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A Sexual Health Training Needs Analysis in Kirklees

A Mixed-Methods Design

Funded by
NHS Kirklees

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EXECUTIVE SUMMARY

Background

There is good evidence that personal social and health education (PHSE), particularly when linked to sexual health services, can have an impact on young people's attitudes, delay sexual activity, and/or reduce conception rates. However, PHSE and sexual health training needs in non-school settings are often not addressed, yet there are many other settings that young people access, often seeking advice more informally. Therefore, a training needs analysis was undertaken, targeting all those who work with young people in Kirklees in order to provide a wide-ranging assessment of their PHSE and sexual health training needs.

Methods

A mixed-methods research design was adopted, comprising of two phases. In the first phase, a questionnaire was designed and distributed to relevant organisations and personnel across Kirklees (n=296). The questionnaire asked participants to rate their level of competency (ranging from 'novice' to 'expert') in being able to provide young people with information about key areas in PHSE and sexual health. The second phase comprised a series of focus groups and telephone interviews to gain a more in-depth understanding of specific training needs and of the barriers and levers to implementing successful training programmes.

Results

Significant variations exist in sexual health training needs across Kirklees. Specific concerns were raised around child protection issues, communicating with young people, practical knowledge and skills, raising self-esteem in young people, cultural and religious issues, outreach, signposting, networking, and the need for multi-professional training. Findings also highlighted some of the inadequacies and inconsistencies in current training provision, and how sexual health is prioritised among relevant organisations in Kirklees.

Conclusions

Training in PHSE and sexual health affects the quality and range of services offered to young people, as well as access to them. In order to meet the UK government's targets and reduce the burden of sexual ill-health and teenage pregnancy, these issues must be viewed as a top priority by those providing training and education and for those working with young people

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Introduction

Many young people in the UK have their first sexual experiences at an early age. The first National Survey of Sexual Attitudes and Lifestyles found that, on average, young women have their first sexual experience (as opposed to sexual intercourse) at the age of 14 and young men aged 13 (Wellings et al, 1994). The second National Survey found that the majority of 16-19 year olds report their first heterosexual intercourse at aged 16 (Wellings et al 2001). Evidence from this survey also shows that the younger the age at which first intercourse occurs, the less likely it is that contraception will be used. Eighteen per-cent of young men and 22% of young women who had first intercourse at aged 13 or 14 used no contraception compared to 8% of young men and 9% of young women who had first intercourse aged 16, and more recently, data from the Office for National Statistics shows that there were 41.9 conceptions per 1,000 15 to 17 year olds in 2007 - up from 40.9 the year before (ONS, 2007). Furthermore, teenagers and young adults are one of the groups carrying the greatest burden of sexual ill-health in the UK, with girls and young women from the poorest backgrounds being ten times more likely to become teenage mothers than their counterparts from wealthier backgrounds (Hughes et al, 2000).

In 2001, the Government published the *National Strategy of Sexual Health and HIV*. This was a major milestone: it placed sexual health and HIV firmly on the national agenda and set out an ambitious 10-year programme to tackle sexual ill-health and modernise sexual health services in England. Within the Strategy, consistent good quality sex and relationships education (SRE) taught within Personal, Social, Health and Economic (PHSE) education was defined as a key aspect in improving sexual health. There is good evidence that PHSE, particularly when linked to sexual health services, can have an impact on young people's attitudes, delay sexual activity, and/or reduce pregnancy rates (Salmon & Ingram, 2008). In a progress review of the National Strategy 2001, it was reported that "The Government's decision to make PHSE statutory in all key stages, including SRE, will ensure that young people receive a more comprehensive SRE programme and a more consistent approach across all schools" (MedFASH, 2008).

Within Kirklees, a PHSE toolkit has been developed for Key Stages 1-4. This has been launched and is available to Primary and Secondary schools in Kirklees, and the toolkit has been successfully implemented and is well regarded. Ofsted has reported some improvement in PHSE Education over the past five years, but it has expressed concerns that schools give insufficient emphasis to the teaching of HIV, sexual health, and the more sensitive aspects of SRE (Ofsted, 2007). Furthermore, young people continue to report poor quality SRE, which is not meeting their needs (UK Youth Parliament, 2007). Schools are only required in statute to cover the biological aspects of sex within the National Curriculum Science - the broader aspects of SRE such as risk, accessing services, sexuality, delay, safer sex and pregnancy choices, which form a core part of PHSE Education, are not statutory.

It is apparent that in addition to educational settings, PHSE, along with advice on sexual health issues/services is being provided (or is needed) in many other settings that young people access (e.g. Children's Centres, the voluntary and community sector, pharmacies, social work, youth offending). There is also evidence to suggest that many of those who are in regular contact with young people are not trained to present sensitive and controversial topics, and many feel uncomfortable or anxious about doing so (Sanderson, 2000). Embarrassment, lack of confidence, inadequate training or a belief that a sexual history is not relevant to the immediate problem have long been reported as barriers to effective sexual health communication with young people (Tomlinson 1998, Warner 1999). PHSE and sexual health training needs in non-school settings have been less systematically addressed to date, although guidance is available for sexual health information provision aimed at social workers (DCSF, 2001), and youth workers (TPU, 2001).

In their 2009 Joint Strategic Needs Assessment of the health and well-being of children and young people, Kirklees listed sexual health as a key outcome that needs to be improved. Partnership work led by NHS Kirklees is supporting a range of agencies to deliver effective PHSE to young people across Kirklees, and the focus of all interventions remains within government guidance and centres around empowering young people to be aware of choice in relation to sexual health, and develop the skills and confidence to

delay sexual activity (DfEE, 2000). In order to further inform this work, this study was carried out to assess the PHSE and sexual health training needs of those who work with young people in the Kirklees Area. The key questions which informed the approach to the study were:

- How do those people who work (professionally, informally or voluntarily) with young people perceive their role and competencies in providing PHSE and sexual health information?
- What are their training needs?
- What are the barriers to attending training courses?
- What training is already available/has been undertaken?
- Where and how does training need to be developed?

Research design

A mixed-methods research design was adopted in order to gain broad baseline information from as wide a population of individuals involved with young people as possible, and to explore issues in depth in order to interrogate the local challenges and barriers to effective PHSE and sexual health training. Due to existing assessments for school teachers within the PHSE curriculum, and evidence which suggests that training needs assessments are not often carried out in non-school settings (MedFASH, 2008), a decision was made not to include teachers in this study. However, school nurses were included, as were staff working in early years settings, health improvement officers for schools, and health advisors in further and higher education settings.

Specifically, the study comprised of two phases:

- Phase 1: Survey
- Phase 2: Focus groups and telephone interviews

The study design and instruments (questionnaire and interview schedule) were reviewed by the University of Huddersfield, School of Human & Health Sciences Research Ethics Panel and approved prior to any data collection. Return of a completed questionnaire was deemed consent for Phase 1, and all participants for Phase 2 gave their formal consent (either in writing or verbally).

Phase 1 - Questionnaire survey (n=296)

A self-assessment questionnaire was designed, based on a previously validated instrument developed from fieldwork conducted by sexual health professionals (Benner, 1984; Milson & Chambers, 2002; Wakeley et al, 2003). The questionnaire was modified to incorporate specific PHSE and sexual health learning outcomes. These included:

- Relationships: different types and rights
- Communication and delay: 'saying when you're ready'
- Conception and contraception: pregnancy and avoiding pregnancy
- STIs: how to avoid them and treatment
- Sexual health factors: self-esteem, drugs and confidence

- The Law: sex, sexuality and relationships
- Support: sexual health services and accessing them
- HIV: global, national and the impact on young people
- The media: influence on young people and sex

(*A copy of the questionnaire can be found in Appendix 1*).

The questionnaire comprised of nine sections providing coverage of the themes relating to PHSE and sexual health relevant to the study. Each section comprised one or two aspects, with a differing number of statements. For each statement, the respondent was asked to circle a number that best represented their level of knowledge and/or self-assessed competence:

0	***Not relevant to post***
1	***Novice***. You know a little about the sexual health needs of young people but have not given information to young people.
2	***Advanced beginner***. Has some knowledge about the subject; are able to direct young people to appropriate services; are able to give a limited amount of information about the subject.
3	***Competent***. Have a good basic knowledge about the sexual health needs of young people and are able to demonstrate your knowledge and skills to others.
4	***Proficient***. Have a wide knowledge and are skilled in discussing the subject. You deal with situations presented on a daily basis, advising young people and referring them to other agencies when applicable.
5	***Expert***. As an expert you have a 'considerable amount of experience and intuitive grasp of each situation'. As an expert you interpret and make sense of information and can handle a wide range of problems raised by young people in a range of contexts.

There are five levels of response to any statement, and therefore a maximum score for each section was obtained by multiplying the number of statements in each section by five.

The questionnaire was distributed across Kirklees (via postal and electronic methods) to school nurses, youth workers/voluntary youth organisations, those working with looked after children/foster parents, youth offending teams, GP practices, early years settings, FE/HE settings, those working with young people with disabilities/special needs, pharmacists, young gay and lesbian charities, housing project organisations, drug intervention organisations, and Children's Centres. Data were analysed using SPSS.

Phase 2 – Focus groups/telephone interviews (n=33)

Respondents to the above questionnaire survey were invited to attend a series of 90-minute focus groups held at the University of Huddersfield in order to explore their training needs in more depth. To try and ensure maximum flexibility around work schedules, the dates and times chosen for focus groups included each day of the week (Monday to Friday), and varied between morning, afternoon and evening. A total of 12 focus groups were offered, and those people who had indicated a willingness to participate (n=24) were contacted by email and/or telephone to confirm a convenient date.

At this stage, a number of people intimated that they were unable to attend any of the planned dates, although they were keen to contribute. In order to maximise responses, the project team offered telephone interviews as an alternative approach for capturing the views of a broad population of those involved in sexual health work with young people.

In general, trying to arrange the focus groups and interviews proved challenging, and it took quite a considerable time to reach all those who had indicated a willingness to participate. It is an interesting methodological issue that current technologies provide an excellent medium for communicating but that they require active management by individuals to be completely effective. Some people did have automated 'out of office' responses and others did not. Similarly, some voicemail systems clearly stated that the message would not be received until a given date whilst others either did not give such information or in many cases, such a system did not exist and meant repetitive telephone calls or leaving messages with reception staff.

Focus Groups (n=9)

Two focus groups were conducted, comprising of nine participants in total. The numbers in each focus group were lower than envisaged as some individuals unfortunately did not attend, attended at the wrong time, or cancelled the appointment. Participants were asked to sign a consent form (*see Appendix 2*) to confirm that they were aware of the nature of the research and that the focus group discussion would be audio-taped. All

gave permission to use direct quotes from the discussion, whilst preserving anonymity. An interview schedule was designed, which acted as a guide and prompt for the group discussion (*see Appendix 3*). The focus groups were conducted in line with published guidance, both in general and in the field of sexual health (Kreuger & Casey, 2000; Puchta & Potter, 2004; Robinson, 1999).

During and after the focus groups, participants suggested other individuals who might be invited to be included in the training needs analysis. Following consultation with the project team, these individuals were contacted and asked to participate in a telephone interview. Such recommendations (a snowball sample), were a valuable and unanticipated feature of this study and one that undoubtedly improved the representativeness of the sample and the richness of the data.

Telephone Interviews (n=24)

A total of 24 telephone interviews were conducted, lasting around 1 hour on average. The purpose of the interview was explained and verbal consent obtained. All those interviewed gave permission to use direct quotes whilst preserving anonymity. Again, the interview schedule was used as a guide.

Figure 1 illustrates the various occupational groups that participants involved in this study represented. All work with, and provide sexual health information to, young people in Kirklees.

Figure 1: The occupations of study participants

youth offending team

school nurses

community sports officers

general practitioners

excluded children workers

lesbian gay & bisexual workers

practice nurses

drug and alcohol worker

pastoral support workers

connexions

youth workers

homeless workers

personal assistants

sexual health advisers

student welfare officers

teenage pregnancy strategy workers

looked after children workers

pharmacists

substance misuse

pregnancy crisis centre workers

teachers

single homeless workers

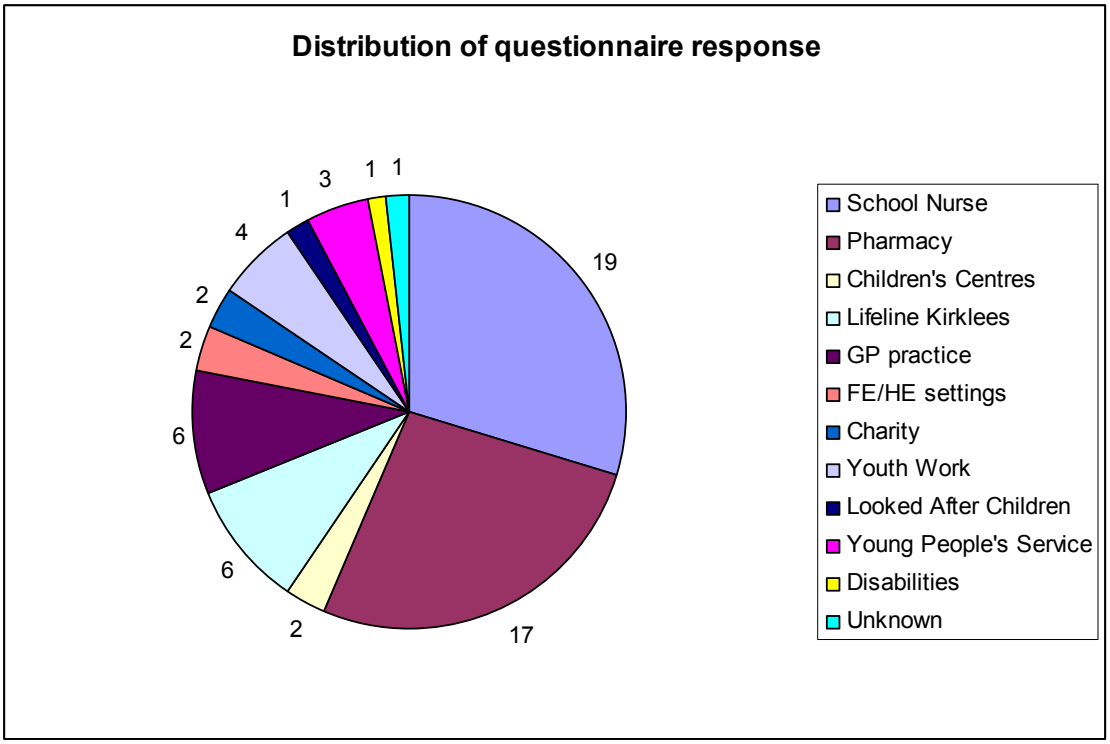
Results

Phase 1 - Questionnaire survey

Questionnaire response

The initial response rate to the questionnaire was 10.5% (n=31), and following one reminder, the total response rate was 21.6% (n=64). The distribution of questionnaire respondents by job sector is illustrated in Figure 2 below:

Figure 2: Number of questionnaires received, categorised by occupational role



A breakdown of questionnaire response by item and group can be found in Appendix 4. For the purpose of statistical analysis, the results reported below show a comparison in mean scores between the main groups of respondents to the questionnaire - school nurses (n=19) and pharmacists (n=17) – and the rest of the sample (n=28). The 'not relevant to post' responses were excluded from the main analyses, as this response does

not relate to level of competency. One-way ANOVAs were performed to examine whether differences between the groups were statistically significant. The results are described below for each sub-section of the questionnaire:

1. Relationships

This section comprised two aspects:

1.1 Sexual relationships among young people, comprising of five statements resulting in a maximum score of 25. Scores were grouped into the following categories:

- 1-8=novice/advanced beginner
- 9-16=competent
- 17-25=proficient/expert

The mean scores (and standard deviations) for each group, along with their competency ratings are shown in Table 1:

Table 1.1: Mean scores (SD) of self-reported competency in providing young people with information about sexual relationships, compared between school nurses, pharmacists, and rest of sample

Group	Mean score (SD)	Competency Rating
School Nurses (n=19)	16.8 (4.0)	*competent*
Pharmacists (n=13)	12.4 (4.0)	*competent*
Rest of sample (n=28)	14.4 (4.8)	*competent*

The group that reported the highest competency in this area, on average, was school nurses. There was a statistically significant difference in scores ($F=4.01$, $p<0.05$), but only between the school nurses and pharmacists.

The item that received the highest number of 'expert' ratings (i.e. most competent) in terms of being able to provide young people with information was, "the right to enjoy relationships free from abuse and harm". Interestingly, this statement also received the highest number of 'novice' ratings (i.e. least competent). The mean scores above suggest that school nurses felt the most and pharmacists felt the least competent in relation to this item.

1.2 Practical support available to people building relationships, comprising of four statements resulting in a maximum score of 20. Scores were grouped into the following categories:

- 1-6=novice/advanced beginner
- 7-13=competent
- 14-20=proficient/expert

The mean scores (and standard deviations) for each group, along with their competency ratings are shown in Table 1.2:

Table 1.2: Mean scores (SD) of self-reported competency in providing young people with information about practical support available in building relationships, compared between school nurses, pharmacists, and rest of sample

Group	Mean score (SD)	Competency Rating
School Nurses (n=19)	12.7 (3.7)	*competent*
Pharmacists (n=12)	9.1 (3.2)	*competent*
Rest of sample (n=26)	10.7 (3.6)	*competent*

The group that reported the highest competency in this area, on average, was school nurses. There was a statistically significant difference in scores ($F=4.15$, $p<0.05$), but only between the school nurses and pharmacists.

The item that received the highest number of 'expert' ratings (i.e. most competent) in terms of being able to provide young people with information was, "local support offered to young people in respect of interpersonal relationships". The items that received the highest number of 'novice' ratings (i.e. least competent) were "referring young people to such organisations", and "teaching or showing young people how to build worthwhile relationships".

2. Self-Esteem and other factors

This section comprised of five statements resulting in a maximum score of 25. Scores were grouped into the following categories:

- 1-8=novice/advanced beginner
- 9-16=competent

- 17-25=proficient/expert

The mean scores (and standard deviations) for each group, along with their competency ratings are shown in Table 2:

Table 2: Mean scores (SD) of self-reported competency in providing young people with information about self-esteem, compared between school nurses, pharmacists, and rest of sample

Group	Mean score (SD)	Competency Rating
School Nurses (n=19)	16.8 (4.1)	*competent*
Pharmacists (n=11)	12.1 (4.6)	*competent*
Rest of sample (n=26)	14.7 (4.9)	*competent*

The group that reported the highest competency in this area, on average, was school nurses. There was a statistically significant difference in scores ($F=3.74$, $p<0.05$), but only between the school nurses and pharmacists.

The item that received the highest number of 'expert' ratings (i.e. most competent) in terms of being able to provide young people with information was, "impact of drug and alcohol use on sexual behaviour and relationships". The items that received the highest number of 'novice' ratings (i.e. least competent) were "the association between low self-esteem, early pregnancy and risk taking in young people", and "how to raise self-esteem and self-confidence in young people from various socio-economic backgrounds and ethnic cultures".

3. Cultural and religious attitudes to sex and sexual health

This section comprised of two aspects:

3.1. Knowledge of sexual health services, comprising of one statement resulting in a maximum score of 5. Scores were grouped into the following categories:

- 1=novice
- 2=advanced beginner
- 3=competent
- 4=proficient
- 5=expert

The mean scores (and standard deviations) for each group, along with their competency ratings are shown in Table 3.1:

Table 3.1: Mean scores (SD) of self-reported competency in providing young people with information about knowledge of sexual health services, compared between school nurses, pharmacists, and rest of sample

Group	Mean score (SD)	Competency Rating
School Nurses (n=19)	3.2 (1.1)	*competent*
Pharmacists (n=15)	2.3 (1.0)	*advanced beginner*
Rest of sample (n=28)	2.5 (1.1)	*advanced beginner*

The group that reported the highest competency in this area, on average, was school nurses. There was a statistically significant difference in scores ($F=3.33$, $p<0.05$), but only between the school nurses and pharmacists.

3.2. Cultural differences in relation to sexual behaviour and sexuality, comprising of three statements resulting in a maximum score of 15. Scores were grouped into the following categories:

- 1-5=novice/advanced beginner
- 6-10=competent
- 11-15=proficient/expert

The mean scores (and standard deviations) for each group, along with their competency ratings are shown in Table 3.2:

Table 3.2: Mean scores (SD) of self-reported competency in providing young people with information about cultural differences, compared between school nurses, pharmacists, and rest of sample

Group	Mean score (SD)	Competency Rating
School Nurses (n=19)	8.7 (2.5)	*competent*
Pharmacists (n=11)	7.0 (3.5)	*competent*
Rest of sample (n=26)	6.6 (3.0)	*competent*

The group that reported the highest competency in this area, on average, was school nurses. The differences between the scores were not statistically significant.

All the items received the same number of 'expert' ratings (i.e. most competent). In terms of being able to provide young people with information, the item that received the highest number of 'novice' ratings (i.e. least competent) was "sexual behaviour, sexual health and contraception to people from different ethnic or religious backgrounds".

4. Contraception

This section comprised of three statements resulting in a maximum score of 15. Scores were grouped into the following categories:

- 1-5=novice/advanced beginner
- 6-10=competent
- 11-15=proficient/expert

The mean scores (and standard deviations) for each group, along with their competency ratings are shown in Table 4:

Table 4: Mean scores (SD) of self-reported competency in providing young people with information about contraception, compared between school nurses, pharmacists, and rest of sample

Group	Mean score (SD)	Competency Rating
School Nurses (n=19)	11.7 (2.9)	*proficient/expert*
Pharmacists (n=17)	10.1 (3.4)	*competent*
Rest of sample (n=28)	10.7 (2.8)	*competent*

The group that reported the highest competency in this area, on average, was school nurses. The differences between the scores were not statistically significant.

The items that received the highest number of 'expert' ratings (i.e. most competent) in terms of being able to provide young people with information were, "the range of contraceptive options available", and "the provision of emergency contraception and the access points for emergency contraception in the local area". The item that received the highest number of 'novice' ratings (i.e. least competent) was "the range of contraceptive options available".

5. Sexually transmitted infections (STIs)

This section comprised of five statements resulting in a maximum score of 25. Scores were grouped into the following categories:

- 1-8=novice/advanced beginner
- 9-16=competent
- 17-25=proficient/expert

The mean scores (and standard deviations) for each group, along with their competency ratings are shown in Table 5:

Table 5: Mean scores (SD) of self-reported competency in providing young people with information about STIs, compared between school nurses, pharmacists, and rest of sample

Group	Mean score (SD)	Competency Rating
School Nurses (n=19)	19.4 (4.3)	*proficient/expert*
Pharmacists (n=16)	16.1 (4.6)	*competent*
Rest of sample (n=28)	18.1 (5.1)	*proficient/expert*

The group that reported the highest competency in this area, on average, was school nurses. The differences between the scores were not statistically significant.

The item that received the highest number of 'expert' ratings (i.e. most competent) in terms of being able to provide young people with information was, "how and where to refer young people for treatment who may have STIs". The items that received the highest number of 'novice' ratings (i.e. least competent) were "the association between low self-esteem, early pregnancy and risk taking in young people", and "how to raise self-esteem and self-confidence in young people from various socio-economic backgrounds and ethnic cultures".

6. Pregnancy & Parenthood

This section comprised of two aspects:

6.1. Pregnancy, comprising of four statements resulting in a maximum score of 20. Scores were grouped into the following categories:

- 1-6=novice/advanced beginner
- 7-13=competent

- 14-20=proficient/expert

The mean scores (and standard deviations) for each group, along with their competency ratings are shown in Table 6.1:

Table 6.1: Mean scores (SD) of self-reported competency in providing young people with information about pregnancy, compared between school nurses, pharmacists, and rest of sample

Group	Mean score (SD)	Competency Rating
School Nurses (n=19)	15.6 (3.8)	*proficient/expert*
Pharmacists (n=16)	12.6 (3.9)	*competent*
Rest of sample (n=26)	14.7 (3.8)	*proficient/expert*

The group that reported the highest competency in this area, on average, was school nurses. The differences between the scores were not statistically significant.

The item that received the highest number of 'expert' ratings (i.e. most competent) in terms of being able to provide young people with information was, "where young people can obtain a pregnancy test; when a pregnancy test is needed?" The items that received the highest number of 'novice' ratings (i.e. least competent) were "human reproduction, pregnancy and birth", and "the methods of referral for medical or other help/advice when pregnancy is confirmed".

6.2. Parenthood, comprising of two statements resulting in a maximum score of 10. Scores were grouped into the following categories:

- 1-3=novice/advanced beginner
- 4-7=competent
- 8-10=proficient/expert

The mean scores (and standard deviations) for each group, along with their competency ratings are shown in Table 6.2:

Table 6.2: Mean scores (SD) of self-reported competency in providing young people with information about parenthood, compared between school nurses, pharmacists, and rest of sample

Group	Mean score (SD)	Competency Rating
School Nurses (n=19)	5.0 (1.9)	*competent*
Pharmacists (n=11)	4.0 (1.7)	*competent*
Rest of sample (n=23)	5.0 (2.0)	*competent*

The differences between the scores were not statistically significant.

Both the items received the same number of 'expert' ratings (i.e. most competent). In terms of being able to provide young people with information, the item that received the highest number of 'novice' ratings (i.e. least competent) was "how young parents may access the practical, social, educational, financial and other support and to what they are entitled".

7. The law: sex, sexuality and relationships

This section comprised of six statements resulting in a maximum score of 30. Scores were grouped into the following categories:

- 1-9=novice/advanced beginner
- 10-20=competent
- 21-30=proficient/expert

The mean scores (and standard deviations) for each group, along with their competency ratings are shown in Table 7:

Table 7: Mean scores (SD) of self-reported competency in providing young people with information about the law, sexuality and relationships, compared between school nurses, pharmacists, and rest of sample

Group	Mean score (SD)	Competency Rating
School Nurses (n=19)	20.5 (4.7)	*competent*
Pharmacists (n=13)	15.2 (6.2)	*competent*
Rest of sample (n=28)	17.1 (6.2)	*competent*

The group that reported the highest competency in this area, on average, was school nurses. There was a statistically significant difference in scores ($F=3.70$, $p<0.05$), but only between the school nurses and pharmacists.

The item that received the highest number of 'expert' ratings (i.e. most competent) in terms of being able to provide young people with information was, "what situations may be classified as sexual abuse". The item that received the highest number of 'novice'

ratings (i.e. least competent) was "what constitutes definitions of rape and 'date' rape in heterosexual and homosexual cases".

8. HIV and the impact on young people

This section comprised of three statements resulting in a maximum score of 15. Scores were grouped into the following categories:

- 1-5=novice/advanced beginner
- 6-10=competent
- 11-15=proficient/expert

The mean scores (and standard deviations) for each group, along with their competency ratings are shown in Table 8:

Table 8: Mean scores (SD) of self-reported competency in providing young people with information about HIV, compared between school nurses, pharmacists, and rest of sample

Group	Mean score (SD)	Competency Rating
School Nurses (n=18)	10.1 (1.7)	*competent*
Pharmacists (n=15)	8.0 (3.0)	*competent*
Rest of sample (n=27)	8.9 (3.1)	*competent*

The group that reported the highest competency in this area, on average, was school nurses. The difference between the scores was not statistically significant.

The item that received the highest number of 'expert' ratings (i.e. most competent) in terms of being able to provide young people with information was, "how HIV is contracted and how HIV infection can be avoided". The item that received the highest number of 'novice' ratings (i.e. least competent) was "the global & UK impact of HIV infection (including what it means to be young and HIV positive in the UK today".

9. Confidentiality

This section comprised of one statement resulting in a maximum score of 5. Scores were grouped into the following categories:

- 1=novice
- 2=advanced beginner

- 3=competent
- 4=proficient
- 5=expert

The mean scores (and standard deviations) for each group, along with their competency ratings are shown in Table 9:

Table 9: Mean scores (SD) of self-reported competency in providing young people with information about confidentiality, compared between school nurses, pharmacists, and rest of sample

Group	Mean score (SD)	Competency Rating
School Nurses (n=19)	4.3 (0.1)	*proficient*
Pharmacists (n=16)	3.1 (1.3)	*competent*
Rest of sample (n=28)	3.6 (1.2)	*competent*

The group that reported the highest competency in this area, on average, was school nurses. There was a statistically significant difference in scores ($F=4.80$, $p<0.05$), but only between the school nurses and pharmacists.

Phase 2 – Focus groups/telephone interviews

Focus groups were recorded and transcribed, and notes were taken during the telephone interviews. Permission was sought from participants to use verbatim quotes, and all efforts to ensure anonymity were. As a consequence, some of the terms used to describe the job roles of participants may seem rather broad, but this is because in some instances, a more accurate definition would enable identification of the participant. Also included in the findings are the written responses to items on the questionnaire where respondents were invited to add any further information. These quotations are labelled with a number relating to the questionnaire ID. The findings are presented under the headings as follows:

Current role

In the first part of the interview, participants were asked to describe their current role. With the exception of one person, all those interviewed irrespective of method (focus group or telephone interview) indicated that they had a direct role in providing sexual health information and/or advice to young people. This advice included:

- **assessment**

'.....It's part of the assessment I make....unsafe sex, do they use contraception, have they an STI.....'

(youth worker)

- **advice, signposting and screening**

'..I provide advice, signposting and ill health needs through a school nursing service....I give whatever sexual health advice is needed...screen for Chlamydia, signpost to GUM.....'

(multi-agency support team)

…'Young people do talk to us about a variety of things and we always encourage them to partake in a healthy lifestyle. However, we are not experts and do not give out in-depth advice but will refer on as appropriate…'

(ID#30 looked after children)

- **the provision of services**

…'We offer a support and advocacy service to looked after children. We are a condom distribution point so have the appropriate conversation about sexual health on the first distribution…'

(ID#30 looked after children)

'...We provide a package of sexual health services...emergency hormonal contraception (under PGD), advice and testing for Chlamydia, healthy living and sexual health...ease access to sexual health services..'

(retail pharmacist)

'..I have had condom distribution/pregnancy testing and chlamydia screening training and provide these services at an extended school nurse drop-in at a local school..'

(ID#32 school nurse)

At the other end of the spectrum there were those who did have direct contact with young people but were not approached:

'….I'm never asked for advice..'

(retail pharmacist)

When asked why, this person explained that they worked in a rural area where everyone knows everyone else and therefore young people may worry about confidentiality issues. This concern was also echoed by a questionnaire respondent:

"..I work in a small village surgery with very little contact with young people about sexual health as they are unable to attend surgery for fear of seeing relative or friend..'

*(*ID#47 practice nurse*)*

Preparation for current role

When questioned about the preparation for their role, the majority view was that the preparation only really began after getting the job:

'….Experience and networking give you the skills to do the job....I got the training on the job..'

(multi-agency support team)

'*….Experience is the best grounding..you don't need a degree…child protection is HUGE…the biggest thing for me is that anyone can stand up and give out a condom…those that aren't vulnerable KNOW how to get stuff…it's the others we've got to reach..'*

(youth offending team)

And some pointed out their need for training:

'*..training is really needed in the service..I haven't really had any..'*

(single homeless worker)

'*..I haven't had any training in sexual health..'*

(community sports officer)

'*..My sexual health training got cancelled..'*

(practice nurse)

'*..I completed the condom distribution course in 2007. There was a following course on sexual health, however it was cancelled and we were not informed whether it was going to go ahead again. I think it is important that all staff working with young people have the relevant training..'*

(ID#48 youth worker)

The retail pharmacy participants referred to their continuing professional development modules which they study via e-learning. They reported that this is largely how they keep themselves updated, although reference was made to some relatively recent training provided by the PCT in preparation for the introduction of extended pharmacy services for young people. This training covered child protection; those who may be at risk of abuse, neglect or mistreatment (from a sexual health perspective); what is a PGD [Patient Group Directions]; and when/when not to provide emergency hormonal contraception. This was felt to be valuable but too much was included in one session, and they would have preferred several, shorter sessions:

'*..I attended a study session on PGD's, it was 2 hours long and it was too much in one session – condom, contraceptives and IUD's..'*

(retail pharmacist)

This issue was reflected by other participants:

'*..It was training – not knowledge, a short course of one day, bit of a big subject for 1 day and done in house...'*

(youth worker)

One participant suggested that the PCT should provide locum cover, to enable these pharmacists to participate in training. However, not all pharmacists had been offered such training:

'*..Like to do this new clinic, the PCT have said to get qualified for this clinic that I'll be doing you've just got to do the CPE package – there's been no workshop on it or anything like that...where you could like practice with somebody...Just for like one hour or something, I don't think it's enough..'*

(retail pharmacist)

For other participants, the quality of training was an issue:

'*..Erm...yeah...I did some modules with xxxx (remembers course leader but not the course)...they gave me like an understanding but no help with the job...my main role now is child protection..'*

(school nurse)

'*..I did some internal training – enough for purpose a couple of years ago...there is definitely a need for more training..*
Then I went to one training day...waste of a whole day but good for networking

(looked after children)

Current training provision was not always a negative issue. Some courses were considered extremely worthwhile, such as condom distribution training and the community nurses portfolio, held at Bradley Golf Club. Indeed, training (and the trainers) at this venue was mentioned frequently throughout the interviews by people working within the local authority.

Future Training Needs

All participants identified the need for ongoing training, providing updates to mandatory training. Themes which emerged from the data provide a framework for the identification of training needs, and these are summarised in Table 10 (see page 32). Some participants expressed regret that much of the previously delivered training was no longer available, and some attributed this to the purchaser/provider split within the NHS and the new commissioning role for PCT's. One respondent argues forcefully that internal talent should not be overlooked:

'*…Any future training that is put in place needs to reflect the multiple needs of young people in relation to 'risk taking' behaviours and, for example, the close relationship between SH and alcohol, and SH and general emotional health & wellbeing. Otherwise we will find that colleagues are faced with having to choose between or being directed to numerous training programmes, with perhaps specific bodies of knowledge, but in the main generic understanding of skills and development.*

We will also need to be sure that we have a ready supply of highly competent professionals with the range of high quality skills to facilitate training. I would suggest that the needs analysis attempts to identify such individuals within the services that we have in Kirklees before commissioning external bodies and / or individuals who may or may not have the appropriate skills and / or local knowledge. At times the 'commissioning process' can ignore talents internally. Before going to external providers we need to look if we have internal personnel in the most appropriate places, i.e. are there colleagues who need to move from a commissioning role to a provider role. Not to do this, I would suggest, could result in a waste of very valuable talent and perhaps add to costs...'

(ID#45 Kirklees Learning Service)

This respondent not only identifies the need for effective trainers, but also that the content of such training requires careful consideration, including tailoring to local challenges. Participants were asked to identify the issues which they felt were important to be included in a training programme for their role. Whilst there were many different roles represented within this study, areas of commonality became apparent in the responses to this question:

- **Building relationships with young people**

'Building relationships with young people', 'knowing how to talk to them', 'getting on their radar' were considered by many participants as being of central importance.

'..I still find it awkward dealing with young people..'
(retail pharmacist)

'...being able to broach the subject and having the confidence to ask difficult questions...'
(school nurse)

'..you need to learn how to get to know them, build up trust..'
(multi-agency support team)

'.. Everyone needs training in how to talk to somebody....how to deal with someone pregnant ... shouldn't be passed on down the line to repeat their story over and over again..'
(teenage pregnancy strategy worker)

'..The children's workforce needs to be able to talk about relationships....we need to train that workforce to be knowledgeable, confident....
(teenage pregnancy strategy worker)

'..I would like to know more about the social norms for young people. The peer pressure they are encountering..'
(ID#44 GP)

- **Child Protection**

Interestingly this was generally referred to by those from a health background as a major training need, and was often discussed in close association with confidentiality:

'..Child protection – sexual abuse – you don't learn anything at university you know about how to talk to these people or what do you do to refer them, what processes do you go through, how do you decide whether to report something or keep it confidential?.....you know it's like a minefield out there...we need this information to do these services...
What happens if you have 2 people under the age of consent having sexual intercourse and it's consensual, there's not much training given on that...they just tell you to do a CPD package on it
(retail pharmacist)

'.....do you inform the parents that they've taken Levonelle...you know about Fraser guidelines...you know there's all these sort of things as well...'

(retail pharmacist)

'..Personally, the gaps in my knowledge centre around cultural differences of sexual behaviours and beliefs and the law regarding sexual abuse. I believe that there is a huge knowledge gap within community pharmacy over this type of service, most likely due to embarrassment on the part of the pharmacist involved. The profession needs to be much more open and approachable, especially as access to pharmacy services is improving all the time..'

(ID#51 retail pharmacist)

'..there have been many instances where I have been approached by young people under 16 years who have requested a pregnancy testing kit… however, we are unable to offer pregnancy testing kits, as we have not received appropriate training in giving advice and information to those young people whose test turns out to be positive. In these cases we signpost to other agencies who offer this, but some young people [under 16] are reluctant to access due to lack of confidence, fear of the unknown/being judged, etc.

(ID#16 youth worker)

'..I would like some training around how to support someone who may have been abused…physically, mentally, emotionally and sexually..'

(ID#21 Young People's Service Huddersfield)

And for those who have undergone some form of child protection training, there remain areas to be considered:

'..I've done it (child protection)..but not really covered exploitation..'

(teenage pregnancy strategy worker)

'..I would welcome more training around child and vulnerable adult protection issues..'

(ID#31 FE Health Advisor)

- **Specific sexual health knowledge/issues**

Requests for training to include specific sexual knowledge included more information about HIV and AIDS, as it was felt that the sole focus now appears to be on Chlamydia:

'..Information regarding young people living with HIV and AIDS, the support groups in place. How confidential are these and who would support young people suffering from this disease to access these groups, i.e. are there any buddying systems in place?..'

(ID#42 Young People's Service Huddersfield)

'..I would like to find out about support systems for people who may have HIV or AIDS..'
(ID#21 Young People's Service Huddersfield)

'..it would be useful to ensure services embrace some basic training around the sexual health needs of homosexual and HIV positive people..'
(ID#14 charity worker)

Knowledge about forms of contraception, STIs, condoms and pregnancy testing, and advice related to pregnancy were similarly thought to be of importance:

'..I would like to do some training around how to support young women around a suspected/confirmed pregnancy. As well as this I would like to know more about myths around STIs and the background for them..'
(ID#21 Young People's Service Huddersfield)

'..I am interested in learning more about emergency contraception and the coil..'
(ID#20 youth worker)

'..CASH training for all nurses administering condoms/part of the extended open door scheme offering pregnancy testing, condoms, chlamydia screening. Nurse prescribers would be useful in school nursing to further extend the service on offer...'
(ID#36 school nurse)

'..I want to increase my expertise around contraceptive methods..'
(ID#31 FE health advisor)

Many participants had received C-card training which was felt to be valuable and useful.

- **Delay**

DELAY training was well-known and respected by participants in this study. It was considered to be of great value in helping young people to choose when to begin a sexual relationship. Indeed, the issue of 'helping young people to make healthy choices' was reiterated many times:

'..Young people do talk to us about a variety of things and we always encourage them to partake in a healthy lifestyle..'
(ID#30 looked after children)

- **Skills**

The need for specific practical skills was identified by many of the participants. Pharmacists in particular reported that they were performing a variety of investigative tests for which they felt unprepared. As one said:

`..*How many pharmacists have actually done a pregnancy test...you're not shown any of this.....you're sort of reading it off the box and you shouldn't have to do that...I like to be sure what I'm doing..'*

(retail pharmacist)

Other training areas identified were:

- Risky behaviours
- Social norms and peer pressure
- Communicating with young people in order to reduce the fears/embarrassment
- Cultural and religious attitudes to sex
- How to set up outreach services for rural areas where young people are inhibited about attending the local GP or pharmacy for sexual health advice or services/how to develop more access points for young people

- **Establishing networks**

Finding out who is who, who does what, and where they do it was another training need, and it was thought that such training would ensure that young people were signposted to the most appropriate service. The fears, embarrassment and anxieties felt by young people accessing sexual health services were identified by the majority of participants. It was reported that in some cases, this has resulted in those who need the services most not accessing them. Participants recognised a need for a supportive network between and across agencies/services enabling a greater understanding of how the system worked:

'*....[we] need relationship & partnership with other agencies and working with them, learning from them – where can you bridge the gap between education and accessing services'*

(FE sexual health advisor)

- **Multi-professional participation in training**

Multi-professional training was thought to be beneficial:

'*...need to learn together – doctors, nurses, pharmacists – some common ground even though specialists..'*

(retail pharmacist)

'*With other professionals, with evidence collecting / reflection and portfolio development..* '

(FE sexual health advisor)

Finally, how this training should be delivered was of great concern to some, because:

'*...different groups of workers need different levels of knowledge..'*

(teenage pregnancy strategy worker)

and plans to cascade training were regarded as ineffectual by one participant because:

'*..to develop a knowledgeable, confident workforce this training* [referring to DELAY] *should be VISIBLE...'*

(teenage pregnancy strategy worker)

The training needs identified in the focus groups and telephone interviews are summarised in Table 10. Participants have been grouped by their employment sector:

Table 10 : The number of times specific training needs were identified in the focus group discussions and telephone interviews, categorised by participant employment sector

Training Need	PCT	Local Authority	Charity / Voluntary
Child protection	√√√√√		
Communicating with young people	√√√		
Attitudinal training		√	
Building relationships with young people	√	√√√√	√
Building confidence in young people - confidentiality	√√√√	√√√	√
Raising self esteem of young people		√√	
Social norms & peer pressure	√		
Signposting	√√	√√√√√	√
Networking	√√√√		√
DELAY		√√√√	
C Card	√	√√	
Knowledge of STI's	√√√√	√√√	√
HIV / AIDS	√√	√	√
Risk taking behaviours	√√	√	

Multi Professional training	√	√√√	
Pregnancy Testing	√	√	
Contraception	√		√
Cultural & religious issues	√√		
Setting up outreach services	√		
Effective trainer	√	√√	
Training for the trainers		√	√

Discussion

It appears that significant variations exist in PHSE and sexual health training needs across Kirklees. There were also wide-ranging differences reported in the current provision of training, and how it is prioritised. The need remains for a systematic and wide-ranging approach to training, and issues which are commonly reported in the literature and policy documents as barriers to effective PHSE and sexual health education, such as communication and building relationships with young people, and effective signposting and networking, are still apparent.

Results from the questionnaire survey appear to indicate that, in general, school nurses have the highest self-reported competencies in providing information and advice to young people in most areas of PHSE and sexual health. However, these results must be treated with caution due to the low response rate to the questionnaire, making numbers of respondents in each category very small. Whilst some statistically significant differences were found, the actual difference in scores between some groups of respondents (i.e. the rest of the sample and school nurses) was fairly small, and with a larger sample size, these differences may not be statistically significant. In effect, they may be an artefact of the low response rate.

However, the results do seem to show a marked difference in self-reported levels of competency between school nurses and pharmacists, suggesting that pharmacists have further training needs in most areas of PHSE and sexual health. Pharmacists were the only group to give the 'not relevant to post' response on the questionnaire, and, as shown in Appendix 4, a wide range of responses were provided from this group, some rating themselves as 'expert' in a few areas. This indicates that, perhaps, pharmacists have not received standardised training, or that this group experience certain barriers to training and do not see certain areas of sexual health as relevant to their job. However, this was not evident in the focus group discussions, whereby pharmacists identified a number of areas where they felt they required further training and information. Therefore the questionnaire and focus group data fail to correlate. An explanation of this variation could be the vagaries of sampling and response in that different pharmacists

with different needs completed the questionnaire and/or participated in the focus groups. In that case, it would seem that pharmacists' needs in this area cannot be seen as uniform. That said, in the focus group discussions, pharmacists did raise specific concerns about the quality and relevance of existing training, and many of the pharmacists in this study appear to have direct contact with young people seeking sexual health advice and referral to relevant services. The role of pharmacists as key providers of sexual health has broadened significantly since the publication of the National Strategy in 2001 (Department of Health, 2005), and widened opportunities for delivery of sexual healthcare and an increased role in sexual health promotion are outlined in the new pharmacy White Paper (Department of Health, 2008). This finding indicates a significant barrier to the successful development of such initiatives which needs to be addressed.

The low response rate to the questionnaire meant that findings were not representative of the target population in general, and small numbers made it impossible for any analysis of differences between groups of respondents, other than school nurses and pharmacists. The low response rate warrants further discussion. The time of year this study was conducted (summer) meant that many people were on annual leave. In addition, the list of contacts originally provided for questionnaire distribution was not definitive, and therefore it appears the questionnaire did not reach all the key personnel in Kirklees.

Although the questionnaire used was derived from a previously validated instrument for use by sexual health clinicians, it was based on self-reported competencies as a proxy for training needs. The risk of using a self-report instrument and not an objective assessment of competency in this case may have either resulted in a generous estimate of actual competence, or conversely, lower confidence levels may translate to a lower self-reported competency rating. Furthermore, without piloting it was uncertain whether this instrument was suitable for non-clinicians and many individuals may not have seen the relevance of the questionnaire, especially if they did not have direct contact with young people. Unfortunately, piloting the questionnaire was not possible due to time constraints and resource limitations, but perhaps should be considered in future studies

of this nature. Piloting may have highlighted issues that can affect response rates, for example, the length of the questionnaire, the methodology used in distribution, and the topics included.

The questionnaire was designed to incorporate as many of the key areas in PHSE and sexual health as possible, as defined through discussion and review with Kirklees PCT. This resulted in a questionnaire of considerable length which could have had an effect on response rates. The use of a new questionnaire also meant that previous, comparable results were not available, nor was a validated method for categorising and interpreting scores. Future training needs analyses may benefit from allowing additional time to gather relevant information to include on such a questionnaire or survey instrument, perhaps gained from conducting focus groups with samples of the target population.

Although the methodology employed in this study was the most appropriate for the resources and time available, further consideration of the methodological issues of survey design and distribution that can affect response rates is warranted in future studies. The majority of questionnaires were posted, but it has been reported that response rates to postal surveys have declined substantially over the past few years, and mixed-mode surveys are now recommended (Edwards et al, 2002). Some questionnaires in this study were distributed electronically, but often only to one contact (as this was the only information available) with instructions for circulation. This method made it difficult to record an accurate response rate, and the lack of personalisation may also have contributed to the low response (Edwards et al, 2009).

However, a strong advantage of this study was that it employed a mixed-methods design, and findings from the focus group discussions and telephone interviews did support and strengthen some of the questionnaire results. When looking at questionnaire items individually (see Appendix 4), those that received the highest number of 'expert' and 'novice' ratings indicate the areas of strength and difficulty respectively. Items which received high numbers of 'novice' ratings were similar to training needs raised in the discussions/interviews, for instance, 'child protection',

'building relationships with young people', 'building confidence in young people', 'signposting', 'networking', 'knowledge of STIs' and 'multi-professional training'.

The low response rate to the questionnaire meant that there were then small numbers of people willing to participate in focus groups (as participants for the focus groups were asked for their consent on the questionnaire). However, other people (who were not initially contacted) became aware of the project (or were recommended by other participants) and expressed an interest at being involved. Whilst this increased the representativeness of the study population substantially, the addition of telephone interviews to try and accommodate as many of these people as possible inevitably extended the time of the project considerably, and was resource extensive. In addition, the communication barriers encountered when trying to arrange focus groups and interviews (described on page 11) will certainly have implications for other individuals who are trying to access these organisations and services (i.e. young people).

Although the dates offered for focus groups were extended to accommodate those who may be on annual leave, the number of focus groups actually conducted remained low. On nine occasions, when those who had indicated a willingness to participate were contacted to take part in a focus group, the following responses were received:

'oh,... I must have done then.....'

'... is that what it was for?'

It is also of note that five people who wanted to participate were told by their managers that it was not in their remit to do so, even though the individuals themselves thought it was. Two of these individuals actually participated in telephone interviews at a later stage as they felt so strongly about training issues. Another individual told how she was prevented from participating in an event where sexual health issues could have been promoted with young people, because it 'wasn't in her remit'. Whilst the individuals engaged in this research project gave the sexual health of young people a high priority, these findings indicate that significant barriers still exist, and that in reality, it may not be a priority for many relevant organisations in Kirklees. It was recognised that time and resource constraints may have been a real issue for many of the organisations involved,

but these constraints and barriers will have implications for the design and implementation of training programmes, and further investigation of these issues should be carried out before commissioning of future training programmes.

NICE public health guidance has stressed the need for greater involvement of other professionals and non-healthcare providers for identification of and intervention with those most at risk of under-18 conceptions or STIs (NICE, 2007). Since 2001, NHS decision-making has devolved to a local level, and Primary Care Trusts (PCTs) and local authorities are commissioning PHSE and sexual health services. Whilst this is empowering, it has led to patchy provision and a lack of a consistent, uniform approach for the many different agencies involved. Hicks & Thomas (2005) argue that in order to improve standards of care, a number of issues need to be addressed, such as user involvement in service provision, improved access and rigorous maintenance of confidentiality. In order that these objectives are realised, the authors make several recommendations:

- it is essential that appropriate training and updating of skills are provided for all staff working within the domain of sexual health;
- the sexual health training agenda also needs to take account of the diversity of user needs and current variations in provision;
- continuing professional development (CPD) will have to extend beyond enhancing clinical and technical ability, and develop, in addition, interpersonal and communication skills, awareness of the psychosocial perspectives of their clients, and cultural competence;
- the skills and knowledge of relevant staff should be reviewed systematically and regularly in order to identify areas of both potential skill shortfall or deficit, as well as expertise and good practice. By compiling an objective profile of staff in this way, skill-mix reviews can be undertaken and under-performing areas and groups can be identified and targeted for further development.

Hicks & Thomas propose that if the above recommendations were implemented, this would enable limited educational budgets to be directed and customised for areas of greatest need, thereby facilitating a systematic, rather than a random, arbitrary

approach to training in sexual health. The above recommendations are supported by findings in the present study.

Evidence-based practice is a key lever for robust commissioning, but it has been reported that relevant research findings have been insufficiently disseminated, particularly to commissioners and frontline providers (MedFASH, 2008). Needs assessments are one of the factors associated with better performance in local teenage pregnancy strategies (DCSF, 2006), yet they have not consistently been part of the commissioning process for sexual health. Support for local-level implementation of the National Strategy has been supplemented by publication of public health promotion, commissioning and sexual health needs assessment toolkits (Department of Health, 2003a; 2003b; 2007). Adopting a local approach not only addresses the specific needs of those working with young people, but also focuses on local problems with the potential of correcting existing variations in the quality of care delivered. Credit, therefore, should be given to Kirklees PCT in commissioning this study, an ambitious attempt to collect information from a wide-range of individuals who work with young people in Kirklees, with the overall aim of providing training based on identified local need.

Recommendations

- Sexual health must be viewed as a top priority by those providing training and education and for those working with young people.

- A resource should be devised providing contact details and illustrating how different sectors, individuals and organisations are linked.

- Training should include a focus on the non-biological aspects of sexual health and interpersonal skills for dealing with young people.

- Establish a local sexual health network with representatives from all areas.

- Ask for expressions of interest from internal staff and use them as trainers or incorporate their skills/advice into training.

- Best practice in sexual health services should be incorporated into training across statutory, voluntary, charitable and community organisations.

- The provision of training should be equitable, should be tailored to individual roles, and should be provided at a local level, where possible. To maximise access for staff, innovative methods of training delivery should be considered.

- Training needs assessments should be undertaken on a regular basis, with careful consideration of methods used in order to maximise response from different groups.

- Training providers should consider the accreditation of courses and participate in the development of local academic programmes in sexual health.

References

Benner, P. (1984). Novice to Expert. Addison Wesley, London.

Christophers, H., Mann, S. & Lowbury, R. (2008). Progress and priorities – working together for high quality sexual health: review of the National Strategy for Sexual Health and HIV. Medical Foundation for AIDS & Sexual Health (MedFASH): London.

Department for Children, Schools and Families (2006). Teenage pregnancy: working towards 2010 – good practice and self-assessment toolkit. DCSF: London.

Department for Children, Schools and Families (2007). Improving access to sexual health services for young people in Further Education settings. DCSF: London.

Department for Education and Employment (2000). Sex and relationship education guidance. DfEE: London

Department of Health (2003a). Effective sexual health promotion: a toolkit for Primary Care Trusts and others working in the field of promoting good sexual health and HIV prevention. DoH: London.

Department of Health (2003b). Effective commissioning of HIV and sexual health services. DoH: London.

Department of Health (2005). Choosing health through pharmacy. DoH: London.

Department of Health (2007). Sexual health needs assessment: a how-to guide. DoH: London.

Edwards, P., Roberts, I., Clarke, M., DiGuiseppi, C., Pratap, S., Wentz, R. et al. (2002). Increasing response rates to postal questionnaires: systematic review. BMJ, 324, 1183.

Edwards, P.J., Roberts, I., Clarke, M.J., Diguiseppi, C., Wentz, R., Kwan, I. et al (2009). Methods to increase response to postal and electronic questionnaires. Cochrane database of systematic reviews (Online) (3):MR000008.

Hicks, C. & Thomas, G. (2005) Assessing the educational needs of community sexual healthcare practitioners Health and Social Care in the Community 13, 323- 329.

Hughes, G., Catchpole, M., Rogers, P.A. et al (2000). Comparison of risk factors for sexually transmitted infections: results from a study of attenders at three genito-urinary medicine clinics in England. Sexually Transmitted Infections, 76, 262-267.

Kreuger, R.A. & Casey, M. (2000). Focus Groups – a practical guide for applied research. Sage: London.

Milson, G. & Chambers, R. (2002). Competence of professionals and others who work with young people, in relation to sexual health. Centre for Health Policy and Practice: Staffordshire University, Stafford.

National Institute for Health and Clinical Excellence (2007). Prevention of sexually transmitted infections and under-18 conceptions. NICE: London.

Office for National Statistics (2007). Conception statistics, England and Wales – 2007. www.statistics.gov.uk

Ofsted (2007). Time for change? Personal, social and health education. www.ofsted.gov.uk

Puchta, C. & Potter, J. (2004). Focus Group Practice. Sage: London.

Robinson, N. (1999). The use of focus group methodology with selected samples from sexual health research. Journal of Advanced Nursing, 29, 905-913.

Salmon, D. & Ingram, J. (2008). An evaluation of Brook Sexual Health Outreach in schools. Centre for Public Health Research, University of the West of England: Bristol.

Sanderson, C.A. (2000). The effectiveness of a sexuality education newsletter in influencing teenagers' knowledge and attitudes about sexual involvement and drug use. Journal of Adolescent Research, 15, 674-681.

Tomlinson, J. (1998) ABC of sexual health: Taking a sexual history. British Medical Journal, 317, 1573-1576.

UK Youth Parliament (2007). SRE: are you getting it? www.ukyouthparliament.org.uk

Wakley, G., Cunnion, M. & Chambers, R. (2003). Improving sexual health advice. Radcliffe Medical Press: Oxon.

Warner P., Rowe T. and Whipple B. (1999) Shedding light on the sexual history. American Journal of Nursing, 99, 34- 41.

Wellings, K., Field, J., Johnson, A.M. & Wadsworth, J. (1994) Sexual Behaviour in Britain: The National Survey of Sexual Attitudes and Lifestyles. Penguin: Harmondsworth.

Wellings, K., Nanchahal, K., Macdowall, W., McManus, S. Erens, B., Mercer, C. et al. (2001) Sexual behaviour in Britain: early heterosexual experience. The Lancet 358, 1843- 1850.

APPENDIX 1

Questionnaire

Please read the statements below. For each statement, strikethrough a number on the right that you think best describes on average your level of knowledge.

0 Not relevant to post
1 Novice. You know a little about the sexual health needs of young people but have not given information to young people.
2 Advanced beginner. Has some knowledge about the subject; are able to direct young people to appropriate services; are able to give a limited amount of information about the subject.
3 Competent. Have a good basic knowledge about the sexual health needs of young people and are able to demonstrate your knowledge and skills to others.
4 Proficient. Have a wide knowledge and are skilled in discussing the subject. You deal with situations presented on a daily basis, advising young people and referring them to other agencies when applicable.
5 Expert. As an expert you have a 'considerable amount of experience and intuitive grasp of each situation'. As an expert you interpret and make sense of information and can handle a wide range of problems raised by young people in a range of contexts.

	Not relevant to post	Novice	Advanced beginner	Competent	Proficient	Expert
Relationships						
ASPECT 1: Sexual relationships among young people						
Do you know and can you provide young people with information about:						
Social norms for the usual age of first sexual intercourse, types of sexual activity, peer pressure to have sex, numbers of partners?	**0**	**1**	**2**	**3**	**4**	**5**
Problems with relationships?	**0**	**1**	**2**	**3**	**4**	**5**
The variety of different emotional and sexual types of relationships young people are involved in?	**0**	**1**	**2**	**3**	**4**	**5**
The right to enjoy relationships free from abuse and harm?	**0**	**1**	**2**	**3**	**4**	**5**
How young people can communicate effectively about relationships and sex?	**0**	**1**	**2**	**3**	**4**	**5**

	Not relevant to post	Novice	Advanced beginner	Competent	Proficient	Expert
ASPECT 2: Practical support available to people building relationships						
Do you know and can you provide young people with information about:						
Local support offered to young people in respect of interpersonal relationships?	**0**	**1**	**2**	**3**	**4**	**5**
Referring young people to such organisations	**0**	**1**	**2**	**3**	**4**	**5**
Teaching or showing young people how to build worthwhile relationships?	**0**	**1**	**2**	**3**	**4**	**5**
Giving young people the skills and confidence to delay sexual intercourse until they feel ready?	**0**	**1**	**2**	**3**	**4**	**5**
Self-esteem & other factors						
Do you know and can you provide young people with information about:						
The association between low self-esteem, early pregnancy and risk taking in young people?	**0**	**1**	**2**	**3**	**4**	**5**
The impact of drug and alcohol use on sexual behaviour and relationships?	**0**	**1**	**2**	**3**	**4**	**5**
The influence the media has on relationships and sex in the UK, and how distorted and inaccurate some of the media messages are?	**0**	**1**	**2**	**3**	**4**	**5**
How to explore these issues with young people and how they affect them personally and those around them?	**0**	**1**	**2**	**3**	**4**	**5**
How to raise self-esteem and self-confidence in young people from various socio-economic backgrounds and ethnic cultures?	**0**	**1**	**2**	**3**	**4**	**5**
Cultural and religious attitudes to sex and sexual health						
Aspect 1: Knowledge of sexual health services						
Do you know and can you provide young people with information about:						

The availability of local sexual health services for people from ethnic minorities or various religions, with an understanding of the barriers that obstruct people from different cultures and religions from accessing services or types of contraception?	**0**	**1**	**2**	**3**	**4**	**5**
Aspect 2: Cultural differences in relation to sexual behaviour and sexuality						
Do you know and can you provide young people with information about:						
Cultural differences in attitudes towards sex among young people?	**0**	**1**	**2**	**3**	**4**	**5**
	Not relevant to post	**Novice**	**Advanced beginner**	**Competent**	**Proficient**	**Expert**
Any cultural and religious differences in expected norms of sexual behaviour?	**0**	**1**	**2**	**3**	**4**	**5**
Sexual behaviour, sexual health and contraception to people from different ethnic or religious backgrounds?	**0**	**1**	**2**	**3**	**4**	**5**
Contraception						
Do you know and can you provide young people with information about:						
The range of contraceptive options available?	**0**	**1**	**2**	**3**	**4**	**5**
What facilities are available in general and locally, contact details for helplines, etc?	**0**	**1**	**2**	**3**	**4**	**5**
The provision of emergency contraception and the access points for emergency contraception in the local area?	**0**	**1**	**2**	**3**	**4**	**5**
Sexually transmitted infections (STIs)						
Do you know and can you provide young people with information about:						
The risk factors for contracting STIs associated with different sexual activities?	**0**	**1**	**2**	**3**	**4**	**5**
Preventing STIs?	**0**	**1**	**2**	**3**	**4**	**5**
The harm STIs can cause?	**0**	**1**	**2**	**3**	**4**	**5**
Commonly believed misinformation or myths associated with sexual health (e.g. catching diseases from a toilet seat) and can explain why they are untrue?	**0**	**1**	**2**	**3**	**4**	**5**

How and where to refer young people for treatment who may have STIs? the availability of chlamydia screening?	**0**	**1**	**2**	**3**	**4**	**5**
Pregnancy & Parenthood						
Aspect 1: Pregnancy						
Do you know and can you provide young people with information about:						
Human reproduction, pregnancy and birth?	**0**	**1**	**2**	**3**	**4**	**5**
How to avoid unplanned pregnancy?	**0**	**1**	**2**	**3**	**4**	**5**
Where young people can obtain a pregnancy test; when a pregnancy test is needed?	**0**	**1**	**2**	**3**	**4**	**5**
The methods of referral for medical or other help/advice when pregnancy is confirmed?	**0**	**1**	**2**	**3**	**4**	**5**

	Not relevant to post	**Novice**	**Advanced beginner**	**Competent**	**Proficient**	**Expert**
Aspect 2: Parenthood						
Do you know and can you provide young people with information about:						
Education, work opportunities, housing qualification and support systems available in local area for young parents?	**0**	**1**	**2**	**3**	**4**	**5**
How young parents may access the practical, social, educational, financial and other support and to what they are entitled?	**0**	**1**	**2**	**3**	**4**	**5**
The law: sex, sexuality and relationships						
Do you know and can you provide young people with information about:						
What situations may be classified as sexual abuse?	**0**	**1**	**2**	**3**	**4**	**5**
What personal support or support services are available locally and nationally to those who have experienced sexual abuse or are in fear of it and the service contact details?	**0**	**1**	**2**	**3**	**4**	**5**
What constitutes definitions of rape and ‘date’ rape in heterosexual and homosexual cases?	**0**	**1**	**2**	**3**	**4**	**5**
Whom to refer an alleged rape victim and the support systems in place to deal with this?	**0**	**1**	**2**	**3**	**4**	**5**

The law in general in regard to relationships, sex and sexuality?	**0**	**1**	**2**	**3**	**4**	**5**
How the law can support young people to stay safe from abuse and harm?	**0**	**1**	**2**	**3**	**4**	**5**
HIV and the impact on young people						
Do you know and can you provide young people with information about:						
The global & UK impact of HIV infection (including what it means to be young and HIV positive in the UK today)?	**0**	**1**	**2**	**3**	**4**	**5**
How HIV is contracted and how HIV infection can be avoided?	**0**	**1**	**2**	**3**	**4**	**5**
How to access support on advice and treatment in regard to HIV?	**0**	**1**	**2**	**3**	**4**	**5**
Confidentiality						
Aspect 1: Confidentiality within all statutory and voluntary services available to young people						
Do you know and can you provide young people with information about:						
The confidentiality that young people, including those under 16 years, can expect from a GP, surgery staff, FP clinics, teachers, hospital staff and all other allied services?	**0**	**1**	**2**	**3**	**4**	**5**

APPENDIX 2

Consent Form

A Sexual Health Training Needs Analysis in Kirklees

Interview consent form

I have been fully informed of the nature and aims of this research and consent to taking part in it.	
I understand that I have the right to withdraw from the interview at any time without giving any reason, and a right to withdraw my data if I wish.	
I give my permission/do not give my permission for my interview to be tape recorded.	
I give permission to be quoted (by use of pseudonym).	
I understand that the tape will be kept in secure conditions at the University of Huddersfield.	
I understand that no person other than the interviewer will have access to the recording.	
I understand that my identity will be protected by the use of pseudonym in the research report and that no information that could lead to my being identified will be included in any report or publication resulting from this research.	

Name of participant

Signature

Date

Name of researcher

Signature

Date

Two copies of this consent from should be completed: One copy to be retained by the participant and one copy to be retained by the researcher

APPENDIX 3

Interview Schedule

FOCUS GROUP / TELEPHONE INTERVIEW SCHEDULE

1. General introduction

2. Clarify the nature of research and the conduct of focus groups / telephone interviews

3. Obtain consent (written / oral)

4. Establish ground rules (very informally) re voluntary participation and anonymity

5. Think back to when you first started working with young people.....

    (a) Did you get any training beforehand?
    (b) If so, who provided it?
    (c) What did they cover?
    (d) How did that help you in your work?

6. Now think of your role now....

    (a) Is it different?
    (b) Do you have to provide more or less sexual health advice?
    (c) If so, why do you think this is?
    (d) Are you comfortable in providing such information?
    (e) Do you feel able to provide appropriate information?

7. If you were designing a training programme for a new employee (to do your job), what would you include?

    (a) At what sort of lecvel should it be?
    (b) How would it be delivered?
    (c) By whom?
    (d) Should it be assessed?

8. Are you aware of any particular examples of good training courses in sexual health?

9. If you had an unlimited budget are there any training resources or specialist training services you would like?

10. Is there anything else you would like to add?

Explore as prompts for training:
Relationships
Self esteem
Culture & religious attitudes to sex
Contraception
STI's
Pregnancy and parenthood
Laws relating to sex & sexual relationships
HIV
Confidentiality

APPENDIX 4

Frequencies of response to questionnaire items

	Not relevant to post	Novice	Advanced beginner	Competent	Proficient	Expert
Relationships						
ASPECT 1: Sexual relationships among young people						
Do you know and can you provide young people with information about:						
Social norms for the usual age of first sexual intercourse, types of sexual activity, peer pressure to have sex, numbers of partners?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*9*	*8*	*1*
Pharmacist (n=17)	*2*	*4*	*3*	*7*	*1*	-
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	-	*4*	*8*	*3*	-
GP/Practice Nurse (n=6)	-	*1*	*3*	-	*1*	*1*
FE/HE (n=2)	-	-	-	-	*2*	-
Charity (n=2)	-	-	*1*	-	*1*	-
Problems with relationships?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*2*	*7*	*9*	-
Pharmacist (n=17)	*4*	*3*	*3*	*5*	*1*	*1*
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	*1*	*4*	*6*	*3*	*1*
GP/Practice Nurse (n=6)	-	*1*	*3*	*1*	-	*1*
FE/HE (n=2)	-	-	-	-	*2*	-
Charity (n=2)	-	-	*1*	*1*	-	-
The variety of different emotional and sexual types of relationships young people are involved in?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*1*	*8*	*8*	*1*
Pharmacist (n=17)	*4*	*3*	*6*	*4*	-	-
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	*1*	*4*	*7*	*3*	-
GP/Practice Nurse (n=6)	-	*1*	*3*	-	*1*	*1*
FE/HE (n=2)	-	-	-	-	*2*	-
Charity (n=2)	-	-	*1*	-	*1*	-
The right to enjoy relationships free from abuse and harm?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*8*	*7*	*3*
Pharmacist (n=17)	*2*	*5*	*1*	*8*	*1*	-

Children's Centre (n=2)	-	-	*1*	*1*	-	-
Young People's Service (n=15)	-	*1*	*3*	*7*	*2*	*1*
GP/Practice Nurse (n=6)	-	*1*	*3*	-	*1*	*1*
FE/HE (n=2)	-	-	-	-	*2*	-
Charity (n=2)	-	-	-	*1*	*1*	-
	Not relevant to post	**Novice**	**Advanced beginner**	**Competent**	**Proficient**	**Expert**
How young people can communicate effectively about relationships and sex?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*1*	*11*	*6*	-
Pharmacist (n=17)	*4*	*1*	*4*	*6*	*2*	-
Children's Centre (n=2)	-	*1*	-	*1*	-	-
Young People's Service (n=15)	-	-	*4*	*5*	*5*	-
GP/Practice Nurse (n=6)	-	*1*	*3*	*1*	-	*1*
FE/HE (n=2)	-	-	-	-	*2*	-
Charity (n=2)	-	-	*1*	-	*1*	-

	Not relevant to post	Novice	Advanced beginner	Competent	Proficient	Expert
ASPECT 2: Practical support available to people building relationships						
Do you know and can you provide young people with information about:						
Local support offered to young people in respect of interpersonal relationships?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*2*	*3*	*7*	*5*	*2*
Pharmacist (n=17)	*1*	*4*	*6*	*5*	*1*	-
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	*1*	*4*	*6*	*4*	-
GP/Practice Nurse (n=6)	-	*1*	*3*	*2*	-	-
FE/HE (n=2) (1 missing)	-	-	-	*1*	-	-
Charity (n=2)	-	-	*1*	-	*1*	-
Referring young people to such organisations	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*2*	*2*	*6*	*8*	*1*
Pharmacist (n=17)	-	*6*	*4*	*5*	*2*	-
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	-	*4*	*7*	*3*	*1*
GP/Practice Nurse (n=6)	-	*1*	*3*	*2*	-	-
FE/HE (n=2)	-	-	-	*2*	-	-
Charity (n=2)	-	-	-	*2*	-	-
Teaching or showing young people how to build worthwhile relationships?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*2*	*1*	*8*	*8*	-
Pharmacist (n=17)	*4*	*4*	*4*	*5*	-	-
Children's Centre (n=2)	-	*1*	-	*1*	-	-
Young People's Service (n=15)	*1*	-	*6*	*3*	*4*	*1*
GP/Practice Nurse (n=6)	-	*2*	*2*	*2*	-	-
FE/HE (n=2)	-	-	-	*2*	-	-
Charity (n=2)	-	*1*	-	-	*1*	-
Giving young people the skills and confidence to delay sexual intercourse until they feel ready?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*1*	*9*	*8*	-
Pharmacist (n=17)	*5*	*4*	*3*	*4*	*1*	-

Children's Centre (n=2)	-	*1*	-	*1*	-	-
Young People's Service (n=15)	-	-	*6*	*5*	*2*	*2*
GP/Practice Nurse (n=6)	-	*1*	*3*	*2*	-	-
FE/HE (n=2)	-	-	-	*1*	*1*	-
Charity (n=2)	-	*1*	-	*1*	-	-
	Not relevant to post	**Novice**	**Advanced beginner**	**Competent**	**Proficient**	**Expert**
Self-esteem & other factors						
Do you know and can you provide young people with information about:						
The association between low self-esteem, early pregnancy and risk taking in young people?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*2*	*7*	*9*	-
Pharmacist (n=17)	*4*	*6*	*4*	*2*	*1*	-
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	-	*5*	*5*	*4*	*1*
GP/Practice Nurse (n=6)	-	*2*	*2*	*1*	*1*	-
FE/HE (n=2)	-	-	-	*1*	*1*	-
Charity (n=2)	-	*1*	-	-	*1*	-
The impact of drug and alcohol use on sexual behaviour and relationships?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*5*	*10*	*3*
Pharmacist (n=17)	*1*	*6*	*3*	*5*	*2*	-
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	-	*2*	*4*	*4*	*4*
GP/Practice Nurse (n=6)	-	-	*3*	*1*	*2*	-
FE/HE (n=2)	-	-	-	*1*	*1*	-
Charity (n=2)	-	-	*1*	-	*1*	-
The influence the media has on relationships and sex in the UK, and how distorted and inaccurate some of the media messages are?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*1*	*6*	*10*	*1*
Pharmacist (n=17)	*3*	*2*	*4*	*6*	*1*	*1*
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)(1 missing)	-	-	*2*	*7*	*3*	*2*
GP/Practice Nurse (n=6)	-	*1*	*3*	*1*	*1*	-
FE/HE (n=2)	-	-	-	*1*	*1*	-

Charity (n=2)	-	-	*1*	-	*1*	-
How to explore these issues with young people and how they affect them personally and those around them?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*1*	*8*	*9*	-
Pharmacist (n=17)	*6*	*3*	*3*	*4*	*1*	-
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)(1 missing)	-	-	*6*	*3*	*3*	*2*
GP/Practice Nurse (n=6)	-	*3*	*1*	*1*	*1*	-
FE/HE (n=2)	-	-	-	*1*	*1*	-
Charity (n=2)	-	*1*	-	-	*1*	-
	Not relevant to post	**Novice**	**Advanced beginner**	**Competent**	**Proficient**	**Expert**
How to raise self-esteem and self-confidence in young people from various socio-economic backgrounds and ethnic cultures?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*3*	*9*	*6*	-
Pharmacist (n=17)	*5*	*3*	*4*	*3*	*2*	-
Children's Centre (n=2)	-	*1*	*1*	-	-	-
Young People's Service (n=15)	-	*1*	*5*	*5*	*3*	*1*
GP/Practice Nurse (n=6)	-	*3*	*1*	*2*	-	-
FE/HE (n=2)	-	-	*1*	*1*	-	-
Charity (n=2)	-	*1*	-	-	*1*	-
Cultural and religious attitudes to sex and sexual health						
Aspect 1: Knowledge of sexual health services						
Do you know and can you provide young people with information about:						
The availability of local sexual health services for people from ethnic minorities or various religions, with an understanding of the barriers that obstruct people from different cultures and religions from accessing services or types of contraception?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*2*	*3*	*5*	*8*	*1*
Pharmacist (n=17)	*2*	*4*	*4*	*6*	*1*	-
Children's Centre (n=2)	-	*1*	-	*1*	-	-
Young People's Service (n=15)	-	*2*	*2*	*9*	*2*	-
GP/Practice Nurse (n=6)	-	*3*	-	*2*	*1*	-
FE/HE (n=2)	-	-	*1*	-	*1*	-
Charity (n=2)	-	*1*	-	-	*1*	-

Aspect 2: Cultural differences in relation to sexual behaviour and sexuality	**Not relevant to post**	**Novice**	**Advanced beginner**	**Competent**	**Proficient**	**Expert**
Do you know and can you provide young people with information about:						
Cultural differences in attitudes towards sex among young people?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*3*	*9*	*5*	*1*
Pharmacist (n=17)	*3*	*6*	*3*	*3*	*2*	-
Children's Centre (n=2)	-	*1*	-	*1*	-	-
Young People's Service (n=15)(1 missing)	-	*2*	*5*	*5*	*2*	-
GP/Practice Nurse (n=6)(1 missing)	-	*3*	-	*2*	-	-
FE/HE (n=2)	-	-	*1*	*1*	-	-
Charity (n=2)	-	*1*	-	-	*1*	-
Any cultural and religious differences in expected norms of sexual behaviour?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*2*	*5*	*8*	*4*	-
Pharmacist (n=17)	*6*	*3*	*3*	*4*	-	*1*
Children's Centre (n=2)	-	*1*	*1*	-	-	-
Young People's Service (n=15)	-	*2*	*4*	*7*	*1*	-
GP/Practice Nurse (n=6)	-	*4*	-	*1*	*1*	-
FE/HE (n=2)	-	-	*2*	-	-	-
Charity (n=2)	-	*1*	-	*1*	-	-
Sexual behaviour, sexual health and contraception to people from different ethnic or religious backgrounds?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*2*	*3*	*10*	*4*	-
Pharmacist (n=17)	*2*	*8*	*2*	*4*	-	*1*
Children's Centre (n=2)	-	*1*	*1*	-	-	-
Young People's Service (n=15)	-	*1*	*7*	*5*	*1*	-
GP/Practice Nurse (n=6)	-	*4*	-	*1*	*1*	-
FE/HE (n=2)	-	-	*2*	-	-	-
Charity (n=2)	-	*1*	-	*1*	-	-
Contraception						
Do you know and can you provide young people with information about:						
The range of contraceptive options available?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*4*	*9*	*4*
Pharmacist (n=17)	-	*1*	*3*	*5*	*5*	*3*

Children's Centre (n=2)	-	-	*1*	*1*	-	-
Young People's Service (n=15)	-	*1*	-	*7*	*4*	*3*
GP/Practice Nurse (n=6)	-	-	*1*	*1*	*2*	*2*
FE/HE (n=2)	-	-	-	*1*	-	*1*
Charity (n=2)	-	-	*1*	-	*1*	-
	Not relevant to post	**Novice**	**Advanced beginner**	**Competent**	**Proficient**	**Expert**
What facilities are available in general and locally, contact details for helplines, etc?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*4*	*10*	*4*
Pharmacist (n=17)	-	*1*	*3*	*6*	*5*	*2*
Children's Centre (n=2)	-	-	*1*	*1*	-	-
Young People's Service (n=15)	-	-	*1*	*5*	*6*	*3*
GP/Practice Nurse (n=6)	-	-	-	*3*	*1*	*2*
FE/HE (n=2)	-	-	-	*1*	-	*1*
Charity (n=2)	-	-	*1*	-	*1*	-
The provision of emergency contraception and the access points for emergency contraception in the local area?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*2*	*6*	*4*	*4*
Pharmacist (n=17)	-	-	*1*	*1*	-	-
Children's Centre (n=2)	-	-	*1*	*5*	*6*	*2*
Young People's Service (n=15)	-	-	-	*3*	*1*	*2*
GP/Practice Nurse (n=6)	-	-	-	-	*1*	*1*
FE/HE (n=2)	-	-	*1*	*1*	-	-
Charity (n=2)						
Sexually transmitted infections (STIs)						
Do you know and can you provide young people with information about:						
The risk factors for contracting STIs associated with different sexual activities?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*3*	*13*	*2*
Pharmacist (n=17)	-	*1*	*4*	*7*	*4*	*1*
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	*1*	-	*7*	*4*	*3*
GP/Practice Nurse (n=6)	-	-	-	*2*	*3*	*1*
FE/HE (n=2)	-	-	-	-	*1*	*1*

Charity (n=2)	-	-	*1*	-	*1*	*1*
	Not relevant to post	**Novice**	**Advanced beginner**	**Competent**	**Proficient**	**Expert**
Preventing STIs?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*3*	*11*	*4*
Pharmacist (n=17)	-	*1*	*2*	*8*	*5*	*1*
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	*1*	-	*7*	*3*	*4*
GP/Practice Nurse (n=6)	-	-	-	*2*	*2*	*2*
FE/HE (n=2)	-	-	-	-	-	*2*
Charity (n=2)	-	-	-	*1*	*1*	-
The harm STIs can cause?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*4*	*10*	*4*
Pharmacist (n=17)	-	*1*	*1*	*8*	*6*	*1*
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	*1*	-	*7*	*4*	*3*
GP/Practice Nurse (n=6)	-	-	-	*2*	*2*	*2*
FE/HE (n=2)	-	-	-	-	-	*2*
Charity (n=2)	-	-	-	*1*	*1*	-
Commonly believed misinformation or myths associated with sexual health (e.g. catching diseases from a toilet seat) and can explain why they are untrue?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*3*	*12*	*3*
Pharmacist (n=17)	*1*	*1*	*1*	*7*	*5*	*2*
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	*1*	*2*	*7*	*2*	*3*
GP/Practice Nurse (n=6)	-	-	-	*2*	*2*	*2*
FE/HE (n=2)	-	-	-	-	-	*2*
Charity (n=2)	-	-	-	*1*	*1*	-
How and where to refer young people for treatment who may have STIs? the availability of chlamydia screening?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*2*	*11*	*5*
Pharmacist (n=17)	-	*2*	*2*	*6*	*5*	*2*
Children's Centre (n=2)	-	-	*1*	*1*	-	*1*
Young People's Service (n=15)	-	-	*1*	*8*	*2*	*4*
GP/Practice Nurse (n=6)	-	-	-	*2*	*2*	*2*

FE/HE (n=2)	-	-	-	-	-	*2*
Charity (n=2)	-	-	-	*1*	*1*	*1*
Pregnancy & Parenthood	**Not relevant to post**	**Novice**	**Advanced beginner**	**Competent**	**Proficient**	**Expert**
Aspect 1: Pregnancy						
Do you know and can you provide young people with information about:						
Human reproduction, pregnancy and birth?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*5*	*10*	*3*
Pharmacist (n=17)	*1*	*2*	*3*	*7*	*4*	-
Children's Centre (n=2)	-	-	*1*	*1*	-	-
Young People's Service (n=15)	*1*	-	*3*	*3*	*6*	*2*
GP/Practice Nurse (n=6)	*1*	-	-	*1*	*2*	*2*
FE/HE (n=2)	-	-	-	-	*1*	*1*
Charity (n=2)	-	-	-	*1*	*1*	-
How to avoid unplanned pregnancy?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*4*	*9*	*5*
Pharmacist (n=17)	*1*	*1*	*3*	*6*	*5*	*1*
Children's Centre (n=2)	-	-	*1*	*1*	-	-
Young People's Service (n=15)	-	-	*1*	*6*	*5*	*3*
GP/Practice Nurse (n=6)	-	-	-	*2*	*2*	*2*
FE/HE (n=2)	-	-	-	-	-	*2*
Charity (n=2)	-	-	-	*1*	*1*	-
Where young people can obtain a pregnancy test; when a pregnancy test is needed?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*3*	*9*	*6*
Pharmacist (n=17)	-	*1*	*3*	*6*	*5*	*2*
Children's Centre (n=2)	-	-	*1*	*1*	-	-
Young People's Service (n=15)	-	-	*1*	*6*	*4*	*4*
GP/Practice Nurse (n=6)	-	-	-	*2*	*2*	*2*
FE/HE (n=2)	-	-	-	-	-	*2*
Charity (n=2)	-	-	-	*1*	*1*	-
The methods of referral for medical or other help/advice when pregnancy is confirmed?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	-	*3*	*10*	*5*
Pharmacist (n=17)	*1*	*1*	*2*	*5*	*6*	*2*
Children's Centre (n=2)	-	-	*1*	*1*	-	-

Young People's Service (n=15)	-	*1*	*2*	*7*	*3*	*2*
GP/Practice Nurse (n=6)	-	-	-	*2*	*2*	*2*
FE/HE (n=2)	-	-	-	-	-	*2*
Charity (n=2)	-	-	*1*	-	*1*	-

	Not relevant to post	Novice	Advanced beginner	Competent	Proficient	Expert
Aspect 2: Parenthood						
Do you know and can you provide young people with information about:						
Education, work opportunities, housing qualification and support systems available in local area for young parents?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*3*	*6*	*7*	*3*	-
Pharmacist (n=17)	*6*	*4*	*3*	*4*	-	-
Children's Centre (n=2)	-	-	*1*	*1*	-	-
Young People's Service (n=15)	-	*1*	*5*	*7*	*1*	*1*
GP/Practice Nurse (n=6)	*3*	*2*	-	*1*	-	-
FE/HE (n=2)	*1*	-	*1*	-	-	-
Charity (n=2)	*1*	-	-	*1*	-	-
How young parents may access the practical, social, educational, financial and other support and to what they are entitled?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*3*	*7*	*6*	*3*	-
Pharmacist (n=17)	*5*	*4*	*3*	*5*	-	-
Children's Centre (n=2)	-	-	*1*	*1*	-	-
Young People's Service (n=15)	-	*2*	*3*	*8*	*1*	*1*
GP/Practice Nurse (n=6)	*3*	*2*	-	*1*	-	-
FE/HE (n=2)	*1*	-	*1*	-	-	-
Charity (n=2)	*1*	-	-	*1*	-	-
The law: sex, sexuality and relationships						
Do you know and can you provide young people with information about:						
What situations may be classified as sexual abuse?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*1*	*3*	*13*	*1*
Pharmacist (n=17)	*4*	*2*	*3*	*4*	*4*	-
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	*1*	*1*	*8*	*2*	*3*
GP/Practice Nurse (n=6)	-	*1*	*2*	*1*	*2*	-
FE/HE (n=2)	-	-	-	-	*1*	*1*
Charity (n=2)	-	-	*1*	-	*1*	-

	Not relevant to post	Novice	Advanced beginner	Competent	Proficient	Expert
What personal support or support services are available locally and nationally to those who have experienced sexual abuse or are in fear of it and the service contact details?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*1*	*5*	*12*	-
Pharmacist (n=17)	*2*	*3*	*5*	*2*	*2*	*1*
Children's Centre (n=2)	-	*1*	*1*	-	-	-
Young People's Service (n=15)	-	*1*	*3*	*7*	*3*	*1*
GP/Practice Nurse (n=6)	-	*1*	*2*	*1*	*2*	-
FE/HE (n=2)	-	*1*	-	-	*1*	-
Charity (n=2)	-	-	*1*	*1*	-	-
What constitutes definitions of rape and 'date' rape in heterosexual and homosexual cases?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*2*	*6*	*9*	-
Pharmacist (n=17)	*2*	*6*	*3*	*4*	*2*	-
Children's Centre (n=2)	-	*1*	*1*	-	-	-
Young People's Service (n=15)	-	*1*	*2*	*7*	*4*	*1*
GP/Practice Nurse (n=6)	-	*1*	*2*	*1*	*2*	-
FE/HE (n=2)	-	-	-	*1*	-	*1*
Charity (n=2)	-	-	*1*	*1*	-	-
Whom to refer an alleged rape victim and the support systems in place to deal with this?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*2*	*5*	*11*	-
Pharmacist (n=17)	*2*	*4*	*2*	*5*	*3*	*1*
Children's Centre (n=2)	-	*1*	*1*	-	-	-
Young People's Service (n=15)	-	-	*4*	*7*	*3*	*1*
GP/Practice Nurse (n=6)	-	*2*	*1*	*1*	*2*	-
FE/HE (n=2)	-	-	-	-	*2*	-
Charity (n=2)	-	-	*2*	-	-	-
The law in general in regard to relationships, sex and sexuality?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*2*	*4*	*11*	*1*
Pharmacist (n=17)	*2*	*4*	*5*	*4*	*2*	-
Children's Centre (n=2)	-	*2*	-	-	-	-
Young People's Service (n=15)	-	*1*	*4*	*4*	*3*	*3*
GP/Practice Nurse (n=6)	-	*1*	*2*	*2*	*1*	-

FE/HE (n=2)	-	-	-	*1*	*1*	-
Charity (n=2)	-	-	*1*	*1*	-	-
	Not relevant to post	**Novice**	**Advanced beginner**	**Competent**	**Proficient**	**Expert**
How the law can support young people to stay safe from abuse and harm?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	*1*	*2*	*7*	*9*	-
Pharmacist (n=17)	*2*	*6*	*3*	*4*	*2*	-
Children's Centre (n=2)	-	*2*	-	-	-	-
Young People's Service (n=15)	-	*1*	*4*	*4*	*3*	*3*
GP/Practice Nurse (n=6)	-	*3*	-	*2*	*1*	-
FE/HE (n=2)	-	-	-	*2*	-	-
Charity (n=2)	-	-	*1*	*1*	-	-
HIV and the impact on young people						
Do you know and can you provide young people with information about:						
The global & UK impact of HIV infection (including what it means to be young and HIV positive in the UK today)?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	*1*	-	*3*	*11*	*4*	-
Pharmacist (n=17)	-	*6*	*3*	*7*	*1*	-
Children's Centre (n=2)	-	*2*	-	-	-	-
Young People's Service (n=15)	-	*2*	*6*	*4*	*2*	*1*
GP/Practice Nurse (n=6)	*1*	*1*	-	*2*	*2*	-
FE/HE (n=2)	-	-	-	*1*	*1*	*1*
Charity (n=2)	-	-	*1*	*1*	-	-
How HIV is contracted and how HIV infection can be avoided?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	*1*	-	*1*	*7*	*9*	*1*
Pharmacist (n=17)	-	*2*	*3*	*7*	*3*	*2*
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	*1*	*2*	*6*	*3*	*2*
GP/Practice Nurse (n=6)	-	-	-	*2*	*3*	*1*
FE/HE (n=2)	-	-	-	-	*1*	*1*
Charity (n=2)	-	-	-	*1*	*1*	-
How to access support on advice and treatment in regard to HIV?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	*1*	-	*1*	*7*	*10*	-
Pharmacist (n=17)	*2*	*2*	*5*	*6*	-	*2*

Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	*1*	*5*	*4*	*3*	*1*
GP/Practice Nurse (n=6)	-	-	*1*	*3*	*1*	-
FE/HE (n=2)	-	-	-	-	*1*	*1*
Charity (n=2)	-	-	-	*1*	*1*	-
Confidentiality	**Not relevant to post**	**Novice**	**Advanced beginner**	**Competent**	**Proficient**	**Expert**
Aspect 1: Confidentiality within all statutory and voluntary services available to young people						
Do you know and can you provide young people with information about:						
The confidentiality that young people, including those under 16 years, can expect from a GP, surgery staff, FP clinics, teachers, hospital staff and all other allied services?	**0**	**1**	**2**	**3**	**4**	**5**
School Nurse (n=19)	-	-	-	*2*	*10*	*7*
Pharmacist (n=17)	-	*2*	*3*	*4*	*5*	*2*
Children's Centre (n=2)	-	-	*2*	-	-	-
Young People's Service (n=15)	-	*1*	*1*	*5*	*3*	*5*
GP/Practice Nurse (n=6)	-	-	-	*1*	*3*	*2*
FE/HE (n=2)	-	-	-	-	-	*2*
Charity (n=2)	-	-	*1*	*1*	-	-