



Research needs and gaps identified by delegates at the Fuse Quarterly Research Meeting on October 22nd 2013

Young People and Sexual Health; research, participation and action

90 delegates attended this Fuse QRM, from a range of NHS, LA, voluntary, community sector and academic organisations in the North East. During workshop discussions, delegates were asked to identify gaps in research evidence and their research needs in relation to young people's sexual health. The aim was to produce a document that could inform discussions in future sexual health research practice network meetings. This is the list of suggestions to emerge from the meeting.

Broad research themes;

Need to evaluate sustainable, long term effectiveness of initiatives.

More longitudinal studies about impact.

How can we obtain baseline data? We need to be able to show improvement.

Young people's engagement

We need to evaluate models of young people's engagement.

We need more research questions generated by young people.

How can we best evaluate and most effectively disseminate the learning from innovative projects such as 'Our Health, Our Voice'.

Learning - to promote evidence that shows research has made a difference. We need academic researchers to follow up local initiatives to explore what difference they have made. (e.g Our Health, Our Voice, Changemakers work with GPs)

Explore ways to identify and obtain existing evidence and feedback from young people which may not necessarily be via direct consultation.

Access to sexual health services

A lot of funding and resource has gone into the implementation of *You're Welcome* locally and regionally. I would value this Department of Health initiative being evaluated.

How to continue to improve health services for young people, how to work with resistance to implement local initiatives such as *You're Welcome* that make a difference to young people.

Qualitative research to explore barriers to health practitioners providing sexual health services.

What prevents primary care practitioners from providing effective adolescent / sexual health consultations?

How to engage young men in accessing sexual health services, encourage asymptomatic screening for STI's (usually present with symptoms) and increasing confidence to access services in groups.

Primary colours research looking at LGBT access to GP practices - participants felt invisible. It's really important to make sure that services are inclusive and welcoming and respect every individual. Link to 'Pride in Practice' award.

Barriers facing Black and Minority Ethnic (BME) groups to access services.

Access to services from young Asian women and girls and other BME groups, travellers, gypsies and European migrants.

In rural areas, such as Northumberland, how do young people want to access services? Do they want traditional services or do we use new technologies, such as telemedicine?

Surveying primary care providers about knowledge of available services.

How to evaluate young people's services, to identify what difference they make for young people.

Researching medical students' perceptions about how prepared they feel to discuss sexual health with young people.

Possible STIs and the negative influence of the Chlamydia Screening Programme.

Need for funding and resources – and need to review impact of cuts to services.

Sex and relationships education (SRE)

Discussions around SRE, age, role of religion, pornography, pleasure, language and abuse.

What do young people learn about SRE? How to inform the national curriculum.

Social Norms

There is a large amount of anecdotal evidence about social norms. There is a need for well designed studies to provide evidence-based knowledge.

There is a need to know if teenagers who underestimate social norms change their behavior when they learn about their peer's behavior.

Future research on social norms interventions – improving messaging element.

Media / Social media

Role of social media. Qualitative research / focus groups to explore the potential harms and benefits for young people

Finding ways to capture the evidence young people spontaneously generate e.g. social media.

Young people and technology-how young people's sexual identity is formed through technology / using technology to creatively engage young people in sexual health messages.

Qualitative work looking at what newspapers are saying about young people's sexual health.

Social media – risks of young people posting drunken images of themselves online

Pornography

Impact on body image e.g. increase in numbers of requests for labiaplasty, interaction and social media.

Pornography and its impact on young people's attitudes

Impact of pornography on young people's knowledge about sex, body image and behaviour.

Appendix 1 List of workshop titles and facilitators

Workshop 1

Our Health, Our Voice; making a difference in practice through young people's participation.

Mandy Taylor, Children North East, Newcastle

Lee Peacock, West End Youth Enquiry Service, Children North East, Newcastle

Workshop 2

Preparing primary health care practitioners to meet young peoples' needs through education and training.

Dr Jane Roberts, RCGP Clinical Champion for Youth Mental Health, Chair RCGP Adolescent Health Group, Clinical Senior Lecturer, University of Sunderland, GP Blackhall, County Durham, County Durham & Darlington Foundation Trust.

Dr Shamila Parks, GP, Washington Tyne and Wear, member of RCGP Adolescent Health Group.

Workshop 3

Reality Check: Are social norms approaches effective in reducing risk taking in relation to sexual health and alcohol in secondary school age populations?

Kevin Stoodley, PhD student, Northumbria University and Sexual Health Promotion Specialist, South Tyneside NHS Foundation Trust, and

Lisa Irving, Postgraduate Researcher, Northumbria University

Workshop 4

The impact of gender on what young people feel able to do in their sexual relationships.

Ann McNulty, Health and Race Equality Forum, Newcastle

Mandy Cheetham, Research Associate, Teesside University

Workshop 5

How children and young people's participation can inform the commissioning of public health services.

Guy Pilkington, GP and Chair of Newcastle West Clinical Commissioning Group



Public Health
England

PHE

Investing in our future citizens .

Professor Kevin A. Fenton
National Director, Health and Wellbeing
Twitter: @ProfKevinFenton



The opportunity: a new public health system with an integrated approach





The opportunity: Public Health England

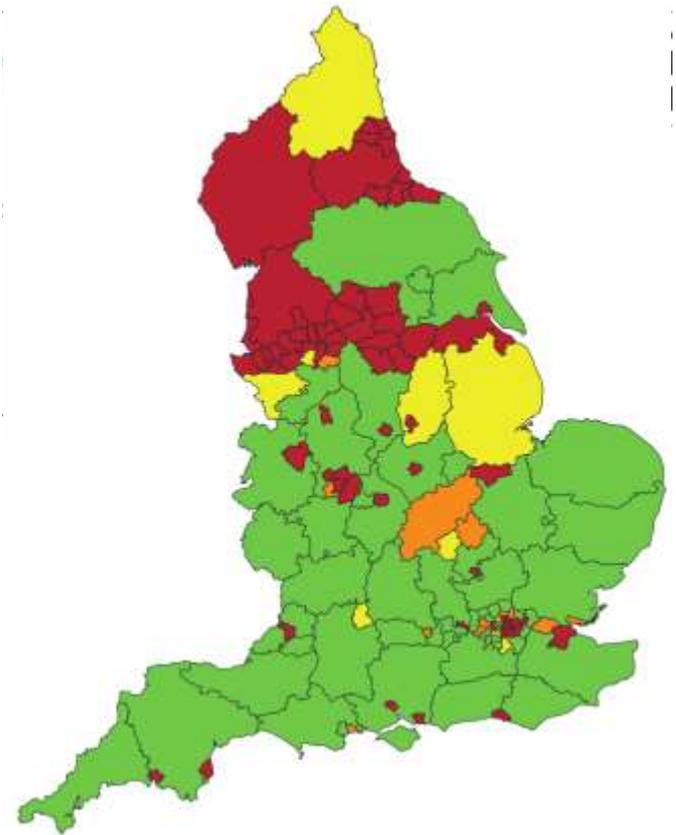
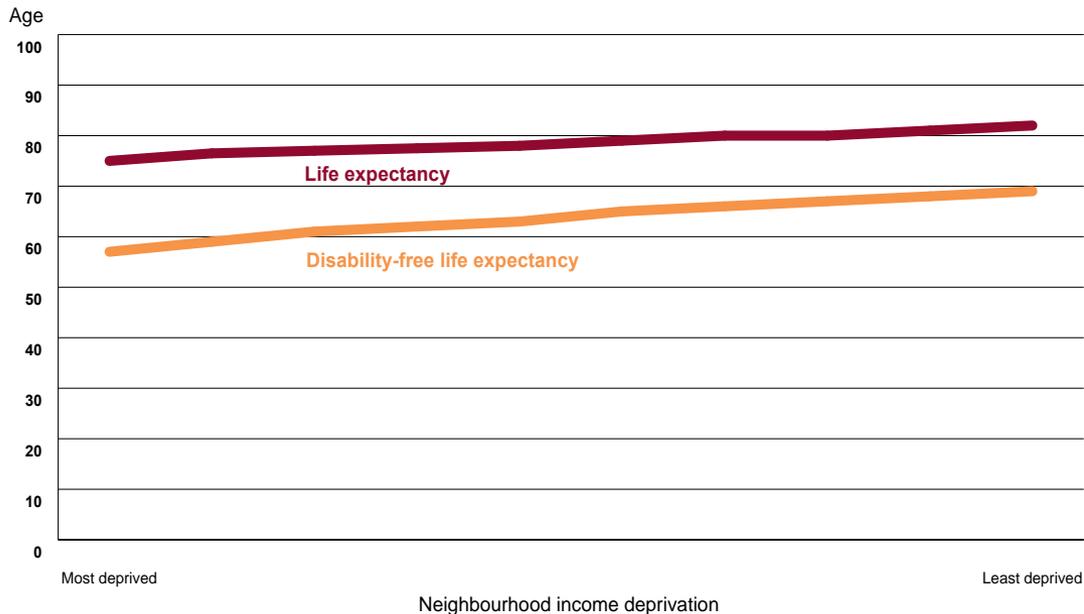
System Leadership: Work transparently, provide government, local government, the NHS, MPs, industry, public health professionals and the public with evidence-based professional, scientific and delivery expertise and advice

Protection: Ensure there are effective national and local arrangements for preparing, planning and responding to health protection concerns and emergencies,

Local Support: Support local authorities and clinical commissioning groups by providing evidence and knowledge on local health needs, alongside practical and professional advice on what to do to improve health



Wicked problems: Health inequalities



Life expectancy and health life expectancy, and premature mortality rates vary across the country – higher rates strongly linked to socioeconomic deprivation



The organisational change must be accompanied by a new vision and transformed approach

1

A new approach that brings together

- appreciation of wider health determinants
- promoting wellbeing, prevention and early intervention

2

A new approach that relies on

- evidence-base for what works
- collaboration and cross-sector leadership
- adapting to local needs

3

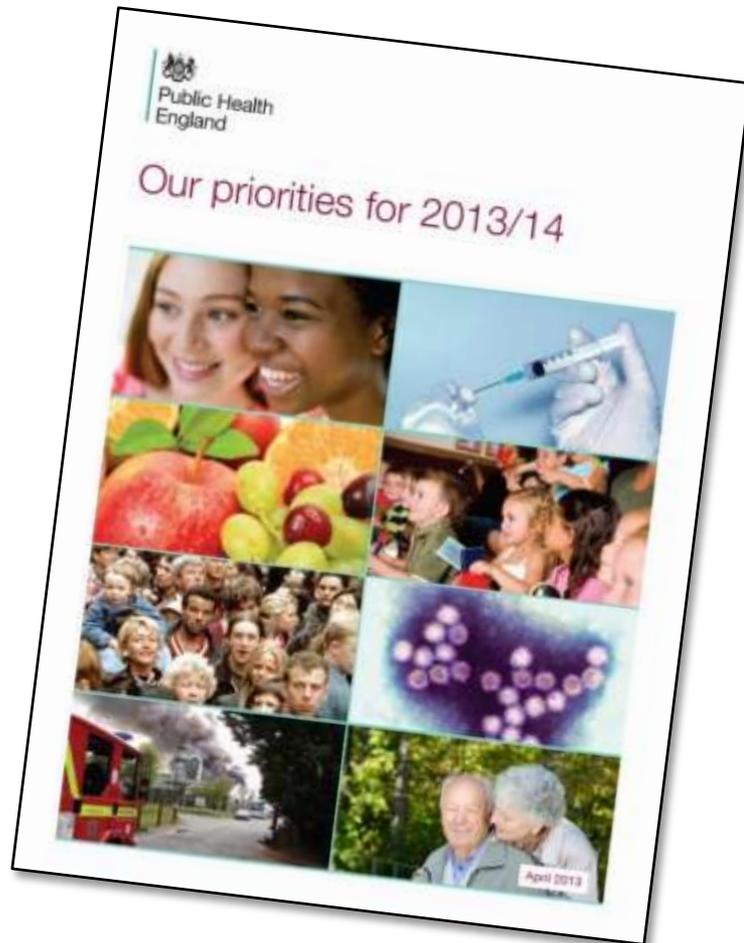
A renewed focus on driving healthy behaviour

- promoting healthy behaviour (campaigns)
- informing personal choice
- providing local data for improving health



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Prioritising our efforts





Public Health
England

Strategy & ambition – PHE will

- **Take a life-course approach that recognises the importance of the family.**
- **Take a holistic approach that recognises multiple & social determinants for wellbeing as well as health.**
- **Promote the importance of early help, early intervention, & prevention.**
- **Ensure what we do has a positive and measurable impact on outcomes by working closely with local government & other partners.**
- **Aim for health outcomes that are as good as the best internationally.**
- **Promote innovation and research .**
- **Consult with children, young people & their carers.**



Public Health
England

PHE national action

- Provide national leadership for improving child health & wellbeing outcomes
- Collaborate with national bodies and centres in work that reduces poor public health outcomes and inequalities
- Collate, disseminate and commission a meaningful evidence base that impacts on delivery and supports quality improvement.
- Inform policy makers and PHE centres about the evidence.
- Work with the chief knowledge office and PHE centres, and provide local areas with PHOF and other benchmarking information to inform joint strategic needs assessments (JSNA) and joint health and wellbeing strategies.
- Support conversion of knowledge and intelligence into more effective commissioning and practice – develop resources, tools and products.
- Support joint approaches with the LGA on sector led improvement, including workforce development.



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England

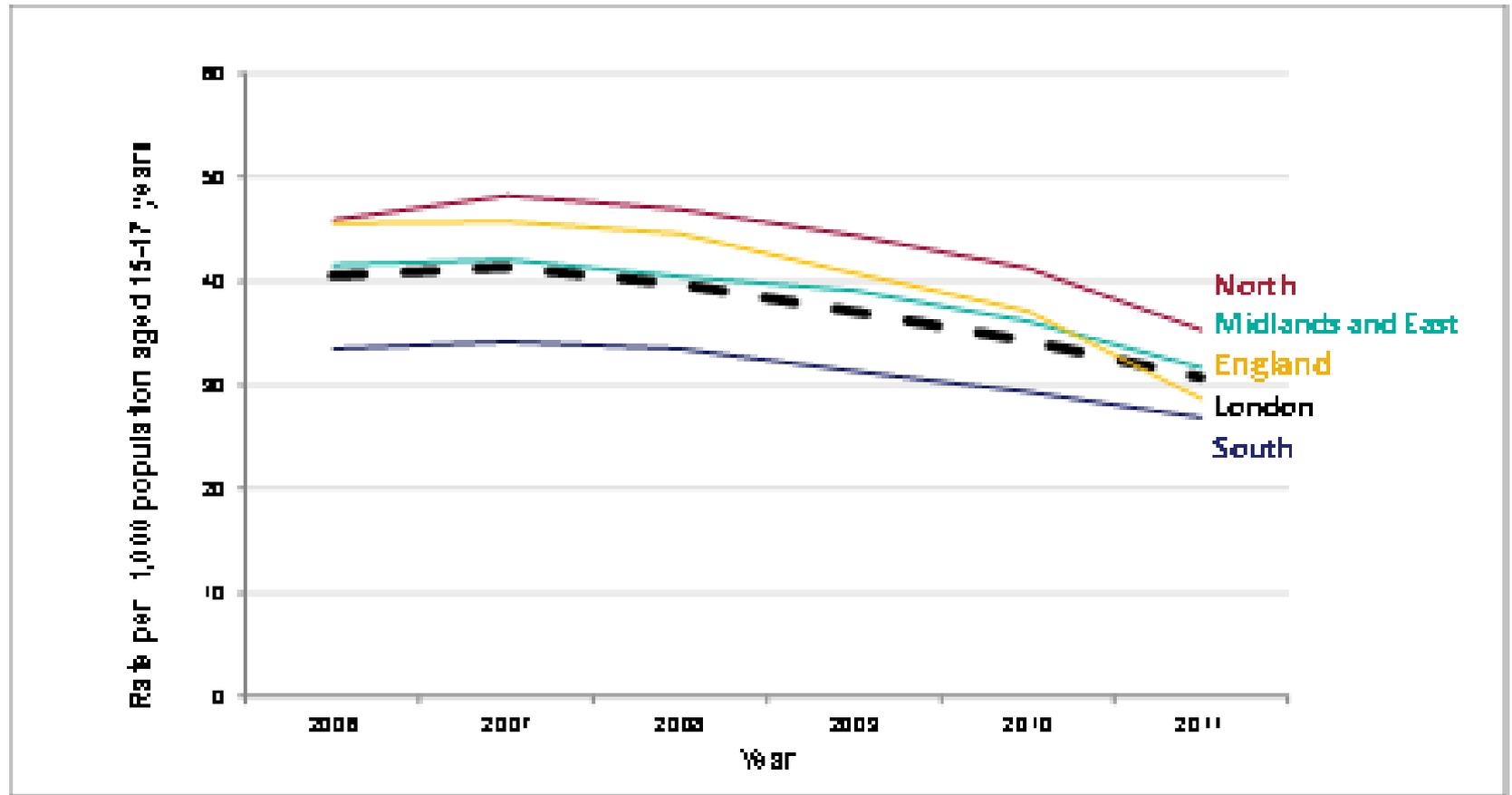
Under 18 conception rate per 1,000 female population aged 15 to 17 years in England

Office for National Statistics; map: Child and Maternal Health Intelligence Network



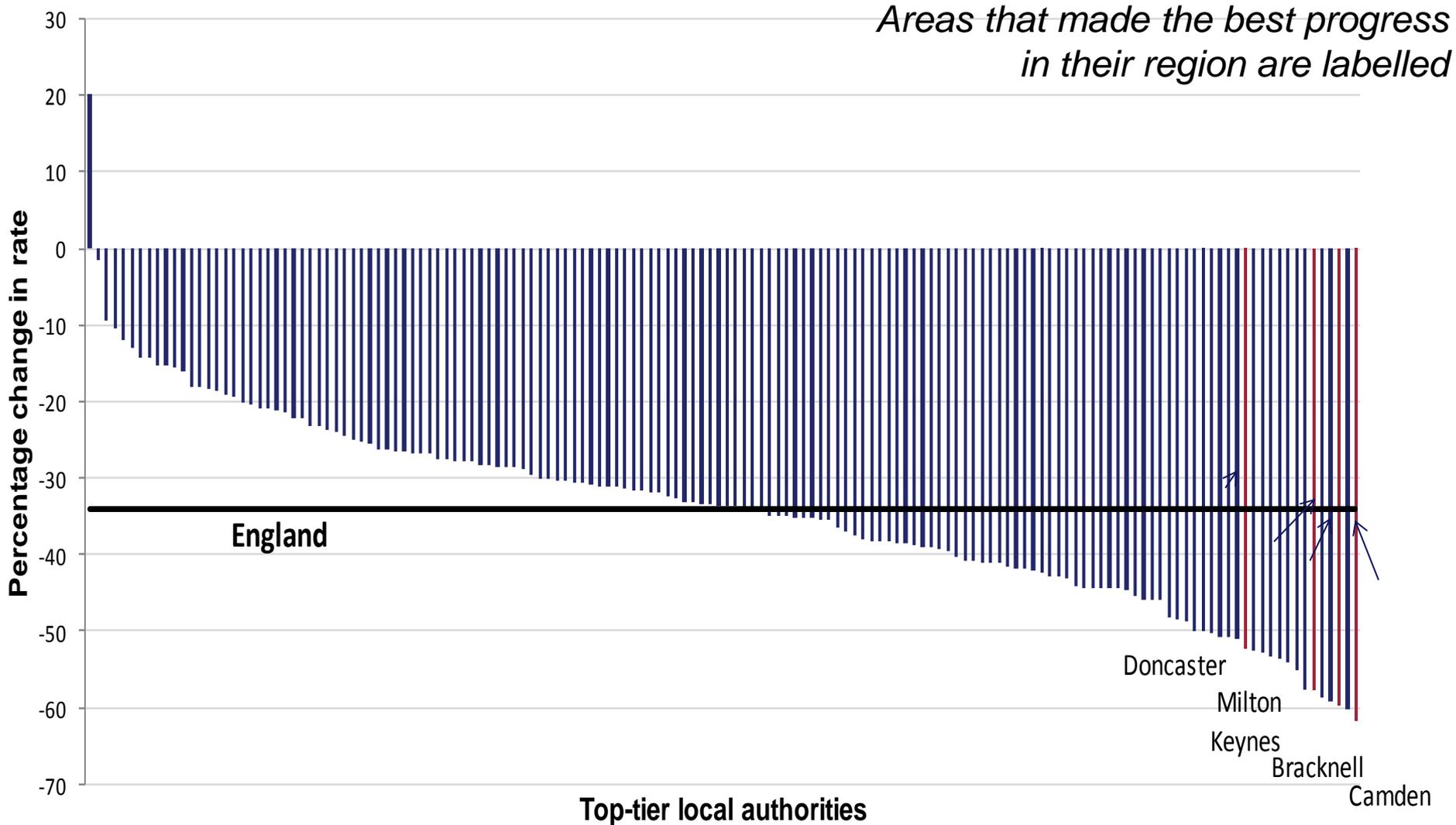


Under 18 conception rate | Region





Teenage Pregnancy-Local Progress 1998-2011





Births to teenage mothers

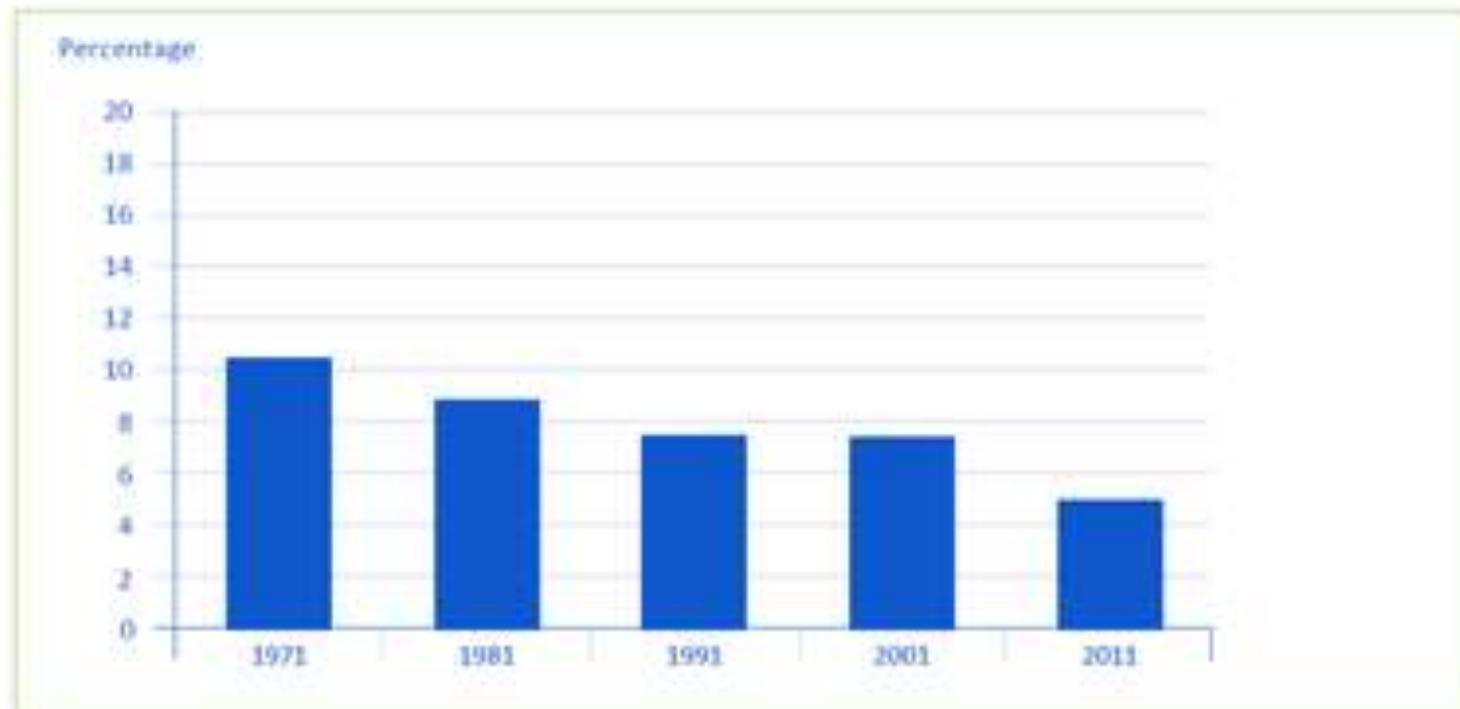
Key Data on Adolescence, 2013

The proportion of births to teen mothers has fallen to 5%.

But it is still the third highest rate in rich countries.

Only Romania and the USA have higher rates.

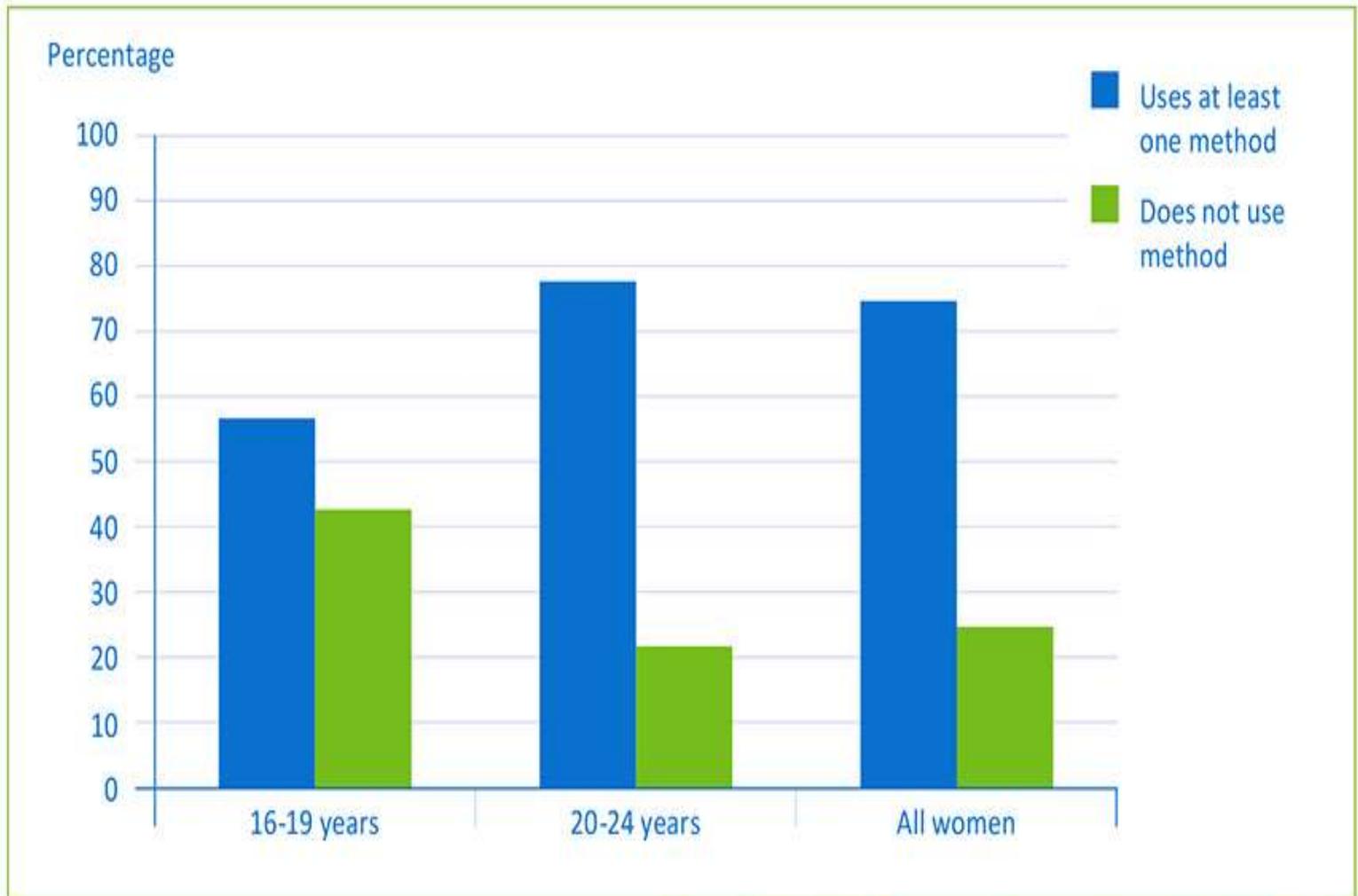
Chart 5.13
Proportion of births
to mothers aged
under 20 in
England and Wales,
1971-2011



Source: ONS (2012) Live births in England and Wales by Characteristics of Mother 1, 2011 - Download data



Chart 5.3
Current use of
contraception
by women
in the UK, by
age, 2008/9



Source: ONS (2009) Contraception and sexual health 2008/09

NB Figures for 16-19 are unreliable and should be treated as indicative, not definitive

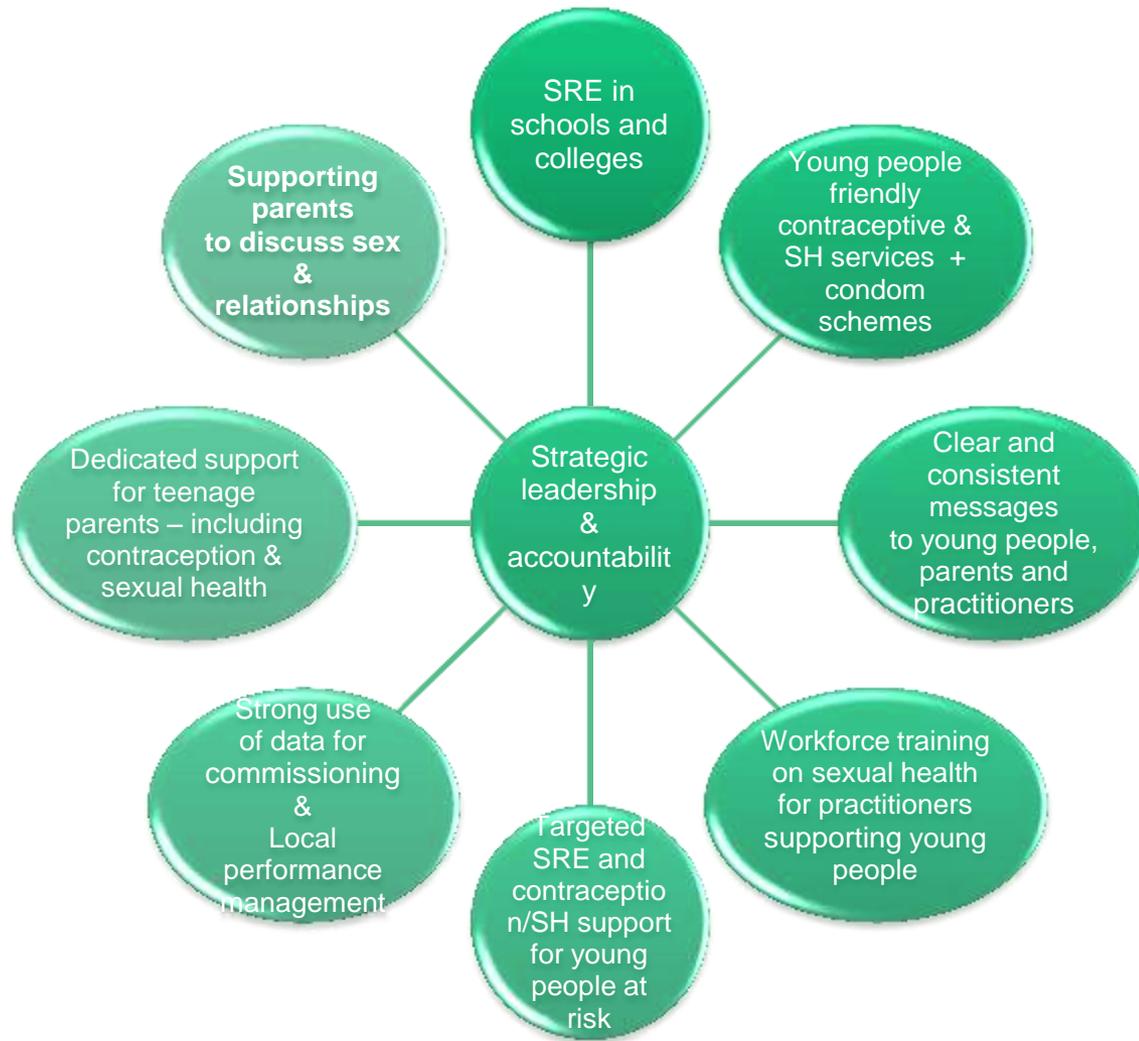


The Evidence

- Provision of high quality **SRE**, (Kirby 2007) and access to and correct use of **contraception** (Santelli 2008) are areas where strongest empirical evidence exists on impact on teenage pregnancy rates
- Universal and targeted. SRE and contraception/SH provision for all, with more intensive support for young people at risk = Marmot's principle of progressive universalism
- Countries with more open approaches to young people's sexual health have lower conception rates



Translating evidence into a 'whole systems' approach





Leverage opportunities for cross-government health agenda

Housing

- Good housing drives health
- 20,000 excess deaths each winter

Physical activity

- Reduces risk of illness by up to 50%
- 2/3 of adults obese or overweight

Work

- Work a key health determinant
- Poor health keeps people out of work

Healthy Food

- 1/3 children in Y6 obese or overweight
- Cost of obesity to NHS £5bn a year

Crime and violence

- Alcohol a factor in 44% of violent crime

Smoking

- Leading cause of premature mortality
- Estimate cost to economy £13bn

Early intervention

- Foundations for every aspect of development laid in childhood, FNP. Health Visitors, Midwives, education

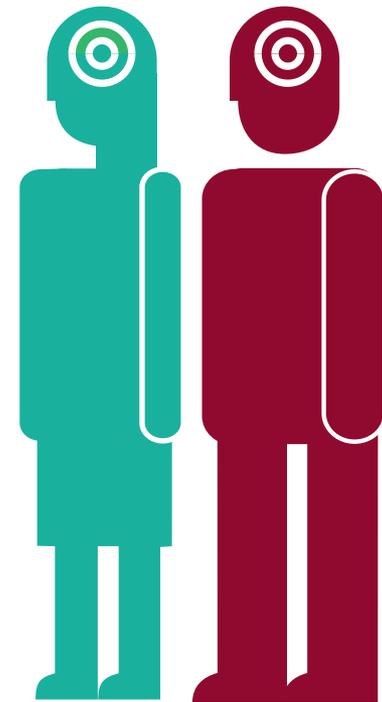
Healthy community

- Isolation significant driver of poor health
- Poor environments lead to social isolation



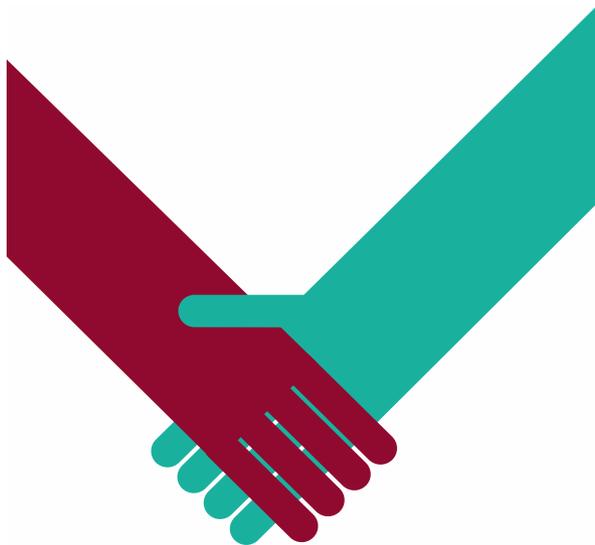
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Conclusions





Investing in the public's health together



PHE cannot succeed by itself

Our partnerships with local authorities, the NHS and the third sector are what will allow us to achieve the outcomes we seek

PHE as a link between local and national

We will have dedicated expertise at the heart of PHE and in each centre to offer practical know-how and advice to local government and the NHS



Investing in the public's health together



The evidence base

Part of our support role to local government and providers is to collect, collate and share best evidence and practice of what works, so local areas can get the best possible outcomes for individuals and local communities

Guidance

We are also producing guidance in the areas where we have expertise, and are working with NICE



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England

To find out more

www.gov.uk/phe

www.chimat.org.uk

datagateway@phe.org.uk

Young people and sexual health; time for a stocktake

Roger Ingham

Centre for Sexual Health Research

University of Southampton

ABRIDGED VERSION

FUSE Network QRM

Newcastle, 22nd October 2013

what is sexual health?

tends to be emphasis on physical outcomes
(HIV/AIDS, other STIs, early pregnancy, abortion)
but psychological outcomes also important
(but less well studied)

range of other related issues – gender issues,
homophobia, stigma, sexual abuse, grooming, partner
violence, honour killings, FGC, impact of pornography,
early sexualisation, etc.

and pleasure, fulfilment, intimacy, etc.

being out of control

It wasn't good the first time you know it was bad
actually you know it didn't feel good I mean it was
like me not being in control ... I know you're
supposed to feel out of control but I was out of
control for all the wrong reasons ... sorry ... I know
that don't sound right but that's how I feel
(17 year old describing her first sexual experience at
age 15)

Harriet Hogarth's PhD research

changed political and economic climate

reduction in national and local support for Teenage
Pregnancy Strategy

narrow focus in SH strategy

disestablishment of national advisory groups

no inclusion in SRE in national curriculum

changing structures and focus of provision

so, is it all doom and gloom?

overview of past thirteen years (1998 to 2011)

England under 18 conception rate decreased 34 per cent

England abortion ratios increased by 16 per cent

so, England birth rate decreased by 42 per cent

(Tyne and Wear = 44 per cent)

(Newcastle = 31 per cent)

(Gateshead = 55 per cent)

and can calculate actual total numbers

overview of past thirteen years (1998 to 2011)

BUT ...

during this time, STI rates have risen

access to pornography /sexting / etc. has increased

levels of abuse???

policy dilemmas

“young people have rights and entitlements”

as opposed to

“do we have to?”

policy by reluctance
(and effect of fear)

variations in SH outcomes

at national level

at neighbourhood level

at family level

at individual level

challenge is to identify what it is that accounts for
variation at each of these levels

and whether - and how - this can be utilised to continue
improvement

key importance of openness

so, what's stopping us?

difficult to explain where these concerns come from

but can explore processes and see ...

... where interventions could and should be
attempted

... where challenges could and should be directed

levels of policy and influence

distinction between

BIG P

and

little p

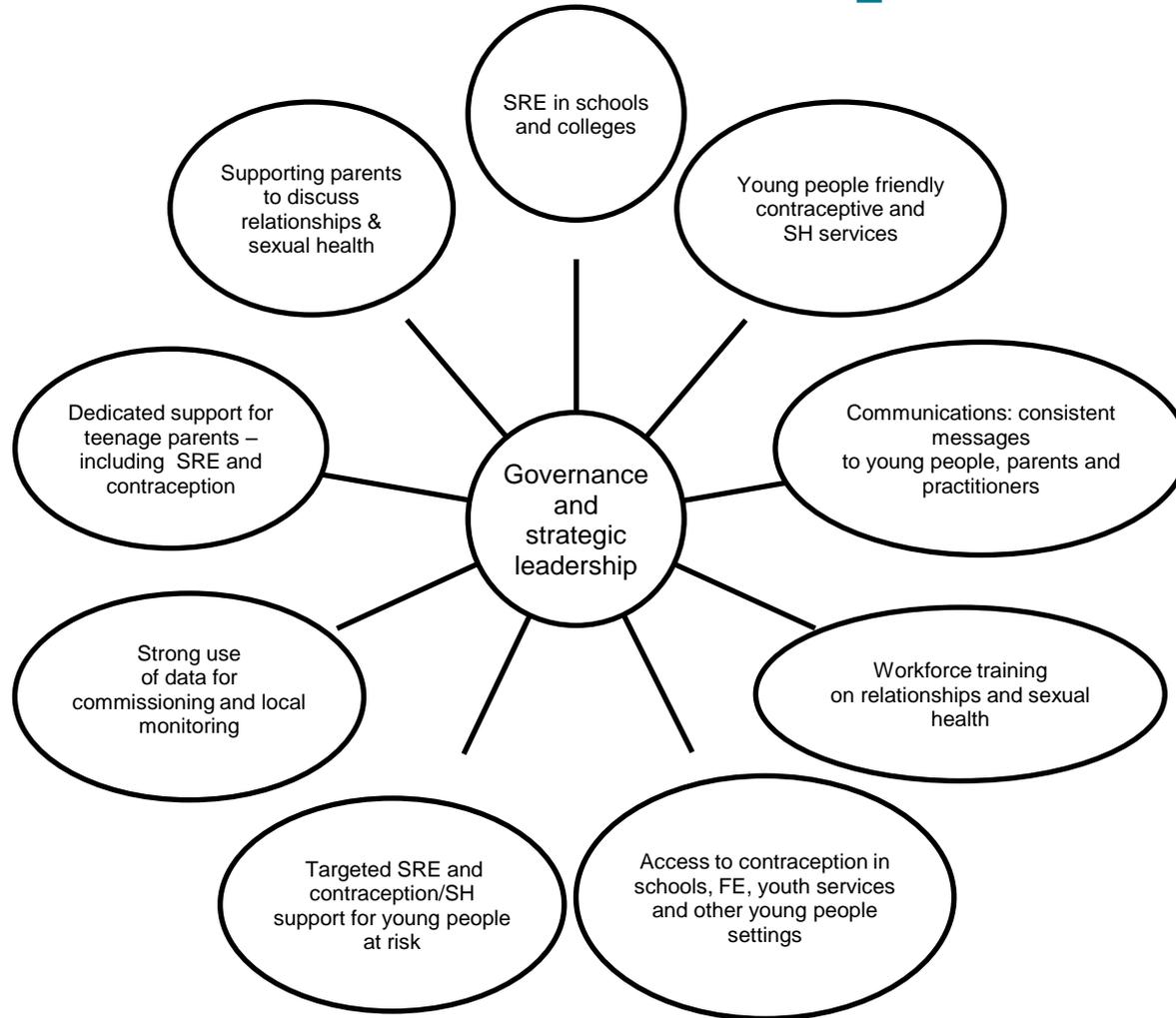
levels of policy and influence

Teenage Pregnancy Unit (as was)

developed wheel to represent essential elements of
successful local policies

based on deep dive visits, research, consultations,
etc.

overview of BIG P requirements



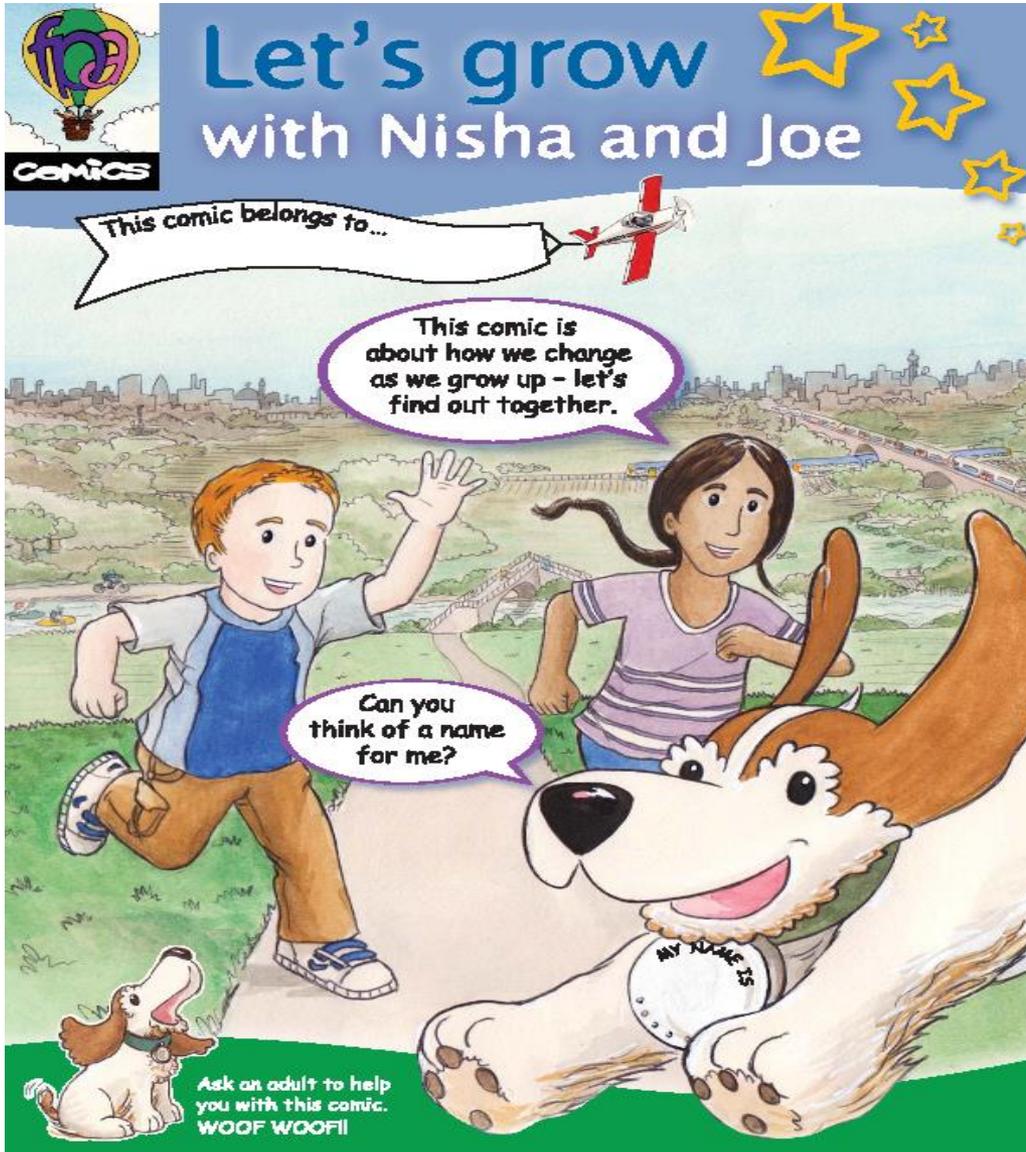
what about little p ...

addressing culture of sex

barriers and opportunities

some examples of influences ...

... on attempts to move to more open approaches



Nisha and Joe

quotes appeared in nearly all national and local papers across the country (sent out by press agency) read by very high percentage of population, not just the Daily Mail readership

(but very few will have seen the booklet itself)

Daily Telegraph: *Sex Education booklet aimed at 6 year olds sparks row*

BBC News: *Sex education for 6 year olds*

Mail online: *Now schools introduce a sex guide for your six year olds*

Nisha and Joe

Margaret Morrissey, ex-national chair of the Parent-Teachers Association is quoted as saying:

“I am sure most parents will agree the truth is the best answer but it is the degree of detail that is so important. It’s unfair to burden very young children with explicit details and then wonder why they say words and do things not acceptable in schools or in society.

We cannot expect small children to cope with the amount of information government want primary schools to implant into childish minds.”

(LifeSiteNews.com, 18 September 2008)

Nisha and Joe

Dr Trevor Stammers, of the Family Education Trust, said:

“The FPA seem to think that by doing the same thing with younger and younger children they are going to get a different result. There is a constant emphasis on biological knowledge and an absence of understanding that feelings can be hurt and sex outside a loving relationship leads to damage and retreat.”

Nisha and Joe

WARNING!!!

**if you are of a sensitive disposition,
please look away now ...**

Girls' bodies

Draw a line from the words in the boxes to the body parts.

Do you know what all the parts of the body are called?

8

Boys' bodies

Can you see any differences between boys and girls?

9

The Pleasure Principle

Sheffield conference, 2007

200 SH workers, youth workers, teachers, nurses,
parents, faith groups, etc.

very strong commitment and many requests for more
help and support in dealing with positive aspects of sex

Sheffield Centre produced booklet (2010)

best seller of all their many publications



Thirty Ways...

for workers and parents/carers to raise the issue of sexual pleasure with young people

One

Listen, listen, listen, listen, listen!

Two

Talk, talk, talk, talk, talk!

Three

Answer children and young people's questions honestly and according to their level of understanding. Make sure that it is clear that sex is not just something a man and a woman do to make babies.

Four

Remember your teenage self as this may help with empathy and understanding.

Five

Ensure that correct names are used for body parts early on and that age-appropriate attention is paid to the role and function of the different body parts

(for example, mentioning the clitoris as opposed to just focussing on the vagina). Avoid using evasive and misleading terms for body parts (such as 'front bottom' for vagina/vulva or 'tail' for penis) – these can lead to a great deal of confusion and mystification.

Six

Ensure that notions of 'dirtiness' and 'naughtiness' associated with interest in sexual development amongst young children are not perpetuated. Exploration of bodies at a young age is 'normal', and children need to learn where/when masturbation is and is not appropriate.

Seven

Work with parents to present the evidence that being open, honest and accepting of sex and sexuality can be beneficial in reducing negative outcomes. This may not only enhance their own relationships but will also help to prepare their children for good, consensual and pleasurable sex and relationships later on.

An **Orgasm** a Day

Keeps the Doctor Away!

You could talk about the positive physical and emotional effects of sex and masturbation.

They are good for the cardiovascular system - providing the equivalent to 15 minutes on a treadmill - boosting the immune system, improving mental health and a sense of well-being.

Health promotion experts advocate five portions of fruit and veg a day and 30 minutes physical activity three times a week. What about sex or masturbation twice a week?!



the Sheffield Pleasure booklet

“An orgasm a day keeps the doctor away”
included as a purely light-hearted comment

and of course this quote went around the world over the
next few days

Director received personal hate messages

Family and Youth Concern was quoted in the Daily Mail
before they had even read it

(Stammers admitted this to me in a live World Service
discussion)

the Sheffield Pleasure booklet

Dr Trevor Stammers, of the pressure group Family and Youth Concern, said the leaflet would encourage 'risky' behaviour and an increase in sexually transmitted diseases.

'It is unbelievable that this is being sent to schools', he said.

'I'd like to know what scientific evidence there is to back this up. There are an awful lot of overpaid and under-occupied health promotion officers around who are obsessed with sex.'

He added that inciting underage sex was 'nothing less than encouraging child abuse'. (Daily Mail, 12 July 2009)

the Sheffield Pleasure booklet

in fact, the booklet has never been 'sent to schools'
it is available for purchase as are the Sheffield Centre's
many other publications

it is certainly **NOT** encouraging under age sex

MP Nadine Dorries claimed (falsely) in Parliament that
the booklet was sent to all 11- year olds in Sheffield.

does this count as Parliamentary privilege ...
... or telling lies?

filtering into public discourses

this constant drip-feed of sensationalist treatment
(including veiled accusations of child abuse) affects
politicians' views

direct lobbying from groups

but also fear of public reaction (and votes)

also affects people's confidence and willingness to discuss
issues with their children, pupils, etc.

adds onto existing uncertainties and nervousness
transmitted to teachers, parents, service providers,
school governors, media staff and young people ...

... with consequences for openness and comfort

for example, in families

reactions to early bodily questions and exploration

reactions to early reproductive questions

naming of body parts

what is the impact of silences and evasion?

(eg reactions to touching)

lead to general mystification of bodies and sex?

inability to communicate and discuss

increase likelihood of guilt and shame

what is expected of boys and girls?

Leverhulme Trust project

Leverhulme Trust project

asking parents how and why they answer children's questions and react to behaviours

started October 2011

currently analysing and preparing for publication

some early results

(illustrative quotes removed from this abridged version)

the key conflict

knowledge/openness/comfort is ...

... a solution which empowers children by raising awareness of risk and means of protection

OR ...

a problem contributing to a loss of innocence and the wider 'sexualisation' of children

some key themes

gender differences regarding protection

uncertainties about notions of ‘innocence’

emphasis on making babies

age appropriateness (btw, Brook Traffic Lights)

responsive rather than proactive responding

internal conflicts about levels of openness

concerns about other people’s reactions

other common features

reactivity means little forward planning and often
conflicting views

descriptions of being caught out by questions, events,
no agreed policies between friendship / school groups

confusions regarding terminology

early questions and answers are about reproduction,
whereas most sex is nothing to do with this

implications for diversity issues, pleasure, consent,
coercion, etc.

the effects of silences

silence allows secrecy, mystery and mystification

secret exploring, through friends, through pornography,
through experimentation

denial of agency and responsibility (links with consent)?

lack of a suitable language / discourse

a language with which to understand/ or report
(sexual literacy)

easier to report to others what is happening (anecdotal
evidence from safeguarding and courts)

so, finally ... need to

- ... understand the complexity of early sexual learning and discourses
- ... realise that (P)policy-makers and practitioners have (and may try to impose) their own personal views
- ... take every opportunity to challenge these barriers to progress – including the media
- ... may need to use safeguarding agenda to reinforce case
- ... be supported and comforted by the research evidence
- ... recognise that attempts to protect may actually make young people more vulnerable
- ... be determined to provide young people with the support and opportunities that they need and want

the end



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health & race equality forum

Northumbria Healthcare



NHS Foundation Trust

Biographies for keynote speakers

Fuse QRM; 22 October, Newcastle University

Professor Kevin A. Fenton MD, PhD, FFPH

National Director for Health and Wellbeing, Public Health England



Professor Kevin Fenton, MD, PhD, FFPH, is the Public Health England National Director for Health and Wellbeing. In this role he oversees PHE's national prevention programmes including screening for cancer and other conditions, Health Checks, national health marketing campaigns, public mental health, and a range of wellbeing programmes for infants, youth, adults and older adults. The Health and Wellbeing Directorate also leads PHE's Health Equity portfolio with a range of programmes and activities focused on addressing the social determinants of health, and promoting settings-based approaches to health improvement.

Professor Fenton was previously the director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC), a position he held for seven years from November 2005. He also served as chief of CDC's National Syphilis Elimination Effort and has worked in research, epidemiology, and the prevention of HIV and other STDs since 1995. Previously he was the director of the HIV and STI Department at the United Kingdom's Health Protection Agency.



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He attended medical school in Jamaica, obtained his master's in public health at the London School of Hygiene and Tropical Medicine, and PhD in Infectious Disease Epidemiology at the University College London. He has authored or co-authored more than 250 peer-reviewed scientific articles and policy reports. He is a speaker in great demand and speaks Spanish and French.

Professor Roger Ingham

Roger Ingham is Professor of Health and Community Psychology at the University of Southampton, and Director of the Centre for Sexual Health Research. The Centre has, for over twenty five years, carried out research on various aspects of sexual and reproductive activity in the UK and internationally. He has worked closely with policy makers, and has been a consultant/advisor for the World Health Organisation, UNAIDS, the Ford Foundation, the EC and other agencies on their SRH and AIDS programmes. His edited volume (with Peter Aggleton) *Promoting Young People's Sexual Health; international perspectives* was published by Routledge in 2007. He was a member of the Independent Advisory Group for the former Government's Teenage Pregnancy Unit, sits on the Teenage Magazine Arbitration Panel and was a member of the core group involved in the development of the English National Sexual Health and HIV Strategy.

Professor Liz Todd

Liz Todd, Professor of Educational Inclusion at Newcastle University, has worked as a secondary mathematics teacher, an educational psychologist and a therapist using narrative practices and video interaction guidance. Her work on the involvement of young people in research has recently received acclaim with the award in 2013 to Newcastle University of membership of the regional children's human rights organization, 'Investing in Children'. Newcastle University is the first university to receive this award. Liz Todd's 2007 monograph, *Partnerships for inclusive education: A critical approach to collaborative working*, was nominated for the 2007 NASEN/TES academic book prize. Her co-authored book, *Beyond the School Gates*, was recently awarded the prize highly commended by the *Society of Educational Studies*, Nov 2012. This is a scholarly monograph summarising 12 years research raising critical questions about the role of schools in combatting the impact of economic inequalities on educational outcomes. In recent years she has brought just under £1M in research funding into the university. Liz has been asked to contribute expertise to the governing authorities in Amsterdam on the development of out of school activities, and to the schools and colleges in Catalonia on the evaluation of educational interventions. She has been keynote speaker recently in Stockholm, Barcelona and Berlin.



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Dr Guy Pilkington

Dr. Guy Pilkington is GP Chair of NHS Newcastle West Clinical Commissioning Group, which works together with Newcastle North and East CCG and Gateshead CCG in an Alliance with a shared senior management team. He has been a GP for 24 years and Chair of the CCG and the preceding PBC group for the last 6 years. NWCCG is ranked 19 (of 211) amongst CCGs in the country for the levels of deprivation experienced by its population. NWCCG aims to be ambitious and innovative as an organisation and is extremely active within the wider CCG Network. It focuses on community engagement and seeks to incorporate the 'social model' of care into emerging strategies. The CCG is committed to working on the inequalities agenda and as such firmly believes we need to improve the way we work across health, social care and education with young people of all ages, from early years to adult life.

**Programme for Fuse QRM Young people and sexual health: research,
participation and action**

Tuesday, 22nd October – Research Beehive, Newcastle University

9.00 – 9.30	Arrivals, registration and refreshments
9.30 – 9.40	Welcome and introductions by Chair Dr Guy Pilkington, GP and Chair of Newcastle West Clinical Commissioning Group.
9.40 – 10.10	Key note speakers and questions Professor Kevin Fenton, National Director for Health and Wellbeing, Public Health England. <i>'Public Health England – Investing in our future citizens'</i>
10.10 – 11.10	Roger Ingham, Professor of Health and Community Psychology, and Director of the Centre for Sexual Health Research, University of Southampton. <i>Young people and sexual health; time for a stocktake.</i>
11.10-11.30	Refreshment break
11.30-12.30	Themed table discussions
	<p>Choose one of the following facilitated discussions:</p> <p>Mandy Taylor Head of Service (Children & Young People), Children North East, and Lee Peacock, Service Manager, West End Youth Enquiry Service, Newcastle <i>Our Health, Our Voice; making a difference in practice through young people's participation.</i></p> <p>Jane Roberts, Clinical Senior Lecturer, University of Sunderland, GP in County Durham, Chair Royal College of GPs Adolescent Health Group and Sharmila Parks, GP in Washington, Tyne and Wear <i>Preparing primary health care practitioners to meet young peoples' needs through education and training.</i></p> <p>Kevin Stoodley, PhD student, Northumbria University and Sexual Health Promotion Specialist, South Tyneside NHS Foundation Trust, and Lisa Irving, Postgraduate Researcher, Northumbria University</p>





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	<p><i>Reality Check: Are social norms approaches effective in reducing risk taking in relation to sexual health and alcohol in secondary school age populations?</i></p> <p>Ann McNulty, Health and Race Equality Forum, Newcastle and Mandy Cheetham, Research Associate, Teesside University <i>The impact of gender on what young people feel able to do in their sexual relationships.</i></p> <p>Guy Pilkington, GP and Chair of Newcastle West Clinical Commissioning Group <i>How children and young people's participation can inform the commissioning of public health services.</i></p>
12.30 – 13.00	<p>Summary of the most important messages for commissioning</p> <p>Led by Liz Todd, Professor of Educational Inclusion, Newcastle University</p>
13.00	<p>Meeting closes</p>

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Young People and Sexual Health: Research, participation and action

Workshop 1

Our Health, Our Voice; making a difference in practice through young people's participation.

Mandy Taylor, Children North East, Newcastle

Lee Peacock, West End Youth Enquiry Service, Children North East, Newcastle

In the workshop, Mandy and Lee will draw on the findings from the 'Our Health Our Voice' peer research project commissioned by Newcastle LINK (2011), which examined young people's opinions and experiences of health issues and health service in Newcastle. Two organisations with specific interest and experience of working directly with young people (Streetwise & West End Youth Enquiry Service) recruited young people as peer researchers who then met with over 300 young people aged 13 – 25 years to explore their experiences. The research found that young people were concerned about a wide range of health issues, the most prominent being cancer, body image and sexual health.

The workshop will provide examples of how the findings have directly informed and influenced changes in practice and commissioning priorities. Mandy will focus on the partnerships that have embraced the findings, including Newcastle West Clinical Commissioning Group and Newcastle Children's Be Healthy Partnership. The workshop will describe what work is underway to improve young people's access to primary care services across the city. Participants will be able to hear how the findings from research 'can and do' inform practice delivery and development and what they could do in their own work areas in order for this to take place. Don't just let the research remain on the shelf?

Reference

Newcastle LINK (2011) *Our Health, Our Voice Stronger Voice, Better Care*, Newcastle CVS

Biographies

Mandy Taylor

Degree in Community & Youth Work (Sunderland University) followed by diplomas in management and child protection. Work experience in the Voluntary & Community Sector

for over 30 years, researching and establishing community based services which meet the health and welfare needs of children, young people and their families. Currently employed by Children North East as Head of Service for Children and Young People, to oversee the strategic development and delivery of services throughout the North East of England. Elected as the Patient & Public Involvement Lay Member for Newcastle West Clinical Commissioning Group (2013), but has been a voluntary and community representative of the CCG Consortium Board since it was first formed. She is a passionate advocate for young people and has vast experience of successful stakeholder engagement from her working life.

Lee Peacock

Children North East, Weyes Service, October 2012 to present. Responsible for the delivery of preventative health, including sexual health support, in a youth work setting.

Barnardos Children Service Manager, Northumberland Young People's Project, January 2010 - September 2012. Responsible for the delivery of targeted youth support, including the provision of accommodation support

Gateshead Council integrated youth services over 11s lead west area, April 2008- Dec 2009. Managing youth service, youth justice and connexions services

Workshop 2

Preparing primary health care practitioners to meet young peoples' needs through education and training.

Dr Jane Roberts, RCGP Clinical Champion for Youth Mental Health, Chair RCGP Adolescent Health Group, Clinical Senior Lecturer, University of Sunderland, GP Blackhall, County Durham, County Durham & Darlington Foundation Trust.

Dr Shamila Parks, GP, Washington Tyne and Wear, member of RCGP Adolescent Health Group.

This workshop will look at what is happening today with regard to Primary Care and the delivery of accessible and acceptable sexual health services to young people and how we can improve care.

The session will begin with a brief overview of the current picture in general practice and consider the constraints and facilitators to offering youth-friendly CASH (contraception and sexual health services). We will describe examples of good practice and cite initiatives which have not survived the current austere climate of funding. Education and support for practitioners and service delivery will be key to providing services which are popular with young people.

The Royal College of General Practitioners Adolescent Health Group is working on a series of educational tools which will be freely available to GPs and Practice nurses in the UK and which are informed by working with our partners at the Association of Young People's

Health, and include young people's perspectives. We are producing a Confidentiality Toolkit, informed by the current legal & statutory framework which raises professionals' awareness of sexual exploitation and supports Primary Care training. Soon to be released to all general practices is a generic, eye-catching leaflet which practices can distribute to young people outlining what young people can expect from their GP.

Adolescent Health has a fragmented profile in the GPs- in-Training curriculum and, within existing constraints, we are working to develop a more coherent structure for the GPs of the future. Underpinning the educational work is a view that unless practitioners are equipped and supported to offer youth-friendly holistic healthcare their attempts to offer good sexual (and mental health care) remain limited.

Biographies

Dr Jane Roberts

Jane Roberts is an academic GP based in County Durham and Sunderland. She has a particular clinical and research interest in young people's emotional health and mental well-being. Jane has been the RCGP Chair of the Adolescent Health Group since 2011; a group comprising primary care clinicians now in existence for 20 years which promotes youth-friendly primary care, supports GPs to provide better care and advocates for consideration of youth perspectives. In February 2013 she was nominated the RCGP Clinical Champion for Youth Mental Health.

Dr Sharmila Parks

I am salaried GP working in Washington, Tyne and Wear. I have an interest in young people's health and also in sexual health. I am a member of the RCGP Adolescent Health Group and also sit on the local LARC steering group and the Sunderland sexual health partnership group. I have been working with Investing in Children for the last 3 years. This work has led to a joint project working with local schools to help young people understand general practice and their healthcare rights better as part of PSHE lessons. I am also currently part of the GP Champions for Youth Health Project, being a GP partner in one of the ten pilot sites for the project.

Workshop 3

Reality Check: Are social norms approaches effective in reducing risk taking in relation to sexual health and alcohol in secondary school age populations?

**Kevin Stoodley, PhD student, Northumbria University and Sexual Health Promotion Specialist, South Tyneside NHS Foundation Trust, and
Lisa Irving, Postgraduate Researcher, Northumbria University**

Reducing high risk behaviour in relation to sexual health and alcohol in young people remains a priority public health indicator (Great Britain, Department for Education, 2010). Evidence is increasing that traditional health promotion strategies alone, are not effective in reducing these high risk behaviours in young people.

The social norms approach provides a behaviour change model which proposes the theory that young people are predisposed to misjudge and overestimate the extent of 'negative' behaviours within their peer group, whilst underestimating the positive, protective behaviours and life choices that commonly exist.

When used as an intervention to change behaviour, social norms interventions aim to provide information about 'actual' self-reported behaviour of individuals and their peer groups, with the aim of changing misperceptions and increasing the 'healthy' behaviours by making those the recognised social norm (Perkins and Craig 2006; Hagman, Clifford et al. 2007; Perkins, Craig et al. 2011).

This workshop will provide an opportunity to share knowledge and practical experience about the use of social norms interventions to address high risk behaviour of young people. In order to provide a contextual background, an introduction to social norms theory and the social norms process in relation to changing behaviour will be outlined. A social norms project carried out in the North East will also be discussed to demonstrate how social norms projects can be carried out in practice. In addition, the current gaps in knowledge about social norms approaches will be explored and an overview of current research being carried out in the area will be presented. There will also be the opportunity for attendees to participate in a social norms survey, review survey data and experience the process of developing positive social norms messages.

Biographies

Kevin Stoodley

Since qualifying as a Youth & Community Development Worker from The University of Birmingham in 1999, Kevin has worked with a broad range of communities on behalf of public and voluntary sector healthcare providers, including Northumbria Healthcare, Newcastle Healthy City Project and Birmingham City Council. Within his current role as a Sexual Health Promotion Specialist for South Tyneside NHS Foundation Trust, Kevin has gained regional accolade in the North East Sexual Health Awards ('Overall Winner' 2010) for pioneering work in applying the social norms approach to the issues of school age sexual activity and alcohol misuse. His other achievements include the creation of the 'Sex Factor' Sex & Relationship Education Programme, a finalist in the Brook Awards 2010 in the category of 'UK Sexual Health Project of the Year'. A BSc Psychology graduate, Kevin is currently completing a part time PhD programme focusing on the application of social

norms approaches to address high risk sexual behaviours and alcohol misuse amongst secondary school-age populations.

Lisa Irving

Lisa has a background in nursing, midwifery and specialist community public health nursing. Lisa is a postgraduate researcher, in her final year of full time PhD programme exploring the use of preventative social norms methods and how these can be used to alter young people's perceptions and behaviour in relation to sexual health and alcohol misuse. Her previous posts include work as a public health nurse specialising in reducing unintentional injuries and addressing high risk behaviour in children and young people and she currently works part time on a pilot tobacco control programme in Northumberland College for Northumbria Healthcare.

Workshop 4

The impact of gender on what young people feel able to do in their sexual relationships.

Ann McNulty, Health and Race Equality Forum, Newcastle

Mandy Cheetham, Research Associate, Teesside University

In the workshop, Mandy and Ann will each draw on findings from their PhD research undertaken in the North East of England, to highlight the continuing impact of gender on what young people feel able to do in their sexual relationships.

Ann's PhD explored women's experiences of having a baby under the age of twenty, across generations from the 1930s to the early 2000s. Women told their life stories, with a lot of detail about their relationships with their husbands/partners and the social and economic backgrounds against which they became mothers

Mandy's PhD was an ESRC funded collaborative study, which focused on the social meanings of the C-Card condom distribution scheme. The data highlight the different personal, social and sexual messages associated with having and using a C-Card for young people, the benefits and the continuing reputational risks for young women and young men who do not conform to particular versions of heterosexuality.

In both studies, young people describe various ways in which constructions of masculinity and femininity affect their choices and decision making. The findings show that gender affects how young people view themselves, others, what is communicated and viewed as acceptable, encouraged and expected in relationships and sexual negotiations. Concerns about being labelled and judged by others inform young people's thinking and actions. We explore the effects of gendered power inequalities in relationships, before working together to identify research and practice examples which address these issues with participants.

References

McNulty, A (2010) *Great expectations: Teenage pregnancy and intergenerational transmission* Unpublished PhD thesis, Newcastle University.

Cheetham, M (2010) *Young people and sexual health: the social meanings of a C-Card condom distribution scheme* Unpublished PhD thesis, Newcastle University.

Biographies

Dr Ann McNulty

First degree in modern languages (London University) followed by MA and PhD (Newcastle University). Work experience across secondary education and North East voluntary sector. Currently Coordinator of HAREF: Health and Race Equality Forum. Academic research linked to areas of work: MA dissertation followed work with NIWE - 'This thing with food: A qualitative exploration of women's account of eating disorders', and doctoral research followed job-share of Newcastle and North Tyneside Teenage Pregnancy Coordinator post - 'Great expectations: Teenage pregnancy and intergenerational transmission'. Publications include chapter in collection, *Teenage Parenthood: What's the problem?*, edited by Simon Duncan, Rosalind Edwards and Claire Alexander (Tufnell Press, 2010). Member of NOREN: Northern primary care research network (1990s) and recently part of Building Knowledge Together group, facilitated by Newcastle Director of Public Health. Always interested in ways of bridging the gap between research and practice

Dr Mandy Cheetham

Mandy is currently working as a Research Associate at Teesside University on a collaborative study, funded by the National Institute of Health Research, about how evidence is used in public health commissioning to reduce alcohol –related harms. Previously, Mandy worked as North East regional lead for *You're Welcome*, a Department of Health funded programme to improve the acceptability and accessibility of health services for young people. Mandy's PhD (Cheetham 2010) drew on her experience of work in the NHS, to explore the social meanings of the C-Card condom distribution scheme. She has experience of research and practice in the NHS, voluntary sector and regional government in young people's participation, tackling inequalities in health, teenage pregnancy prevention and support, sex and relationships education in and out of schools and promoting young people friendly services. She continues to look for opportunities to link research and practice in collaboration with policy and practice partners.

Relevant publications

Cheetham, M (in press) The social meanings of the C-Card Scheme: the importance of friends and peers in *Sex Education* (accepted for publication 19/8/2013)

Cheetham, M, Ellins A, Callum J (2013) Involving young people in health service delivery. *Nursing Standard*, Vol. 27, No. 30, pp 35-40.

Cheetham M, Brown S, Rubin, G (2011) *Young people's participation in health services in the UK: a rapid review of the literature from 2005 – 2011*. Evaluation Research and Development Unit, Wolfson Research Institute, Durham University.

Workshop 5

How children and young people's participation can inform the commissioning of public health services.

Guy Pilkington, GP and Chair of Newcastle West Clinical Commissioning Group

The current scope and pace of change of the health commissioning landscape is unprecedented. Children and young people's participation is vital to ensure that their priorities are reflected in commissioning decisions made, particularly in view of focus on the older population and the level of enforced austerity. Children and young people's perspectives are vital to the effective commissioning of health services. Commissioners within the local authority, including public health, within the Clinical Commissioning Groups, as well as within Public Health England, need encouragement and a clear framework about how to promote the participation of children and young people. Young people will choose to participate in a wide variety of ways and the voices of children and young people in particular circumstances must not be lost in the new commissioning framework. This includes young parents, young people in the youth justice system, young people with learning and other disabilities and many others facing additional barriers to access. Supporting and facilitating effective, meaningful participation requires honesty, commitment, expertise and resources all of which need to be demonstrated within the new framework. The workshop will explore the opportunities and challenges offered by the new commissioning framework for public health, to embed young people's participation.