

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
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## **Report of the Executive Director of Children's Services**

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### **TEENAGE PREGNANCY STRATEGY UPDATE AND EVALUATION OF PETERBOROUGH YOUNG MENS PROJECT**

#### **1. PURPOSE**

- 1.1 This report outlines the success of the implementation of the teenage pregnancy strategy over the past ten years. Within this remit the young men's project was created and highlights the strong supporting evidence and independent review that indicate that this work had a positive impact on young men. As a result the learning from the project has been used to re-commission the project but with a wider remit.

#### **2. RECOMMENDATIONS**

- 2.1 This report has been written for member's information only and no further action is required by members.

#### **3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY**

- 3.1 Reducing inequalities

#### **4. BACKGROUND**

- 4.1 The conception rates in Peterborough are higher than both the national and regional averages. To address this, the Peterborough Strategy for Reducing Teenage Pregnancy was formulated with the aim of meeting national targets by 2010. This would mean a target reduction rate from 50.2 per 1,000 to 22.6 per 1,000 for under-18 year olds. Despite the interventions and hard work of a number of agencies over this 10 year period, the latest figures released for 2009 were 54.6 per 1000 an increase of 4.4 per 1,000 for under – 18 year olds. It is worth noting here the time lag in monitoring activities impact on conception rates due to the nature of what is being measured.

Therefore a project engaging young men (aged 13 to 19 years) was created in order to be innovative and culturally appropriate when raising the awareness of sexual health and risk-taking behavioural issues since much of the work undertaken to that point had had young women as a focus.

The pilot project used innovative and culturally appropriate initiatives to raise awareness of sexual health and risk-taking behavioural issues. The challenge for the project was to minimize harmful behaviours and reduce the numbers of STIs and unplanned pregnancies with those considered to be high risk.

The project has, we believe, played a key role in the teenage pregnancy strategy to reduce the rate of teenage pregnancies, improve sexual health and reduce social exclusion by working directly with boys and young men across the city in partnership with the agencies who provide services and / or support to boys and young men in the Peterborough area.

Various tools have been used to target and engage young people such as the street bus,

sporting activities, and music events etc. The value of this approach has been that the project has been able to identify and target the right areas through communication and have an impact on the vulnerable young people.

In the current economic climate this project represents good value for money particularly in terms of the numbers reached and the shifts in behaviour it appears to demonstrate. The work needs continuity and funding over longer periods (i.e. three years) so that it continues to work with young people.

The young men's project was re-commissioned by Peterborough City Council, Childrens Services and the scope of the project, due to its success has been to work with a wider group of vulnerable young people including girls who are displaying showing risky behaviours.

## **5. KEY ISSUES**

5.1 The following issues were addressed and explored by the project:

- Methods for engaging young people in difficult and sensitive conversations about sexual health
- Screening mechanism for fast diagnosis of 'at risk' young people
- Sexual health awareness activity to young men via specialist teams
- Signposting young people in need of additional support to a dedicated young men's worker or specialist agencies
- Influencing sexual behaviour through the promotion of sexual health awareness and training to individual young men
- Increasing numbers of young men registered for C Card or tested for STI'S
- Challenged current behavioural practices most importantly increased condom use and reduction in partners

The evaluation contains evidence that the project has been successful as:

- Young men are interested in sexual health where they need to protect their own or sexual partners
- The service appeals to young men since it offers what they want, not what service providers want or choose to offer
- The numbers of young men attending the service represents good value for money
- Young men are demonstrating a change in behaviour
- 65% were already c card registered and they informed the project that they did use it. This shows us that despite having contraception, when under the influence of drugs/alcohol this affected their decision to have unprotected sex. A significant factor may be that only 25% of the young men reported to accessing previous sexual health training prior to this project. Young men seen also had higher numbers of c card registrations and frequency of use.
- Interviews undertaken in March 2011 with young men during the project evaluation indicated that 75% of the young men regularly use condoms as a direct result of the information they had received through the project confirming that the project has had a positive impact in terms of the uptake of condom use.

## Teenage Pregnancy Budget

Despite the positive evaluation the Teenage Pregnancy Partnership agreed that it would not be possible to continue to fund the young men's project with such a small budget for teenage pregnancy for 2011/12. The local evidence base demonstrates the relationship between multiple risk factors such as alcohol and substance misuse linking to sexual violence and other unhealthy behaviours.

It was however agreed to fund two projects – the first based on the Young Mens project but widened to include young women and other risk taking behaviours. This project is funded partially from the Teenage Pregnancy Grant and from the Early Intervention Grant.

- 1. Programme aimed at increasing resilience and reducing the risks presented by unhealthy and risk taking behaviours**

This project intends to identify and engage young people currently participating in risky and unhealthy activity and support them in positively changing their behaviour. The emphasis is on early intervention to prevent identified unhealthy behaviours and prevent health related issues escalating. It seeks to ensure young people at risk of unwanted teenage pregnancy and STIs have sufficient knowledge and understanding to make healthy and informed choices about their sexual activity, including delaying it until they feel ready. It will have a particular focus on young men who have not previously engaged with relevant information services.

- 2. Contract for weekly support to all Health and Young Person's Advice (HYPA's) in Peterborough schools for support and advice on alcohol.**

The CAsH service have identified that 90% of the young people seen in HYPA's have identified issues with alcohol. There is a strong correlation between alcohol and the increase in sexual behaviour which can lead to pregnancy. With the reduction in budgets to alcohol early intervention funding until 31 December 2011 and subsequently no funding for early intervention in 2012, the current alcohol provider will not have the capacity within their funding to attend HYPA's on a regular basis.

### Data for Teenage Pregnancy rates

The latest (2010) ONS data which indicated very little movement in terms of a significant reduction.

Under 18 conception rate per 1,000 females aged 15-17 years

Latest available data: Q1 2010 (Jan-Mar) Latest Peterborough Rate: 54.6

Date published: 24th May 2011 Latest National Rate: 37.9

- The data for Q1 2010 shows a slight increase in the rate of teenage conceptions in Peterborough, moving from 54.2 in Q4 of 2009 to 54.6 in Q1 of 2010
- However, the figure for England has continued to decline, decreasing from 38.2 in Q4 of 2009 to 37.9
- The East of England figure has risen slightly too, moving from 31.3 to 31.8
- Peterborough remains significantly higher than both the East of England and England rates.
- The Peterborough figure for Q1 2010 is inline with Q1 rates in previous years, with very little difference in these rates.

Source: Performance Management Team

### Profile of the young women becoming teenage mothers

Local data is collected via a form completed by the Midwife at a visit with the young person. Due to data capture complications; we are not able to produce accurate figures from the forms. However, looking back over several years worth of data, it is possible to get a profile of the young women becoming teenage mothers.

- The majority of girls were aged 16-17
- Ethnicity: White British
- Nationality: English / British
- Language: English
- Smoking: Even split between non smokers and smokers
- Looked after child: Majority answered that they were not, and had never been, a looked after child.
- Social care involvement: Majority answered that they hadn't had any involvement with social care, either current or previous.
- Living arrangements: Majority were living with parents and their parents were aware of the pregnancy

Source: *Performance Management Team*

## **6. IMPLICATIONS**

- 6.1 There are no implications that would need to be reviewed at this moment in time due to the project being re-commissioned to a wider remit.

## **7. CONSULTATION**

- 7.1 This project requires no formal consultation process at the moment and the only form of consultation that would take place is the service user feedback we would acquire.

## **8. NEXT STEPS**

- 8.1 The project has been widened and re-commissioned as a 'risk and resilience' contract to be monitored to ensure its successful delivery.

## **9. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 9.1 None

## **10. APPENDICES**

- 10.1 ***Appendix A: Evaluation of Peterborough Young Men's Project- see below***

## **Evaluation of Peterborough Young Men's Project**

## Peterborough Young Men's Project

**Summary:** This is a pilot project engaging young men (aged 13 to 19 years) in innovative and culturally appropriate initiatives to raise awareness of sexual health and risk-taking behavioural issues. One of the main concerns has been the effectiveness of services in providing information, referral and clinical sexual health services for young men in a way that resonates with their lifestyles and value systems. The challenge for the project is to minimize harmful behaviours and reduce the numbers of STIs and unplanned pregnancies with those considered to be high risk. To understand how services can be shaped to secure efficiencies and outcomes in the current climate will need more time to learn from the pilot than this evaluation has covered. The project has gained in momentum but will need more time to deliver.

### Background / Context:

The young men's project was commissioned by Peterborough City Council, Childrens Services in June 2010 paid for from the Teenage Pregnancy grant and will end on March 31<sup>st</sup> 2011 if no further funding is found. The project is expected to play a key role in the teenage pregnancy strategy to reduce the rate of teenage pregnancy, improve sexual health and reduce social exclusion by working directly with boys and young men across the city in partnership with the agencies who provide services and / or support to boys and young men in the Peterborough area.

The outcomes Peterborough City Council asked the project to achieve were:

- Young men demonstrating positive changes in risk taking behaviour leading to pregnancy or terminations
- Young men expressing a positive change in their behaviour
- Young men reporting an increase in condom use
- Young men remain engaged in the project

Nacro were awarded the contract to provide an outreach service working directly with young men in Peterborough. Young men aged 13-19 (and up to 21 years for those with particular needs) are targeted to provide a programme of activities, services and facilities designed to meet their needs, with particular reference to sexual health and risk-taking behaviour.

### Methodology

This independent evaluation was conducted in conjunction with a youth worker familiar with working with 'hard to reach groups'. A sexual health worker undertook face to face interviews with the project lead and a sample of 20 young people who have accessed the service.

The views of an independent sexual health practitioner was considered valuable to assess what degree of learning the young people had developed and what level of information they had been exposed to through their contact with the project.

Following fieldwork the sexual health practitioner commented:

*'The young people seem to have taken on board the seriousness of their own sexual health – Nacro has made a big impact on all the young people we have spoken to in terms of their attitude towards themselves and their sexual health. The young people have a good understanding of the subject and feel the information they have been given is useful and easy to understand. It also seems to have had a big impact on their self esteem. It is my opinion as an experienced sexual health worker that the young people I spoke with had gained and retained valuable information from the sexual health training they received. I believe that they had not only developed their knowledge regarding the risks of unprotected sex but also gained a deeper sense of self esteem and self worth and a realisation that they need to protect themselves against STI's and protect their future from unplanned pregnancy'*

## Key Achievements of the project

Implemented new methods for engaging young people in difficult and sensitive conversations about sexual health

Developed a screening mechanism for fast diagnosis of 'at risk' young people

Offered sexual health awareness to young men via specialist teams

Signposted young people in need of additional support to a dedicated young men's worker or specialist agencies

Influenced sexual behaviour through the promotion of sexual health awareness and training to individual young men

Increased numbers of young men registered for C Card or tested for STI'S

Challenged current behavioural practices most importantly increased condom use and reduction in partner

## Models and Approaches

The project has developed a variety of hook techniques including an X box tournament, football and music events to bring a good number of young people into the project. Based on previous experience successful engagement builds on activities that are stimulating and of interest to young men. The project benefits from the involvement of a core group of young men who determine when and what sort of activities should be promoted through a steering group. The events provide an opportunity to carefully introduce complex ideas in a non-threatening and supportive environment.

The consultants attended a football tournament that 54 young people attended. For many of these young people it was their first contact with Nacro and demonstrates that 'word of mouth' is the most effective communication strategy alongside leaflets and promotional materials. The ethos that '*young people are the best messengers*' works. Young men are encouraged to attend future activities where some real learning can happen and details are taken to provide impetus for future contact. Referring to quarterly data monitoring submitted by the project it is clear that this is not an untypical number. The project is likely to far exceed its original goals.

The project also organises tailored trips/activity sessions where possible for those who might be considered more hard to reach. Intensive work is underway to target a small number of young men who are reluctant to access support. It is clear that the close relationship Nacro has developed with young people allows them to collect intelligence regarding particular young peoples activities. It may be worthwhile considering how these informants could be skilled to support initial discussions with these individuals. Families, girlfriends and peers have a role to play in providing information.

At all events a pre - registration process is set up to gather basic information including age, ethnicity, fatherhood status, sexual behaviours and attitudes towards contraception, STIs and unplanned pregnancy. This is used to flag up potential recruits for the project and then signpost those to a dedicated young men's worker. He has the opportunity to follow up and talk to them in a variety of ways without overwhelming or taking away their sense of control.

A street bus is often used to provide a dedicated space for talking with the young men's worker if necessary.

Sexual health training is delivered in conjunction with partner agencies who have the specialist skills necessary. Nacro have been active in seeking out advice and guidance on how these workshops should

be delivered. These sessions are used to explain the dangers and consequences of unprotected sexual activity.

The value of this approach has been that the project has identified areas of great interest to young people that have captured their interest. Also their knowledge base on issues such as sexual and reproductive health has been explored.

It is early days for the project but partners are beginning to make referrals to the service.

## **Evaluation**

Nacro designed in house service user impact forms but quickly established that these may not give a true measure of what was happening. Therefore it has been agreed that interactive models using evaluation workshops are favoured where more detail can be sought around what worked, what didn't work and what can be done differently. Going forward it may be useful to begin to have research led sessions to explore and unpack attitudes behind the behaviours in more detail. Challenging inaccurate knowledge and beliefs among young men (i.e. that women are the site of transmission) would allow the project to respond to a number of city wide initiatives.

The project lead is already thinking about how to expand the service including outreach sessions in clubs or other settings where young people meet. It is clear that a significant number of young people outside formal education will have little opportunity to gain any information on sexual health and this needs to be noted if the project is funded going forward. Where sexual health services already exist within the city, there should be an examination of current service reach and of the potential barriers that prevent practitioners from meeting the needs of all young people. It would be wise to ensure that services are working in partnership and not in silos. Equally what opportunities might exist for the co location of staff and knowledge transfer between specialist young peoples teams and specialist sexual health practitioners?

The 'Open door policy' at Nacro is considered a real strength as services are easy to use, non stigmatising and can blend a number of pressing agendas. Gangs, knife crime, substance misuse and now sexual health can all be discussed seamlessly if young people need to, as there is always someone on hand and teams are multi skilled. As previous research with young people noted, sharing with a single worker, is an approach that works for them. The tension is whether staff have sufficient skill to talk across all these agendas or whether the quality of provision could be compromised. In response to this tension it should be noted that Nacro are active in signposting to specialists when they acknowledge they lack specialist skills. It has been noted that the young men's dedicated worker would benefit from training in sexual health if this is to be a large element of the portfolio as partners may not be able to respond quickly to requests for information. Nacro have stated that meeting needs as they respond through multi skilled teams is a reason for the retention rates they can demonstrate.

It is important to qualify that Nacro is a unique setting due to the organisation, commitment and passion of the staff. Modelling this approach may be difficult for other agencies.

## **Key learning:**

Current delivery of sexual health awareness has not engaged young men consequently they do not see this as an interesting or important aspect of their identity. Overcoming this will take time.

A high level of young male participants do not recall or acknowledge having received sexual health education prior to accessing the project and the reasons why there is such a gap needs to be explored further.

A large proportion of young men were engaged in unsafe sexual practices before engaging with the project. Many of the young men have no experience of using condoms.

A high degree of encouragement is needed to motivate young men to attend formal sexual health training which calls for innovative approaches.



It is important to motivate young people to use the service and to facilitate those difficult discussions

It is clear that focusing on STI's and their prevention via barrier methods is a different way of focusing on reducing teenage pregnancy rates and with young men this may be a more realistic approach.

The Project has identified an unmet need for more work in this area which needs to be sustained through future funding.

The project demonstrates that it is possible to deliver using appropriate ways of working with this hard to reach group. Infrastructure needs to be developed to ensure that it is not limited or short term.

A lack of capacity in the city may have affected the potential development of this kind of work. If there is a sexual health strategy across providers, partnership working needs to establish clear agreements/agendas including a discussion about who is responsible for what. Moving towards an approach that looks at teams around a setting may be more beneficial than recruiting numerous specialists in individual settings, or 'experts' that cannot operate within certain communities.

Identifying and responding to factors which influence the way young people make decisions about sexual health will take time and trust.

The work needs continuity and funding over longer periods (i.e. three years) so that it continues to work with young people. In the current economic climate this project represents good value for money particularly in terms of the numbers reached and the shifts in behaviour it appears to demonstrate. (see below)

It cannot be understated that Alcohol and substance misuse were acknowledged as influential factors in sexual behaviour, including relationships with girls that were known to have casual sex and a factor in proceeding to have unprotected sex despite knowing the risks. A potential opportunity may exist to develop interventions through closer ties with other providers.

Finding ways to improve teenage sexual health can only happen with consideration of the factors presented. Nacro are responding to perceived barriers to using sexual health services and filling a need but need time to examine what those barriers are and to work with partners to eradicate them.

It has been acknowledged that Young men have difficulties with communication and accessing services. It is accepted that work with young men needs to be active and more informal than work with young women and Nacro are achieving this.

### **Summary of Views of Young People (20 young people)**

All the young people who took part in the survey reported that they had little or no sexual health knowledge prior to engaging with Nacro, they stated that any sex education they had received through the statutory education system had been ineffective for them.

All of the young people said that they were sexually active and had previously not taken any contraceptive precautions due to a lack of knowledge regarding the risks.

Reflecting on the training, young people demonstrated a strong sense of understanding regarding Condoms and their use; they seemed confident in this knowledge and reported that they felt able to pass accurate information on to their friends.

75% of the young people reported that they regularly use condoms as a direct result of the information they had received through the Nacro course. Others were not yet sexually active.

The young people were aware of the C card condom distribution scheme and most reported that they regularly used the scheme.

The young people were aware of STI testing and some reported that they had been tested for Chlamydia; they showed a good awareness of the importance of STI screening.

Most or all of the young people said that they had or would refer friends to the Nacro programme. It was apparent that the information they had received had been delivered in a straight forward way that engaged with the young people effectively.

Five of the young men reported a change in their attitude towards women and relationships due to the information they received from Nacro, saying that they now have fewer sexual partners and are more likely to become involved in steady monogamous relationships.

The young people also reported an increased willingness to have open and frank discussion with sexual partners regarding contraception.

Upon talking with young people who were due to start the Nacro course it was apparent that the level of sexual health knowledge they had was little or none although they were sexually active. They said that they wanted to learn about sexual health and were willing to change any behaviours that they found to be putting them at risk, most had been referred to the group by their peers.

***My sexual health knowledge previously came from school but it didn't feel right Nacro has given me the knowledge about contraception and STI's that means now I always use condoms***

***I used to sleep around and never used contraception because I didn't know anything about it but now I always protect myself***

***I haven't been on the programme yet but I am up for learning no-one has showed me how to use a condom and I was too embarrassed about asking at school but I feel comfortable at Nacro and can bring it up there and learn***

***I would say that if it hadn't been for Nacro giving me sexual health education I definitely would have got a girl/girls pregnant by now my attitude to girls has changed now***

***The course has really helped and I am totally aware about the dangers of not using condoms***

***I don't know anything about sexual health I have sex but I never use condoms I've never been shown how to use condoms I came here today because my friends came and I am not confident that I know anything about sex.***

***At school sex education was not very in-depth more about biology and it was given too young. The information about STI's that Nacro told me has really stuck and now I know how to protect myself. I know use condoms regularly because of the information I got and I tell all my friends.***

In this context, it is recommended that the young men's project continues, to ensure that the primary focus of work with young men demonstrating risky behaviours is the provision of condoms alongside broader education about sexual health. Thinking about how to promote the service more widely should be considered.

The project may wish to consider links with commercial outlets through which young men can access condoms easily, anonymously and without intervention. There may be an opportunity here to develop referrals.

The evaluation suggests that the project has been successful as:

- young men are interested in sexual health where they need to protect their own or sexual partners
- The service appeals to young men as it offers what they want, not what service providers want or choose to offer
- The numbers of young men attending the service represents good value for money

- Young men are demonstrating a change in behaviour

Research has indicated that young men who experience multiple deprivation and inequalities can have poor health. In addition early sexual activity, multiple sexual partners and low condom use have been identified as possible reasons for the high prevalence of STI's in this age group. Research also indicates a relationship between risky sexual behaviours and those young men over represented in other arenas such as those experiencing substance misuse problems, having poorer mental health and an increased likelihood that they have come to the attention of the criminal justice system. This might suggest that for hard to reach groups, effective services will be those that can offer a breadth of specialisms within a single setting. This model of work calls for joined up working and a reconsideration of job roles.

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Peterborough Young Men's Project March 2011

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