

# **Rotherham District**

## **Rawmarsh Sure Start**

Spotlight Project Evaluation  
Confidential Health and Advice  
for Teenagers

October 2003

**Cordis Bright Consulting**  
**Epworth House**  
**25/35 City Road**  
**London EC1Y 1AA**  
**info@cordisbright.co.uk**

Introduction..... 3

Methodology .....	4
An overall picture .....	6
Service Evaluation .....	9
Cost of service .....	9
Recommendations .....	9
Integration into Sure Start Partnership .....	10
Strategically .....	10
Recommendation .....	11
Operational Partnerships .....	11
Promotion .....	12
Recommendations .....	13
Client involvement in service design and delivery .....	13
Recommendations .....	14
Service Quality .....	15
Meeting demand .....	15
User Profile .....	15
Recommendation .....	15
Meeting expectations .....	16
Service delivery .....	17
Recommendations .....	<b>Error! Bookmark not defined.</b>
Impact of service .....	19

## Introduction

Three services were 'spotlighted' by the Sure Start Rawmarsh partnership for individual evaluation, as part of the wider Sure Start evaluation. These services are the health visiting team, the family support team and Confidential Health Advice for Teenagers (CHAT).

This report focuses on the service evaluation of CHAT as it relates to the provision of its health advice and support service to young people in Rawmarsh.

The purpose of the evaluation is identify the effectiveness of CHAT, including:

- service quality
- cost effectiveness
- how well CHAT works with other agencies
- how the service promotes itself to young people in the area
- whether these support the achievement of Sure Start objectives and key principles

This spotlight evaluation concludes that CHAT is delivering a high quality service to young people in the Rawmarsh area. Given the significant success that it has enjoyed, there is scope for extending the programme to better target young males (who use the service less than their female counterparts) and to incorporate testing for sexual infections, linking in with wider sexual health and HIV strategy and teenage pregnancy strategy development in Rotherham.

The conclusion is in fact best summed up in the words of one of the clients of the service who observed:

*It is a real benefit. It is hard to imagine life without it now. It is very valuable and will help future generations. I think it will help with teenage pregnancies because it is open and friendly.*

## Methodology

The evaluation of CHAT utilised a number of methodologies to develop a comprehensive picture of the service. These are:

- 1) Degree of integration into the wider Sure Start partnership; including the extent to which they support the achievement of Sure Start objectives and key principles
- 2) Efficacy of partnership working with external agencies, such as associated voluntary and community bodies
- 3) Overall quality of services looking in particular at the extent to which the service meets the needs of young people and the extent to which it offers a service which young people feel happy accessing
- 4) Cost indicators for services

In terms of exploring the issues around point 1-3, we undertook background and desk-top research (including evaluation reports compiled by CHAT), qualitative and quantitative analysis of data and interviews with the CHAT team and service users.

A variety of evaluation methodologies have been employed and include:

- Interview with Sarah Roebuck (21<sup>st</sup> August 2003) A semi-structured meeting was held with the Sure Start Health Adviser
- CHAT team interview (4<sup>th</sup> September 2003) 2 hour semi-structured interview was conducted with the CHAT team (Sarah Jordan, GP; Sarah Roebuck, Sure Start Health Advisor; Ann Brown, Youth Worker; Lindsay Hood, Health Visitor).
- Client interviews (21<sup>st</sup> August and 4<sup>th</sup> September 2003). A series of one to one structured interviews were held with a total of 10 CHAT service users who attended drop-in sessions on the 21<sup>st</sup> of August and the 4<sup>th</sup> of September. Three service users were male and the remainder were female whilst half were aged 15 and the other half aged 16 years.
- Provider questionnaire. An evaluation questionnaire was completed by 12 Sure Start service providers asking them to assess the service being provided by a number of Sure Start services, including CHAT.

- **External Agencies (September 2003)** Nine local service providers were asked to provide details about their sense of the quality of the service provided by CHAT to local young people and to indicate how well integrated CHAT was into the wider operational partnerships.

In terms of 4, unit cost analysis was undertaken by using the basic unit cost model which deduces what the average cost of a contact by reference to the total Sure Start contribution, using the average number of young people supported in a given week. To enable comparison of unit costs for the purposes of assessing cost effectiveness, the following unit costs are provided:

- NHS community nurse specialist for HIV/AIDS studied as part of *Unit Costs of Health and Social Care 2002<sup>1</sup>*, albeit with an inflation uplift assumption of 6% year on year in the costs of such a nurse.

---

<sup>1</sup> PSRRU, *Unit Costs of Health and Social Care 2002*

## An overall picture

The Confidential Health Advice for Teenagers (CHAT) programme involves five members of staff

The service was originally established in 2000 and operated from Park Gate Youth and Community Centre, about a mile from Rawmarsh Comprehensive where it is now based. The site was not considered to be very accessible for young people, and so the service was relocated in October of 2001 to a shop-front location on the Monkwood Road where it operated until May 2003. From its Monkwood location, after negotiations with the Headteacher and Governors of Rawmarsh Comprehensive, the service moved to its current premises on the grounds of Rawmarsh Comprehensive where it has since been operating.

CHAT has operated 3 different sessions. These are:

- Monday lunchtime drop-in session
- Tuesday afternoon CHAT for Lads
- Thursday afternoon drop-in session

### Monday lunchtime drop-in session

The Monday lunchtime service was run whilst CHAT was operating from its location from the shop front on Monkwood Road. The session operated as a one hour general health and advice drop-in session and discussion session. Other agencies were invited to present at the session and talks were given by smoking cessation workers and oral hygiene professionals.

The Monday session was also a point at which emergency contraception could be issued to young women who needed this assistance. The Sure Start Health Adviser received training in how to prescribe emergency contraceptives and so was able to issue from the shop front location. Prior to this, young women requiring emergency contraceptives were accompanied by the Health Adviser to clinics in the area where they could have this form of contraception prescribed.

Attendance at the Monday sessions varied between 10 and 25 per session.

The Monday lunch time service was closed following the move to the current site. Whilst there was recognition of the need for this service and in particular, its role in prescribing emergency contraception, there was a perception from the school that the delivery of the emergency contraceptive pill from school grounds and in school time would need to be thought through.

CHAT staff have worked closely with school staff since the move to the current location and it has been agreed, with the backing of the school, that the service will resume but on Monday afternoon, outside of school hours. The resumption of this service has been delayed due to recent changes in the staffing situation.

### CHAT for Lads

CHAT for Lads was developed to provide a service for young men, since young men were not attending the regular CHAT sessions due to the presence of large numbers of young women. The service was aimed at enabling young men to talk confidentially about health issues, including but not exclusively, issues relating to sexual health and sexual relationships. The service was also used as an opportunity to provide free condoms and advice to sexually active young men.

The service was run from October to December 2002 and each session lasted an hour and a half.

Attendance at the sessions over this limited time-frame was between 5 and 10 clients per session.

CHAT are looking at the possibility of reinstating this service in order to ensure that young men access CHAT to the same extent as their female peers. The decision regarding CHAT Lads is pending an internal evaluation, to be held in conjunction with the school, about the move from the shop-front to the school's grounds.

### Thursday afternoon drop-in session

The Thursday afternoon session is the main clinical session and runs between 3.10pm to 5pm. The session is a general health and advice drop-in service that also offers sexual health advice and pregnancy testing. The sessions are run by Sarah Roebuck, Issy Reavey (Youth Worker), Anne Brown and Lindsay Hood (Health Visitor).

The sessions are predominantly targeted at the academic year groups 9, 10 and 11 (therefore clients in the age band 13 and above). Work with clients in Year 9 tends to focus on the promotion of sexual health,

whereas those in Years 10 and 11 also use the service to obtain contraception.

Whilst not explicitly promoted as a sexual health service, but rather as general health session, staff estimate that sexual health issues account for around 90% of their workload.

Data indicates that sessions are attended by between 14 and 30 clients

The GP attached to the service (Sarah Jordan) is able to attend sessions approximately every other week in order to prescribe contraceptives, take pregnancy tests and offer medical support of a higher level. The service does not currently provide testing for sexually transmitted infections due to constraints of funding and capacity. While this service cannot be provided from the current venue, clients needing testing for sexual infections are accompanied and supported in accessing facilities and clinics that can provide this service.

## Service Evaluation

### Cost of service

Using the basic unit cost model which deduces what the average cost of a contact by reference to the total Sure Start contribution of £16,891 per annum in 2003/04 and on the basis of the average number of one to one contacts with young people across January to March 2003 totalling 132, the average contact cost of CHAT is £127.96. However, the actual cost is likely much less, given plans to reintroduce a service specifically for young men and the cost of promotion and goods, such as pregnancy tests and contraception.

Comparisons with other types of health service delivery are necessarily difficult and even more so given the very context specific and interesting nature of this model.

Table One: Unit cost comparisons

NHS community nurse specialist for HIV/AIDS	NHS community nurse specialist for HIV/AIDS	CHAT
£71.02/hour of client contact	£28.62 per hour	£127.96 per contact

### Recommendations

1. CHAT would find value in identifying similar services targeted at young people as a basis for cost comparison. This is likely difficult given the particularly interesting and innovative nature of their service delivery.
2. Cost effectiveness testing of CHAT should also specifically take account of the impact of CHAT on behaviour, so that the benefits of reduced teenage pregnancy and GP visits, for examples, are accounted for. CHAT should consider in their own annual evaluation processes to learn about their impact on behaviours.

## Integration into Sure Start Partnership

### Strategically

Currently Sure Start Rawmarsh and CHAT are well linked at the strategic level. The Sure Start Health Adviser holds a seat on the Sure Start Rawmarsh Partnership and can represent and advocate for CHAT at this level.

Senior Sure Start Rawmarsh managers (Wendy Kettleborough – Project Co-ordinator and Maggie Whitfield – Programme Manager) attend CHAT Steering Group meetings whilst CHAT ensures that minutes of Steering Group meetings are also passed on to Steve Chapman (Family Support Worker) and the Sure Start Midwife.

Attendance at Partnership Board meetings was described as a means by which CHAT staff can ensure that they are kept aware of the strategic direction of Sure Start Rawmarsh and are informed of developments within the programme. Likewise, attendance by Sure Start management at their meetings ensured that the programme was aware of their strategic objectives and could help them develop and agree milestones and targets.

The CHAT team perceive themselves as being autonomous of Sure Start Rawmarsh and that the current level of strategic co-working allowed them to retain this degree of autonomy, whilst ensuring that they remain a part of the programme as a whole. As such CHAT staff indicated that they were happy with the current situation whereby strategic linkages were enjoyed with Sure Start Rawmarsh, with operational matters left under their own jurisdiction.

The Steering Group of CHAT is currently developing a Constitution for the service that will formalise its internal structure and practices, whilst also formalising its links with Sure Start Rawmarsh. The Constitution will incorporate such features as the aims of the programme, its targets, where lines of responsibility run and who should be represented on the Steering Group (including the issue of whether there should be a young persons' representative on the Group). The draft Constitution will be put to Sure Start for approval.

The development of a Constitution by CHAT to formalise and clarify its relationship with the Sure Start programme is a very positive step and is to be commended.

## Recommendations

1. The development of a Constitution for CHAT should be completed as soon as is practicable in order to formalise CHAT's relationship with Sure Start Rawmarsh and to establish clear lines of management.
2. The representation of young people on the Steering Group should be introduced as a matter of course as is in keeping with the participation strategies of the Children's Fund and Connexions.

## Operational Partnerships

Whilst perceiving themselves as an autonomous partner, CHAT works effectively with other agencies in the Rawmarsh area. Informal communication networks have been established and this is manifested in the ability of CHAT to make rapid and effective referrals to other services. Amongst thirteen local providers, six providers identified that CHAT was 'very good' at making referrals to other service providers, with two providers identifying that CHAT was 'good' at making referrals. The remaining providers were unsure about this.

CHAT staff make onward referrals to a range of other agencies including (but not exclusively):

- MIND
- Young People's Smoking Cessation Worker
- Know the Score (Young People's Drug and Alcohol service)
- GPs
- Genito-urinary clinics (GU clinic)

A number of services they refer on to, such as the smoking cessation worker and Know the Score, are aimed specifically at young people and so waiting times for services are short. In the case of the smoking cessation worker, young people are seen in about a week. Other services operate along normal waiting times and so a GP referral will lead to the client being seen at the next available appointment and similarly with the GU clinic, albeit staff pointing out that clients can normally be seen the same day at the GU clinic.

CHAT also receive referrals from providers, in particular health visitors, and also from practice nurses and GPs. Within this context, four providers identified that CHAT was Very good at providing feedback about clients to relevant service providers and two providers identified

that CHAT was Very good at providing feedback about clients to relevant service providers. These providers tended to be within the health and social care context.

Indeed, as it concerns information sharing with other Sure Start services, CHAT staff emphasised that their service is confidential and so record sharing is kept to a minimum. All information about clients is kept in-house and is confidential unless a child protection issues arises, in which case the relevant statutory authorities are alerted and staff work then within Rotherham Child Protection Guidelines. Staff at CHAT have a confidentiality procedure and all clients have this explained to them. The wording of the confidentiality procedure was developed in conjunction with young people to ensure that it is accessible to all clients. Staff also adhere to Fraser/Gillick guidelines on giving sexual health advice to young people.

It was felt that it the confidentiality of the service was integral to its success and so CHAT staff felt that information sharing would not be appropriate from this service to other Sure Start services.

The CHAT team did not feel that GPs in the area were fully supportive of their scheme which manifested itself in relatively low numbers of referrals from GPs. Staff indicated that young people find it difficult to approach the GPs in Rawmarsh, and the perception is that not all GPs offered sexual health advice.

Many clients to CHAT are self referrals and this is encouraged using the drop-in session model of service delivery. Clients do not need to make an appointment and can turn up at any time during one of the drop-in sessions to see one of the CHAT team. Prior appointments can be made by clients, but most choose to use the first come first served approach.

## Promotion

Given that the service is based on the grounds of Rawmarsh Comprehensive, the bulk of promotional work is channelled through school channels. Staff at the school are alerted to the service and promote the service among their form groups. Promotion is additionally carried out through Sure Start staff, and posters have been passed on to local GPs to display in their surgeries. Inevitably, word of mouth is a powerful tool for promoting the programme.

The integral nature of the location of the service above all other promotional factors is underlined by the increase in take-up of service between the first site Park Gate Youth and Community Centre, and its current location on school grounds. At the Park Gate location,

attendances varied between 0 and 8 clients per session whereas usage at the current site is now between 20 and 30 per session.

## Recommendations

1. CHAT staff noted that they are currently having to use GU clinic services since current funding and capacity does not allow for testing of STIs at CHAT. In order to provide a more effective service that is seamless for clients, it is recommended that the issue of developing an in-house STI testing service be examined, linked with Rotherham wide developments for a sexual health and HIV strategy and teenage pregnancy strategy. If this were opened, CHAT would be able to provide a comprehensive package of assistance, and this would avoid the need for referrals to be made to mainstream services which service users may not be as comfortable accessing.
2. The premises from which CHAT operates has proven to be a considerable success for the service and has clearly had a positive impact on the take-up of services. The service should be commended for locating a venue that is accessible for clients, and for successfully negotiating with the school and its board of governors to enable it to operate from school premises.

## Client involvement in service design and delivery

Consistent with the aims and objectives of Sure Start Rawmarsh, the involvement of service users in the design and delivery of services is of paramount importance.

Given the drop-in nature of the service, assessments of clients are done in an informal manner that are led by the clients rather than professionals. Clients are allowed to talk over a range of issues that may not necessarily be related to health and sexual health and so an actual assessment as such may be the outcome of a number of discussions with a client over a number of visits. Records of all meetings are compiled by CHAT staff using a record sheet pro forma that collects data including:

- demographic information (gender, age, ethnicity)
- age of partner (if applicable)
- whether or not they are in a sexual relationship
- their use of contraceptives

CHAT staff are able to develop detailed records for each of their clients in this manner, and the records are used in consultations.

CHAT has conducted internal evaluations of its work, most recently in a User Satisfaction Survey of December 2002 which utilised an anonymous questionnaire to collect the views of clients. The results of the survey underlined the fact that services are currently being run in a manner that meets their needs and CHAT staff committed themselves to ongoing evaluations in the future to ensure the continued appropriateness of their service delivery model:

As a result of this survey, we aim to continue to provide a welcoming and informative service. We intend to repeat this process on an annual basis to ensure that we continue to meet the needs of the young people accessing the service.<sup>2</sup>

CHAT must be highly commended for involving pupils at Rawmarsh Comprehensive in evaluation work through the CHAT Survey led by the Rawmarsh Student Council. Students on the Council devised and distributed a questionnaire about CHAT to 1,050 pupils at the school and achieved the admirable return rate of 63%. Pupils at the school were asked Do you think that it would benefit students if the CHAT service moved on to the school site? Two thirds (66%) of pupils thought that the relocation of CHAT onto school grounds was appropriate.

In addition to the survey indicating client support for the relocation of the service, additional credit must be given to CHAT staff for responding to a number of concerns raised in the questionnaire regarding issues of confidentiality of the service, the timing of services and the privacy of the consulting rooms.

## Recommendations

1. As stated in the December 2002 User Satisfaction Survey, CHAT should undertake to consult with users on an annual basis to ensure the ongoing quality of its service and to ensure also that it is meeting the needs of young people in the Rawmarsh area.

---

<sup>2</sup> CHAT User Satisfaction Survey December 2002, Conclusion.

# Service Quality

## Meeting demand

### User Profile

Examining attendance numbers at the drop-in sessions (utilising data for the period January 2003 to March 2003 as a “snap-shot” of yearly attendance) the majority of service users were female, with 192 female attendees to 53 male, giving a female to male ratio of around 1:4. The higher representation of female users may be indicative that young men are less willing to attend a mixed gender, open discussion group and so suggests value in reintroducing the CHAT Lads service as soon as is practicable.

In relation to age, CHAT figures for 2002 indicate that the majority of clients fell into the age band over 13 to under 16 years of age with only a small minority of service users outside of this cohort.

The age profile of service users is not reflective of the proportion of this age group in Rawmarsh Comprehensive, but can be regarded as representing the age at which young people in the area are developing concerns around sexual health and are achieving sexual maturity (whether or not they are having intercourse).

Of the interviews conducted by Cordis Bright amongst service users, 7 were with female clients and 3 among male clients. Half of those interviewed were aged 16, and half were aged 15.

### Recommendation

1. Given the discrepancy between take-up of services between young men and young women, there is scope to offer services that are more specifically targeted at young men in order to promote take-up of CHAT. This has already been explored through the CHAT Lads project and it would seem valuable to re-open this service. Given that the original CHAT Lads service ran for around 2 months, it was not possible to determine whether this project was having any appreciable impact on the behaviour of young men in Rawmarsh. It is to be commended that CHAT staff have already identified the need amongst young men and are planning to try and re-open CHAT Lads in the future.

## Meeting expectations

Results from the CHAT User Satisfaction Survey of December 2002 indicated a very positive appraisal from clients with 82% of respondents indicating that staff are exceptionally friendly and 57% saying that staff are exceptionally helpful. None of the survey respondents stated that staff were Unfriendly or Unhelpful.

Responses to the community survey regarding CHAT were very low with only 3 respondents from a survey population of 198 people reporting usage of CHAT. This is wholly to be expected given that only 9 survey respondents were aged 19 or younger, and that the survey was a tool aimed at parents of young children and not young people in the area generally.

Of the three respondents who had used CHAT, 1 was Very Satisfied and the remaining 2 were Satisfied.

The evaluation of CHAT by service users in one to one interview was overwhelmingly positive. When interviewees were asked what aspects of the service they liked, they emphasised the inter-personal aspects of the service and the staff. The results are given at Table 1.

Table 1: Evaluation of CHAT

Aspect of service	Number of citations
Friendly	5
Staff are friendly	5
Staff are informal	5
Confidential	4
Accessible	1

The results are reinforced by the comments they gave about the service which reinforced the friendly and informal nature of the staff. It is also interesting to note that young people were concerned about the quality of the service they received and praised CHAT for being open and informative (in particular giving more information than they obtained from school). Young people said:

- *The advice is spot on. They give you both sides of the story and added on details about sex from the stuff we learnt at school. The people who run it are brilliant.*
- *The staff are not pushy. They are easy-going.*
- *There is someone there to talk to so you don't just have to talk to your parents.*

- *It is like having a chat with friends. The advice is good.*
- *They're easy to talk to and it's a nice environment.*

## Service delivery

Due to the nature of the service, take-up of CHAT services by clients will necessarily fluctuate considerably.

Table 2 gives a snap-shot of service usage of various CHAT services in the period January to March 2003.

Table 2: Take-up of CHAT services

Service	Total usage for quarter	Average usage per session
1 to 1 contact	132	12.0
Condoms (new)	15	2.1
Condoms (repeat)	82	7.4
Birth control pill <sup>3</sup>	18	2.6
Emergency contraception <sup>4</sup>	1	n/a
Pregnancy test	10	1.3
Advice	58	5.2

As Table 2 demonstrates, the majority of the work of CHAT was in providing one to one sessions to young people in Rawmarsh. This provides substantial evidence that CHAT is being utilised as a general emotional and health support service by young people in the area, and does not function solely as a sexual health programme. As one client stated:

- *At CHAT they don't just hand out condoms. They will ask you about how you are feeling and about your health.*

Clients interviewed by Cordis Bright were asked to indicate roughly how many times they had used CHAT. The results are given at Table 3.

Table 3: Service usage among interviewees

Number of times used	Number of citations
1 – 10	3
11 – 20	1
21 – 30	2
31 – 40	3
Over 40	1

<sup>3</sup> This incorporates the joint total for prescriptions for the Combined Oral Contraceptive Pill, Progesterone Only Pill and Contraceptive injection.

<sup>4</sup> Levonelle 72 hour emergency pill

The results at Table 3 demonstrate that the majority of those interviewed had attended CHAT more than 10 times. One of those interviewed indicated that they had used the service around 60 times.

## Recommendations

1. Given the high number of one to one contact sessions provided by CHAT, the recent departure of Sarah Roebuck may well have a negative impact on the ability of service to deliver the same number of sessions to clients. CHAT should look to replace Sarah as soon as is practicable in order to be able to maintain the same level of contact with clients attending CHAT.

## Usage of mainstream services as an alternative to CHAT

Those interviewed were asked whether or not they used any other services in the area to ascertain whether or not CHAT was being used exclusively by young people to address their sexual health needs and general health concerns.

Whilst the majority of interviewees were prepared to use their GP for health and sexual health advice and would obtain contraception from a pharmacy, they also made it clear that they prefer to access such services via CHAT. The comments of those interviewed made it quite clear that they do not feel comfortable in particular with their GP:

- *I can't really talk to my GP about relationships. If I couldn't go to CHAT I would go to Youth Start, but I like CHAT because it is convenient.*
- *I wouldn't talk to my GP about sexual health. He is too formal. CHAT is like talking to your mates.*
- *I wouldn't talk to my GP about problems. I would rather talk to a woman and my GP is a man and I don't feel comfortable.*
- *I wouldn't talk to my GP. He is inconvenient and too far.*
- *I do use my GP but only use CHAT for sexual health issues.*
- *I would go to a doctor but the need hasn't arisen because of CHAT.*
- *I don't see my GP. I find it easier to talk to CHAT staff. They are like friends.*

Where people were prepared to use their GP, it was only in the absence of other services.

- *I would use the doctor as a last resort.*
- *I would use the doctor and chemist if CHAT wasn't around.*

Interviewees were prepared to purchase condoms from pharmacists and other outlets, but again, felt more comfortable obtaining these from CHAT:

- *I prefer to come to CHAT for contraceptives.*
- *I prefer to get condoms from CHAT. I would go to a chemist but just prefer using CHAT.*
- *I would not feel confident about getting condoms. We can get them from CHAT and it is more convenient.*

## Impact of service

The overall efficacy of CHAT must ultimately be determined in relation to the impact that it has upon its client group. Given that CHAT was a response to high levels of teenage pregnancy in Rawmarsh and the attendant fact that pregnant young women drop out of school, the success of CHAT can in, one respect, be assessed in relation to this single outcome.

Measured according to this single criteria, CHAT has been an unmitigated success. In the autumn of 2000, when the programme was set up, five pupils at Rawmarsh Comprehensive became pregnant. Since its inception, there have been no other pregnancies coming to term among pupils at Rawmarsh Comprehensive.

The success of CHAT with regard to teenage pregnancies has been recognised by other statutory agencies in the area. Thus the Reintegration Officer of Rotherham Metropolitan Borough Council observed:

*When I took up my post in January 2001, I had many referrals from Rawmarsh Comprehensive. Since CHAT was set up I have not had any. In my opinion, **this is a direct result of improved access to services via the CHAT project.** This is in line with advice from the government and is clearly having an impact. We speak of the project very positively in meetings of the Teenage*

*Pregnancy Strategy Group and we hope other areas will be able to follow your excellent lead in the field of promoting positive sexual health in young people.<sup>5</sup>*

Sexual health cannot be looked at solely in terms of teenage pregnancies. Sexual health as defined by the World Health Organisation also encompasses The enjoyment of sexual relations without exploitation, oppression, or abuse and the absence and avoidance of sexually transmitted infections, including HIV. As such, an evaluation of CHAT must necessarily encompass changes in the pattern of sexual behaviour among young people using its services.

The service users interviewed were asked what they thought they had learnt from CHAT. Their responses are set out below thematically.

### Sexual relationships

- *Now I feel more confident about talking about sex.*
- *I feel more knowledgeable about things in general. I feel more confident talking about sex.*
- *I learnt when to say no and when to stop. They told me about the law relating to sex and young people.*
- *I learnt to be more open minded and honest. People at CHAT talk openly about sex and that is a good thing. I also learnt about eating disorders.*

### Contraception

- *They gave me advice about contraceptives. I was told about diseases you can get.*
- *I learnt more about different contraception and the range of contraception available. They also gave me advice about how to use contraception and they give better advice than we got at school. Their advice is more realistic – like talking to your friends.*
- *I learnt some stuff about the effects of the contraceptive pill.*

---

<sup>5</sup> Letter from Else Burton, Reintegration Officer Rotherham Metropolitan Borough Council to Sarah Roebuck, 16<sup>th</sup> December 2002. Emphasis added.

### Sexually transmitted diseases

- *I have learnt a lot about sexual health - about infections and how to avoid them. You learn more here than you do at school.*
- *They told me about STIs and diseases, safe sex, what sort of stuff you can use for contraception.*

### Personal life

- *I come to talk about my family in a casual way. To talk about my private life. I really use it as a chance to get things off my chest rather than bottling it up.*
- *Originally I came about an eating disorder. They also gave me advice on more sexual matters. I have learnt a lot about sexual health.*

The comments demonstrate that discussion about sexual matters at CHAT has had a beneficial effect on a number of service users, who describe themselves as being more confident about this issue as a result. Clients also learnt more about matters directly related to sexual intercourse such as the use of contraception and about sexually transmitted infections. The comments are interesting since these tend to reveal that the information being provided by CHAT is over and above that provided by schools and so represents additional knowledge and information that young people would not otherwise be given.

The comments further indicate that young people do not see CHAT as a service purely related to sexual health, and clients have sought it out to discuss family matters and to seek advice about eating disorders. This demonstrates that CHAT is having an impact wider than its specific remit.

Interviewees were asked what they had learnt about relationships with other people. The results are given below:

### Sexual relationships

- *I am more aware of my partner now.*
- *I learnt about sexual health but this was also from school.*
- *I learn not to be pressured into sex by a partner and not to be pressured by friends and to have sex when I want to do it.*

- *Not to jump into a relationship and you should only have sex if you think it is right. Always use protection.*
- *Not to get forced into sex by a partner.*

#### Other relationships

- *I learnt about relationships with my family.*
- *I have learnt about other people's experiences. I have learnt about sexual values and we have talked about things like compromising with other people and listening to others.*

Advice given at CHAT clearly about promoting a safe sex agenda and this is being picked up by service users who indicate that they have learnt about using contraception and about becoming sexually active only when they feel emotionally and physically prepared.

Interviewees were finally asked whether or not their use of CHAT had altered any aspect of their behaviour. Comments include:

#### CHAT impacting upon behaviour

- *I feel more responsible about sex and have an increased understanding of sexual health. I feel better about talking about it.*
- *Yes – to be more safe with sex and more aware about what you are doing. I feel it has made me more confident about talking about sex.*
- *CHAT has made me more confident – I used to be a lot more shy and sit in the corner, and now I have come out of myself. CHAT has helped a lot.*
- *It has changed my views on sex. I used to think at a certain age everyone had sex but I know now that that is not true.*
- *It has made me more cautious in relation to sex.*
- *In a way yes, about staying safe.*
- *I talk to my mum much more about sex and general things because of CHAT.*

### CHAT not impacting upon behaviour

- *Not really no. I know more about sex though and protection.*
- *No.*
- *Hasn't changed me that much but it has guided me along the right path.*

The quotes demonstrate that, of the 10 respondents, 7 felt that CHAT had impacted upon their behaviour, sexual or otherwise. Of the 3 who did not feel that it had had an impact on their behaviour, 2 did however feel that they had learnt about sexual health with one citing more knowledge about protection and the other indicating that CHAT had guided them.

Sure Start service providers were asked to assess the service provided by CHAT. The results are given at Table 4.

Table 4: Service providers assessment of CHAT

Outcome	Rating of health visitor services			
	Very Good	Good	OK	Poor
Client friendly times for service	8	0	0	0
Easy for client to get to service	7	0	0	0
Friendly service	8	0	0	0
Professional service	8	0	0	0
Improves child development	3	1	0	0
Improves parent skills	3	0	1	0
CHAT provides feedback about clients to other relevant service providers	6	2	0	0
CHAT makes referrals to other relevant service providers	4	2	0	0

The results are very positive with the majority of respondents indicating that each factor was Very Good. Of note, *all* respondents felt that opening times, the ease of access of the service, and the friendliness and professionalism of the staff were Very Good.