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Centre for Health Services Studies

# Looked-After Children's Views of Sex and Relationships Education and Sexual Health Services

## EXECUTIVE SUMMARY

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**August 2007**

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**Date: August 2007**

**Commissioned and Funded by:**
**Kent Teenage Pregnancy Partnership**

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**Funding and acknowledgements**
We would like to thank all the young people who took part in the project for giving their time and sharing their experiences with us. We would also like to thank the looked-after children professionals who were invaluable in helping us to recruit the respondents. Finally, we would like to thank the members of the project's steering group and the Kent Teenage Pregnancy Partnership for the funding.

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# EXECUTIVE SUMMARY

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# 1 Introduction

This document reports on the findings from a project exploring teenage looked-after children's views of sex and relationships education and sexual health services. Commissioned and funded by the Kent Teenage Pregnancy Partnership, the project formed part of a larger programme of study on teenage pregnancy that took place across Kent between 2004 and 2007. The project was composed of three parts:

- Project One constituted the quantitative part of our research, which included a survey carried out with 4000 15 to 16 year old school pupils.

- Project Two (which this document reports upon) gauged the attitudes and experiences of looked-after children regarding sexual health education and relationships advice by conducting focus groups with 15 to 20 year olds.

- Project Three was a longitudinal qualitative study exploring the views of teenage parents during the antenatal and postnatal periods. It was concerned with finding out their experiences of family support services, as well as obtaining their views on sex and relationships education and sexual health services.

The rationale behind Project Two was to ensure the incorporation of the views of more 'vulnerable' teenagers, who were considered less likely to be included in the survey sample of school-children.

# 2 Aims

The aims of the study with the looked-after young people were to –

- Describe teenagers' awareness and understanding of sexual health services and to discover the up-take, strengths and weaknesses of any sexual health services used in the community.
- Describe how teenagers currently get information about sexual health and relationships and the value placed on these sources.
- Explore the nature, strengths and weaknesses of sexual health and relationships education received.

- Describe the extent to which sex and relationships education and health services have prepared young people for sexual relationships.
- Identify ways services can be improved

# 3 Methods and sample

The study was devised using a qualitative approach. The aim was to conduct eight focus groups evenly spread across Kent composed of between three to five young people aged 15 to 19 years. It was hoped that the size of the target sample would total approximately 40-50 young people, however, due to access problems, the actual size of the sample was smaller and in all totalled 20 participants. Recruitment with looked-after young people was very challenging. A major reason for this was structural change within and across social services departments, similar problems have been reported by other researchers. In turn, this highlights the difficulties of instability and lack of support faced by looked-after children themselves and emphasises the importance of research that seeks to provide further knowledge of their particular experience with a view to improving the way they are cared for by health and social care professionals. Despite these difficulties, the study has served to underpin previous knowledge in this area and revealed some specific concerns in relation to local service provision.

# 4 Key Points

## Sex and Relationships Education

- The sample revealed that disruptions, such as those experienced by our sample, increase the potential for disengagement with teaching staff and learning. In addition, isolation and a feeling of difference from other pupils can all lessen opportunities for SRE education and increase the potential for gaps in knowledge. Teenagers were critical of the education they had received and the methods by which they had received them.

- The handling of potentially embarrassing subjects in large mixed classes appears to have a negative impact on the learning experience. For looked-after young people who may have more tenuous relationships with school colleagues and who may already feel isolated and exposed as different, the potential for embarrassment is maximised.

- Opportunities for one-to-one consultations with sympathetic and knowledgeable adults were particularly highly valued by the looked-after sample, who were often disengaged from school and distrustful of regular teaching staff. In particular, looked-after children appeared to be more used to dealing with health and social care professionals and therefore related well to outside speakers, clinic staff and school nurses.

- Schools appear to have been unable to ascertain what level of sexual health information transient young people have had in the past and what new information they need to know. As a result, what is provided tends to be disparate levels of 'catch-all' sex education to an often wary and disengaged audience. These factors reduce the likelihood of school being a supportive environment in which looked-after children can receive SRE.

## Seeking Advice about Sex and Relationships

- While some of the respondents had received some helpful advice from General Practice and sexual health services, issues relating to embarrassment, styles of communication, gender, and expectations of judgement and disapproval clearly impacted upon the decisions of most of our respondents to use these services.

- Young people showed a preference for consulting female doctors and nurses, and male doctors were seen less favourably and perhaps less likely to be consulted about sexual health matters.

- The use of sexual health clinics highlighted both positive and negative experiences. Some young people talked about being treated unfairly and being judged, feeling their wishes and needs had been ignored. Others believed that they could seek advice on a variety of issues such as contraception, abortion and sexual health.

- Respondents held differing opinions on whether they found the staff approachable, but the anticipation and actual experience of negative attitudes had the potential to act as a deterrent.

- Other barriers to attendance at sexual health clinics were hours of opening. There was little consensus about the opening times and location of sexual health clinics, but being familiarised with such services through school or other sources of SRE was endorsed.

Some preferred lunchtime access, others thought after-school sessions were more suitable.

- Foster parents were identified by many as a key source of support and advice, some were more wary of confiding in carers and others had experienced serial breakdowns of fostering relations.

- Sources of information reliant on telephone or internet access were overwhelmingly criticised by the sample as unworkable for teenagers who had few resources and little opportunity for the private viewing of websites or confidential use of landlines.

- The young people were relatively knowledgeable about condoms and hormonal contraceptives and where to access them. However, this knowledge varied greatly between individuals and may have been more concrete amongst those who were sexually active.

## Attitudes towards sex and relationships

- The looked-after young people generally expressed a cautious approach towards sex and relationships. They emphasised the need for protecting oneself from pregnancy and sexually transmitted infections and for the necessary maturity to enter into sexual relationships.

- The teenagers thought that the best advice to give other young people about sexual health was to wear a condom; but their knowledge was not readily forthcoming and highlighted to some extent deficits in their understanding of the choices available.

- Many of the young people reported having had a turbulent childhood and upbringing where they had no stability in their home lives and were unable to form anything but transient relationships with agencies, and this is clearly connected to the difficulties with education and service use explored in this study.

# 5 Recommendations

## Sex and relationships education

Given the disruptions to looked-after young people's schooling caused by their familial backgrounds and moving from one home or placement to another, alternative, more need-based provision for sex education should be ensured. However, this education would be best placed within the holistic framework of educational delivery developed in Kent, perhaps avoiding direct targeting that may induce a sense of 'difference' deemed unacceptable by our sample. There are a number of features identified from this study that correspond to those elicited from the survey and the teenage parent reports and are worth repeating here:

- SRE lessons need to be well-planned, engaging, visual, regular, repeated (recognising the fragmented nature of school attendance) and relevant.

- Smaller classes or group work would provide a better context for learning.

- Attempts to capture interest by using arresting images, practical activities and teaching aids seem to be effective in facilitating recall.

- Specialist training in the particular issues and circumstances faced by looked-after children would be advisable for those who provide sex and relationships information.

## Access to sexual health information and services

There are obvious difficulties in providing a consistent service and trying to foster long-term relationships with looked-after teenagers that could improve service uptake. However, it essential that alternative sources of information and support are made more widely available to looked-after children. Some suggestions for improvements are outlined below:

- Attempts should be made to ensure that looked-after teenagers have the opportunity to be engaged in local initiatives such as the C cards, which would overcome barriers to access to condoms such as requiring appointments, screening or unwanted advice.

- Within the school setting, condoms should be widely available and freely distributed. There were divergent preferences for more confidential, out-of-school services and for in-school services via school nurses.

- Those delivering the service to looked-after teenagers should make every effort to adopt a non-judgemental attitude and be empathetic towards the emotional needs of this population group.

- Establishing long-term relationships with health professionals would also be helpful given the transience described by young people as characterising their relationships with social workers and other professionals.

- With respect to opening times for services, suggestions for improvement included opening clinics during school lunch-hours and for a few hours after school in the afternoon, as well as bringing contraceptive services into the school on a regular basis and familiarising pupils with clinics in their locality.

- 'Great Expectations' Training in sexual health should continue for foster parents the Kent.

# 6 Conclusion

This small qualitative study has acted as an adjunct to the main survey data with the intention of including the views of more hard to reach young people, and has elicited some useful insights into both the particular views and experiences of looked-after teenagers and those they share with other young people.

Overall, the deficits in sex and relationships education that appeared to predominate, seemed to have been created from two different pathways; firstly brought on by disruptions, difficulties in engagement and criticisms regarding delivery from the perspective of the respondents; and secondly by the schools' inability to identify the specific knowledge requirements of this mobile, wary and isolated population group. Even the knowledge that the respondents received was not regarded as of value, emphasising more the need for greater 'goodness of fit' between requirements and information giving. Mistrustfulness emanating from the significant emotional upheavals experienced by the teenagers as they live their lives spills over to how relationships are formed for all authority figures, including those professionals they need to engage with for sexual health education and services. This creates further vulnerabilities as the young people start to engage in relationships of their own.

There were considerable methodological difficulties experienced during this study regarding accessing the sample groups and adequacy of recruitment. This resulted in the study being conducted with a smaller sample than originally hoped for at the design stage. The problems faced in building the sample reinforces our understanding of difficulties described by other researchers in reaching children living outside birth families and within a service that is often subject to changes of structure and personnel. In turn, this highlights the difficulties of instability and lack of support faced by looked-after children themselves and emphasise the importance of research that seeks to provide further knowledge of their particular experience with a view to improving the way they are cared for by health and social care professionals. Despite these difficulties, the study has served to underpin previous knowledge in this area and revealed some specific concerns in relation to local service provision. It has also provided justification for continued targeting of this very vulnerable population group.