the young people an introduction to the kinds of relationships they had developed and were conscious of in their everyday lives. They discussed a variety of relationships such as with their families, friends, siblings, foster parents and with partners.

Figure 1



The data in Figure 1 shows that the young people were actually relatively indifferent to learning about different kinds of relationships. In terms of 'helpfulness', 42.6% (N=20) reported that the session was 'neither bad or good'. The same patterns of 'neither bad or good' were evidence with the other variables: 'interest' 33.3% (N=16); 'usefulness' 35.4% (N=17); 'knowledge' 34.0% (N=16). Thus, the majority of the pupils found the sessions 'neither bad or good'.

The comments from the focus groups also reflect this finding. The pupils reported what activities they had undertaken rather than explaining what they found helpful or useful. They also commented that they did not have enough time to complete the activities. What is surprising is that pupils felt that they wanted to know more about other kinds of relationships such as homosexual relationships and civil partnerships, as well as cross-cultural or inter-ethnic partnerships. Thus, it was suggested that Session 1 could be improved if more information was included on more un-conventional partnerships and perhaps more time dedicated to each activity.

The observations from the school nurses show that the school pupils found the first introductory session quite difficult. They reported that, *“some found the topic uncomfortable...(they) joined in but in a limited way”*. They also mentioned that in another group the school pupils, *“did try to cooperate but (found it) hard to keep on task”*. Therefore, overall the pupils attempted to engage with the material, but found the subject matter difficult to explore. The school pupils' evaluation shows that they found the session challenging and were unable to engage with some of the material.

3.2 Session 2: Peer Pressure

The second session on 'Peer Pressure' provided the young people with an understanding of the kinds of social pressures both men and women are subjected to according to a particular notion of beauty and attractiveness portrayed in the media. They also learnt about how to resist pressure without upsetting others by developing and using their social skills in a 'biscuit negotiation' game.

Figure 2

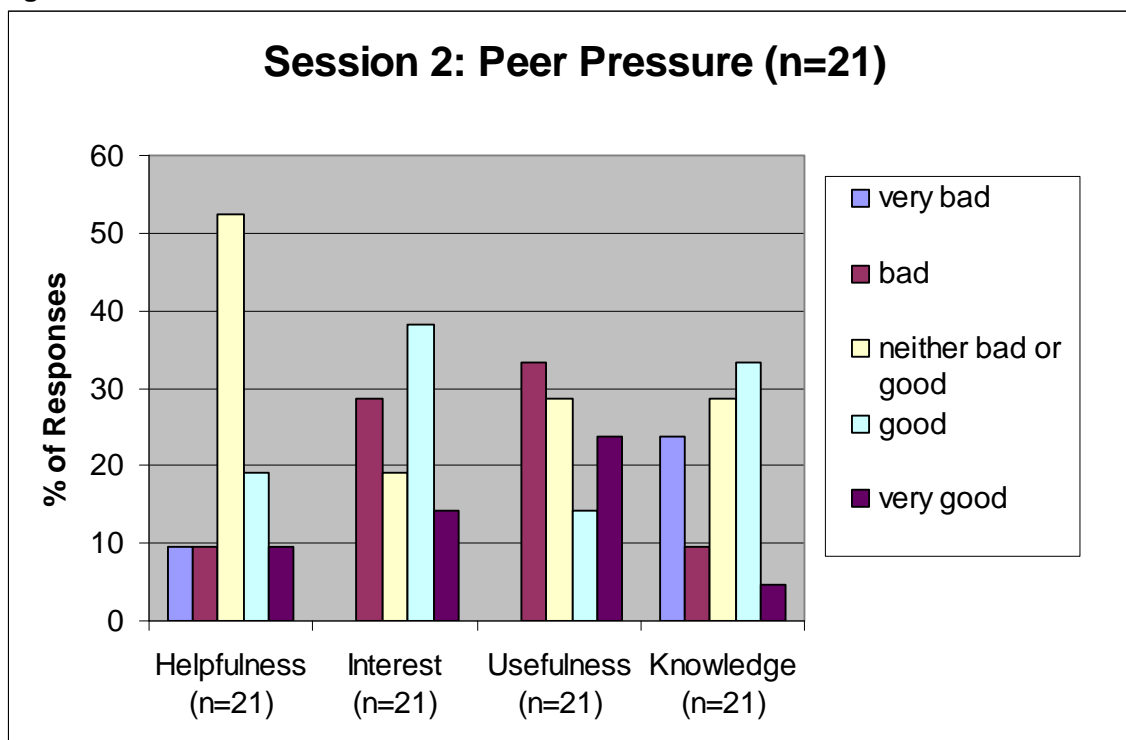


Figure 2 shows that there were mixed responses to this session. In terms of 'helpfulness' 52.4% (N=11) pupils found the session to be 'neither bad or good'. However, they felt that some aspects of this session were 'good'. When asked about 'interest' 38.1% (N=8) of the young people felt the session was 'good', and when asked about whether this session contributed to their 'knowledge' 33.3% (N=7) of the young people thought that it was 'good'. Yet, in terms of 'usefulness' 33.3% (N=7) thought that the class was 'bad'.

The responses from the qualitative focus groups also reflect this ambiguity of opinions. The young people reported to have enjoyed some of the activities especially the game concerning sifting images of people from magazines according to notions of attractiveness and unattractiveness. Out of the groups that watched the DVD on concepts of beauty (one group was unable to watch the film), the young people reported to have enjoyed the film clip. During the focus groups, the pupils were also asked about what they disliked about the session. They stated that they did not fully understand the purpose of the 'biscuit negotiation' game especially as they had interpreted the notion of 'peer pressure' far too widely. They felt they needed more guidance on precisely what aspects of 'peer pressure' were being referred to during the activities. Although the young people did not feel anything in particular was missing from this class, they felt that they needed more time to complete all of the exercises, and also wanted more time for discussion to talk about the skills learnt from the class. Thus, it was suggested that Session 2 could be further

improved perhaps with fewer activities or more time allocated for completing the games. Moreover, this class would benefit from a clearer guidance on the notion of 'peer pressure'.

The reflections of the school nurses show that the school pupils were more engaged with this second session. They mentioned that one group *"listened and discussed (about the subject)...(they) tried to negotiate (the) biscuit task"*; another group had a *"good discussion...and ideas from the group (on the) age of consent and child protection, diets and the media pressures"*. The comments show that the session on peer pressure was enjoyable, which is evident in the school pupils' evaluation (see Figure 2).

3.3 Session 3: Assertiveness Skills

The third session on 'Assertiveness Skills' was delivered in order to help young people develop different social strategies around the concept of 'assertiveness'. They learnt about four types of behaviours: assertiveness, passive, manipulative and aggressive. They practiced using these skills through a role-play activity. In a second activity, they were asked to use a precious item and develop strategies of saying 'no'. The idea was to assist the young people to say 'no' in a 'real life' situation to say 'no' to unprotected sex, alcohol drugs and cigarettes.

Figure 3

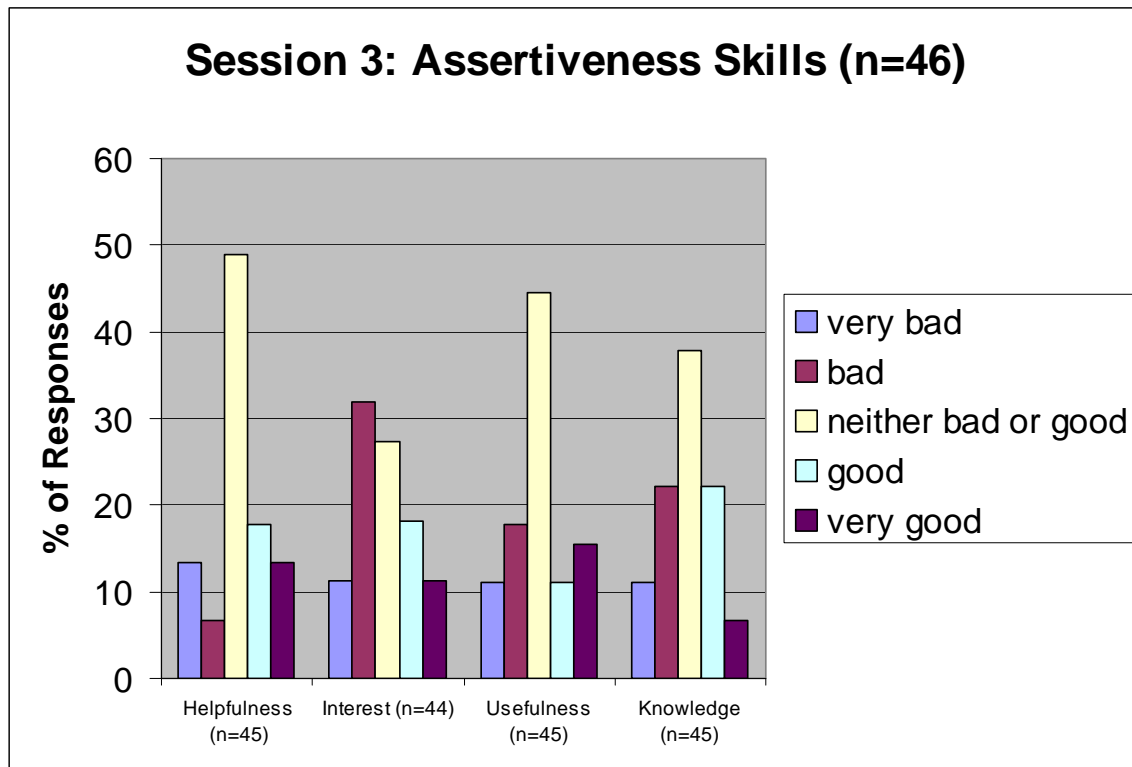


Figure 3 shows that the young people were indifferent to learning about assertiveness skills. Their overall response to the session in three of the variables was 'neither bad or good': 'helpfulness' 48.9% (N=22); 'usefulness' 44.4% (N=20); 'knowledge' 37.8% (N=17). The young people reported that in terms of 'interest' the session was in fact 'bad' (30.4%; N=22).

The focus group responses reflect this overall indifference. The young people reported what they had learnt during the session and remembered the four kinds of behaviours. They said they knew how to say 'no' to unprotected sex, alcohol drugs and cigarettes. Although the young people were able to recall the activities, there was very little indication from their comments of whether the exercise would contribute to improving their assertiveness skills. They mentioned that they did enjoy the role-play activity. However, some of the male pupils reported feeling uncomfortable about having to act as females during the role-play.

An overall problem that was reported by the young people is that they ran out of time and were unable to complete some of the activities. They commented that there was not sufficient time allocated for a plenary/feedback discussion at the end of the class. None of the groups mentioned whether they wanted further information on the subject, thus did not report anything missing.

The school nurses reported that the young people were keen to take part in the role playing activities especially demonstrating their command of the four assertiveness skills. They mentioned that the task brought out the aggressive side in some of the pupils, which alarmed them. They also reported that the task on saying 'no' was actually quite hard for them. The nurses commented that the role play did cause disruption in one particular group, yet, within another group, the session *"worked and (the pupils) listened well...enjoyed acting"*. Thus, the varying levels of engagement reported by the school nurses are evident when examining the school pupils' evaluation who in general felt nonchalant about this class.

3.4 Session 4: Self-Esteem

The fourth session on 'Self Esteem' was devised in order to help the young people develop a sense of self-worth. For the first activity the pupils were asked to write a positive complement (on a 'post-it note') about another member of the class or someone they knew. They undertook a further activity using a blown up balloon to explore the notion of feeling 'high' and 'low' to enable them to read body language and other people's feelings.

Figure 4



Figure 4 shows that the young people were apathetic to learning about 'self-esteem'. Their overall response to all four variables was 'neither bad or good': 'helpfulness' 48.8% (N=21); 'interest' 34.9% (N=15); 'usefulness' 56.8% (N=25); 'knowledge' 39.5% (N=17). Thus, it can be drawn from the data that the school pupils found the session neither exceptional nor unexceptional and perhaps were indifferent.

Drawing from the comments from the focus group discussion, the young people again reported what they had learnt and what information they had retained. They remembered the key messages from the class such as 'pride', 'respect' and 'confidence'. They also recalled how to assess how somebody else felt.

What is surprising is that some of the school pupils enjoyed the 'post-it note' game and liked giving the message to someone they cared about. Yet, other pupils felt the 'post-it note' game was not a useful activity at all. They also reported to have run out of time and some of the young people were unable to complete all of the activities.

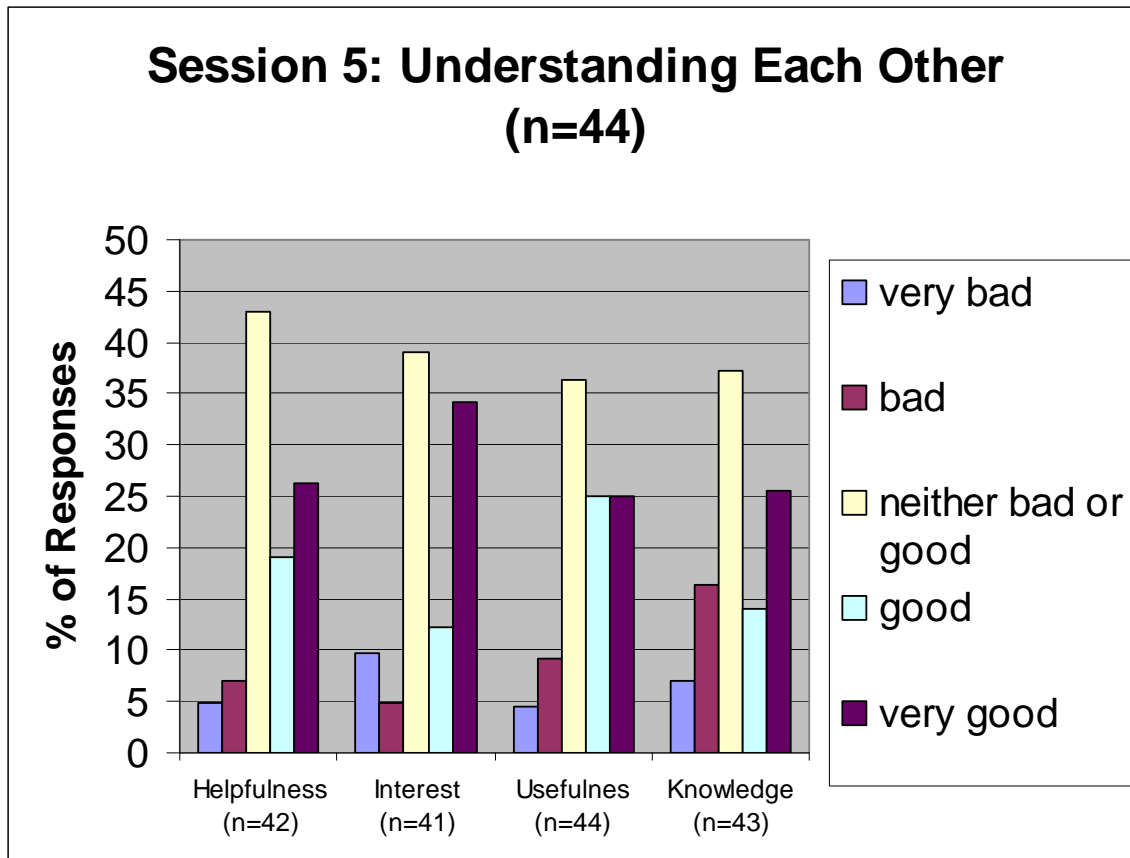
The observations by the school nurses show that the school pupils found this fourth session challenging. They commented that the, "*self-esteem grid...they did not understand but liked the balloon (exercise)*". The school nurses felt that the self-esteem grid was complex to decipher and in fact they changed the exercise to make it easier for the pupils to understand. Their comments also show that the nurses had difficulty in disseminating the session to the groups and reported that the pupils were, "*very noisy again and hard to engage*" although "*individually they respond well and come up with good idea*". The school pupils' evaluation (see Figure 4) demonstrates that this session was one of their least favourite.

3.5 Session 5: Understanding Each Other

The fourth session on 'Understanding Each Other' was developed with a specific focus on 'Rights, Responsibilities and Consequences'. The idea was to help the school pupils discuss the notion of love and what it meant to be attracted to someone. The young people were able to explore whether there were differences between males and females concerning the issue of love. In this session, the pupils were shown their first video on sex.

Figure 5 shows that the young people felt that across all four variables, that the session was again 'neither bad or good': 'helpfulness' 42.9% (N=18); 'interest' 39.0% (N=16); 'usefulness' 36.4% (N=16), and 'knowledge' 37.2% (N=16). Although the young people reported that the session was 'neither bad or good', yet, re-examining the secondary responses shows a different pattern. According to these secondary responses, the pupils in fact felt that the session was actually 'very good': 'helpfulness' 26.0% (N=11); 'interest' 34.1% (N=14); 'usefulness' 25.0% (N=11), and 'knowledge' 25.6% (N=11). Therefore, even though overall the pupils were indifferent to the session, they did also feel that the session was in general good.

Figure 5



The focus group data reflects this opinion. The young people stated that they enjoyed this class on 'Understanding Each Other'. The pupils were receptive to exploring the notion of love in particular the female pupils were more adept at discussing this issue. Both male and female pupils still adhered to the traditional notions of love explored in the session. It was felt that the first sex film was shown at the right time, as the pupils felt they had been prepared for the viewing. They reported to have watched the film with great interest. Following the end of the film the pupils actively engaged in a discussion on the subjects that were brought up from the video.

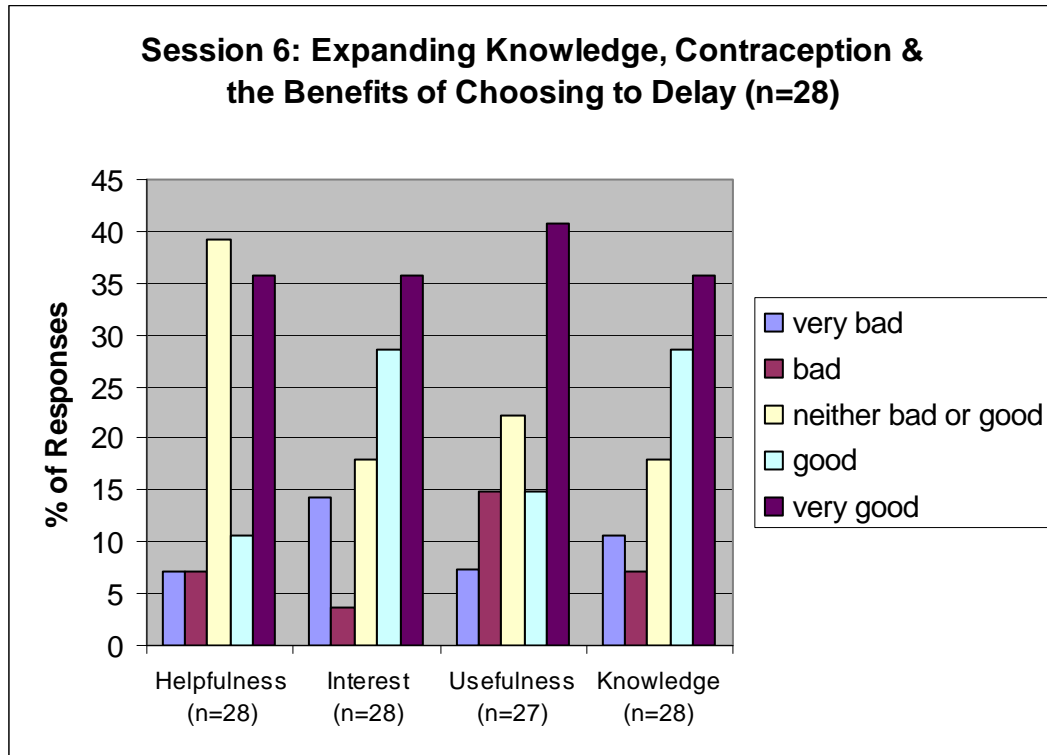
Although the pupils were overall receptive to the film, they did report some aspects of the video to be far fetched and unbelievable. They did not like the ambiguous and open-ending, which left the pupils feelings that the film was incomplete.

The school nurses observed that the school pupils found this fifth session enjoyable. They commented that the young people had “some good ideas on what is acceptable in different types of relationships”. They reported that in all three groups, the pupils watched the sex video in silence and with great interest. In one of the groups, they mentioned that “*some students found the content difficult to deal with due to their emotional understanding...*” however “*others were able to feed back relevant information and good ideas*”. Although the subject material was perhaps difficult to watch, the overall response was generally positive to the video, which was also evident by the discussion that followed in class. The school pupils’ evaluation of session 5 shows that this class was their second favourite (see Figure 5).

3.6 Session 6: Expanding Knowledge, Contraception and the Benefits of Choosing to Delay

The last session on ‘Expanding Knowledge, Contraception and the Benefits of Choosing to Delay’ was delivered with a specific focus on ‘feelings’. The emphasis was on delaying when to have sex, however, the pupils were given information on contraception and sexual health clinics in case they chose not to delay. They also discussed the issue of pregnancy and the moral dilemmas of whether to keep a baby, to give up a baby for adoption or to have an abortion.

Figure 6



The figure above shows that the young people felt that the session was overall 'very good'. Three of the four variables were reported to be 'very good': 'interest' 35.7% (N=10); 'usefulness' 40.7% (N=11), and 'knowledge' 35.7% (N=10). Only one variable for 'helpfulness' was reported as 'neither bad or good': 39.3% (N=11), however, secondary responses to 'helpfulness' was reported as 'very good': 35.7% (N=10). Thus, in general the pupils felt this session was valuable.

The focus group data also supports these findings. The male pupils took part in a poignant discussion on 'feelings' which was an emotion that they would not have ordinarily explored. They were familiarised with words and vocabulary they could use to describe the way they would feel in a relationship. They also engaged in a mature and deep-thinking discussion on the choices available to young women on the issue of pregnancy. They felt it was useful how to use contraception and what contraceptives were available. Although the exercise on practising using condoms was at times embarrassing, they did feel that taken as a whole this session was helpful.

The school nurses' reflections show that the school pupils found session 6 to be the most engaging. They commented that the pupils "enjoyed the condom demonstration (and) even made jokes...calling the wooden penis 'Pinocchio'" and mentioned that "it was one of the most rewarding lessons for us". Although another group struggled with the material and would need further guidance from their teacher in the future, in general the school nurses felt that the pupils produced good work. The school pupils' evaluation also demonstrates that this session was rated the most popular by them.

4.0 Areas for Improvements and Recommendations

In retrospect the evaluation has provided a number of helpful suggestions on how to review and disseminate the programme for usage in the future –

- The resources need to be adapted according to the learning abilities of the groups especially as the subject is challenging for young people
- The course would work better if delivered by a school teacher (who was competent at delivering such subjects/training in PSHE)
- Some of the young people found the subject of SRE embarrassing especially the sessions on feelings and emotions (Session 1 to 4 on relationships, love, assertiveness, self-esteem etc). School teachers are better suited at speaking to the young people on these matters in particular as they are more familiar with the pupils they teach
- The young people were receptive to the last two sessions (Session 5: Understanding Each Other & Session 6: Expanding Knowledge, Contraception and the Benefits of Choosing to Delay) as the school nurses were far more experienced with teaching sexual health information and contraception advice
- The school nurses' role is better suited at supporting teachers for delivering SRE
- SRE needs to be delivered to much smaller classes comprising of between six to eight pupils

- The materials used during the activities need to be more striking/eye-catching and better-quality images need to be used in order to encourage greater involvement from the young people
- The profile of SRE at school needs to be raised as not enough time and resources are given to organising and delivering such programmes

5.0 Concluding Remarks

The young people's views show that the sessions they enjoyed the most, in ascending order, were first of all, Session 6 'Expanding Knowledge, Contraception and the Benefits of Choosing to Delay', second, Session 5 'Understanding Each Other' and third, Session 2 'Peer Pressure'. The sessions the young people felt indifferent towards learning about were Session 1 'Exploring the Notion of Relationships', Session 3 'Assertiveness Skills' and Session 4 'Self-Esteem'. On the whole none of the six sessions were reported to be 'very bad' or 'bad'.

It is important to note, from the qualitative focus group data that the school pupils seemed to taken exception to the evaluation exercise. They disliked having to undertake the evaluation at the end of each session and did not like answering some of the questions. An overall concurrent theme that emerged was that the young people felt that they did not have enough time to carry out all of the activities and sufficient time was not allocated to complete the evaluation sheets. Having this negative view of the evaluation process could have been instrumental in the ambivalent responses; however the qualitative comments appeared to support the more quantitative replies suggesting there was consistency between the two.

The school nurses felt that the course was a useful and necessary programme. They commented that the content and curriculum of the programme was devised well though they were conscious that the activities needed to be developed according to the varying learning abilities of each group. They thought the course would perhaps be taken more seriously if delivered by a competent and skilful school teacher, who was comfortable with discussing such subjects with the pupils and whom the students were familiar with. They suggested that the course needed to be given a much higher priority on the school syllabus and be timetable weekly (across the six weeks) at regular sessions. The school nurses were also concerned about the overall 'ownership' of the course; for instance who would be responsible for taking charge of the course, developing it and compiling/funding the course materials, and they were uncertain about future financing of the programme.

In conclusion the six week SRE programme fulfils a growing need in secondary schools to provide information on both sex and relationships. Although the course was challenging to deliver, however, if adapted and changed according to the suggestions (discussed above), it would provide the students a necessary platform for understanding relationships and making informed decisions on future choices about engaging in sexual activity. Thus, the course provides a valuable contribution to this subject of sexual health for young people.

Report on the Evaluation of Intervention Two: Road-shows

October 2007

Report on the Evaluation of Intervention Two – Road-shows

Jenny Billings, Jan Macvarish & Ferhana Hashem

CHSS

University of Kent

1.0 Introduction

In Phase One, as discussed earlier (see page 3), young people and professionals were invited to explore their attitudes and values towards sex, relationships, sexual health and teenage pregnancy in a number of focus groups. A total of 35 focus groups were conducted with young people across three PCTs in Kent. An additional focus group was conducted with professionals drawn from various agencies across Kent. The project included young people who are at greater risk of pregnancy or young parenthood because of poverty or other socially excluding circumstances. Two age groups (12-13 and 16-17) were chosen to provide contrasting perspectives. Overall, 54 young people were involved in a total of 35 focus groups. Each group met four times at regular intervals, three times in single gendered groups and once as a mixed group.

Phase Two involved the development of two interventions that were informed by the knowledge gained from Phase One. Two interventions were assessed: the first, discussed in the first section of this document, was a six week course on sex and relationships education (SRE) in a secondary school in West Kent (see 'Report on the Evaluation of Intervention One'); and the second intervention, discussed here, consisted of two sex and relationships education 'road-shows' in East Kent.

2.0 Method

The findings from Phase One showed that young people and professionals wanted more information on the following themes –

- Negotiating relationships –
 - Initiating a relationship
 - Setting rules and boundaries
 - Preparing for and having sex
 - Contraceptive choice and services

- Issues around teenage pregnancy

For the second intervention, a 'road-show' was developed, constituted of a drama performance and three workshops designed to explore some of the above themes. The performance was created and performed by drama students from one of the participating schools. The themes were the risks of unprotected sex and alcohol. The idea was to deliver the findings from Phase One of the project to the young people by asking them to stage a drama drawing from the research. Year 10 GCSE drama pupils were asked to devise a play/show for a younger year group (Year 9) from their school and a neighbouring school (Year 8) in East Kent. In March 2007, following the completion of the analysis from Phase One, the research team delivered the findings to the Year 10 drama group and the drama school teacher and the pupils prepared their play for the road-show.

The drama was followed by a question and answer session during which the audience was invited to ask questions of the drama students about the characters' behaviour and decisions. The three subsequent workshops were entitled 'STIs – Knowledge and Myths', 'Risk-Taking - Drugs and Alcohol' and 'Safe Relationships and Internet Safety', and were devised and run by health and social care professionals, including sexual health nurses, Connexions advisers and alcohol and drugs youth advisers. The day ended with a final plenary, evaluation activities and the distribution of 'goodie-bags' containing information and advice on the workshops they had attended during the day.

Two full-day sessions (between 9am and 3pm) took place with pupils from two Kent schools during July 2007. Participants for the road-shows were chosen by their school teachers on the basis that they were deemed to be vulnerable to teenage pregnancy and other risk-taking behaviour. 48 students were recruited from Year 9 (aged 13-14) of School One. A larger group of 60 students was recruited from Year 8 (aged 12-13) of School Two. On the day, the participants were divided into six groups, named 'Fun', 'Honesty', 'Respect', 'Love', 'Trust' and 'Faithfulness'.

Road-show One was conducted in a community youth centre, The Ark, in Dover. Road-show Two was conducted on the premises of Pfizer in Sandwich, Kent. Differences between the two Road-shows were recorded in field notes describing the behaviour and age of the participants and the merits of each venue. The first venue was more spacious, contributing to a calmer atmosphere than the more chaotic character of the second. The first group was constituted of older pupils, this was also judged to have contributed to them being more receptive and better able to engage.

2.1 Development of evaluation instruments

Evaluation was conducted by the use of two instruments: a Knowledge Quiz and a Feedback Sheet mediated by an adult facilitator. Two identical copies of the Knowledge Quiz, which consisted of 15 brief questions requiring tick-box answers (see Appendix Two), were distributed; one before the road-show and the other at the end of each day. All participants were asked to complete the quiz twice. Immediately after each workshop, the participants were asked by an adult facilitator (not the workshop leader) to reflect on the strengths and weaknesses of the session. Their comments were collected verbally and as a group, and written down by the facilitator on a pre-printed feedback sheet (please refer to Appendix Two).

2.2 Analysis

The answers to the quiz were analysed using SPSS data analysis software. Actual responses were put into SPSS, the data was then re-coded into three categories: wrong, right or missing/invalid answers. Each of these categories was given a numerical value so that a score could be given for each question. Frequency tables were subsequently produced and transported from SPSS into Excel for ease of further analysis. Bar cluster charts were then produced.

Limitations of this method of evaluation emerged during analysis. A discrepancy between the number of valid answers included in the pre- and post-quiz analysis made results more difficult to interpret. This may have been avoided by closer supervision of the distribution and collection of the quiz sheets and perhaps better explanation of the requirements. The difficulty of generating questions that accurately measured the impact of the intervention rather than prior knowledge or commonsense was also evident with the questions pertaining to the Safe Relationships workshop.

The qualitative feedback responses were analysed by reading through the comments recorded on the feedback sheets and summarising the range of responses for each workshop. It was not possible to assess the strength or frequency of particular responses, only to reflect their diversity. A limitation of this method of evaluation was that it relied upon facilitators accurately hearing and recording the views of the participants. It also could only record the views of those prepared to voice them to the group.

3.0 Evaluation of Road-shows

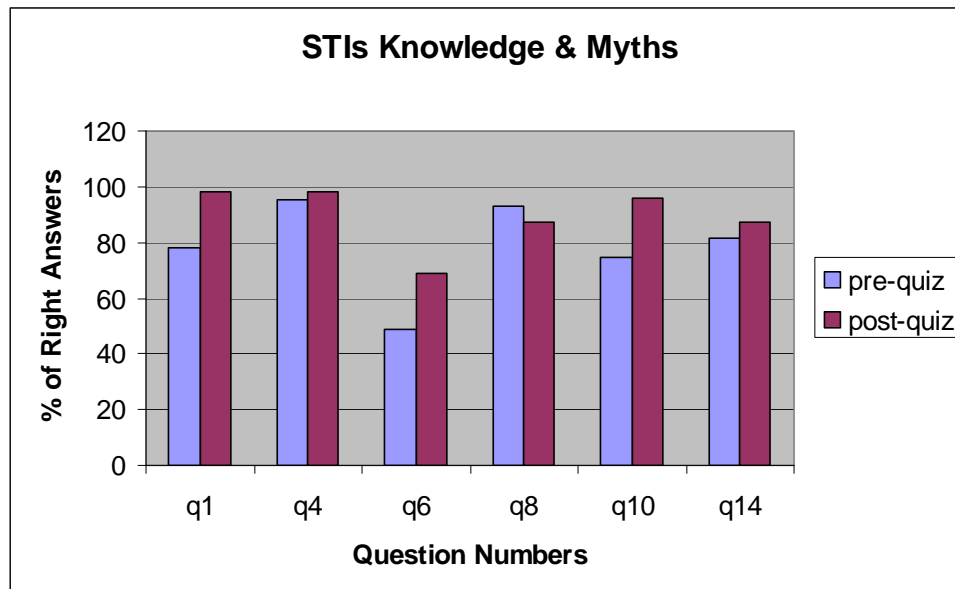
The following section provides an evaluation of the road-shows using the knowledge quiz scores pre- and post- workshops and the qualitative feedback evaluations of each workshop session. The individual schools are discussed separately.

3.1 STIs- Knowledge and Myths

The following six questions were used in the Knowledge Quiz to assess the effect of the STIs workshop on knowledge levels.

1. You can get sexually transmitted infections from toilet seats and swimming pools: True/False
4. You can still use a condom if it is out of date: True/False
6. If a condom is put on a penis the wrong way simply take it off and start again: True/False
8. Some sexually transmitted diseases can't be cured: True/False
10. You can be tested for Chlamydia without your family knowing: True/False
14. If you have a latex allergy you can get non-allergic condoms from the Choices Clinic: True/False

School One Quiz Results



The most noticeable improvement in knowledge was evident in the responses to question one about how STIs are contracted (Pre-Quiz N= 36; 78.3%, Post-Quiz N = 47, 97.9%). There was also an increase in correct answers given to question ten about the confidentiality of Chlamydia testing (Pre-Quiz N= 32; 74.4%, Post-Quiz N= 46, 95.8%). However, after the workshop, there was still a large proportion of incorrect answers to question 6; 'if a condom is put on a penis the wrong way simply take it off and start again', indicating some confusion around the issue.

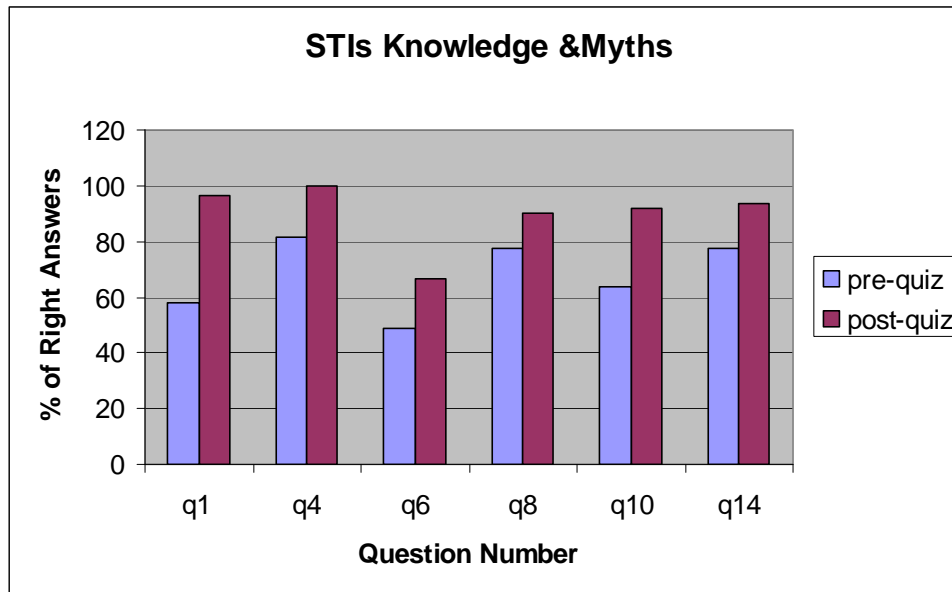
The apparent reversal in knowledge for question 8, about how curable are STIs (Pre-Quiz N= 40; 93%, Post-Quiz N= 42; 87.5%) is actually the effect of a greater number of responses being included for the post quiz than the pre-quiz, thus reducing the proportionate number of correct answers.

School One Feedback

Pupils reported that they liked the use of images and the frankness of the terminology used during the STIs workshop. As well as the use of images, some participants found the practical activities, such as putting on a condom, enjoyable and kept their interest. However, other students were uncomfortable with the explicitness of the images of STIs and some did not agree with the practical condom exercises. Some commented that they worked better during the workshop than when at school and were allowed greater input than they would have at school. Unlike the other sessions, some said that the session was too short.

A few participants said they thought condoms should have been given out during the session and/or C-cards should have been available. Others thought that more practical information should have been conveyed about what to do in the event of fears of STI infection, such as more information about testing and clinics. However, it was also reported that the group sessions may not have been appropriate for sharing personal information. Some of the students thought that hearing from someone who had experienced an STI would have been useful and informative.

School Two Quiz Results



School Two pupils generally had lower Pre-Quiz scores than School One. This is probably best explained by their younger age. Like School One, School Two showed greatest improvement in their responses to question one, about whether STIs could be contracted via toilet seats and swimming pools (Pre-Quiz N= 33; 57.9%, Post-Quiz N= 57; 96.6%). They too demonstrated improved knowledge about confidentiality and Chlamydia testing (Pre-Quiz N= 33; 63.5%, Post-Quiz N= 55; 91.7%). Like School One, there was less marked improvement in the answers to question 6, again indicating some confusion about the correct use of a condom.

School Two Feedback

Like School One, School Two pupils found the practical activities fun and enjoyed 'saying words they were not normally allowed to say'. They appreciated being treated like adults and felt that the session was sufficiently confidential. Similar to School One, some of the group found the graphic STI images 'off-putting' and 'scary' and were uncomfortable with the condom activity. However, others thought they should have been given free condoms as part of the session.

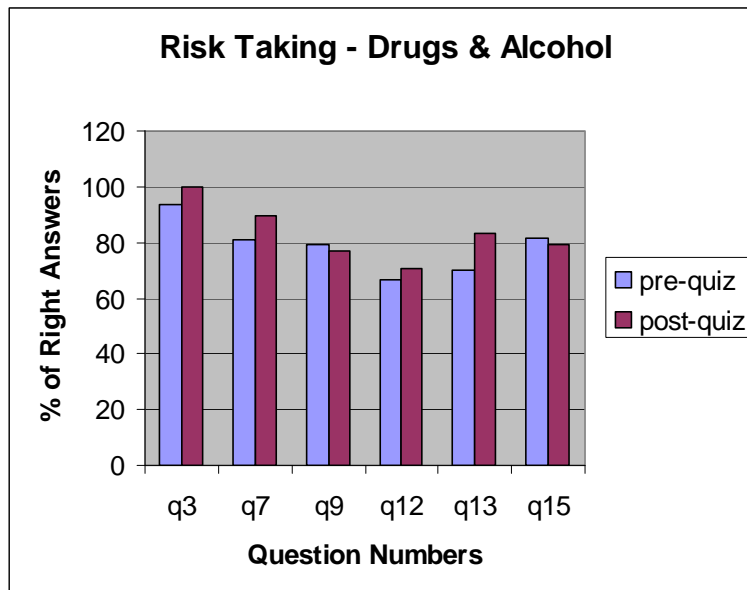
3.2 Risk Taking – Drugs and Alcohol

Knowledge Quiz Questions

The following six questions were used to assess knowledge levels relating to drugs and alcohol

- 3. Cannabis affects your mental and psychological health: True/False
- 7. Cannabis is a class C drug: True/False
- 9. Drinking too much alcohol can have the same effect as having your drink spiked: True/False
- 12. You cannot be arrested for possession of Cannabis: True/False
- 13. Alcohol is not a drug: True/False
- 15. Drugs and alcohol affect everybody in the same way: True/False

School One Quiz Results

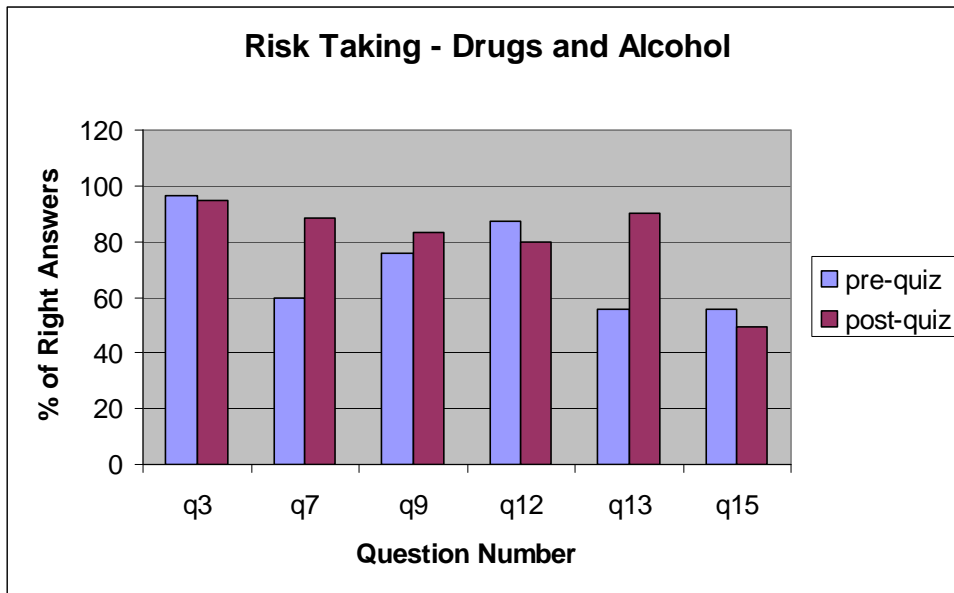


Pre-quiz knowledge levels were fairly high, so improvements were modest. The responses to questions 9 and 15 show a small drop in the proportion of correct answers, however, this was an effect of the increase in valid overall responses to the post-quiz.

School One Feedback

Pupils praised the amount of information conveyed and the fact that much of it was new to them and surprising. In particular, they recalled learning about units of alcohol and the effects of alcohol, although some commented that they learned more about drugs than alcohol because the session ran out of time. There was some disappointment that they did not all get the opportunity to try out 'beer goggles'. They liked the use of visual displays and PowerPoint. Some felt inhibited from frank discussion because of concerns about gossip getting back to their school.

School Two Quiz Results



Pre-Quiz scores were lower for School Two than for School One, there was therefore greater scope for improvement. In questions relating to the legal classification of cannabis (q7) and the categorisation of alcohol as a drug (q13), there was substantial improvement in correct answers (q7 Pre-Quiz N= 34; 59.6%, Post-Quiz N=53; 88.3%) (q13 Pre-Quiz N= 30; 55.6%, Post-Quiz N=54; 90%). Once again, the apparent small reversals in levels for questions 3, 12 and 15 are explained by the discrepancy between the number of valid responses included for the Pre- and the Post-Quiz.

School Two Feedback

The pupils from School Two were less positive about this session than they were about the STIs workshop, commenting that although it was interesting and fun, it was too long, the environment was too noisy, and there needed to be greater use of visual images and practical activities. Some thought that the presentation should have concentrated on one drug at a time and perhaps even have shown real drugs.

3.3 Safe Relationships and Internet Safety

The following three questions were used to evaluate knowledge levels concerning internet safety.

Knowledge Quiz Questions

- 2. When online, is it safe to enter competitions giving your name and telephone number? Yes/No
- 5. You are in the middle of a chat session and someone says something mean. What should you do? Respond/Don't respond
- 11. Your internet provider sends you a message asking for your password to "fix your account". Should you give it to them? Yes/No

School One Quiz Results

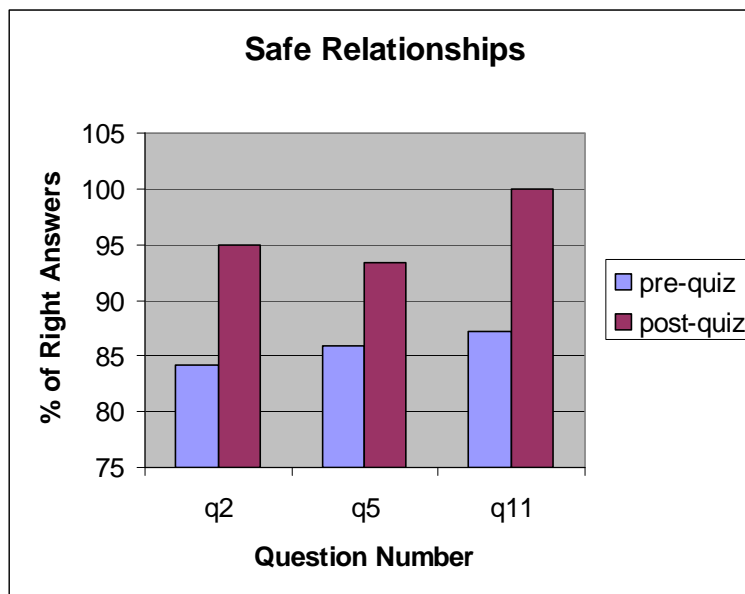


Pupils showed improvements across all questions in this category. Pre-quiz scores were relatively high, supporting the pupils' claims that they knew a lot about the subject before, but there were also improvements, suggesting that some pupils learnt something new. The relatively high pre- and post- quiz scores could also be interpreted as suggesting that it was possible to answer the questions correctly using 'commonsense' and prior knowledge.

School One Feedback

Although some found the session funny and informative, others commented that there should have been greater student participation and use of video clips. There was a consensus that this session was 'boring' compared to the other two, because it was too long and was not sufficiently interactive. Some also felt that the information was not new to them, but rather, repeated things they knew already from parents, teachers and other sources. A few commented that they had expected the session to be about boy/girl sexual relationships.

School Two Quiz Results



Like School One, School Two pupils showed improvements in all three questions, but knowledge levels were already relatively high.

School Two Feedback

Like the group from School One, the School Two pupils described the session as boring and as teaching them information they already knew. They also commented on the lack of visual and interactive tools.

4.0 Areas for Improvements and Recommendations

- Students responded best to workshops that were strongly visual and interactive
- Participants need to feel they are gaining new and valuable knowledge
- Sensitivity should be shown when considering the use of explicit images and practical activities
- The involvement of professionals from outside the school context was valued but there may be a limit to the openness achievable in such group contexts
- The findings also suggest that older children may be more responsive to such interventions
- Venues should be conducive to a calm, protective environment that offers a feeling of privacy

5.0 Concluding Remarks

The distinctions in the pupils' evaluations of the three workshops provide useful pointers towards what young people find engaging and off-putting in methods of conveying information to them. They also indicate that young people within the same age-group are not homogeneous and different methods appeal to or repel different individuals. The quiz results add a more objective means of assessing the impact of attempts to increase knowledge.

Appendix 1

Feedback and Follow-up Form

Session _____

Date _____

Please let us know what you thought of this session by giving it a score on a scale of 1-5 (1 = bad, 5 = good)

Not at all helpful to me	1 2 3 4 5	Very helpful to me
Boring	1 2 3 4 5	Very Interesting
Useless for me	1 2 3 4 5	Useful for me
Learned nothing	1 2 3 4 5	Learnt a lot

Write down ONE thing you learnt today:

Write down ONE thing you enjoyed the most:

Please add any other comments on the back of the sheet.

THANK YOU!

Name of Facilitator:
Number of children in group:
Year Group:
Date:
Time:

Course Evaluation for 'XXXXXXX':
Interview Schedule & Response Sheet
'Let's Talk Project'
June 2007

DEvised BY:

Jenny Billings & Ferhana Hashem
Senior Research Fellow & Research Fellow
University of Kent
George Allen Wing
CANTERBURY
Kent CT2 7NF

E-mail: F.Hashem@kent.ac.uk
Tel: 01227 824887

www.kent.ac.uk/chss



1. What did you LIKE about the SRE classes you went to?

PROMPT USING THE THEMES EXPLORED EACH WEEK:

- | | |
|--|--|
| (a) Session 1: Exploring the Notion of Relationship | (d) Session 4: Self-Esteem |
| (b) Session 2: Peer Pressure | (e) Session 5: Understanding Each Other |
| (c) Session 3: Assertiveness Skills | (f) Session 6: Expanding Knowledge,
Contraception and the Benefits
of Choosing to Delay |

2. Is there anything you DID NOT LIKE about the SRE classes you went to?

PROMPT USING THE THEMES EXPLORED EACH WEEK:

- | | |
|---|---|
| (a) Session 1: Exploring the Notion of Relationship | (d) Session 4: Self-Esteem |
| (b) Session 2: Peer Pressure | (e) Session 5: Understanding Each Other |
| (c) Session 3: Assertiveness Skills | (f) Session 6: Expanding Knowledge,
Contraception and the Benefits
of Choosing to Delay |

3. Was there any information that was missing?

PROMPT USING THE THEMES EXPLORED EACH WEEK:

- (a) Session 1: Exploring the Notion of Relationship
- (b) Session 2: Peer Pressure
- (c) Session 3: Assertiveness Skills
- (d) Session 4: Self-Esteem
- (e) Session 5: Understanding Each Other
- (f) Session 6: Expanding Knowledge,
Contraception and the Benefits
of Choosing to Delay

4. What do you think could be improved?

PROMPT USING THE THEMES EXPLORED EACH WEEK:

- | | |
|--|--|
| (a) Session 1: Exploring the Notion of Relationship | (d) Session 4: Self-Esteem |
| (b) Session 2: Peer Pressure | (e) Session 5: Understanding Each Other |
| (c) Session 3: Assertiveness Skills | (f) Session 6: Expanding Knowledge,
Contraception and the Benefits
of Choosing to Delay |

Appendix 2

Roadshow Quiz

PLEASE TICK ONE BOX FOR EACH QUESTION

1. You can get sexually transmitted infections from toilet seats and swimming pools:

TRUE

FALSE

2. When on line, is it safe to enter competitions giving your name and telephone number?

YES

NO

3. Cannabis affects your mental and psychological health:

TRUE

FALSE

4. You can still use a condom if it is out of date:

TRUE

FALSE

5. You are in the middle of a chat session and someone says something mean. What should you do?

RESPOND

DON'T RESPOND

6. If a condom is put on a penis the wrong way simply take it off and start again:

TRUE

FALSE

7. Cannabis is a class C drug:

TRUE

FALSE

8. Some sexually transmitted diseases can't be cured:

TRUE

FALSE

9. Drinking too much alcohol can have the same effect as having your drink spiked:

TRUE

FALSE

10. You can be tested for Chlamydia without your family knowing:

TRUE

FALSE

11. Your internet provider sends you a message asking for your password to "fix your account". Should you give it to them?

YES

NO

12. You cannot be arrested for possession of Cannabis:

TRUE

FALSE

13. Alcohol is not a drug:

TRUE

FALSE

14. If you have a latex allergy you can get non-allergic condoms from the Choices Clinic:

TRUE

FALSE

15. Drugs and alcohol affect everybody in the same way:

TRUE

FALSE

Name of Facilitator:
Date:
School:
Number of children in group:

Group Evaluation for Plenary Session:
Interview Schedule & Response Sheet
Road-show – ‘Let’s Talk Project’
July 2007

INSTRUCTIONS FOR EVALUATION QUIZ:

- 1. FACILITATORS TO TAKE CHARGE OF AN ALLOCATED GROUP (A SCHOOL TEACHER OR OTHER NOT A WORKSHOP LEADER)**
- 2. PLEASE DISTRIBUTE THE POST ROADSHOW EVALUATION QUIZ (GREEN SHEET) & ASK PUPILS TO COMPLETE IT (TIME: 5 MINUTES)**
- 3. COLLECT COMPLETED QUIZES & RETURN TO FERHANA**

INSTRUCTIONS FOR DISCUSSION OF WORKSHOP EVALUATION:

- 4. CONDUCT THE WORKSHOP EVALUATION (USING THIS EVALUATION RESPONSE FORM) (TIME: 25 MINUTES)**
- 5. HAND WRITE THE RESPONSES FROM THE SCHOOL PUPILS**
- 6. USING A DUPLICATE EVALUATION FORM, PLEASE TYPE UP/WRITE CLEARLY IN BOLD THE RESPONSES & RETURN TO FERHANA IN THE SELF ADDRESSED ENVELOPE (PROVIDED)**

Please return completed form to:

Jenny Billings & Ferhana Hashem
Senior Research Fellow & Research Fellow
University of Kent,
George Allen Wing
CANTERBURY
Kent CT2 7NF
E-mail: F.Hashem@kent.ac.uk
Tel: 01227 824887
www.kent.ac.uk/chss

1. What did you LIKE about the workshops you went to?

**WORKSHOP:
SEXUALLY TRANSMITTED INFECTIONS, KNOWLEDGE & MYTHS**

**WORKSHOP:
DRUGS AND ALCOHOL**

**WORKSHOP:
SAFE RELATIONSHIPS AND INTERNET SAFETY**

2. Is there anything you DID NOT LIKE about the workshops you went to?

**WORKSHOP:
SEXUALLY TRANSMITTED INFECTIONS, KNOWLEDGE & MYTHS**

**WORKSHOP:
DRUGS AND ALCOHOL**

**WORKSHOP:
SAFE RELATIONSHIPS AND INTERNET SAFETY**

3. Was there any information that was missing?

**WORKSHOP:
SEXUALLY TRANSMITTED INFECTIONS, KNOWLEDGE & MYTHS**

**WORKSHOP:
DRUGS AND ALCOHOL**

**WORKSHOP:
SAFE RELATIONSHIPS AND INTERNET SAFETY**

4. What do you think could be improved?

**WORKSHOP:
SEXUALLY TRANSMITTED INFECTIONS, KNOWLEDGE & MYTHS**

**WORKSHOP:
DRUGS AND ALCOHOL**

**WORKSHOP:
SAFE RELATIONSHIPS AND INTERNET SAFETY**