

# Kent Academic Repository

## Full text document (pdf)

### Citation for published version

Billings, Jenny R. and Hashem, Ferhana (2007) INTERREG IIIA Year Two Progress Report 'Let's Talk / Parlez-Moi D'amour'. Project report. Centre for Health Services Studies, Canterbury

### DOI

### Link to record in KAR

<https://kar.kent.ac.uk/24677/>

### 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

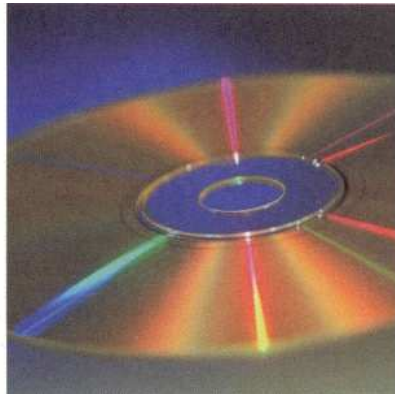
For any further enquiries regarding the licence status of this document, please contact:

[researchsupport@kent.ac.uk](mailto: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>

INTERREG IIIA  
Year Two Progress Report

'Let's Talk / Parlez-Moi D'amour'



**Jenny Billings  
Ferhana Hashem**

**CHSS  
University of Kent**

**October 2006 – October 2007**

## **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  
[chssenquiries@kent.ac.uk](mailto:chssenquiries@kent.ac.uk)  
<http://www.kent.ac.uk/chss>

## **1.0 Project Aims and Objectives**

### **1.1 Phase One**

The aim of Phase One was to explore young people's attitudes and values to sex, relationships, sexual health and teenage pregnancy. Professionals across a range of agencies were also asked to explore their perceptions of young people's values and attitudes. The project focused on more disadvantaged areas, with high levels of teenage pregnancy. The research methods were designed to maximise participation, by asking young people in these areas what they felt they needed to learn about sexual health education; through this research we also gave them an opportunity to voice their own opinions and provided learning at a local level.

### **1.2 Phase Two**

The aim of Phase Two of the project was to revisit the original 'Working Group' of professionals (including school nurses, health promotion professionals, children's health services, teachers, and managers of teenage pregnancy services) and young people (from local secondary schools and young peoples groups) whose new role was to assist in devising resources drawing upon existing work and identifying any gaps in sexual health education.

The idea was to ask participants from Phase One to develop and design two preventative interventions for Phase Two. Participant involvement was a crucial part of the original aims of "Let's Talk". The project was conceived in partnership with the Somme with a specific focus to involve participants at various levels of the project through participant action research. Action research is described as a practical, problem solving approach to research (Gosling & Edwards 1995).

The Working Group, it was hoped, would help us identify what the key values and attitudes were towards sexual health education by using the data from the focus groups. In collaboration with the Working Group, our objective was to formulate two interventions. This approach we felt provided us with a network of professionals and young people to promote and sustain good practice.

## **2.0 Year Two – ‘Let’s Talk’ Project**

The second year of the project commenced with another series of meetings between the research team and the Working Group in October 2006. Once again the idea was to involve both the professionals and young people; however, after a series of unsuccessful attempts at encouraging the participation of young people, we had to plan the interventions without them. We found it difficult to set up meetings with the young people due to communication and strategic problems. Therefore, unfortunately we were unable to include them any further in the local planning work for the two interventions.

The involvement of the young people was one of the original aims of ‘Let’s Talk’. Their participation was crucial to the overall aims of the project. As a consequence of the lack of young people’s involvement, we had to return to our original aims and redefine our research ideas and goals. Rather than involving the young people at the planning stages for the two interventions, we decided to use the young people as a consultation group thus continuing to include them by asking for their responses and reflections to the interventions during the planning stages. The professional group continued to participate in the meetings and were involved in devising and planning for the interventions. In total the professional group comprised of nine core members.

Both Intervention 1 and Intervention 2 were 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

## **2.1 Phase Two – Intervention 1**

A course on sex and relationships education (SRE) was developed taking into account the above themes and a six week programme was devised by both the research team and professionals. 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 around the following issues –

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 to three classes of Year 8 pupils between May and June 2007 by two school nurses who had been involved in developing this programme from the outset. The three classes of pupils amounted approximately to 49 pupils in total. The school nurses disseminated the course at weekly intervals. At the end of each session a quantitative evaluation took place and each school pupil was asked to complete a satisfaction survey sheet.

## **2.2 Phase Two – Intervention 2**

Intervention 2 was based upon a 'roadshow'. The idea was to deliver the findings from Phase One (see above) 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 roadshow.

The roadshows took place in July 2007. Each roadshow began with a drama, followed by a question and answer session, attendance of workshops and ended with a final plenary of evaluation activities, which involved a question and answer focus group session and completion of an evaluation quiz.

Two full-day sessions (between 9am and 3pm) took place with pupils from two Kent schools. The days were identically constituted of three workshops in which all of the pupils participated at some time. The three workshops were as follows:

- STIs – Knowledge and Myths
- Risk taking – Drugs and Alcohol
- Safe Relationships

At the end of the day, the young people received ‘goody bags’ containing information on the workshops that they had visited during the day.

### 3.0 Evaluative Feedback

#### 3.1 Intervention 1

Two evaluation tools were devised in order to capture the responses of the young people to the six week course (see Appendix I). 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. The number of responses we received each week 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. Table 1 (below) shows the total number of responses across each week –

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

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

Second, following the delivery of the six week programme, we re-visited the school and asked each of the classes their feedback and reflections upon the course. The qualitative evaluations took place between mid to end of June 2007. We used an interview prompt 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. Table 2 shows the number of pupils involved in the three focus groups –

**Table 2: Pupils Present for Focus Groups**

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

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 the school nurses (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.

From the evaluation exercise of Intervention 1, we found that –

- 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 far more receptive to the last two sessions (Session 5: Understanding Each Other & Session 6: Expanding Knowledge, Contraception and the Benefits of Choosing to Delay) and the school nurses were far more experienced with teaching sexual health information and contraception advice



- 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)
- 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

### 3.2 Intervention 2

Evaluation was conducted by using two instruments: a knowledge quiz and a feedback sheet mediated by an adult facilitator (who was different to the workshop leader) (see Appendix II). The knowledge quiz was distributed before the roadshow and at the end of each day. All the participants were asked to complete the 'Roadshow Quiz', which consisted of 15 brief questions that addressed directly issues raised in the three workshops. The responses required tick-box answers.

Table 3 shows the number of responses from both schools from the pre and post evaluation quiz –

**Table 3: Number of Pupils Responding to Pre and Post Evaluation Quiz**

School One		School Two	
Pre Quiz Responses	Post Quiz Responses	Pre Quiz Responses	Post Quiz Responses
N = 46	N = 47	N = 57	N = 60

Facilitated feedback also was carried out after the workshops ended during the plenary session. 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. Table 4 shows the total number of pupils involved in the focus group feedback session –

**Table 4: Total Number of Pupils in the Group Evaluation Exercise**

School One	School Two
<b>N = 47</b>	<b>N = 60</b>

From the evaluation exercise of Intervention 2, we found that –

- Workshops should be 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
- Workshops can increase confusion on certain subjects while providing clarification on others
- 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

#### **4.0 Concluding Remarks**

The analysis from both interventions show some striking similarities. One predominant theme concerned the issue of sensitivity. The young people found the subject of SRE embarrassing thus suggesting pupils require prior warning before addressing this topic. They found some of the images of STIs shocking perhaps also indicating that pupils require further preparation before being exposed to these images. A second concurrent theme concerned the use of visual learning materials and interactive learning resources. The pupils were more receptive to learning about SRE when using new computer technologies and eye-catching visual aids. This appeared to satisfy their interest in the topic. A third theme concerned the involvement of external SRE providers and the role of teachers. Across both interventions, it was reported that the use of SRE professionals was pivotal in terms of providing specialist knowledge, however, there were limitations to the openness of discussions especially around issues relating to emotions and feelings. Perhaps teachers have a role in engaging in such discussions. Lastly, the setting and context of SRE provision is an important factor contributing to the receptiveness of the young people. The size of groups, the age of the participants and the type of classroom setting contribute to every aspect of SRE teaching and learning.

#### **5.0 References**

Gosling, L., and Edwards, M. (1995). Toolkits: A practical guide to assessment, monitoring, review and evaluation. SCF Development Manual No. 5. London: Save the Children.

# **Appendix I:**

## **Intervention 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)

<b>Not at all helpful to me</b>	<b>1 2 3 4 5</b>	<b>Very helpful to me</b>
---------------------------------	------------------	---------------------------

<b>Boring</b>	<b>1 2 3 4 5</b>	<b>Very Interesting</b>
---------------	------------------	-------------------------

<b>Useless for me</b>	<b>1 2 3 4 5</b>	<b>Useful for me</b>
-----------------------	------------------	----------------------

<b>Learned nothing</b>	<b>1 2 3 4 5</b>	<b>Learnt a lot</b>
------------------------	------------------	---------------------

**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 'XXXXXX':  
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](mailto:F.Hashem@kent.ac.uk)  
Tel: 01227 824887

[www.kent.ac.uk/chss](http://www.kent.ac.uk/chss)







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

**PROMPT USING THE THEMES EXPLORED EACH WEEK:**

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

**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
- (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

### 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**
- (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**

# **Appendix II:**

## **Intervention 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:

**Dr Ferhana Hashem**  
**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**