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Exploring the Impact and Effectiveness of the Wirral Health Services in Schools (HSIS) Programme.

FINAL REPORT

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Research With Children Young People & Families



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The views expressed in this report are the sole responsibility of the authors. They are not the responsibility of those who commissioned the study.

1: INTRODUCTION

Policy Context

The health of schoolchildren, particularly in terms of diet, nutrition and sexual health is now a major policy concern due to increasing levels of obesity and high levels of unintended teenage pregnancy and sexually transmitted infection.

This evaluation commenced in January 2010 during the New Labour administration. The first co-ordinated attempt of this government to address teenage pregnancy in terms of both cause and consequences was the Teenage Pregnancy Strategy (TPS) (Social Exclusion Unit, 1999) which had two key targets:

- To halve the under-18 conception rate by 2010, and establish a firm downward trend in the under-16 rate; and
- To increase the proportion of teenage parents in education, training or employment to 60% by 2010 to reduce their risk of long-term social exclusion.

Educational settings became key to this policy, since the targets called for all local authorities to support parents, improve the quality of personal, social and health education within schools and community settings, improve the aspirations and educational achievement of young people and reduce the number of second pregnancies to teenage mothers. Each local authority now has a teenage pregnancy strategy in place, the aims and objectives of which are underpinned by the national targets.

Although the TPS and local teenage pregnancy strategies provided a central focus for interventions to reduce teenage pregnancy, they were not stand-alone documents. The reduction of unwanted teenage pregnancy was a key target and indicator under Every Child Matters (DfES 2003) and was a Public Service Agreement jointly held by the DfES and the DH. It formed part of the Social Exclusion Action Plan, the Youth Matters Green Paper (DfES 2005) and the Choosing Health White Paper (DH 2004). It also featured as part of the National Service Framework for Children, Young People and Maternity Services (DH 2004). Progress towards meeting the teenage pregnancy target was also one of the NHS performance indicators for primary care trusts. The strategy update identified agreed local conception reduction targets of 40-60%, with the greatest reductions sought in the highest rate areas (DfES 2006).

Sexual health was identified as one of six priorities within High Quality Care for All (Darzi 2008) which focused on providing the tools to deliver better health and wellbeing for all. The issue of raising self esteem and aspirations of young people gained attention particularly related to the “21st century school” and linked programmes which focused on areas such as alcohol and substance misuse which have an impact on teenage pregnancy. Healthy Lives Brighter Futures (DH 2009) gave a clear indication that the government identified sexual health as a key issue, including long-acting reversible contraception (LARC), and sexually transmitted infections (STI) screening. These strategies formed key elements of a much wider policy framework that incorporates and attempts to address the complex and cross-cutting issues faced by young people today. Work aimed at improving health outcomes for young people connects to efforts to reduce marginalisation and social exclusion which are integral to the government’s strategic direction for young people’s services, as seen, for example, in the strategy paper Aiming High for Young People (DCSF 2007). The move to statutory PHSE and SRE was a policy priority for the New Labour administration, though the election of a new government has seen this issue drop off the policy agenda.

In recent years, schools have increasingly become a key setting for the promotion of both physical and mental well-being of children and young people. Indeed, the connections between health, well-being and educational attainment are now widely recognised (St Leger et al 2007). Schools are now promoted as “beacons for the engagement of entire communities” (Aggleton, Dennison and Warwick, 2010, p14) through initiatives such as the National Healthy Schools Programme and the Extended School Programme (DFES, 2007). These initiatives have expanded to wider educational settings including early years and further education which means that the relationship between education and health in the school setting should be a fundamental concern for both education and health professionals (Aggleton, Dennison and Warwick, 2010).

Research studies that focus on sexual health services in schools have so far been few. An influential systematic review of sexual health programmes aimed at young people in the USA (Kirby et al 1994) reviewed 23 studies of school-based programmes and found that although many programmes had no significant impact on adolescent sexual health behaviour, some programmes may delay the onset of sexual activity, reduce the number of sexual partners and increase condom or contraceptive use. However, in addition to pre-dating current UK policy, this review must also be viewed as a consideration of services in a very different social, political and educational context to the UK.

More recently, Emmerson (2008) mapped school-based sexual health services in sixth form settings in England for the Sex Education Forum. This exercise highlighted an expansion in services but expressed concern about wide variations in service models. The problem of diverse provision had been noted some years earlier by Fothergill and Feijoo (2000) who highlighted even then the need for a best practice approach.

In 2010, Owen et al carried out a systematic review of school-linked sexual health services related to current models, effectiveness, cost effectiveness and research opportunities. Importantly, they found that there is some evidence to support the continued use and further development of school-based sexual health services. However, the absence of controlled, experimental studies has resulted in a paucity of evidence related to best practice and impact on factors such as pregnancy and STI rates. There is also little available information related to potential effect modifiers such as the scope of nursing practice in each setting (for example, whether the nurse is able to prescribe).

That said, the review suggests that young people and practitioners prefer a sexual health service that is provided within a raft of other health provisions since this is seen to maximise service access and minimises stigma. The researchers also identified a number of criteria that young people and staff see as characterising high quality services. These are:

- Robust procedures to safeguard confidentiality, agreed between all agencies and professions contributing to the service;
- Consultation in advance with potential user groups of young people and engagement of young people in the design and implementation of routine monitoring and evaluation processes;
- Consultation in advance with school head teachers, governors, staff and parent groups to secure informed leadership and support;
- Close liaison and, where possible, joint work with teaching staff who deliver PHSE;
- Design of locations and session times to protect the privacy of service users;
- Establishment of a multi-professional staff team with both male and female members, including school nurses, youth workers, medical practitioners and other specialist staff where appropriate (eg: drug and alcohol workers);
- Clear incorporation of local and national child protection guidelines and requirements along with liaison with relevant local agencies;
- Provision of comprehensive sexual health services - including relationships advice, prescriptions for oral emergency contraception, STI screening and pregnancy testing, signposting and referral to specialist services not offered on site;
- Access to continuing professional development for staff, including specialist sexual health training;
- Marketing of the service as being broad-based rather than restricted to sexual health;
- A secure funding basis.

The following report is, therefore, set in the context of significant gaps in available research evidence, particularly from the UK, related to both school-based and school-linked sexual health services.

Background

This report is based on an evaluation of the Wirral Health Services in Schools (HSIS) programme. The evaluation, entitled “Exploring the Impact and Effectiveness of the Wirral Health Services in Schools (HSIS) Programme” was commissioned by NHS Wirral, an NHS primary care trust in the north west of England, and was scheduled to take place between January 2010 and July 2010.

The HSIS programme aims to support the young people of Wirral to make positive life, health and leisure choices, including those related to sexual health and contraception. This initiative is available to all maintained secondary schools and colleges in Wirral and is delivered via two main provisions – school nursing, and youth service and play.

The school nursing provision provides preventative and clinical services, including sexual health choices and emergency contraception. It is hosted in schools and provides advice, information and signposting through a comprehensive care pathway into services. It includes a nurse-led contraception and sexual health service in named schools, colleges, and alternative educational settings. This service provides a supply of emergency contraception and Chlamydia screening and general information related to STIs, support of positive sexual health messages in the PHSE curriculum, and advice to the specialist youth worker. The service model is a drop-in clinic running over lunchtime for an hour. Additional time is spent promoting the service, managing campaigns, and liaising with school staff.

Twelve schools were in the first phase of the HSIS programme which commenced in November 2009, with a second phase of 12 further schools planned for March 2010, and the remaining schools commencing in September 2010. The schools included in this evaluation were all from phase one and it is important to note that most were in the very early stages of development at the time of the evaluation, each progressing at a different rate and providing similar but not identical services. This diversity mirrors current provision in local initiatives across the UK (Owen et al 2010) which, whilst encouraged in terms of national policy, is inconsistent in terms of frameworks, funding sources and approaches to evaluation.

The original proposal was developed to gain an overview of perspectives from HSIS staff, parents, and pupils who either engaged with or did not engage with the HSIS initiative in the phase one schools. It also sought to elicit the viewpoints of pupils from schools that were not yet part of the HSIS programme, and from alternative youth settings.

However, although access to the schools as data collection settings was discussed prior to the research commencing, and assumed to be unproblematic, there were unforeseen problems with accessing all schools, which were unique to this evaluation and, provided a major barrier to the data collection processes. The final evaluation was therefore severely compromised both in terms of time and access to the data collection locations. The original proposal, the factors that led to the modifications, and the modified evaluation are outlined in the following section.

2: EVALUATION DESIGN

Project Aims and Objectives

The aim and objectives were agreed between the project sponsor and the research team.

Project Aim

To explore the effectiveness and impact of the Health Services in Schools (HSIS) service.

Objectives:

- To assess young people's awareness of the HSIS initiative and associated social marketing campaign
- To assess why certain young people (to be identified by the sponsor) are not accessing the HSIS service and what barriers may exist to access
- To assess young people's, parents' and staff perceptions, satisfaction levels and self-assessment of lifestyle changes, behaviours and level of knowledge following HSIS implementation.

The original proposal

The proposal was, therefore, comprised originally of the following phases.

Phase 1: Establishing pupil awareness of the HSIS initiative.

Pupil awareness of the HSIS initiative was to be established via a short, online questionnaire carried out in the 12 participating schools, in 4 schools yet to join the initiative, and in 4 alternative education or youth settings. A URL was provided to take individual pupils directly to the online survey during an identified PHSE class (or similar). The data from this phase was to be analysed by factors such as age group, school and gender. Free text (open questions) were to be analysed via a process of low-level thematic analysis carried out by the research team.

Phase 2: Establishing the views of pupils who are potentially disengaged from the service or who have chosen not to access the service.

This data was to be collected via small group interviews (of 3-4 young people) using a video-taped diary room format with back-up options of traditional audio-taped interviews or telephone interviews. Follow up interviews were planned for those young people within this category who chose to use the service four months later. This data was to be analysed via a modified framework-analysis process¹ of "notes and quotes" and contemporaneous field notes from the focus groups in order to elicit the barriers to engagement with the HSIS programme. The analysis was to focus on

- level of awareness;
- perception of personal appropriateness;
- degree of acceptability of the service;
- reasons for failing to access;
- issues which would make access more likely.

The outcome was to be the highlighting of the nature, degree, and stimulus for change, together with remaining barriers to engagement.

Phase 3: Establishing perceptions of pupils, parents and staff engaged with the initiative related to satisfaction levels, self assessment of lifestyle changes, behaviours and levels of knowledge following HSIS implementation.

This phase of the project was planned to involve three distinct participant groups all drawn from the 12 participating schools from the stage one roll out.

¹Ritchie J, Lewis J (2003) Qualitative Research Practice. Sage Publications, London.

Staff - via an online survey, with data analysis to be undertaken as detailed above for Phase One.

Parents - via a short self-complete paper-based survey facilitated by the research team during organised school events such as parents evening. The data collected from this group was likely to highlight more generally the parents' overall knowledge of the service and their perceived impact of the service in terms of lifestyle change. The data was to be presented through descriptive statistics and linked to the qualitative data through discussion.

Engaged Young People – via diary room focus groups with 3-4 young people carried out in each of the 12 schools active in phase one, but with a total sample that reached across all year groups. The aim of this phase was to identify the benefits and positive outcomes for this group. The data was to be analysed as detailed for phase two, although the framework for this phase would differ according to the objectives.

Access limitations and modifications to the original proposal

Although the project began as an evaluation of the Health Service in Schools (HSIS) initiative, the project sponsors requested that the online survey should be used to elicit views related to other health services available in Wirral. These included local weight management services, Teen Life Check, the Patient Advice and Liaison Service, and the Have Your Say service. The online survey was, therefore, modified to include these questions (see appendix B).

The timeline for the evaluation began in January 2010 and ended in September 2010. Due to circumstances beyond the researchers' control, the data collection activity was severely delayed by the necessity to have the proposal scrutinised by the Wirral Local Authority Star Chamber² which did not meet until 14th April 2010 – three months into the project timeline. The evaluation was further delayed by the necessity to have the project scrutinised by the Wirral Association of Secondary Heads (WASH) group which met on 11th May 2010 – four months into the project timeline. It was not anticipated that this would be required prior to the commissioning of this evaluation. This influential group demonstrated serious reluctance to allow the evaluation to take place in their schools, further compromising the study.

Only two school heads eventually agreed to allow the evaluation to take place in their schools, with the data collection activity to be limited to the online survey only. No interviews or focus groups were to take place. Of these, it was unfortunate that, due to the additional time limitations, only one school found the time and resources to complete the online survey. No schools agreed to allow access to parents' evenings or similar events to access parent views.

Staff (the health and youth workers) involved in providing the HSIS initiative agreed to participate but did not have the facilities to complete the online format, and so completed a paper survey instead. This was transferred by the research team into the online format for analysis.

The lack of school locations resulted in a request by the sponsors in May 2010 for the survey to be taken out to several Youth Hubs over the summer school holiday (July/August 2010). Liaison with the Youth and Play director resulted in access to at least one location out of fifteen possible locations. However, there were some concerns expressed that the Youth and Play service might be perceived as undermining the decision made by some schools not to participate in the study, and a request was made to omit any details that might identify an individual school. The survey was therefore modified to reflect this.

PHASE ONE: Completion of a paper-based survey by the HSIS staff across the 12 schools from the initial roll out. A total of 15 staff completed the survey.

²The Star Chamber mirrors the DCSF Star Chamber formed in 1999 which was a vehicle in the Department's drive to reduce bureaucracy impacting on local authority children's services including schools. Wirral Star Chamber was formed to review existing and proposed data collection exercises to ensure that they do not create unnecessary burden, or duplicate existing

PHASE TWO: Completion of an online survey that aimed to establish pupil awareness of the HSIS initiative. The surveys took place in a single Wirral school. In all, 211 pupils started the survey and 161 pupils completed it. Five age groups were represented in this sample, however this was a single sex (girls) school with a mixed sex (girls and boys) sixth form. As only one school engaged in this phase, the findings cannot be generalised across all Wirral schools.

PHASE THREE: Completion of paper-based or online surveys by young people in Wirral Youth Hubs. Fifteen Youth Hubs were in operation over the summer holiday period. One setting (Wallasey Outreach) engaged with the project, and 7 young people completed the survey in this setting. A further 5 surveys were completed, but the setting was not identified. Two surveys were received after the data collection process had closed and were therefore not included in the analysis.

3: FINDINGS FROM THE STAFF SURVEY

Response rate and demographics

Paper surveys were sent to 16 schools and responses were obtained from 14 locations (see below). Sixteen surveys were returned in total (two from each of two locations) and the respondents were either school nurses or youth workers. The following results are based on 16 responses since the detailed comments provided by staff from the same school sometimes differed.

Participating schools:

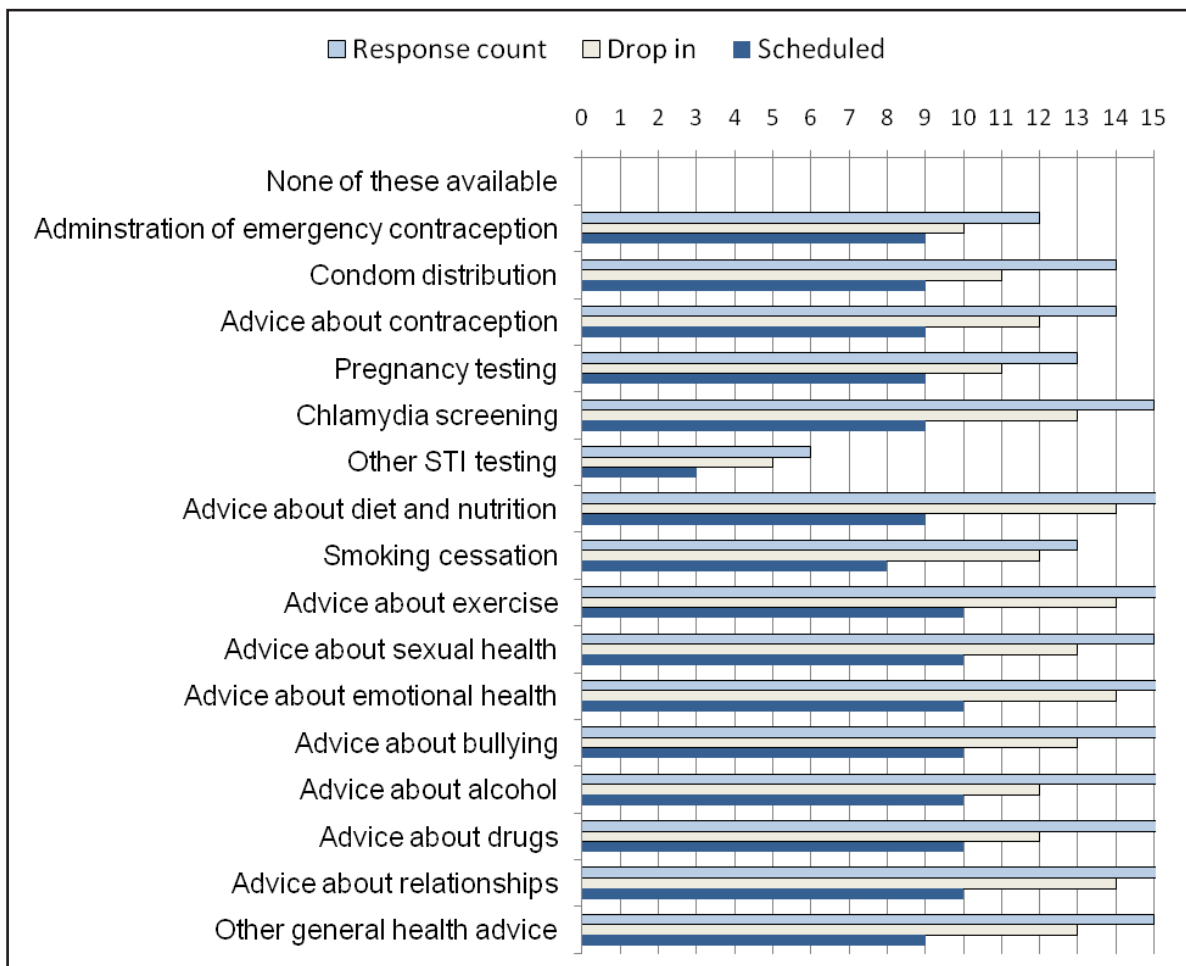
Wallasey	Pensby High
Weatherhead High	Ridgeway
Hilbre High	Calday Grammar
St Anselms	The Oldershaw School
Wirral Grammar for Boys	Park High School
Joseph Paxton Campus	WASP and Observatory
Bebington High	Pensby Boys

Results

Availability of health services in school

Of the staff who responded, 25% (n=4) provided HSIS services in more than one school. Across the 14 locations advice or intervention was provided for 15 identified health and wellbeing issues (see Figure 1) in addition to offering “other general health advice” that had not been specified in the list. All represented schools provided health services of some description to their pupils.

Figure 1: Availability of HSIS services (n=16)



The nature of the health services offered varied from site to site. The majority of schools (n=11) were secular and co-educational, although 2 of these stated there were “only a few” girls in the school. Two of the responses were from a single sex boys school and 1 from a single sex girls school. Two responses were from the same Catholic single sex boys school. These circumstances impacted on the responses particularly in terms of sexual health services. For example, the boys schools did not administer emergency contraception or perform pregnancy testing, and the Catholic school did not engage the students in any health care that involved contraception or screening for sexually transmitted infection, although they offered sexual health advice.

The services were offered on both a scheduled and drop-in basis. However, there were more drop-in services than scheduled service hours. Responses indicated a variety of timings for scheduled or drop-in provision. Clinic times ranged from 40 minutes to three hours, over lunchtime, one day per week, to school-based nurses who worked several whole days in a school. Some school-based nurses provided both scheduled and drop in sessions.

Availability of Sexual Health Services

A range of sexual health services was available across all locations, with all 16 respondents suggesting that advice about sexual health was available at their school. However, only 14 respondents suggested that advice about contraception was available at their school.

Of the 16 respondents, 12 suggested that administration of emergency contraception was available at their school, and 13 respondents suggested that pregnancy testing was available at their school. Since two responses were from a single sex boy's school, it is reasonable to assume that these services were available at most of the schools in the sample where girls attended.

Fourteen respondents suggested that condom distribution was available at their school, however details about availability, such as from where they were available, when they were available and whether parental consent was required, was not specified.

Five respondents suggested that Chlamydia screening was available at their school, indicating a recognition of the importance of detection and treatment. However 6 respondents also suggested that “other STI testing” was available at their school. Although some sexual health services do provide other STI testing, they are not currently available within the schools. This response and those relating “other STI testing” throughout the results warrant further exploration since it may indicate a need for further clarification of available services for some staff groups.

Most successful services

Respondents were asked to indicate whether they felt that services that they provided were successful, partially successful, or unsuccessful. There was also a “not applicable” option, but it may also be assumed that the service in question was not available at a particular location if a participant did not respond.

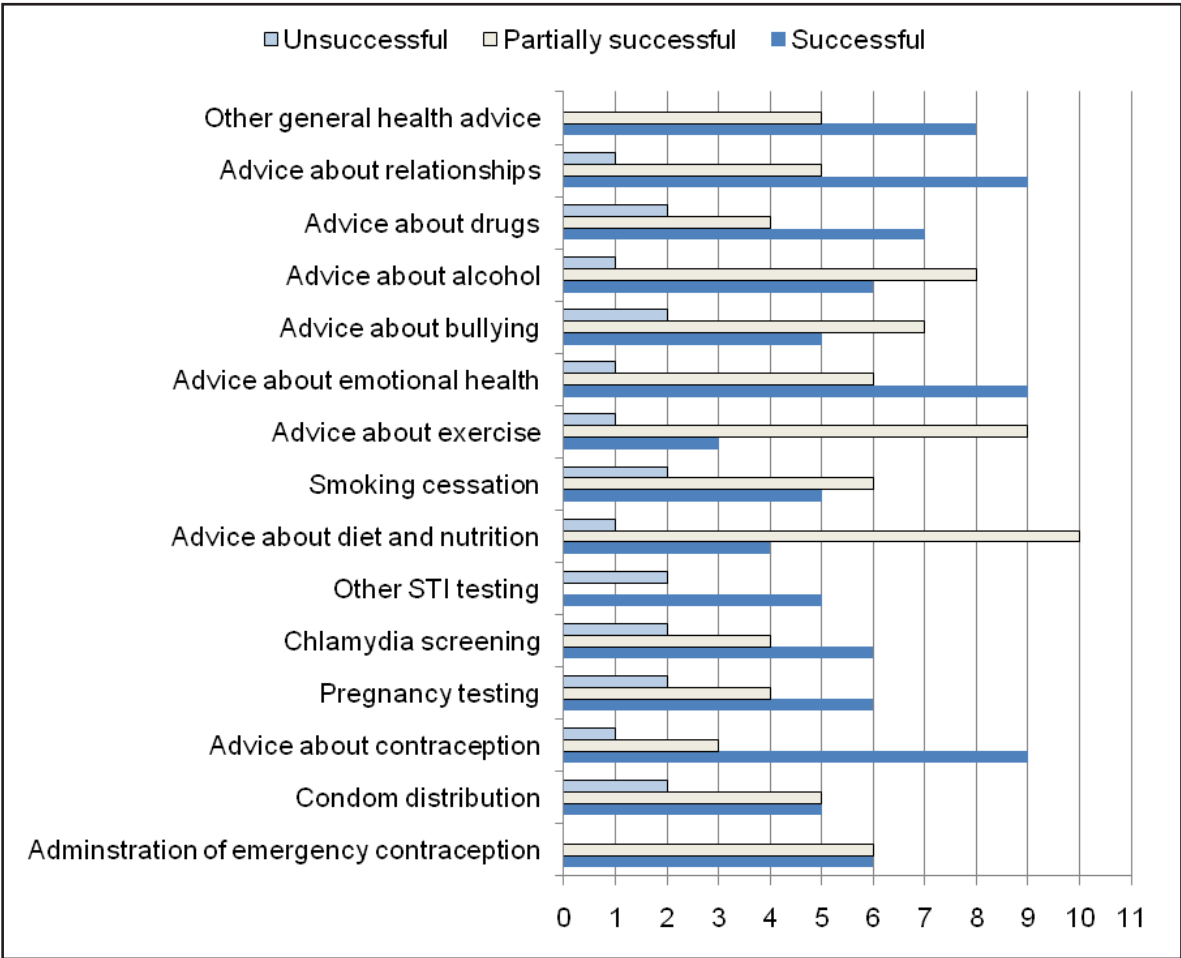
Advice about contraception was seen as being successful by 9 out of 15 respondents (60%), whilst advice about emotional health was seen to be successful by 9 out of 16 respondents (56.3%), and advice about relationships was identified as being successful by 9 out of 15 respondents (60%). Other successful services included “other general health advice” (n=8, 61.5%) and “advice about drugs” (n=7, 50%). There is some suggestion here, therefore, that the most successful services at this point were those that were advisory in nature. (Figure 2)

The range of sexual health services provided met with varying degrees of success. Administration of emergency contraception and pregnancy testing, for example, were each seen as being successful by 6 out of 14 respondents (42.9%) and identified as being not applicable in 2 schools. Chlamydia screening was identified as being successful by 6 out of 13 staff (46.2%). Of 11 staff that responded, 45.5% (n=5) indicated that “other STI testing” was also successful, although 36.4% (n=4) indicated that this was not applicable to their school. This suggests that where it was carried out, “other STI testing” was thought to have similar degrees of success to Chlamydia testing.

Condom distribution was identified as being successful by 5 out of 13 staff (38.5%) and partially successful by the same number. It is difficult to determine reasons for this since details relating to availability or restrictions in terms of distribution were not considered.

Free text comments in this section highlighted restrictions in services due to the nature of the school (such as single sex or faith schools) and difficulties in terms of evaluating the service due to the short length of time that it had been available. In one case, this was only 2 weeks. The development of evaluation and monitoring processes are essential as the services become more established. As Owen et al (2010) suggest, such monitoring procedures are integral to the most successful school-based health services.

Figure 2: Degree of success of services (n=16)



Least successful services

It was interesting to note that very few of the participants considered the services to be completely unsuccessful. At most, only 2 participants identified any one aspect of the service as being unsuccessful. The service most reported to be unsuccessful was “other STI testing” with (n=2, 18.2%). This may reflect the early stage at which this evaluation was carried out, and staff being understandably reluctant to identify an aspect of service as being unsuccessful at this point.

Partially successful services

Seven out of 15 health services were identified as being partially successful. These were:

- smoking cessation 46.2% (6 out of 13)
- administration of EC (42.9%) (6 out of 14) – an equal number to those who considered this to be successful
- condom distribution 38.5% or (5 out of 13) – an equal number to those who considered this to be successful

- advice about exercise 69.2% (9 out of 13)
- advice about diet and nutrition 66.7% (10 out of 15)
- advice about bullying 46.7% (7 out of 15)
- advice about alcohol 53.3% (8 out of 15).

The relatively high proportion of responses reporting partially successful services indicates that staff felt that these areas were not entirely unsuccessful, but required further development or, indeed, time to become established in order to become fully successful. Administration of EC and condom distribution were seen to be partially successful by the same number of staff who considered these aspects to be successful. This may reflect the limited resources available to carry out these parts of the service, or the limited time period for which the services had been available at the time of the evaluation.

Key factors to the success of the “successful” services

Staff participants were asked to identify the key factors to the success of those interventions that they had identified as being successful. Two respondents skipped this question, but of the 14 who answered, 71.4% (n=10) identified “*a clear need recognised by the pupils*” and the “*drop-in nature of the provision*” as key factors to success. Location, active support by senior management, and the configuration of staff providing the services were identified by 57.1% (n=8) as key factors. Less than half of the respondents (42.9%) indicated that being a well-advertised service was a key factor, which is probably a reflection of the deliberate low-key approach to the launch of the HSIS service in Wirral. The lack of other local provision was identified as being significant by only three respondents (21.4%), indicating some confidence in school-based services as a provision for young people in Wirral.

Key factors for the lack of success of the “unsuccessful” services

It is significant that 7 of the 16 respondents skipped this question. This is most likely to be the result of the lack of confidence in answering, because several of the services had been running only for a very short space of time when the survey was completed. One participant commented that “*the clinic is still very new*” while another stated “*unable to comment at this time*”. The main issues that arose for the respondents were those of location and timing of sessions.

Location

For the 9 respondents that answered, 7 (77.8%) indicated that the location was problematic. Comments included the need for dedicated rooms with enough space to accommodate the attendees, and for confidential discussions. Others (n=9, 64.3%) suggested that the location was a barrier to pupil engagement, particularly where pupils could be seen attending sessions. A shortage of rooms within the school was an issue for three respondents, as one suggested: “*My room is not accessible during lunch/break time to pupils ... there is a shortage of rooms in corridors that are not locked at free time. The clinic is not in my room which means moving equipment*”.

An issue raised by one respondent identified a further key issue in terms of location. This school used the school prayer room as the location for the drop in session, and the religious paraphernalia within this room had proved to be off-putting for some pupils. There was a clear need to relocate to a more suitable room if this service were to be successful.

Time

Four of the 9 respondents (44.4%) indicated that either the timing of scheduled sessions or lack of time had also contributed to the lack of success. As one respondent commented: “*Young people are not willing to stay after school, and the school management will not allow the clinic during the school day. Lunch and break times are too short*”. Of course, this comment is also indicative of the importance of co-operation between the school management and the HSIS providers for the success of the HSIS programme. The issues that arose for pupils as a result of these limitations were significant. For example, one respondent suggested that “*Pupils are turned away because of the timing – it runs over break and lunchtimes*”.

One service that was identified to be particularly demanding in terms of staff time was smoking cessation. One respondent suggested that the availability of a dedicated smoking cessation advisor would improve their service, while another suggested that an advisor was needed outside clinic times. Another commented that *"Time is very limited... pupils who are wanting to stop smoking not only deserve, but need, a lot of support, help and advice. Whilst I am totally committed to this, the nature of my caseloads dictates that I do not have the time that this subject requires"*.

The design of the location and session times have been identified by Owen et al (2010) as one of several key principles that should inform the development of new services, particularly in terms of the impact on the location and session timings on service users' privacy.

Alternative school settings such as pupil referral units presented a particular set of problems in terms of drop-in services and confidentiality. Pupils in these settings are escorted between classrooms and eat lunch with adult escorts in a locked dining room which impacts on their ability to access a confidential service since they would be obliged to take an adult escort with them. This clearly has disadvantages for the pupil and as one respondent suggested *"There is no freedom of movement for pupils. Having to ask and be escorted to clinic is not helpful. It takes these pupils a long time to develop trust in an adult they do not know"*. These issues are worthy of consideration in any future development of services if pupils in alternative settings are to be given equitable access to school-based health services.

Factors that would have a positive impact on the "partially successful" aspects of the service

As figure 2 indicates, there were several aspects of the service that were viewed as being *"partially successful"* by the respondents. The comments related to this section indicate that, in the opinion of the staff, the HSIS service has made a good start but has room for improvement. For example 94.3% (n=14) felt that *"it is a convenient service for the pupils"* which benefitted from *"word of mouth recommendation by peers"* (n=13 or 86.7%). However, 42.9% (n=6) of respondents indicated that the initiative was not convenient enough for pupils.

When asked to identify factors that might impact positively on these aspects, or what they would like to change about current provision, respondents identified location, lack of time, timing of sessions and staff training as aspects of the service that they would like to improve. Free text answers suggested that after-school sessions were problematic, with a preference for clinics during the school day, but others commented that lunch-time clinics were also too short. A permanent easy-access location for such services was thought by one respondent to be more user-friendly, encouraging *"larger numbers of young people to access more elements of the service...to improve health and wellbeing awareness of the school population as a whole... [and] to enable the service to feel open to all. It feels quite closed at present."* Again, these aspects of service provision have been identified by Owen et al (2010) as fundamental principles to a successful school-based service.

Facilitators to pupil engagement

In addition to the necessity to improve timing and location, staff identified *"approachability of HSIS staff"* as a facilitator to pupil engagement with HSIS. All 16 staff considered the approachability of HSIS staff to be fundamental to its success, although there was some acknowledgement (n=7, 50%) that pupils may not be confident enough to approach HSIS staff yet. Interestingly, only 73.3% (n=11) indicated that *"pupils are confident that their privacy will be maintained"*, and 28.6% (n=4) suggested that pupils were not confident that their confidentiality would be maintained. Trust in maintenance of confidentiality is fundamental to the success of any health service for young people and the recognition by the staff that pupils are not confident in this area is an indicator that more prominent explanations and reassurances of confidentiality in some form are required.

Active promotion of the service by teaching staff was seen as a facilitator for 6 respondents (40%), while lack of active promotion of the service by teaching staff was also seen to be a barrier for 6 respondents (42.9%).

Staff commented that there was a general lack of awareness of health issues among pupils, and this was felt to be a barrier to engagement for 9 respondents (64.3%) because pupils may not be aware that they actually need or could benefit from the service. Furthermore, 64.3% (n=9) also suggested that there was a reluctance amongst pupils to change their health behaviour. (See Figure 9)

Changes in pupils' health knowledge and behaviour

The survey asked staff to consider the impact of the service in terms of changes to health knowledge and behaviour of the pupils in school. All staff responded, but, again, this was felt to be difficult to ascertain due to the limited time for which the services had been in progress, with one respondent (6.3%) unsure whether health knowledge had improved and 33.3% (n=5) indicating that they were unsure whether pupils' behaviour had improved. The majority of other comments related to the limited time that the HSIS had been running at the time of completing the survey, such as *"It is slow and feels like an uphill battle"*, and *"It is too early to assess [changes in knowledge and behaviour] properly"*.

Thirteen respondents (81.3%) felt that health knowledge had improved in the school as a result of the service while only 12.5% (n=2) did not think that this was the case. Evidence given for the improvement in health knowledge included higher numbers of pupils attending the drop in, pupils accessing services earlier, and return visits. One respondent commented that during conversation pupils showed greater knowledge of basic health issues, while another commented that pupils had begun to request information for general health concerns. One respondent felt that there was an improved awareness of STI and pregnancy, and that more pupils were openly discussing this in the clinic.

When asked whether health behaviour had improved in their school as a result of HSIS input, 46.7% (n=7) indicated that it had improved and 20% (n=3) indicated that it had not improved. Evidence offered for the change in health behaviour included fewer obvious smokers, and reports of condoms being used regularly. Pupils also reported improvement in their behaviour, particularly in smoking and lifestyle - including sexual activity, although one respondent suggested that while uptake of screening had improved, there was still *"lots of unprotected sex"*.

Conclusion

Across the 14 locations, advice or intervention was provided for 15 identified health and wellbeing services in addition to *“other general health advice”* being offering that had not been specified in the list. All represented schools provided health services of some description to their pupils although many respondents expressed a limited ability to answer several aspects of the survey due to the brevity of the programme’s operating time so far at their school.

The nature of the health services offered varied from site to site and depended in part on the type of school, for example whether it was a single-sex or faith school. Importantly, the restricted nature of pupil movement in alternative school settings was recognised as having a clear impact on their ability to access such a service in a confidential manner.

The services considered to be most successful by staff at this point seemed to be those that were of an advisory nature. Indeed, 81.3% of respondents felt that health knowledge had improved in school as a result of the service, evidenced by higher attendance, return attendance, and pupils accessing the service earlier.

The range of sexual health services provided had some success in schools where they were carried out, but restrictions in faith schools and differing provision in single sex schools impacted on results, in particular for pregnancy testing or contraception provision. Chlamydia screening had some success where it was carried out, indicating some recognition of the importance of detection and treatment of STIs. However although *“other sexually transmitted infection testing”* had similar success where it was carried out, it was not carried out in as many schools.

Condom distribution was identified as being successful or partially successful equally by the same number of respondents (38.5%). It is difficult to determine reasons for this since details relating to availability or restrictions in terms of distribution were not considered in this survey.

It was interesting to note that very few of the participants considered individual aspects of the services to be completely unsuccessful, although this may reflect the early stage at which this evaluation was carried out. That is, staff may have been reluctant to identify an aspect of service as unsuccessful at such an early stage. At most, only 2 participants identified any one aspect of the service as being unsuccessful. The service most commonly reported to be unsuccessful was *“other sexually transmitted infection testing”*, with 2 out of 11 (18.2%) considering this to be unsuccessful.

However, there were aspects that staff identified as requiring further development, for example service location, timing and length of session.

4: FINDINGS FROM THE PUPILS SURVEY

Response rate and demographics

A total number of 211 participants started the survey with 161 completing (76.3%). The pupils who completed this survey were all from one Wirral school. Two hundred participants were female (96.2%) and 8 were male (3.8%). This reflects the nature of the school which was a single sex school with a mixed sex sixth form. The respondent ages ranged from 11 to 16 years with the majority (59.3%) aged 14 or under. There were no respondents aged 15 years.

Figure 3: Age of respondents (n=209)

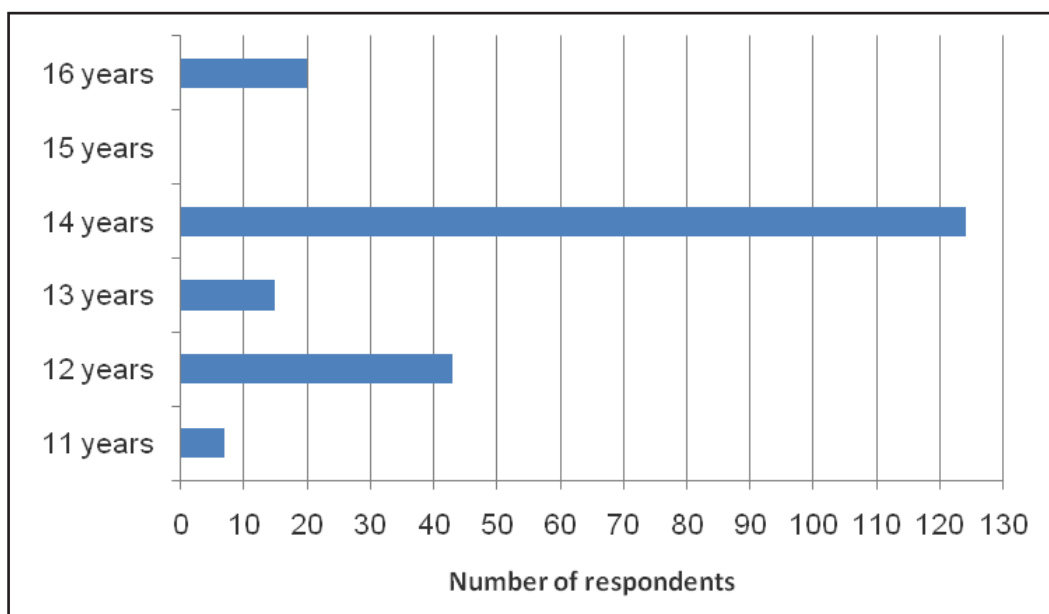
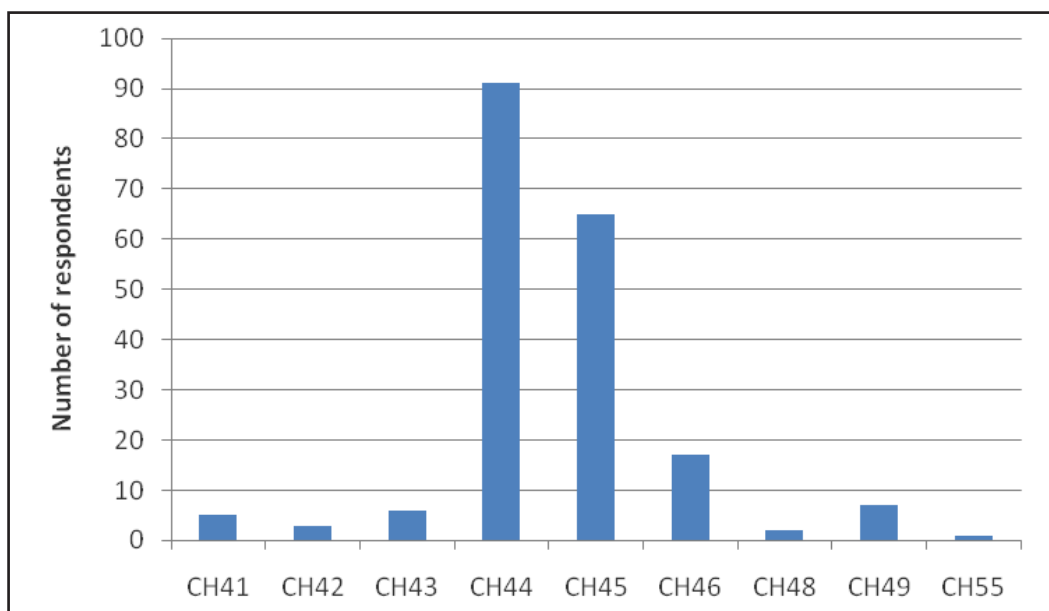


Figure 4: Postcodes of respondents (n=196)



Ethnic origin as defined in open text responses by the pupils (n=130)

White British	104	Half-cast/British	1
White	13	Indian/Asian	1
British	5	White Polish	1
Black British	1		

HSIS Marketing

This section of the survey aimed to establish pupil awareness of a series of health promotion posters (Appendix A) that had been displayed around various locations in Wirral, including schools.

Table 1: Before you started this survey, which of the following posters had you seen? (n=197)

	Number of responses
Be in control	5
Be clued up	1
Be safe	33
Be smart	17
Be strong	13
I definitely saw the posters but I'm not sure which	19
I haven't seen any of these posters before today	137

Of 197 pupils, 69.5% (n=137) had not seen any of the posters displayed; 16.8% (n=33) had seen the "Be Safe" poster; 8.6% (n=17) had seen the "Be Smart" poster; 6.6% (n=13) had seen the "Be Strong" poster; 2.5% (n=5) had seen the "Be in Control" poster and only 1 had seen the "Be Clued Up" poster. 9.6% (n=19) of participants reported seeing one of the posters but could not remember which one.

Table 2: Where did you see the posters? (n=49)

	At my school	At a different school	Not sure
Be in Control	4	1	22
Be Clued Up	0	2	17
Be Safe	15	1	33
Be Smart	9	2	25
Be Strong	5	1	21
I'm not sure which poster but I have seen them	6	2	19

The participants were asked where they had seen the posters. Only 49 answered this question. Most of the responses indicated that they were not sure where they had seen the posters. For those who answered "at my school" the poster most seen was the "Be Safe" poster (n=15) followed by "Be Smart" (n=9) "Be Strong" (n=5) and "Be in Control" (n=4). Each poster was also seen by either 1 or 2 pupils at a different school and 6 had seen the posters either on a bus or at a bus stop. Two had seen them in a shopping centre, and 1 had seen the poster at the nurse's office.

Table 3: Which of the posters did you actually read? (n=53)

	Number of responses
Be in Control	5
Be Clued Up	16
Be Safe	5
Be Smart	1
Be Strong	8
I didn't read any of them	27

The “Be Clued Up” poster was the most read poster overall (n=16). This was followed by the “Be Strong” poster (n=8) and the “Be in Control” (n=5) and “Be Safe” (n=5) posters. Twenty-seven of 53 pupils who responded to this question indicated that they hadn’t actually read any of the posters.

When asked what they remembered about the posters 50 in total responded. The presence of the telephone helpline and the website address on each of the posters were remembered only by 2 pupils at most. Less than half of the 50 respondents remembered the images for each poster. Most reported that they remembered nothing at all about the posters.

Table 4: What do you remember about the posters? (n=50)

	Just the image really	It had a message under the image	It had a helpline phone number on it	There was a website address on it	I don't really remember anything about this poster
Be strong	15	4	0	0	14
Be safe	17	9	1	2	14
Be in control	9	2	2	0	14
Be clued up	7	2	0	1	15
Be smart	13	3	0	1	16

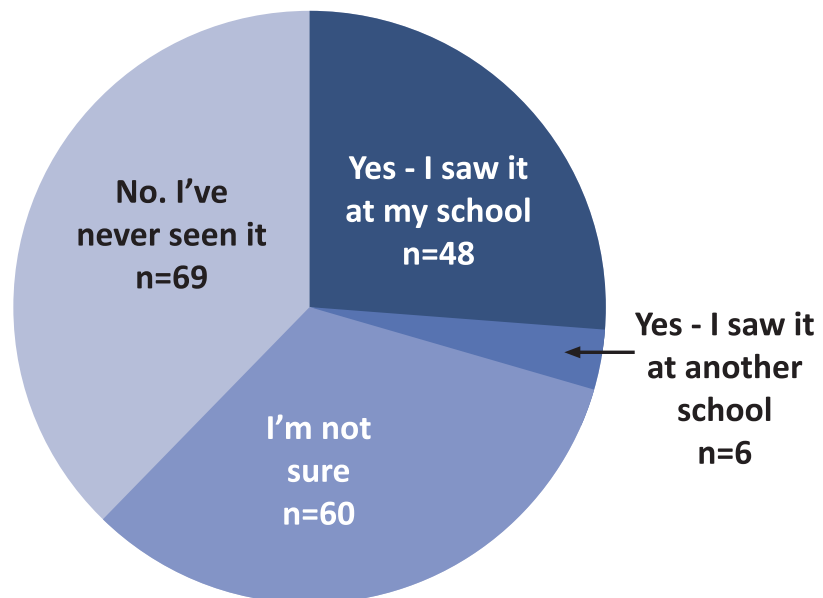
www.beyou.be.uk

Of 191 pupils, 189 said that they did not visit the website, 3 pupils visited the website, 2 looked at all of the links, and 1 looked at the “Be Smart” link only. One suggested that the website answered all of their questions, one suggested that it answered most of their questions, and one suggested that it did not answer any of their questions.

Figure 5: Have you seen this banner before today? (n=179)

The HSIS Banner

The pupils were asked if they had seen the “Banner” (Appendix A). Of 179 responses, 26.6% (n=48) saw it at school, 3.4% (n=6) saw it at a different school, 33.5% (n=60) were not sure where they had seen it, and 38.5% (n=69) suggested that they had never seen the banner.



Key Messages

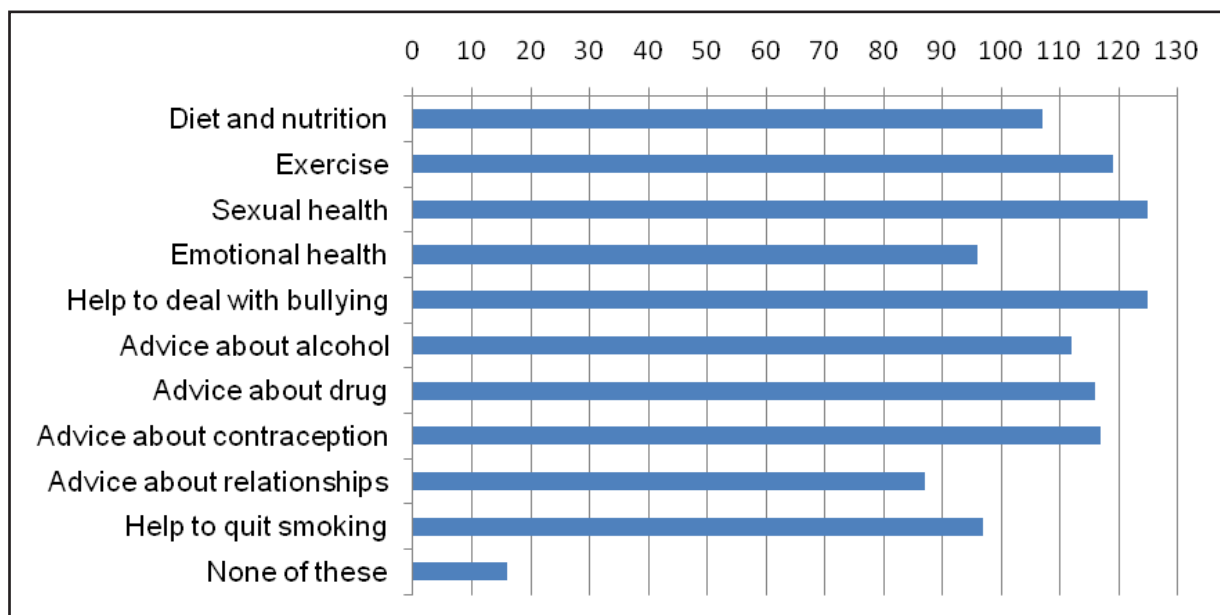
It is important to note that the pupils who completed this survey all attended one school. The key messages from the survey in relation to the poster campaign indicated that the majority of respondents had not seen any of the five posters in this campaign. Of the respondents that had seen the posters, most were not sure where they had seen them. The most-seen poster was the “Be Safe” poster, which was seen by 33 respondents. The majority of those that saw the posters did not read them and could not remember anything about them. Only three of the 191 respondents visited the website on the poster. The success of the poster campaign is therefore questionable in terms of the pupils at this school.

THE HSIS PROJECT

Pupil perceptions of help available at school

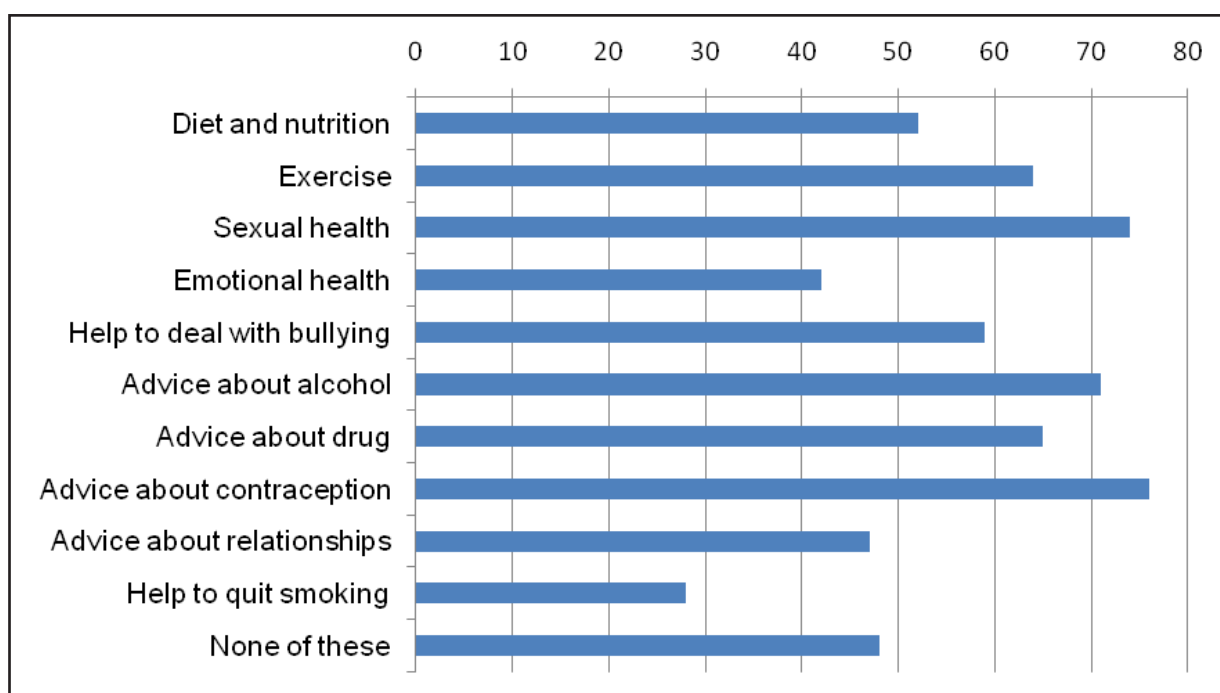
A total of 180 pupils answered this question and 31 skipped it. Pupils perceived help to be available at their school for all of the health and wellbeing issues listed in Figure 6. Perceptions of help available was highest for sexual health (69.4% n=125) and help with bullying (69.4% n=125). Over 60% of pupils acknowledged help available at their school for health issues such as exercise, alcohol, drugs, and contraception. Over 50% of pupils acknowledged help in terms of diet and nutrition, emotional health, and help to quit smoking. The lowest scoring issue was “help with relationships” at 48.3% (n=87).

Figure 6: Which of the following health issues do you think you can get help with at your school? (n=180)



Pupil actual experiences of health services in school

Figure 7: Which of the following health services have you been helped with at your school? (n=175)



The highest scores for help actually received in school related to advice about contraception (43.4% n=76) and advice about sexual health (42.3% n=74). This was closely followed by advice about alcohol at 40.6% (n=71). More than 30% had been helped with issues relating to exercise, bullying, and drugs. More than 20% had been helped with issues relating to diet and nutrition, emotional well being, and relationships. Other respondents (27.4% n=48) indicated they had not been helped with any of these issues in school.

Alternative sources of help

This was a free text answer. In total, 154 pupils answered across the range of health issues listed as in Figure 8. Answers such as “cousin” “brother” “sister” were grouped as “family member”. Answers such as “NHS” “Nurse” “clinic” remained unchanged and were collected separately. Answers were offered that related to specific clinics or services such as Brook, Kooth, Weight Watchers or Response and these were all listed separately.

Figure 8: Total responses for each source of help or advice (n=154)

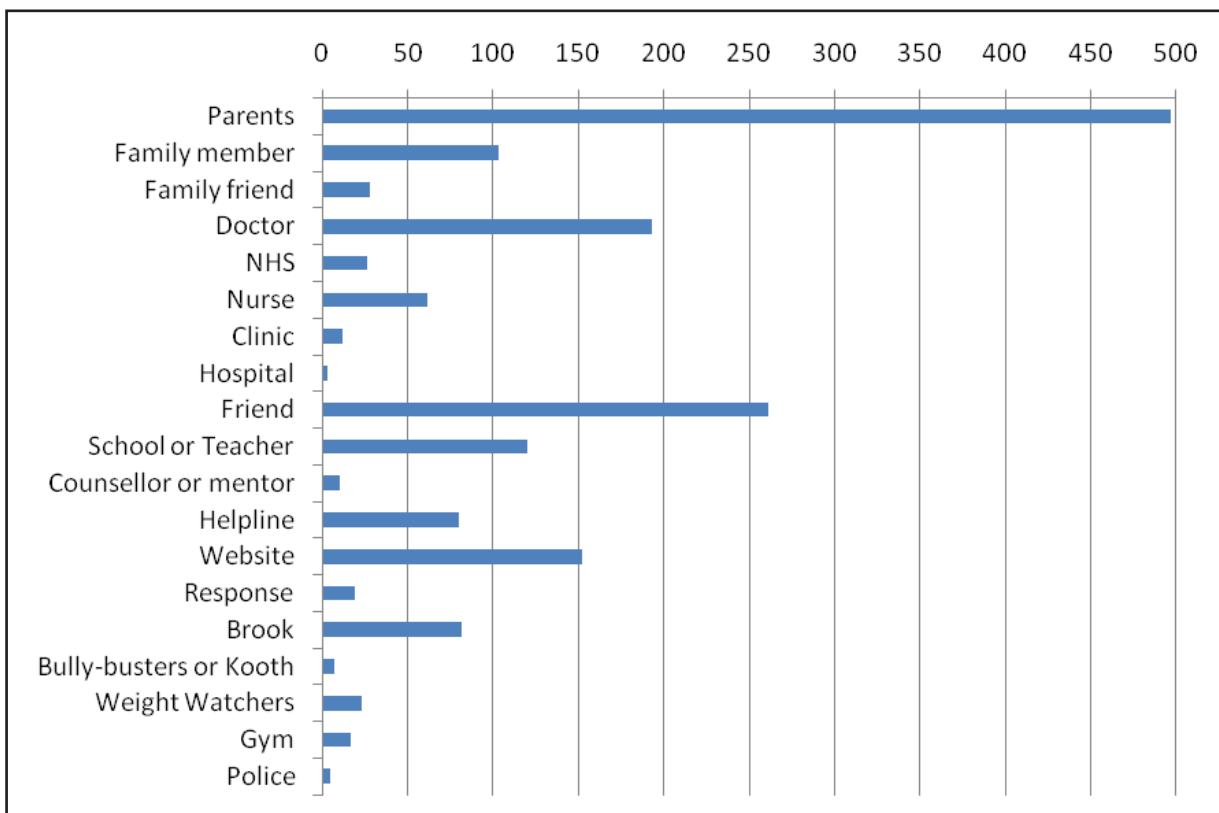


Figure 8 shows that parents were listed as the main source of help if it was not available at school. This was evident for all issues with the exception of “help with relationships” where friends were the main source of help, and “help to quit smoking” where a doctor was listed as the main source of help. It is significant that in all cases, less than 10 pupils responded to each health issue with the answer “none” indicating that the majority would seek help with these issues from at least one source.

Respondents to the issue “help to quit smoking” reported 14 possible sources of help. Interestingly, this was the only health issue where the majority of respondents felt that they would approach a doctor rather than parents, although this was followed closely by seeking help from parents and friends. Help-lines and websites would also be used, with a small number accessing Response or Brook. A point to note here is that the staff reports from phase one indicated that smoking cessation was one of the most time-consuming aspects of the service but phase two (Figure 9) indicates that it was the least used service by the pupils with sexual health being the main reasons for accessing the drop ins. Doctors were cited as the second most popular resources after parents for help with risky behaviours such as alcohol and drugs, but help-lines and websites were also fairly well represented in these two categories.

Figure 9: Help to quit smoking (n=146)

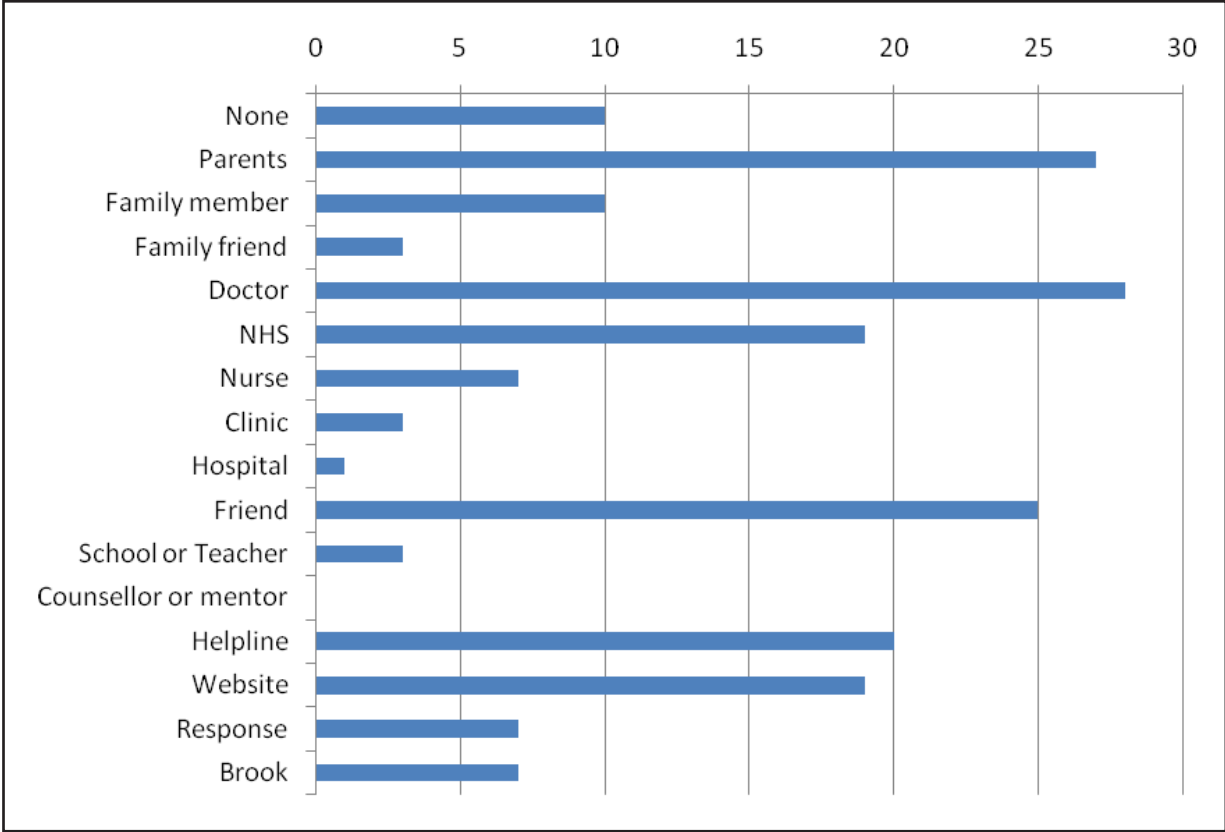


Figure 10: Advice about alcohol (n=147)

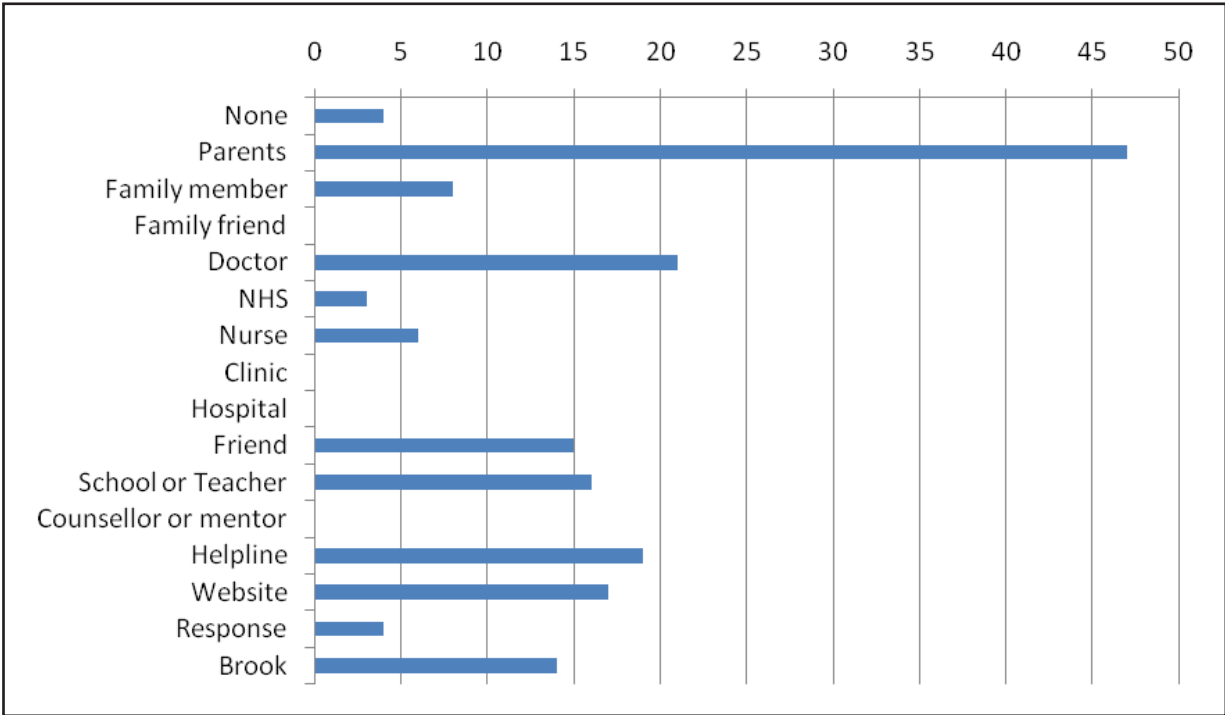
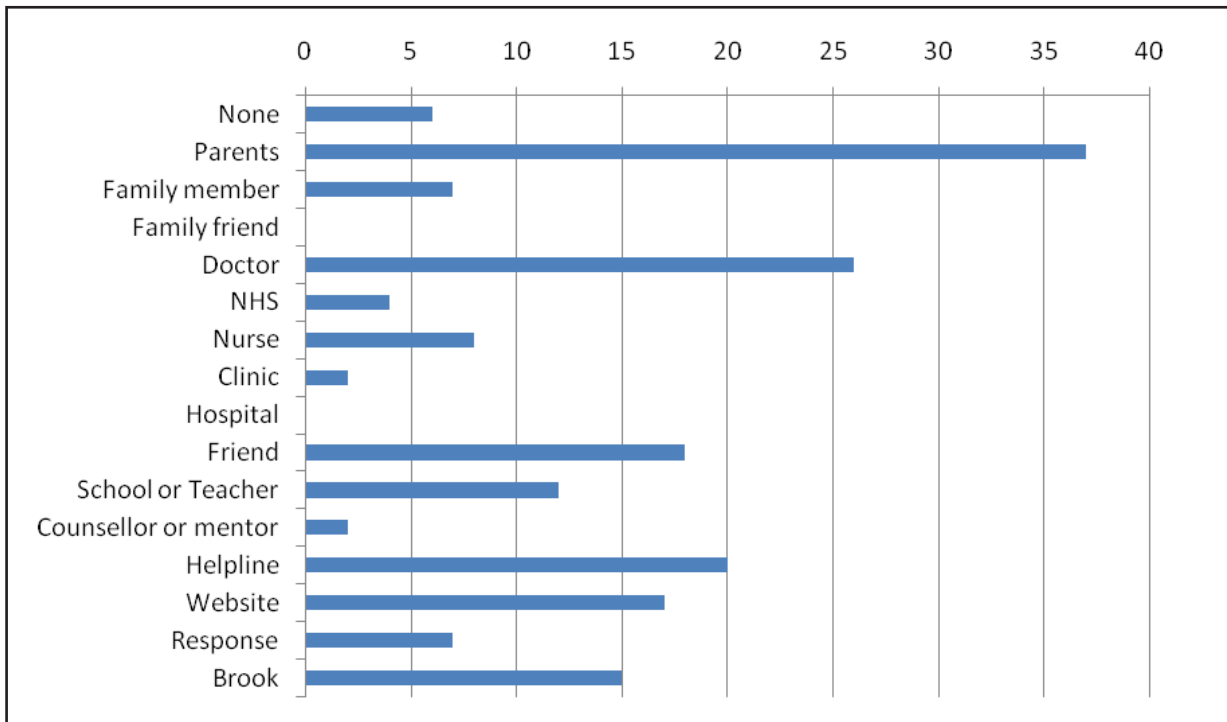
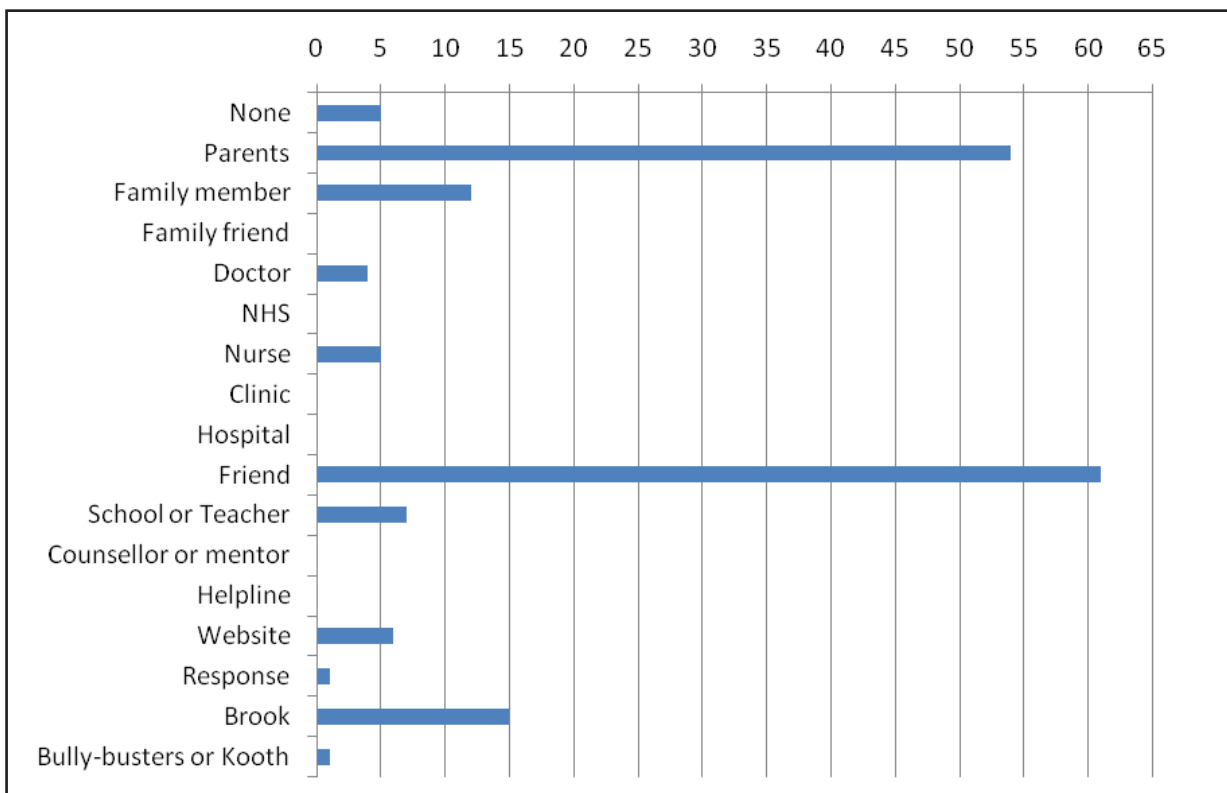


Figure 11: Advice about drugs (n=147)



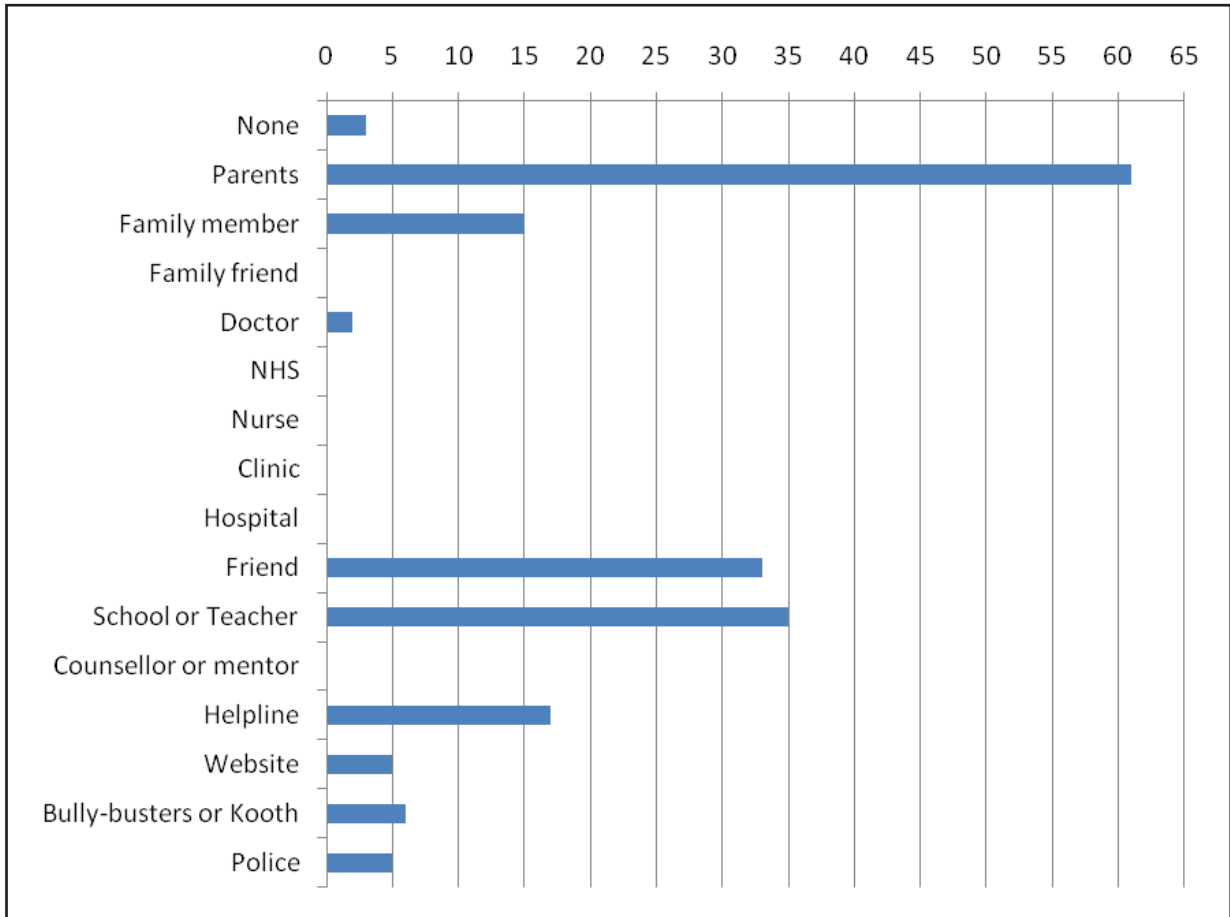
In total, 94.8% (n=146) responded to “Advice about relationships” indicating that help would be sought from 2 main sources – parents and friends, with small numbers suggesting they would go to a Brook or family members.

Figure 12: Advice about relationships (n=146)



97.4% (n=150) responded to “Help to deal with bullying”, and, again, parents were considered to be the source of help for the majority of respondents. There is some evidence to suggest that small numbers know about and would use resources for specific issues such as Bullybusters and Response. Interestingly, this is the only aspect of health and well-being where teachers were considered to be a sought resource by more than minimal numbers, cited by more respondents than specific help resources such as Bullybusters.

Figure 13: Help to deal with bullying (n=150)



One hundred and forty-nine pupils (96.8%) responded to “Advice about sexual health” with parents cited as the main source of advice followed by a doctor and websites. While some suggested that they might approach Weight Watchers for advice about sexual health, there were no responses that suggested approaching Brook for help, indicating a level of ill-informed response. Advice about contraception appeared to be an issue that caused pupils to seek help from a wider variety of sources. Other than parents who were the most cited source, friends, family friends and Brook were cited by over half of the respondents.

Only one less student (96.1%) responded to the issue “Help with exercise”. Again, parents were cited as the main source of help by 50 pupils followed by friends (n=32). Thirteen cited a doctor as a source of help, and 17 cited the gym or a website as a source of help. Most (96.8%, n=149) answered the question related to “Help with diet and nutrition”, with the vast majority (n=69) approaching their parents for help. Other than a parent, only 8 other sources of help were cited. A doctor was cited by 29 pupils, a website by 25 pupils, and a friend by 11. Weight Watchers was cited as a source of help by 10 pupils, and all other remaining sources were cited by less than 10 pupils.

Figure 14: Advice about sexual health (n=149)

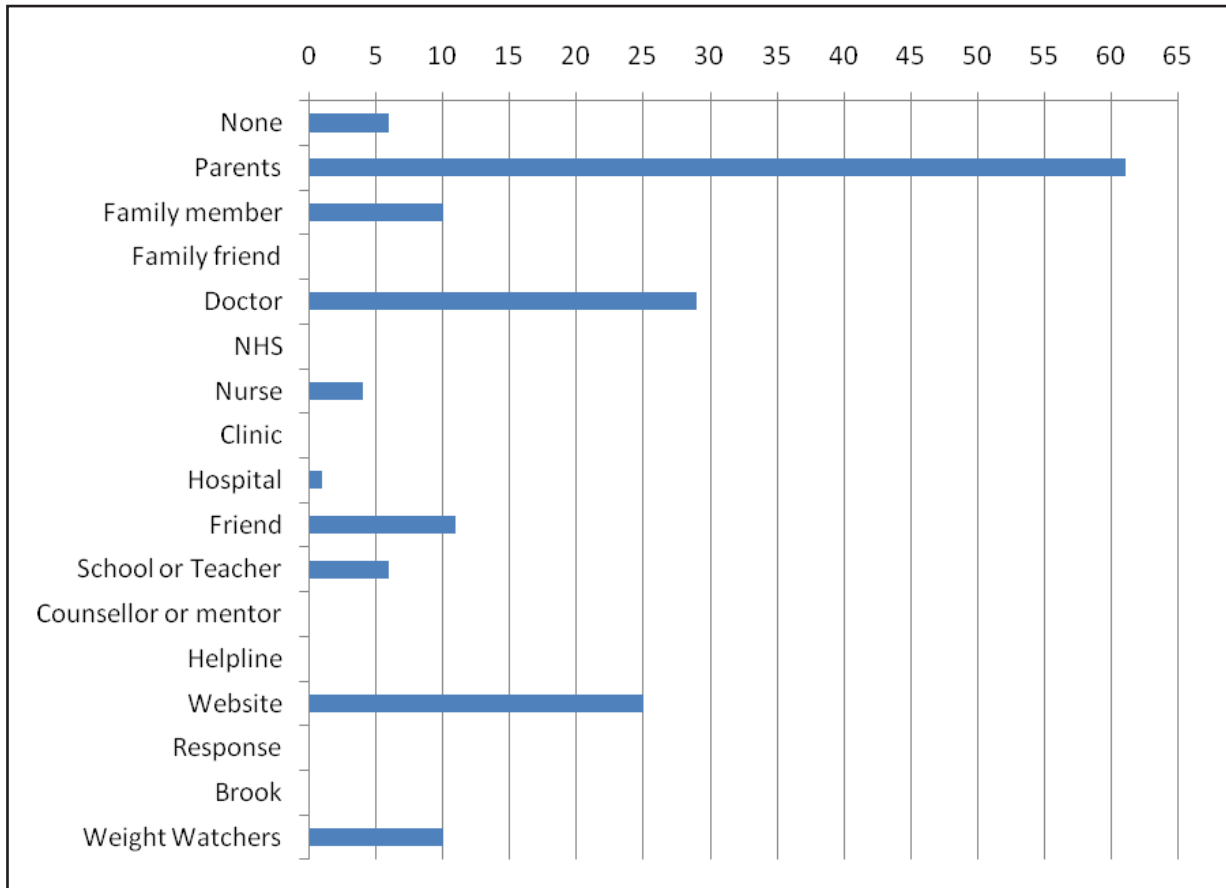


Figure 15: Help with exercise (n=148)

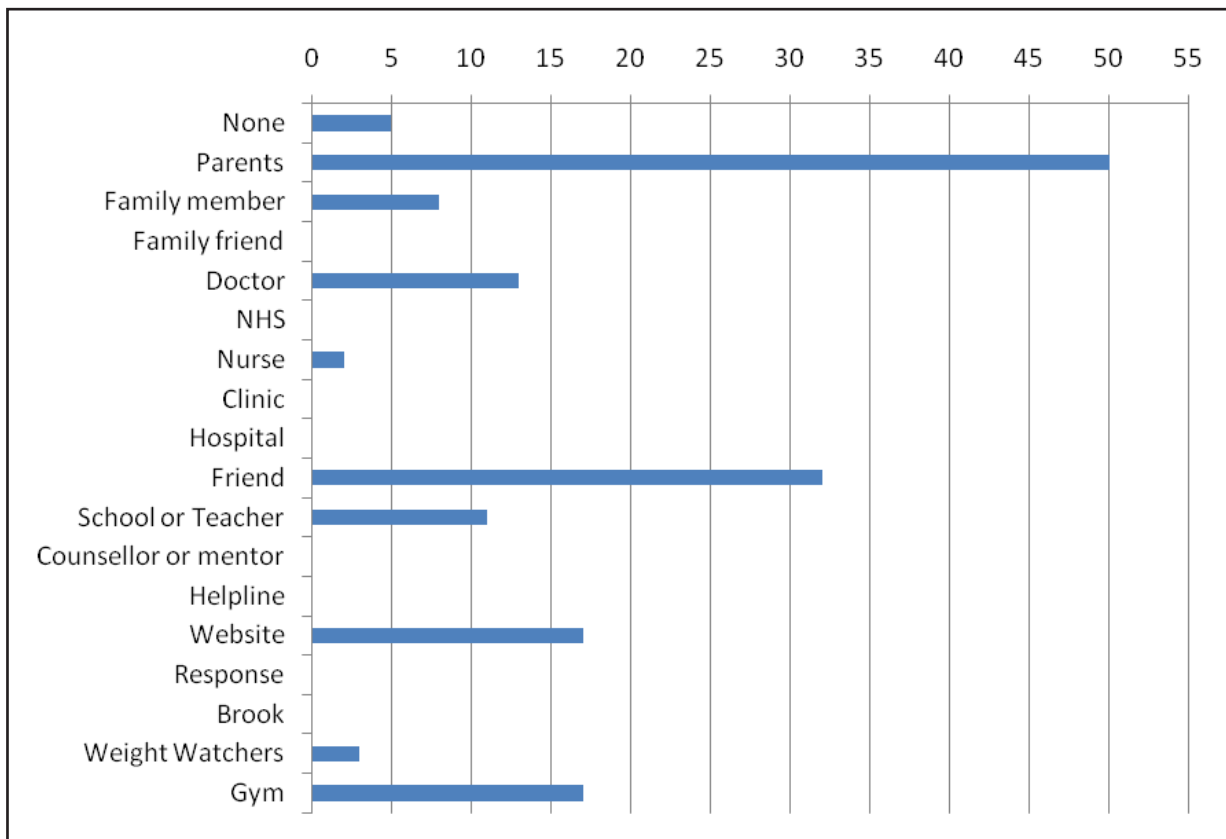
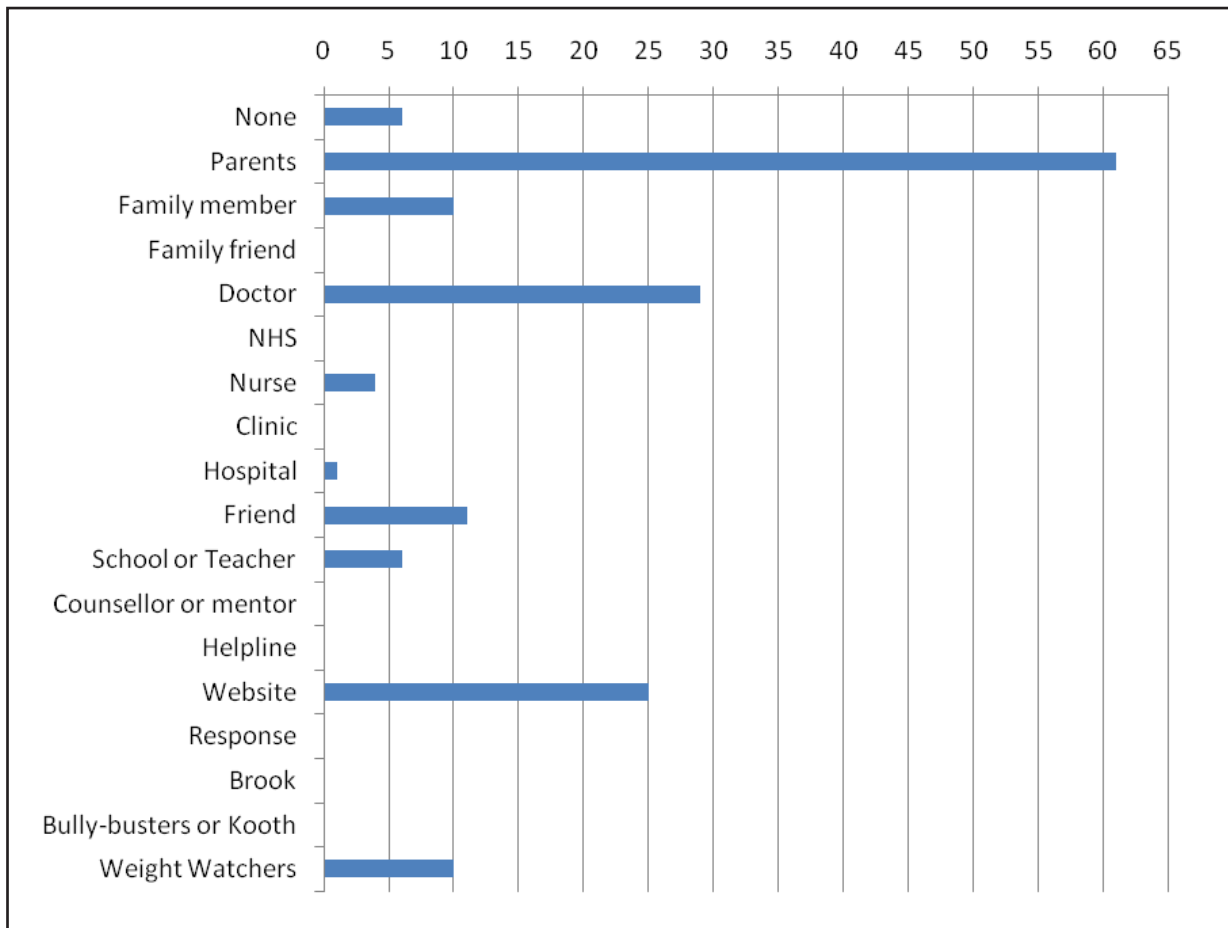


Figure 16: Help with diet and nutrition (n=149)



Key messages from the HSIS project

Pupils perceived help to be available at their school for a wide range of the health and wellbeing issues, with perceptions of help available highest for sexual health and help with bullying. Over 50% of pupils acknowledged help available at their school for health issues such as exercise, alcohol, drugs, contraception, diet and nutrition, emotional health, and help to quit smoking. The lowest scoring issue was “help with relationships”. The highest scores for help actually received in school related to advice about contraception and advice about sexual health. This was closely followed by advice about alcohol, but, importantly, more than 20% of respondents had also been helped with issues relating to exercise, bullying, drugs, diet and nutrition, emotional well being, and relationships.

More than a quarter of students indicated they had not been helped with any of these issues in school. A wide range of alternative sources of help across the range of health issues was identified by the pupils. Parents were listed as the main source of help for all issues with the exception of “help with relationships” where friends were the main source of help and “help to quit smoking” where a doctor was listed as the main source of help. Results indicated that the majority of pupils would seek help with these issues from at least one source.

The issue “help to quit smoking” was the only health issue where the majority of respondents felt that they would approach a doctor rather than parents, but was closely followed by seeking help from parents and friends. There is some evidence to suggest that small numbers know about and would use resources for specific issues such as Bullybusters and Response. Interestingly, bullying was the only aspect of health and well-being where teachers were considered to be a significant resource, perhaps reflecting anti-bullying policies within the school.

Parents were cited as the main source of advice about sexual health followed by a doctor and websites. Advice about contraception appeared to be an issue that caused pupils to seek help from a wider variety of sources, though, again, parents were the most cited source.

WEIGHT CONCERNS

Participants were asked a series of questions about local weight management services and whether they would use them or not. Of 177 responses, 49.7% (n=88) expressed some concern about being overweight but 50.3% (n=89) had no weight concerns, indicating fairly equal numbers for both responses. Thirty-four chose to skip this question.

Table 5: Views about local weight management services. (n=83)

	I strongly agree	I agree	I disagree	I strongly disagree
I don't think that there are any weight management services locally that can help me	17	29	28	8
I know that there are services available but they are not easy to get to	13	34	28	4
I know that there are services available but I don't think that they can help me	11	28	32	7
I worry that the people at the service will be too pushy	14	30	28	5
I worry that the people at the service will set unrealistic goals	8	30	33	6
I worry that people might pick on me or tease me if they found out that I attended a weight management group	19	33	23	3
I am worried that the staff will upset me	8	25	34	10
I would be embarrassed	25	34	11	5
I don't think that the staff will understand what I am going through	12	22	38	5
I don't really have a view about the service	8	32	25	9

Of 83 responses only 8.4% (n=7) used local weight management services, while the majority (91.6%, n=76) did not.

Of 82 responses, 56.1% (n=46) did not think that there were any local services that could help them. Of 79 responses, 59.5% (n=47) of respondents knew about the services but felt that they were not easy to get to, and of 78 responses 50% (n=39) thought that the services would not be much help.

Of 78 responses, 67.9% (n=53) indicated that they would prefer to tackle the problem on their own, while 61.5% (n=48) indicated that they were already trying to manage their weight and did not want further help. 59% (n=46) indicated that their parents might not be happy if they started to use weight management services.

There were some anticipated concerns about staff at such facilities including that the staff might be too pushy (57.2%, n= 44), upset them (42.9%, n=33), lack understanding (44.2%, n=34) or fail to understand students' cultural preferences (31.7%, n=25). Concerns were also expressed about unrealistic goals (49.4%, n=38), about being picked on or teased (66.7%, n=52), and about being embarrassed (78.6% n=59). Indeed, 56.3% (n=45) were worried that their friends might find out.

The pupils responded that they would be encouraged to attend a weight management course if they put on a lot more weight (76.1%, n=54), or if they were advised to go by a health professional (52.1%, n=37) or a parent (40.8%, n=29). They would also be encouraged if they could take a friend along (62%, n=44), or if a service were recommended by somebody else (42.3%, n=30). Although 53.2% (n=42) worried that the service might be too expensive and 47.9% (n=34) would be encouraged to attend if they had the opportunity to attend a free session, only 25.4% (n=18) would be encouraged by a financial incentive such as a voucher.

Table 6: Views about potential use of weight management services (n=81)

	I strongly agree	I agree	I disagree	I strongly disagree
I'm already trying to manage my weight and I don't need any more help	11	37	22	8
I'd prefer to tackle this problem on my own	15	38	20	5
I've heard that the services available are not much help	5	26	35	9
I worry that the services might be too expensive for me	13	29	30	7
I don't think that my parents/guardians would be happy about me using weight management services	17	29	23	9
I worry that my friends may find out	12	33	27	8
I have particular cultural preferences and I don't think that the services will understand these	7	18	39	15
I don't really have an opinion about the service	8	34	23	9

Table 7: What might encourage you to attend a weight management course? (n=71)

	Responses
Recommendation from someone already using the service	30
If I put on a lot more weight	54
Suggestion from an advisor (school nurse, GP)	37
Opportunity to attend a free session	34
Financial incentives such as vouchers for attendance and weight loss	18
If I could take a friend along	44
If my parents or guardian asked me to go	29

Key messages for weight concerns and local services

Forty-seven per cent of respondents had some concerns about being overweight, with an almost equal amount having no concerns. Many respondents did not have any view about local weight management services, and this did not simply represent the views of respondents who had no weight concerns since only three of these considered this question. Only a small percentage used local weight management services, with many suggesting they would prefer to tackle this issue on their own.

Embarrassment and potential teasing by others were cited as barriers but anxieties were also expressed about anticipated staff attitudes. Factors that would encourage attendance were related to further weight gain or if advised by parents or health professionals.

Teen Life Check

Of 167 respondents, only 10.8% (n=18) had heard of the Teen Life project. The majority had seen information about the project on a bus (n=9), or a train (n=6), followed by a poster (n=8) the internet (n=7) or a via youth worker (n=6).

Table 8: Where did you hear about Teen Life Check? (n=15)

	Responses
I saw an advertisement on a train	6
I saw an advertisement on a bus	9
Through a youth worker	6
At Brook	4
On the Internet	7
On Bitesize	4
I read about Teen Life Check on a poster	8

Of those that saw the service advertised on a poster, the posters were displayed at school (n=6), hospital (n=6), at the GP surgery (n=5), or at the leisure centre (n=4). Five could not remember where they saw the poster.

Table 9: If you read about Teen Life Check on a poster, tell us where you saw it. (n=15)

	Responses
I saw a poster at school	6
I saw a poster in a community centre	3
I saw a poster at my GP's (family doctor)	5
I saw a poster in a hospital	6
I saw a poster in a leisure centre	4
I saw a poster at YOS	3
I saw a poster at a Brook	2
I saw a poster at Connexions	3
I saw a poster at CAS	2
I can't remember where I saw the poster	5

Of 18 respondents' memory of the poster, the majority remembered just the image (n=10) or the website address on it (n=7). Six indicated that they did not remember anything.

Table 10: What can you remember about the Teen Life Check poster(s)? (n=18)

	Responses
Just the image really	10
It had a slogan	4
It had a message underneath the image	4
It had a helpline phone number on it	3
There was a website address on it	7
I don't really remember anything about this poster	6

Of 20 respondents, 5 had visited the Teen Life website. When asked what they found most useful there were only 6 free text responses. Of these responses, the quiz (n=1), the results of the questionnaire (n=1), and the telephone number (n=1) were cited as being useful. The video was mentioned by 1 respondent as being least useful.

When asked where they might go to for information that they could not find on the Teen Life website, the majority 70% (n=14) indicated they would go to a friend, and 50% (n=10) indicated that they would go to the school nurse or a family member close to their age.

Table 11: If you couldn't find the information or advice that you needed on the Teen Life Check website, where would you go to for help if you needed it? (n=20)

	Responses
I'd try a different internet resource	9
I'd ask a friend	14
I'd ask an adult family member	8
I'd ask a family member who is closer to my age	10
I'd go to my GP (family doctor)	7
I'd ask a school nurse	10

When asked a series of 4 questions about Teen Life sessions delivered by Brook, Bitesize or Youth workers, only 3 responded. Each indicated that they did not actually have a session delivered in this way and offered no other useful responses.

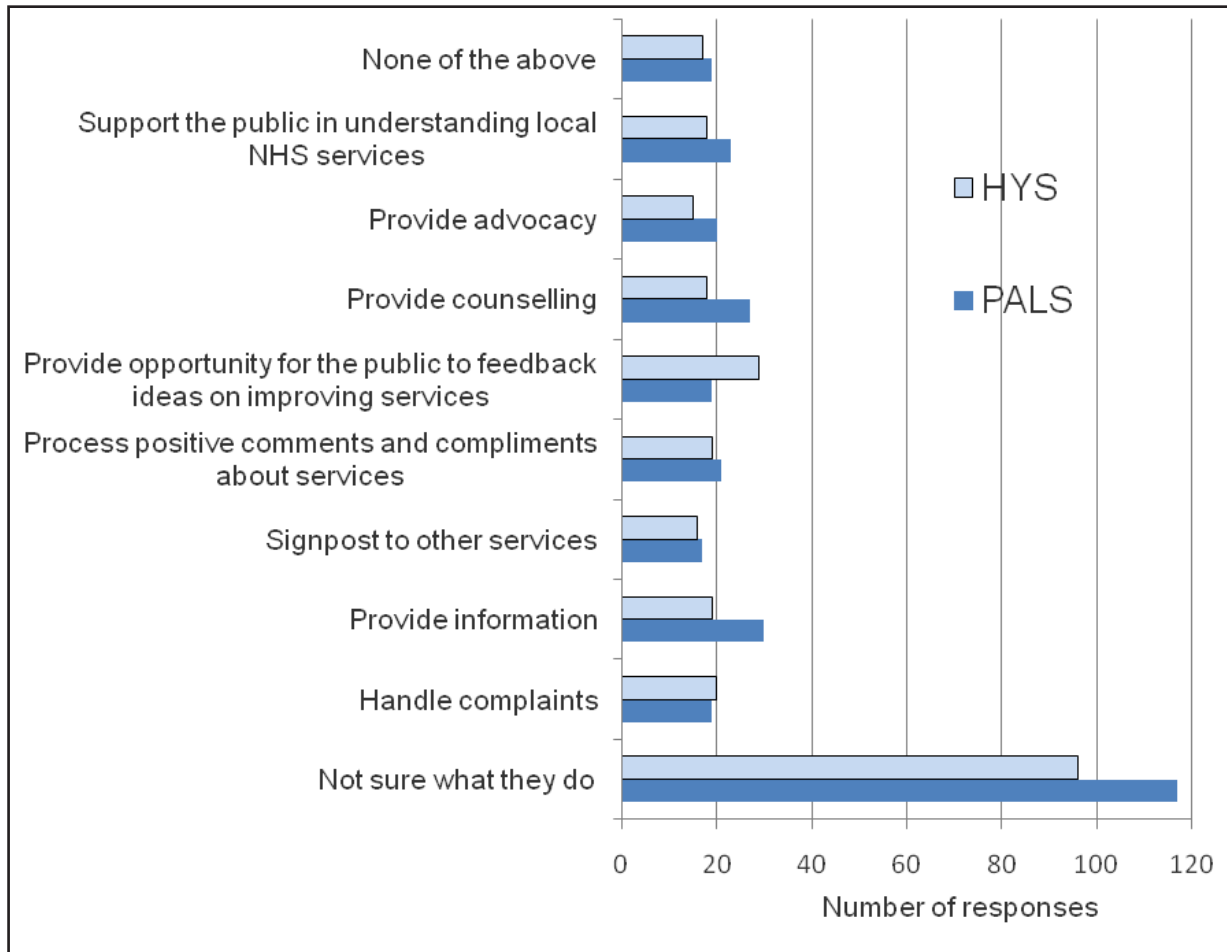
Key messages about Teen Life Check

Only a small proportion of young people had heard about this service, seeing the posters at school or on the bus but remembering little about the content. None had experienced a session delivered by the youth sector. Only five had visited the website.

Have Your Say/PALS

Of 150 responses, 10% (n=15) had heard of both of these services, 5.3% (n=8) had heard only of PALS, 10.7% (n=16) had heard only of “Have your Say”, and 98.3% were not sure what the services do.

Figure 17: Knowledge of HYS and PALS services (n=140)



Of 140 responses, 127 reported not having used the service, suggesting that 13 may have used the service. However further responses suggest that 29 had made an enquiry to the service, for example 19 respondents indicated that they were happy with how their enquiry was dealt with and 10 indicated that they were not happy with how their enquiry was dealt with. The results for this question should therefore be considered with some caution.

Overall conclusion from pupil survey

It is important to note that the pupils who completed this survey all attended one school.

Most respondents had not seen any of the five posters in this campaign, and of those who had seen the posters, most were not sure where they had seen them. The majority of those who saw the posters did not read them and could not remember anything about them. Only three of the 191 respondents visited the website advertised on the poster. The success of the poster campaign is therefore questionable in terms of the pupils at this school.

Pupils perceived help to be available at their school for a wide range of the health and wellbeing issues, relating particularly to sexual health and help with bullying. A significant number of pupils at this school had benefitted from the availability of help at school. Advice about contraception and sexual health was prominent, followed by advice about alcohol. A little more than a quarter indicated they had not been helped with any of these issues in school.

A wide range of alternative sources of help across the range of health issues was identified by the pupils. Parents were listed as the main source of help for most issues. Advice about contraception appeared to be an issue that caused pupils to seek help from a wider variety of sources, perhaps reflecting knowledge of available alternatives. A small number knew about and would use resources for specific issues such as Bullybusters and Response, with teachers cited as a significant resource, perhaps reflecting anti-bullying policies within the school.

“Help to quit smoking” was the only health issue where the majority of respondents felt that they would approach a doctor rather than parents, but this was closely followed by seeking help from parents and friends. Significantly, although the staff responses from phase one indicated smoking cessation to be one of the most time-consuming aspects of the service, pupil responses indicated that it was the least used service by the pupils, with sexual health being the main reasons for accessing the drop ins.

Almost equal numbers of respondents had either some concerns or no concerns about being overweight. Only a small proportion used local weight-management services, reporting embarrassment, potential teasing by others, and anxieties about anticipated staff attitudes as barriers.

Few young people had heard about Teen Life Check, seeing the posters at school or on the bus but remembering little about the content. None had experienced a session delivered by the youth sector, and only 5 had visited the website.

Only a small number of the pupils had heard of HYS or PALS and most were not sure what the services do. Most had not used the service, and the results relating to the customer satisfaction of those that may have used the service should be considered with some caution.

4: FINDINGS FROM THE YOUTH HUBS

Response rate and demographics

There were 11 responses from the Wirral Youth Hubs. Of these respondents, four were female and seven were male. Most respondents were age 15 or 16. As with the school data, respondents were from varied postcode areas. Of eleven respondents, four replied that they had a disability. Of eight respondents who answered, seven stated that they were “white/British” and one that they were “British”.

Figure 18: Age of respondents (n=9)

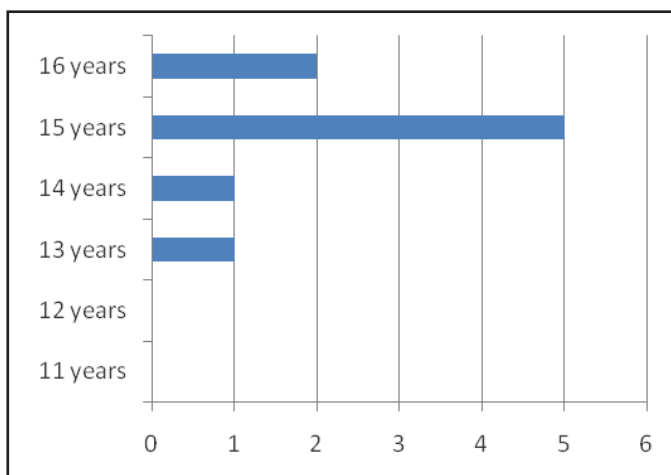
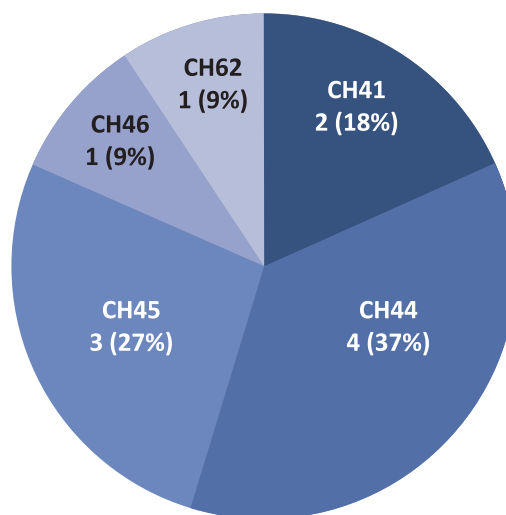


Figure 19: Postcode area of respondents (n=11)



HSIS Marketing

All of the posters had been seen by some respondents, though 25% reported not having seen any of them. Eight respondents reported where they had seen the posters.

Figure 20: Before you started this survey, which of the following posters had you seen? (n=12)

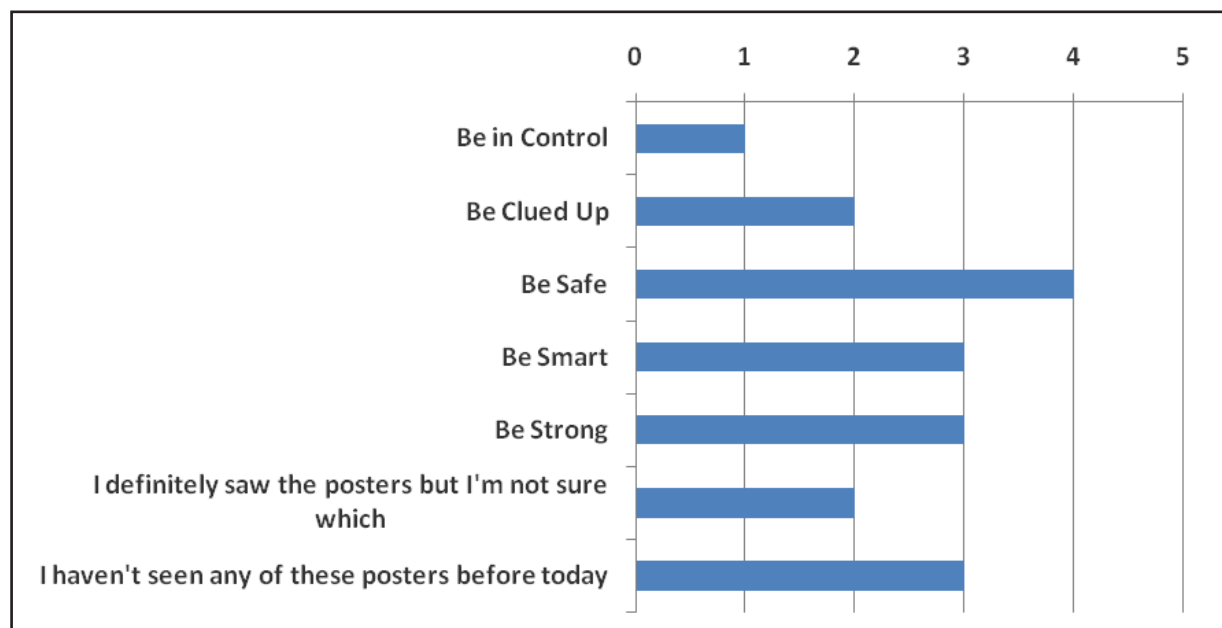


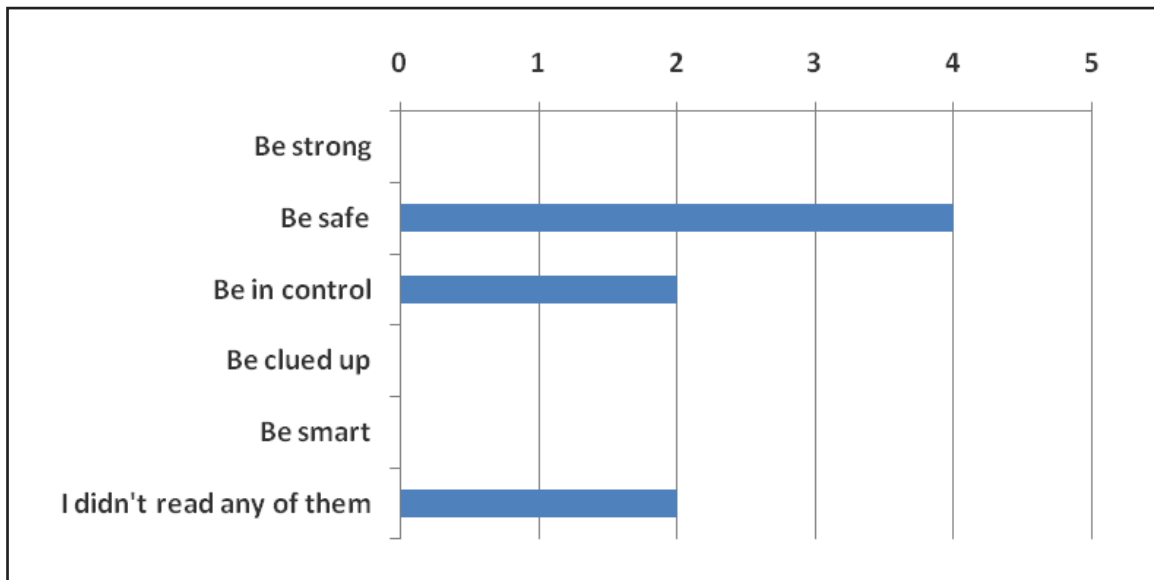
Table 12: Where did you see the posters? (n=8)

	On the Bus At a bus stop	At my school	At a different school	Not sure
Be in Control	0	0	1	0
Be Clued Up	0	1	1	0
Be Safe	1	2	1	2
Be Smart	0	2	1	2
Be Strong	0	0	1	0
I'm not sure which poster but I have seen them	1	0	0	0

One respondent added that the posters had been seen on the Kontaktabus.

Respondents were asked to recall whether they had read the posters. Of 7 responses, 4 had read the “Be safe” poster, and 2 had read the “Be in Control” poster.

Figure 21: Please indicate which of the posters you actually read. (n=7)



Six responded to the question “What can you remember about the posters?” Half of these remembered the image on “Be safe”, and the presence of a message was generally noted, but none could recall any of the messages. Neither the helpline number or website address were recalled. One respondent declared that they “didn't really remember anything about this poster” for all five posters.

Table 13: What can you remember about the posters? (n=6)

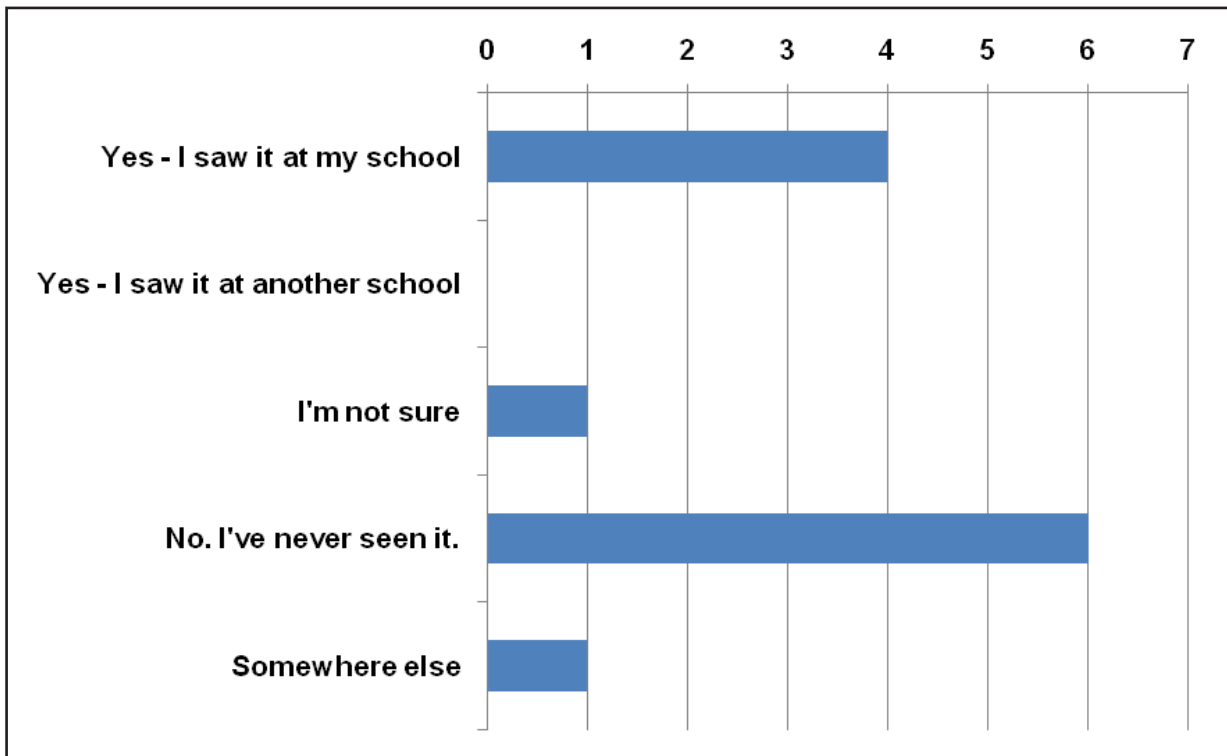
	Just the image, really	It had a message underneath the image	It had a helpline phone number on it	There was a website address on it
Be strong	0	1	0	0
Be safe	3	2	0	0
Be in control	0	2	0	0
Be clued up	0	1	0	0
Be smart	1	0	0	0

None of the respondents had visited this site.

The Banner

Of eleven respondents, more than half had not seen the banner at all. Four had seen it at school and one was not sure.

Figure 22: Have you seen this banner before today? (n=11)



Key messages about the poster campaign

It is important to note that this was only a small sample but the responses indicate that very few had engaged with the poster campaign. A general presence of posters was noted by a small number but the content of the posters had not had any real impact in terms of recall.

THE HSIS PROJECT

Help available in School

The participants were asked if they could find help at school for any of the health issues. Only two respondents thought that none of the suggested possibilities were available at school and the same two respondents clearly had not accessed the services. (See Figures 23 & 24).

Figure 23: Which of the following health issues do you think you can get help with at your school? (n=11)

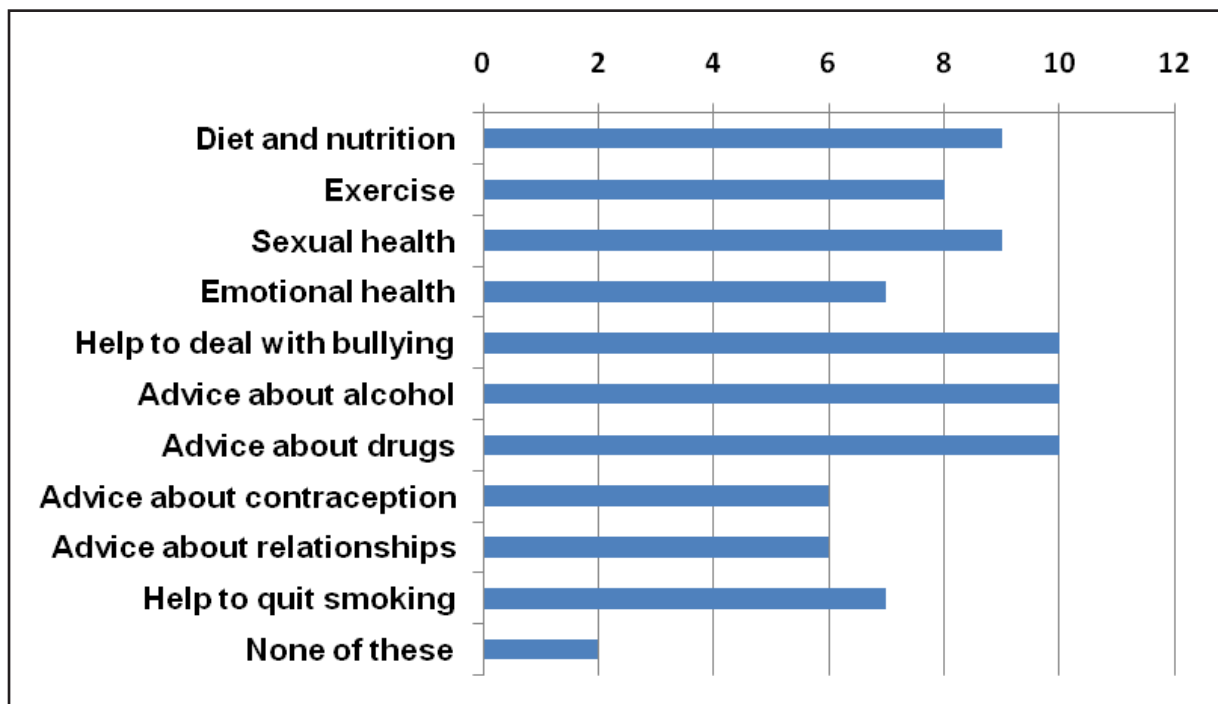
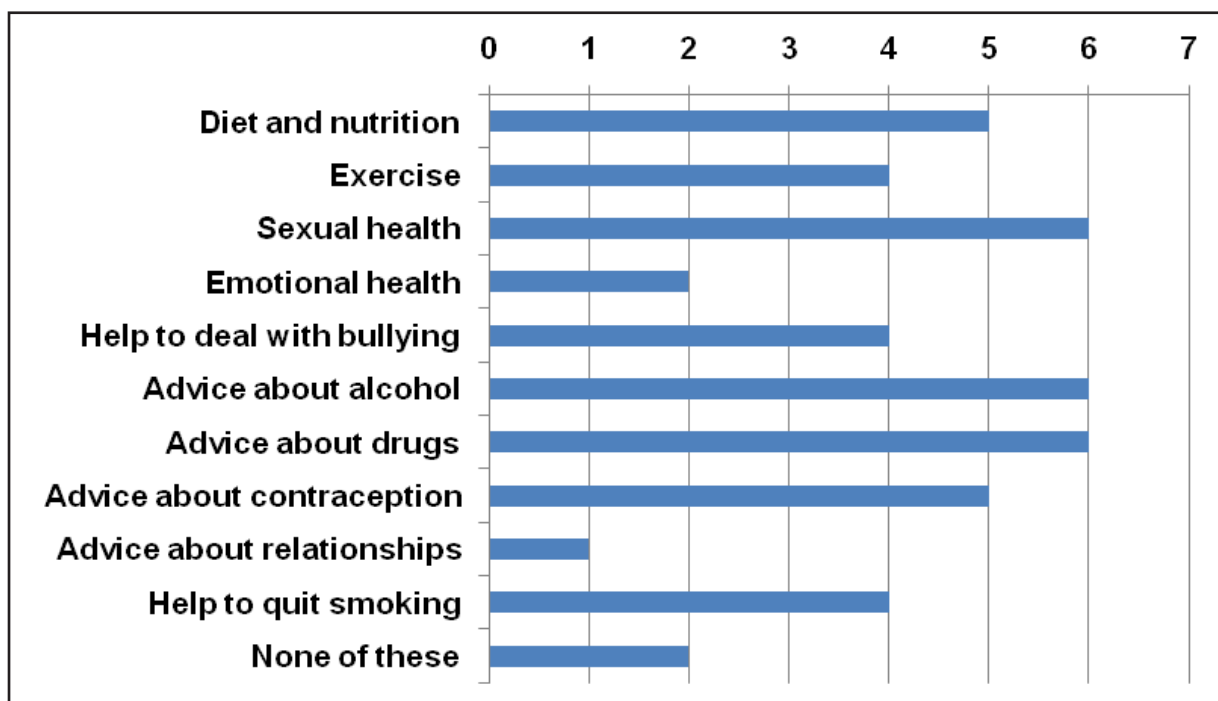


Figure 24: Which of the following health services have you actually been helped with at your school? (n=11)



Alternatives sources of help were considered. Parents and websites were the most common sources of help, though a wide range of possible sources were identified.

Table 14: If you couldn't get this kind of help at school, where would you go for help if you needed it? (n=7)

	Doctor	Parent	Family member	Friend	Website	Youth club	Youth worker	Kbus	Health clinic	Telephone helpline
Help to quit smoking	2	0	1	1	1	1	0	1	0	1
Help with diet and nutrition	1	2	0	0	2	1	0	0	0	0
Help with exercise	0	1	0	2	1	1	0	1	0	0
Advice about sexual health	1	1	0	0	1	1	1	1	0	0
Advice about emotional health	0	2	0	0	1	1	0	1	1	0
Help to deal with bullying	0	3	0	1	1	1	0	1	0	0
Advice about alcohol	0	1	1	0	2	1	0	1	0	0
Advice about drugs	0	0	0	0	2	1	1	1	1	0
Advice about relationships	0	2	0	0	1	1	0	1	1	0
Advice about contraception	0	1	0	0	1	1	1	1	0	0
Help to quit smoking	2	0	1	1	1	1	0	1	0	1
Help with diet and nutrition	1	2	0	0	2	1	0	0	0	0

No additional comments were made about health services in school.

WEIGHT CONCERNS

Of 11 respondents, only two expressed concern about being overweight and although it is not possible to draw any conclusions from such a small sample, but their views about the service are represented in table 15. No respondents were accessing any local weight management services at the time of the survey.

Table 15: Please complete the following table to tell us your views about local weight management services (n=2)

	I strongly agree	I agree	I disagree	I strongly disagree
I don't think that there are any weight management services locally that can help me	0	1	1	0
I know that there are services available but they are not easy to get to	0	1	1	0
I know that there are services available but I don't think that they can help me	0	0	2	0
I worry that the people at the service will be too pushy	0	0	2	0
I worry that the people at the service will set unrealistic goals	0	1	1	0
I worry that people might pick on me or tease me if they found out that I attended a weight management group	0	1	1	0
I am worried that the staff will upset me	0	0	2	0
I would be embarrassed	0	1	1	0
I don't think that the staff will understand what I am going through	0	0	2	0
I don't really have a view about the service	0	0	2	0

Table 16: Please complete the following table to tell us your views about why you do or don't use weight management services. (n=2)

	I strongly agree	I agree	I disagree	I strongly disagree
I'm already trying to manage my weight and I don't need any more help	0	0	2	0
I'd prefer to tackle this problem on my own	0	1	1	0
I've heard that the services available are not much help	0	0	2	0
I worry that the services might be too expensive for me	0	0	2	0
I don't think that my parents/guardians would be happy about me using weight management services	0	0	2	0
I worry that my friends may find out	0	1	1	0
I have particular cultural preferences and I don't think that the services will understand these	0	0	2	0
I don't really have an opinion about the service	0	0	2	0

Table 17: What might encourage you to attend a weight management course? (n=2)

	Responses
Recommendation from someone already using the service	1
If I put on a lot more weight	0
Suggestion from an advisor (school nurse, GP)	1
Opportunity to attend a free session	2
Financial incentives such as vouchers for attendance and weight loss	2
If I could take a friend along	1
If my parents or guardian asked me to go	0

Teen Life Check

Four of seven respondents had heard of the Teen Life Check project. Three had heard about it through a youth worker, and one had read about it on a poster. The two specific locations where Teen Life Check posters had been seen were the KBus and at a youth club.

When asked what could be remembered about the posters, three individuals responded.

- Just the image, really (n=2)
- It had a slogan (n=3)
- It had a message underneath the image (n=2)
- It had a help[phone number] on it (n=1)
- There was a website address on it (n=2)

No respondents had visited the Teen Life Check website. Despite this, two individuals explained where they would go for help if the information that they required was not found on the website.

- I'd try a different internet resource (n=1)
- I'd ask a friend (n=1)
- I'd ask a family member who is close to my age (n=1)

None had heard about Teen Life Check through Brook, Bitesize or youth workers. Of the four respondents, one had attended a Teen Life Check session with a youth worker. The remaining three had never attended.

Have Your Say (HYS) and Patient Advice & Liaison Service (PALS)

Of eleven respondents, one had heard of PALS, but none had heard of HYS. Five respondents suggested what they thought the services might do. With regard to PALS, four were unsure, and there was one response each to the possibility that PALS handled complaints, provided information, processed positive comments about the service, and supported the public in understanding local NHS services. None had used either service.

Key messages from the Youth Hubs

The number of responses for this aspect of the evaluation was very small overall (n=11) and even smaller when divided into specific aspects of service provision such as local weight management services, the Teen Life project and HYS or PALS. The responses suggest that there was little knowledge of these services and that the uptake by young people had been minimal. Most of the sample had an awareness of the availability of health services in schools and many had accessed at least one of the services. However, no firm conclusions can safely be drawn from such small amounts of data.

6: DISCUSSION

Limitations of the evaluation

Set in the context of a general lack of information relating to health services, and particularly sexual health services in schools, findings from the original research proposal had the potential to add much needed information to this body of work. The original proposal itself had some limitations, for example, more in-depth information relating to the scope of professional practice of the health staff in each school would have informed discussions about the impact of the service itself. Clearly the more interventions the school nurse can offer, the greater the potential impact of the service. This was also a limitation of the final survey used in the modified study.

The greatest limitations, however, were the timing of the surveys and the problems relating to school access. The phase one roll out of the HSIS commenced in November 2009, but individual schools had progressed at varying rates. It became clear from the staff free-text responses that several of the services had been up and running for only a very short time at the commencement of the survey. In several cases the initiative had commenced only two weeks previously which impacted on staff confidence to offer meaningful responses. The completion of staff surveys at a later point in the progress of the initiative would yield more meaningful results.

The second serious area of compromise in the evaluation was the reluctance of the majority of head teachers to allow their pupils or pupils' parents to take part. This meant that the evaluation had to be modified significantly and the overall evaluation became something more of a case study. That said, the results relating to pupil awareness of the marketing campaign and the services available in school remain valuable. However, consideration should be given to developing effective links with the heads of school to enable discussions of the value of service evaluation both for the schools and for individual pupils.

West-Burnham (2010) suggests that well-being describes a person's entitlement to a quality of life in society and that school leadership makes a significant contribution to the well-being of all individuals in a school. This means that although the duty to promote the well-being of school children is established in law (The Children Act 2004) and education policy (Education and Inspections Act 2006), the well-being of pupils may well depend upon the beliefs and actions of one individual or team.

That is not to disregard the significant challenge for school leaders, given that 31% of children in the UK live in poverty, and that in a UNICEF survey of well-being in children the UK came 21st out of 21 (West-Burnham 2010). Clearly, some variables that impact upon the well-being of children and young people are beyond the reach of schools. However, there are leadership qualities that are thought to facilitate the promotion of well-being for children and young people, including sensitivity to context and a consistent focus on the importance of well-being in every aspect of organisational life. Any future evaluation should be informed by the necessity for health and education professionals to work together from the inception of a project in order to reach the shared goal of achieving the well being of children and young people in schools.

Key issues raised by the evaluation

The presentation of the service

Advice or intervention was provided in 15 identified health and wellbeing areas in addition to "other general health advice" across 14 locations. All represented schools provided health services of some description to their pupils, although many respondents expressed a limited ability to answer several aspects of the survey since the programmes had been running at their school for only a short time.

The nature of the health services offered varied from site to site and depended in part on the type of school, for example, whether it was a single-sex or faith school. Importantly, the restricted nature of pupil movement in alternative school settings was recognised as having a clear impact on their ability to access such a service in a confidential manner.

Perceived successfulness of HSIS

The services considered to be most successful by staff at this point seemed to be those that were of an advisory nature, and the majority of respondents felt that health knowledge had improved in school as a result of the service, evidenced by higher attendance, return attendance, and pupils accessing the service earlier.

The range of sexual health services provided had some success in schools where they were carried out, but restrictions in faith schools and differing provision in single sex schools impacted on results, for example, pregnancy testing or contraception provision. There was some recognition of the importance of detection and treatment of sexually transmitted infections, but this focused on Chlamydia screening as other STI testing was not available in school. Condom distribution was identified as being successful or partially successful by equal numbers of respondents, although survey limitations meant that it was difficult to determine reasons for this.

Only one or two participants identified any specific aspect of the service as being unsuccessful. The most unsuccessful service was "other sexually transmitted infection testing". This result is most likely to indicate that the current provision is focused on Chlamydia screening only. This result may also have reflected the early stage at which this evaluation was carried out, since staff may have been reluctant to identify an aspect of service as being unsuccessful at such an early stage. That said, there were aspects that staff identified as requiring further development, for example service location, timing and length of session.

Sexual health and STI

A national lack of controlled experimental studies in this area has resulted in a paucity of evidence related to the benefits of different forms of school-based or school-linked sexual health services and their impact on key outcomes such as pregnancy or STI rates. There is a need to develop models of good practice as such services become more established, together with the development of evaluation and monitoring processes (Owen et al, 2010). Such measures are integral to the most successful school-based health services. In terms of this evaluation, clearer guidance and cooperation between health staff and school management regarding location, number of hours, and timing of sessions would be beneficial. In addition, work may be required to reassure pupils that the service is confidential.

Young people who engage in unprotected sexual intercourse are at risk of contracting STIs that are often asymptomatic, which means that the infections may go undetected. The most common bacterial STI in the UK is Chlamydia which, if left untreated, can have long term implications for health such as chronic pelvic pain or infertility. According to data from the Health Protection Agency (2008), the 16-24 age group accounted for 65% of new Chlamydia diagnoses, 55% of new genital wart diagnoses, 47% of new gonorrhoea diagnoses, and 44% of new genital herpes diagnoses. Since gonorrhoea can also be asymptomatic and can cause long term health problems such as pelvic inflammatory disease in women and impaired fertility in men, it raises the question of whether testing for other STIs should be made available in more schools.

Pupil awareness of HSIS marketing

It is important to note that pupil participants all attended the same school. The majority of respondents had not seen the posters, and those that had seen them were not sure where they had seen them. Most did not read them and could not remember anything about them. Only three of the 191 respondents visited the website advertised on the poster. The poster campaign had not, therefore, exerted the required effect yet on pupils at this school.

Student perception and uptake of availability of help in schools

Significantly, pupils perceived help to be available at their school for a wide range of health and wellbeing issues with highest numbers relating to sexual health and help with bullying. More than half of pupils acknowledged that help was available at their school for health issues such as exercise, alcohol, drugs, contraception, diet and nutrition, emotional health, and help to quit smoking. The lowest scoring issue was "help with relationships".

The highest scores for help actually received in school related to advice about contraception and advice about sexual health. This was closely followed by advice about alcohol, but a substantial proportion of respondents had also been helped with issues relating to exercise, bullying, drugs, diet and nutrition, emotional well being, and relationships. A number of pupils at this school were aware of the range of services available and had benefitted from the availability of this service.

A little more than a quarter of pupils indicated they had not been helped with any of these issues in school, and many identified a wide range of alternative sources of help, although parents were listed as the main source of help for all issues with the exception of “help with relationships”. This may reflect the demographic of respondents who were mainly girls aged under 14 years. There is some evidence to suggest that small numbers knew about and would use resources for specific issues such as Bullybusters and Response, with teachers cited as a significant resource, perhaps reflecting anti-bullying policies within the school.

It is perhaps unsurprising that parents were seen as the main source of help given that the majority of the respondents were girls aged 14 or under. Effective communication between young people and their parents is important since there is evidence to suggest that young people who have more open relationships with their parents tend to feel more able to communicate their wishes to potential partners and adopt safer sexual practices (DH TPS Rapid Assessment Review 2009). If parents are the main source of help for this group as this data suggests then it is important to capitalise on this with further work to establish the parental knowledge base of either the health issues or their ability to find appropriate help. It has been suggested that more could be done nationally to improve school-parent communication regarding the nature of SRE programmes and a number of initiatives have been developed nationally (such as Speakeasy) to support parents in their efforts to communicate effectively with their children about issues such as sexual health or risk taking behaviour.

Results indicated that the majority of pupils would seek help with these issues from at least one source. It is also worth noting that some pupils identified school-related sources as alternatives, for example, teachers or mentors. Significantly, although the staff responses from phase one indicated that smoking cessation was one of the most time-consuming aspects of the service, pupil responses in phase two indicated that it was the least used service by the pupils, with sexual health being the main reason for accessing the drop-in service.

Weight management

A third of children in the UK are either overweight or obese, and it is predicted that without intervention this figure will rise to two thirds by 2050 (DH and DCSF 2008). Although many initiatives aiming to prevent childhood obesity are in place in the UK, they have not all been evaluated or supported by robust evidence, highlighting the importance of monitoring and evaluation of current provision.

Health professionals are guided by NICE recommendations which suggest the reduction of sedentary behaviours including television and other screen time to less than two hours per day. In addition the guidance recommends increasing moderate to vigorously intense activity to one hour per day and reducing consumption of high energy foods (NICE, 2006). However, health professionals struggle to manage obesity in children and young people (Reilly, 2009), and there can be a mismatch of priorities between professionals and parents, often based on differing beliefs about causes of obesity. For example, although most obesity has its origins in lifestyle, many parents, as well as children and young people themselves, believe that it is caused by underlying pathology (Reilly, 2009). This highlights the importance of clear communications related to the causes of obesity between health professionals, children, young people and their parents.

Results from this survey indicated that almost equal numbers of respondents had either “some” concerns or “no” concerns about being overweight, and many of the respondents held no view about local weight management services. Only a small proportion had used local weight management services, with many of these suggesting that they would prefer to tackle this issue on their own, citing embarrassment, potential teasing by others, and anxieties about anticipated staff attitudes as barriers. This is clearly an area where information about sensitive help could promote more effective help-seeking behaviours.

Factors that would encourage attendance were related to further weight gain or if advised by parents or health professionals. Children and young people clearly value the opinions of adults in this regard, which reinforces the importance of clear communications between health professionals and parents in terms of effective, cohesive approaches to tackling obesity for children and young people.

Teen Life

Very few young people had heard about Teen Life Check, seeing the posters at school or on the bus but remembering little about the content. None had experienced a session delivered by the youth sector. Only 5 had visited the website.

HYS and PALS

The NHS Patient Advice and Liaison Service (PALS) is a vehicle to promote service user involvement in health care decision-making that was first announced in the NHS plan (DH, 2000) and implemented nationwide by 2002 in all NHS trusts in England.

Children and young people are key consumers of NHS services but have traditionally been given few opportunities to comment upon or inform these services. However, in 2002 the Department of Health acknowledged the responsibility of all public sector bodies to ensure that children are heard and that services meet their needs. PALS were expected not only to meet this requirement, but also to play an active role in ensuring their respective organisations achieve this aim (DH, 2002). The publication of the new NHS white paper (DH, 2010) reaffirms the role of PALS through its focus on patient voice and involvement.

Very few pupils in this survey had heard of HYS or PALS and most were not sure what the services do. Most had not used the service and the results relating to the customer satisfaction of those that may have used the service should be considered with some caution.

A national survey of PALS suggested that it had developed as a rather generic service, prompting Heaton and Sloper (2006) to examine the extent to which the service was accessible to young people and their parents. They found that young people are generally low users of PALS and that there is a need to advertise the service more widely, and to make promotional material more attractive, informative and age-appropriate. They also recommended that PALS should be open outside school hours in locations that are used by young people, with links to existing organisations that already work with them. In this survey, however, only one out of eleven respondents from the youth hub had heard of PALS.

In response to Sloper's findings, the National Children's Bureau, funded by the Department of Health, surveyed PALS across the country to assess engagement with children and young people and the challenges they faced. Twenty five percent reported that they involved children and young people in their services, mainly by engaging with them to design publicity material. However, 75% of PALS were not actively involving children and young people in any way, citing lack of resources and time as the main challenges. Two consultations with children and young people highlighted that it was mainly those who had been to hospital who were aware of PALS, but that information about PALS should be disseminated to children and young people so that they would know about the service and could tell others about it (NCB, 2007). This survey suggest that there was little knowledge of these services amongst pupils respondents.

Response from the youth hubs

The number of responses from the youth Hubs was low overall (n=11) and even smaller when divided into specific aspects of service provision (local weight management services, the Teen Life project and HYS or PALS). The responses suggest that there was little knowledge of these services and that the uptake by young people had been minimal. Most of the sample had an awareness of the availability of health services in schools and many had accessed at least one of the services. However, no firm conclusions can safely be drawn from such limited samples.

7: MESSAGES FROM THE EVALUATION

Within the limitations of the evaluation, a number of key messages may be identified.

- Staff perceive a degree of success in several areas, despite the evaluation being undertaken at an early stage in the life of the HSIS initiative.
- Organisational and practical barriers especially of time and location – prevent full potential of the services being realised.
- Specific barriers are recognised in alternative educational institutions which will require changes in practice if health services are to be effective.
- Awareness of the HSIS initiative is minimal among pupils at present.
- Clarification of availability of testing for other sexually transmitted infections in school may be required for some service providers.
- For the under-15 age groups, parents tend to be their main source of advice and support. The implication of this is that more effort may need to be applied to ensuring that parents are themselves knowledgeable and aware of options.
- Despite this, pupils are often aware of where to find advice and help, and some have already received help from school.
- Weight is not perceived to be an issue by half of the pupils. Few of those with a weight problem had made use of a local service. Specific concerns about embarrassment and the possibility of negative attitudes among peers and staff prevent this.
- It is important to foster clear communications related to the causes of obesity between parents and health professionals as their opinions would prompt help seeking advice
- Awareness and use of Teen Life Check, HYS and PALS is minimal.
- There is clearly some value in the evaluation of health services in schools in order to establish impact in terms of the extent to which it has improved the lives of children and young people.
- It is important for the success of future evaluations to foster a culture of collaboration between health providers and school leaders
- Fundamental to effective future evaluations are a set of clear, shared outcomes for all professionals working to improve the wellbeing of children and young people in schools; a clear understanding of the scope of practice of the health professionals working within each school; and due consideration to the length of time that each of the services has been established.

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Information about Patient Advice and Liaison Services:

<http://www.pals.nhs.uk>

WIRRAL **NHS Wirral**

Health Services in Schools

Delivering a confidential drop-in service to young people in school.

A school nurse and a youth worker are working in partnership to deliver support and give information and advice on:

- Drug & alcohol awareness
- Emotional health, improving self-esteem & confidence
- Safe & healthy relationships
- Sexual health & well-being
- Stopping smoking

Opportunities to discuss any health-related topic through:

- One-to-one work
- Group sessions

All on site!

For more information call the HSIS Coordinator at Response on **0151 666 4123**

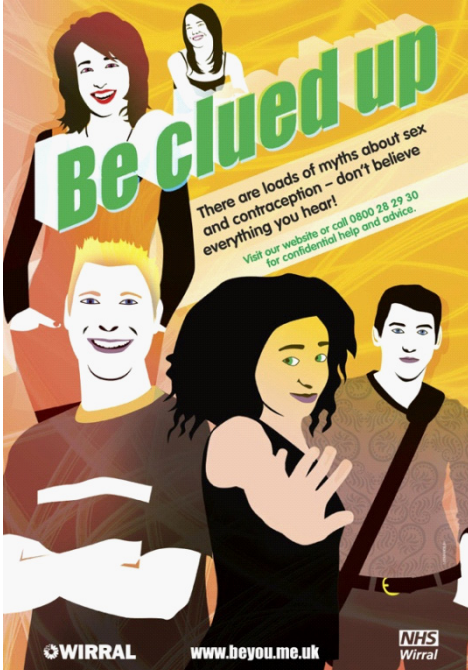


Be Clued up

There are loads of myths about sex and contraception - don't believe everything you hear!

Visit our website or call 0800 28 29 30 for confidential help and advice.

WIRRAL www.beyou.me.uk **NHS Wirral**



Be safe

You're both responsible for protecting yourselves against unplanned pregnancy and STIs. After all, you're in this together.

Visit our website or call 0800 28 29 30 for confidential help and advice.

WIRRAL www.beyou.me.uk NHS Wirral

Be smart

Make sure you reach your full potential! Don't let an unwanted pregnancy or STI mess with your future!

Visit our website or call 0800 28 29 30 for confidential help and advice.

WIRRAL www.beyou.me.uk NHS Wirral

Be in control

Alcohol messes with your head, so you can't make good, smart decisions about sex and are less likely to protect yourself from unplanned pregnancy or STIs.

Visit our website or call 0800 28 29 30 for confidential help and advice.

WIRRAL www.beyou.me.uk NHS Wirral

Be strong

Don't let anyone push you around. Having sex for the first time can be disappointing if you're not 100% sure, if you don't feel completely ready, don't do it.

Visit our website or call 0800 28 29 30 for confidential help and advice.

WIRRAL www.beyou.me.uk NHS Wirral

APPENDIX B: The pupil online survey

Wirral HSIS Student Survey (Final)

1. Introduction

This is a survey about health services in Wirral schools.

It asks questions about various projects including the HSIS (Health Services in Schools) project, Teen Life Check, and weight management services for young people. The people who run these projects would like to know if you have heard of them, what you know about them, and your experiences of them.

The survey should take about 30 minutes to complete, and it is totally anonymous. This means that we don't need your name or contact details and your completed survey will only be seen by the Salford University research team - absolutely nobody else.

Your answers will be put together with all of the other answers to give us an idea of how the projects are doing.

At the end of the survey, there is a request for some information from Wirral NHS.

Many thanks for taking time to complete the survey.

Wirral HSIS Student Survey (Final)

2. Age and Gender

1. First of all could you please let us know whether you are female or male?

- Female
 Male

2. Could you please let us know how old you are?

- 11
 12
 13
 14
 15
 16

3. What is your postcode? (e.g. CH48 7EW) (We need only the first part of your postcode e.g. CH48 – this will tell us which bit of Wirral you come from but not your street)

Wirral HSIS Student Survey (Final)

3. Marketing – Posters

The following questions are about these posters



4. Before you started this survey, which of the following posters had you seen?

- Be in Control
- Be Clued Up
- Be Safe
- Be Smart
- Be Strong
- I definitely saw the posters but I'm not sure which
- I haven't seen any of these posters before today

Wirral HSIS Student Survey (Final)

4. Posters

This question is about where you saw the posters.



5. Where did you see the posters?

	At my school	At a different school	Not sure
Be in Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Clued Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Smart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Strong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm not sure which poster but I have seen them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Somewhere else? Let us know where by filling in the box below

This question is about whether you took any notice of the posters.



6. Please indicate which of the posters you actually read

- Be Strong
- Be Safe
- Be in Control
- Be Clued Up
- Be Smart
- I didn't read any of them

Wirral HSIS Student Survey (Final)

7. What can you remember about the poster?

	Just the image really	It had a message underneath the image	It had a helpline phone number on it	There was a website address on it	I don't really remember anything about this poster
Be in Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Clued Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Smart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Strong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Something else? Let us know where by filling in the box below

8. Please write in this box any of the messages on the posters that you can remember

Wirral HSIS Student Survey (Final)

5. This section is about the website

9. Did you visit the www.beyou.me.uk website on the poster?

- Yes
- No

Wirral HSIS Student Survey (Final)

6. OK. So you visited the website...

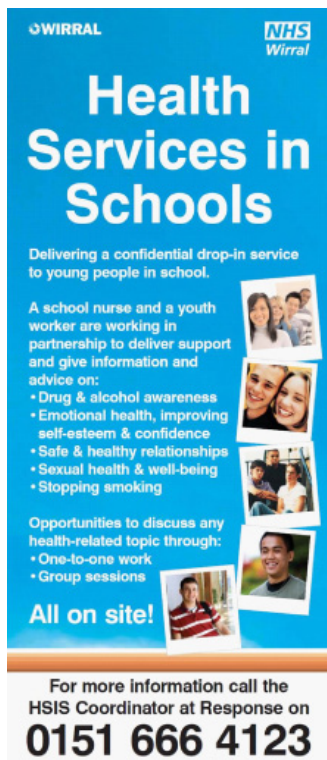
10. Which part of the www.beyou.me.uk website did you look at?

- I looked at all the links
- I looked at the "Find help in your area" section
- I went on the Facebook site
- I looked at the "Be strong" link
- I looked at the "Be safe" link
- I looked at the "Be in control" link
- I looked at the "Be clued up" link
- I looked at the "Be smart" link

11. How helpful was the beyou.me.uk website to you?

- It answered all of my questions
- It answered most of my questions
- It answered some of my questions
- It didn't answer any of my questions

7. Marketing – The Banner



12. Have you seen this banner before today?

- Yes – I saw it at my school
- Yes – I saw it at another school
- I'm not sure
- No. I've never seen it

Somewhere else? Let us know in the box below

Wirral HSIS Student Survey (Final)

8. The Health Services in Schools Project

*Thanks for completing the section about "marketing".
The next section is about health services at your school*

13. Which of the following health issues do you think you can get help with at your school?

- Diet and nutrition
- Exercise
- Sexual health
- Emotional health
- Help to deal with bullying
- Advice about alcohol
- Advice about drugs
- Advice about contraception
- Advice about relationships
- Help to quit smoking
- None of these

14. Which of the following health services have you been helped with at your school?

- Diet and nutrition
- Exercise
- Sexual health
- Emotional health
- Help to deal with bullying
- Advice about alcohol
- Advice about drugs
- Advice about contraception
- Advice about relationships
- Help to quit smoking
- None of these

Wirral HSIS Student Survey (Final)

15. If you couldn't get this kind of help at school, where would you go for help if you needed it? (type in the box. For example a parent, friend, cousin, telephone helpline, or website)

Help to quit smoking	<input type="text"/>
Help with diet and nutrition	<input type="text"/>
Help with exercise	<input type="text"/>
Advice about sexual health	<input type="text"/>
Advice about emotional health	<input type="text"/>
Help to deal with bullying	<input type="text"/>
Advice about alcohol	<input type="text"/>
Advice about drugs	<input type="text"/>
Advice about relationships	<input type="text"/>
Advice about contraception	<input type="text"/>

16. Is there anything else you would like to tell us about the Health Services in Schools project? Please add comments or views or experiences of the project in the box below

Wirral HSIS Student Survey (Final)

9. Weight Management

Thanks for completing the section about health services in your school.

The next section is about weight management services for young people in your area.

17. Are you concerned about being overweight?

- Yes
 No

Wirral HSIS Student Survey (Final)

10. Thanks. Tell us a little more about your thoughts

18. Do you use any local weight management services at the moment? (This might be something like Weight Watchers, Fit Friends or some other group that you are part of)

Yes

No

If you answered "yes" please tell us the name of it in the box below

19. Please complete the following table to tell us your views about local weight management services

	I strongly agree	I agree	I disagree	I strongly disagree
I don't think that there are any weight management services locally that can help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know that there are services available but they are not easy to get to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know that there are services available but I don't think that they can help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that the people at the service will be too pushy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that the people at the service will set unrealistic goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that people might pick on me or tease me if they found out that I attended a weight management group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried that the staff will upset me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't think that the staff will understand what I am going through	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't really have a view about the service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Please complete the following table to tell us your views about why you do or don't use weight management services

	I strongly agree	I agree	I disagree	I strongly disagree
I'm already trying to manage my weight and I don't need any more help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'd prefer to tackle this problem on my own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've heard that the services available are not much help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that the services might be too expensive for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't think that my parents/guardians would be happy about me using weight management services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that my friends may find out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have particular cultural preferences and I don't think that the services will understand these	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't really have an opinion about the service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Wirral HSIS Student Survey (Final)

21. What might encourage you to attend a weight management course? (please tick all that apply)

- Recommendation from someone already using the service
- If I put on a lot more weight
- Suggestion from an advisor (school nurse, GP)
- Opportunity to attend a free session
- Financial Incentives such as vouchers for attendance and weight loss
- If I could take a friend along
- If my parents or guardian asked me to go

Other (please specify)

Wirral HSIS Student Survey (Final)

11. The Teen Life Check project

Thank you for completing the weight management section.

The next section is all about the TEEN LIFE CHECK project and your experiences of it.

22. Have you heard of the “Teen Life Check” project?

- Yes
 No

Wirral HSIS Student Survey (Final)

12

23. Where did you hear about Teen Life Check?

- I saw an advertisement on a train
 I saw an advertisement on a bus
 Through a youth worker
 At Brook
 On the internet
 On Bitesize
 I read about Teen Life Check on a poster

Other (please specify)

24. If you read about Teen Life Check on a poster, could you tell us where you saw it? You can tick more than one box if this applies

- I saw a poster at school
 I saw a poster at a community centre
 I saw a poster at my GP's (my family doctor)
 I saw a poster in a hospital
 I saw a poster in a leisure centre
 I saw a poster at YOS
 I saw a poster at a Brook
 I saw a poster at Connexions
 I saw a poster at CAS
 I can't remember where I saw the poster

Anywhere else?

Wirral HSIS Student Survey (Final)

25. What can you remember about the Teen Life Check poster(s)?

- Just the image really
- It had a slogan
- It had a message underneath the image
- It had a helpline phone number on it
- There was a website address on it
- I don't really remember anything about this poster

If you can remember the slogan on the posters please write it in the box below

26. Have you ever visited the Teen Life Check website?

- Yes
- No

27. Which bit of the Teen Life Check WEBSITE did you find the MOST useful? And why?

28. Which bit of the Teen Life Check WEBSITE did you find the LEAST useful? And why?

29. If you couldn't find the information or advice that you needed on the Teen Life Check website, where would you go to for help if you needed it?

- I'd try a different internet resource
- I'd ask a friend
- I'd ask an adult family member
- I'd ask a family member who is closer to my age
- I'd go to my GP (family doctor)
- I'd ask a school nurse

Anyone else? Please write it in the box below

Wirral HSIS Student Survey (Final)

13. Tell us a bit more about your experience

30. If you heard about Teen Life Check through Brook, Bitesize, or Youth Workers, what did you enjoy MOST about the session? And why?

31. If you heard about Teen Life Check through Brook, Bitesize, or Youth Workers, what did you enjoy LEAST about the session? And why?

32. Which part of the Teen Life Check sessions would you change? And why?

14. Teen Life Check sessions at Brook, through Bitesize, or via Youth Workers

This page is for those who have experienced a Teen Life Check session through Brook, Bitesize or with a Youth Worker

33. Where have you attended a Teen Life Check session?

- At Brook
- With a Youth Worker
- On Bitesize
- I haven't attended a Teen Life Check session

Wirral HSIS Student Survey (Final)

15. Thank you!

Thank you for taking part in the survey, it will be a big help to everyone involved in these services.
The next bit of the survey is information requested by NHS Wirral

16. Equality and Diversity Information

34. Do you have a disability?

- Yes
- No

35. How would you describe your ethnic origin? (e.g. Black/British, White/British)

Wirral HSIS Student Survey (Final)

17. "Have Your Say" and Patient Advice and Liaison Services

36. Have you heard of the 'Have Your Say' (HYS) and Patient Advice & Liaison Service (PALS) at NHS Wirral?

- Yes I have heard of both of them
- I have only heard of PALS
- I have only heard of HYS
- I haven't heard of either of these services

37. What do you think these services do? (please tick all that are applicable)

	PALS	HYS
Not sure what they do	<input type="checkbox"/>	<input type="checkbox"/>
Handle complaints	<input type="checkbox"/>	<input type="checkbox"/>
Provide information	<input type="checkbox"/>	<input type="checkbox"/>
Signpost to other services	<input type="checkbox"/>	<input type="checkbox"/>
Process positive comments and compliments about services	<input type="checkbox"/>	<input type="checkbox"/>
Provide opportunity for the public to feedback ideas on improving services	<input type="checkbox"/>	<input type="checkbox"/>
Provide counselling	<input type="checkbox"/>	<input type="checkbox"/>
Provide advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Support the public in understanding local NHS services	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

Anything else?

38. If you've used the HYS/PALS service would you say you were happy with how your enquiry was dealt with?

- Yes – I strongly agree. I was happy with how my enquiry was dealt with
- Yes – I agree. I was happy with how my enquiry was dealt with
- No – I disagree. I was not happy with how my enquiry was dealt with
- No – I strongly disagree. I was not happy at all with how my enquiry was dealt with
- I haven't used the service

THANK YOU – YOU HAVE NOW COMPLETED THE WHOLE SURVEY

If you are over 14 years old and would like to be involved in future consultations about NHS Services please consider joining our membership scheme (Freephone 0800 085 1547) or visit <http://www.wirral.nhs.uk/aboutnhsWirral/becomeamember/about.html>

If you finish this survey in record time and you have a few minutes to spare the closing link will take you to the NHS Choices informations site for young people

