

**Evaluating school-based health services to inform future practice:**

**Lessons from Teen Talk at Kidbrooke School in Greenwich.**

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## **Abstract**

### *Purpose*

Creating safe and confidential spaces for young people to access help and advice on a range of health issues is by now well recognized as good practice. School-based health facilities are a relatively new approach to young people's health promotion. Although the benefits of this type of provision are largely undisputed, to date, few such services have been evaluated. This paper describes the process and lessons learned from an evaluation of Teen Talk, a health drop in service at Kidbrooke, a state secondary school in Greenwich.

### *Methodology*

A multi-pronged approach was adopted for the evaluation. This included a questionnaire survey of a sample of 180 pupils within the school; in-depth discussions with 12 young people who had used the service; interviews with health and education professionals and parents; desk research including an analysis of costs and discussions with senior staff in other schools in Greenwich to determine the feasibility of replicating the Teen Talk model elsewhere in the borough.

### *Findings*

Teen Talk is greatly valued by pupils and staff at the Kidbrooke and was seen to provide a unique service. The overall perception is that it provides good value for money. However, the evaluation identified important lessons in setting up and managing the

project which can help refine the service and which have relevance for local and national contexts.

### *Research Implications*

This paper illustrates the advantages of embedding evaluation research in health service design and implementation, particularly when there is the potential of replicating service delivery models in other school settings.

**Key words:** School-based health service; evaluation; case study; young people;

## **Introduction**

Increasingly, concerns about the health and wellbeing of children and young people have risen up the national policy agenda. England has the highest rates of teenage conceptions in Western Europe (UNICEF, 2001) and this is coupled with a significant rise in recent years in sexually transmitted infections such as Chlamydia among young people (Department of Health, 2001). An estimated 10 per cent of 5-15 year-olds have a diagnosable mental health disorder (Department of Health, 2004a) and as many young people are known to face less serious mental health problems requiring intervention from primary care, social care and education services. It is known that there is a complex interaction between mental health difficulties faced by young people and a lack of educational attainment, family disruption, youth offending and anti-social behaviour (Department of Health, 2004a).

Creating safe and confidential spaces in which young people can go for advice and support for a range of issues that affect their health and wellbeing has for some time now been recognized as essential to improving their health (Royal College of General Practitioners and Brook, 2001; Teenage Pregnancy Unit, 2000, 2001; Save the Children, 2002). Barriers to young people accessing primary care services include locality and times of opening, staff attitudes and young people's anxieties about confidentiality and trust (Brook Advisory Centre, 1999; Home Office, 2000).

Facilitating access to good quality health and support services is a central component of

government strategies to address teenage pregnancy, promote mental health and respond to drug and alcohol-related concerns (Social Exclusion Unit, 1999; Teenage Pregnancy Unit, 2000a, 2000b, 2001; Home Office, 2002; DfES, 2003). The notion of dedicated young person friendly health services has become globally recognized as a strategy that recognizes the specific and changing needs of young people and which can create environments conducive to promoting their health ( see for example WHO, 2002; Department of Health, 2004b)

School-based health provision for young people is increasingly perceived as having the potential to provide comprehensive, easily accessible and confidential services within a familiar environment. Ideally, these services create a link between health-related issues addressed through the curriculum and the practical support needed to assist young people in taking responsibility for their own health and well-being (see, for example, Health Development Agency, 2001a).

To date some, albeit limited, evaluation of school-based health facilities has been conducted. This indicates that there can be clear benefits of this form of provision for children and young people (Osborne, 2000; Nelson and Quinney, 1997). In particular, these facilities have been shown to be successful in providing sexual health information and services (Thistle, 2003). These evaluations have provided important information about the perceived accessibility of services, how well they are used, and the extent to which they provide value for money. An evaluation of the Bodyzone project in Oxfordshire, for example, highlighted the value of a holistic and confidential school-

based health service, but identified constraints in terms of the time available for consultations and the fact that boys and young men's take up of the services available was limited (Peckham, 2003).

Yet, evaluating school-based health services is still relatively new and there is clearly a need to continue to build a body of evidence to inform the appropriateness and viability of these types of services. Further evaluation is important not only to inform local practice and offer on-going refinement to existing services, but also to assist the development of a national knowledge bank around this kind of approach to the promotion of young people's health. This said, evaluation of specific services also needs to take account of the unique context and circumstances in which they have evolved. Only in that way is it possible to determine the elements of the service which are transferable to other situations.

### *Teen Talk*

Set up in March 2003, Teen Talk at Kidbrooke School is the first school-based service in the London Borough of Greenwich. It is a confidential 'drop-in' service available to all young people in the school between the ages of 11 and 18 years. At the time of the evaluation there were 1,283 pupils on the school roll (599 females and 684 males). Open for one hour at lunchtime every day, Teen Talk provides support for young people to address their own health needs and a clinical, advisory and referral service to local mainstream health services. It is staffed daily by a combination of a health practitioner (school nurse, family planning nurse or genito-urinary medicine (GUM) nurse) and a

youth worker and has a part-time coordinator who manages the day-to-day running of the project.

Kidbrooke School was established in the 1950s as the first purpose built comprehensive school in the country. It has a wide and diverse catchment and the school roll includes many pupils with complex support needs. Children entering the school are among those with the lowest levels of literacy in the borough of Greenwich. The school also has relatively low attendance rates, high exclusion rates and, when the Teen Talk project began, it had the borough's highest teenage birth rate. Young people at Kidbrooke, like their contemporaries across Greenwich as a whole, experience reportedly high rates of peer violence and abuse, a high incidence of sexually transmitted infections, high rates of smoking and drug use and face an increased likelihood of asthma and poor nutrition ( SRB Proposal for Teen Talk, 2002) Despite all this, a recent Ofsted inspection of Kidbrooke School (October 2004) reported extensive progress in pupils' levels of attainment compared with previous inspections and standards improving faster than the national average. Importantly, it also reported that pupils received good pastoral care and support from staff in relation to both their work and their wellbeing.

Before Teen Talk was established, significant amounts of school time were spent supporting pupils with their personal difficulties. Teen Talk aimed to provide an innovative model for addressing the health related needs of young people in a school setting and, in particular, address the needs of the most vulnerable; reduce pressure on teaching staff by providing health and youth work professionals to give direct support to



young people; help to improve the long term health outcomes and life chances of the young people; provide expert support and consultation for staff on social and health issues; support the school's agenda around raising educational attainment and the PSHE curriculum; and inform the wider development of appropriate, sustainable and effective ways of providing primary health care services to young people between the ages of 11 and 18.

While core funding for Teen talk is provided from the Woolwich Development Agency, much of the day-to-day service provision is achieved through the reconfiguration of existing services, that is, through delivering health services within a different context or at different times. Partnership working between different service agencies such as the primary care trust (PCT), family planning, GUM services, school nursing services and the youth service has therefore been instrumental in establishing and maintaining the service.

### **The evaluation**

The evaluation of Teen Talk began after it had been running for one year, so as such, was carried out at a relatively early stage of an evolving project. It had two broad sets of aims, one to elicit the experiences and perceptions of service users and the other to gather insights and perspectives from service providers involved in the project. The overriding questions to be answered were first, whether the project had been successful in meeting its objectives; and second, if it had been successful, how this had been achieved. An

important consideration throughout the evaluation was whether or not it would be viable and cost effective to replicate Teen Talk, as a model for school-based health service provision, in other school settings across Greenwich.

In respect of the service users and potential service users, that is pupils at Kidbrooke, the evaluation sought to assess their levels of knowledge about Teen Talk; whether the project was reaching young people most in need of its services; and whether the profile of the service users matched the profile of the school in terms of their ethnicity, numbers having access to free school meals and the age of pupils most likely to use the service. Additionally, the evaluation sought to identify the current needs of young people in the school and whether or not Teen Talk was able to address these.

In relation to service providers, the evaluation assessed the current partnership working arrangements between the agencies involved and the extent to which Teen Talk had been linked with other parts of the Personal, Social and Health Education (PSHE) curriculum. This latter exercise was particularly pertinent considering the school's aim to have a 'whole school' approach to issues such as bullying, which might affect pupils' personal and social development. The evaluation also sought to identify whether Teen Talk had had any effect on the way in which teaching and other staff responded to student's problems and concerns.

## **Methodology**

In order to elicit as in-depth an understanding of Teen Talk as possible in the time available, a case study approach was adopted for the evaluation (see for example: Yin, 1989; Gilham, 2000; Hammersley and Atkinson; 1995). This used a range of methods which, combined together, aimed to provide a fairly comprehensive picture of how the service was functioning. Service users and providers were approached; other schools in the borough were contacted for their views; and desk research was carried out to collect existing information about the Teen Talk project.

Information from pupils was gathered in two ways: a short questionnaire and face-to-face interviews. The questionnaire which was five pages long and colour coded to aid its completion, was completed by 180 students, representing about 14 per cent of the total school roll. Students completing the questionnaire were identified through two or three PSHE tutor groups for each year. Pupils in tutor groups are not streamed according to ability and therefore provide a more representative mix of pupils than in groupings for subject areas. The selection of tutor groups for each year was pragmatic and largely dictated by the school timetable and the convenience of completing the questionnaire at a given time for staff and pupils. Overall, this approach awarded a sample of pupils that was closely matched with the whole school population in terms of gender, ethnicity and age. Forty seven percent of the sample was male and 52% was female. Over half of the sample was of white ethnic origin and 44% was from a black or minority ethnic background (Table 1). As seen in Table 2, the sample was reasonably well spread over

the different year groups, although it was difficult to engage post-16 students because they were involved in exams

Table 1: Ethnicity of the pupils

<b>Ethnic Group</b>	<b>% of cases</b>
White	56
Irish	3
Black Caribbean	6
Black African	9
Black other	1
Indian	3
Pakistani	2
Bangladeshi	1
Chinese	2
Asian other	3
Mixed	10
Other ethnic group	2
<b>Total number of cases</b>	<b>177</b>
Non responses	3

Table 2: Sample by Year Group

<b>Year Group</b>	<b>% of sample</b>
Year 7	17%
Year 8	23%
Year 9	22%
Year 10	21%
Year 11	13%
Post 16	4%
Total Number of responses	177
Non Responses	3

Forty two percent of the sample said they were in receipt of free school meals and 10 percent said they had extra support during lessons from a helper which was taken to indicate some form of special educational need.

The questionnaire was designed to take 10 to 15 minutes to complete. For the most part it required tick box responses, although there was space for young people to generate their own comments about the service. The questionnaire addressed the key questions of how much the student knew about the Teen Talk service; how they had found out about it; how they perceived it in terms of it being confidential, non-judgemental, easy to access and providing a satisfactory level of service; the extent of the use and potential use of the service; how they felt about using it and how they compared this with other health services they had used; whether they had been consulted about the development of Teen Talk and how they felt Teen Talk linked up with other aspects of health promotion, PSHE and pastoral care within the school.

Initially the lead researcher attempted to administer the questionnaire to each PHSE tutor group involved in the evaluation. However given the timing of the PHSE sessions (which were run simultaneously across year groups) and the size of the school, this proved logistically impossible. Furthermore, introducing an unknown person who had no rapport with the groups had been unexpectedly disruptive. Subsequently, year group tutors administered the questionnaire with guidance provided by the research team.

The idea behind the face-to-face discussions with pupils was to provide additional information to that obtained through the questionnaires and to enable a more descriptive account of their experiences of the Teen Talk service. In total, 12 self-selected young people agreed to take part in these discussions. Some pupils were interviewed on their own whilst others chose to discuss the service in pairs or a group of three, a reflection of

the different ways in which the service was used by young people. The students were interviewed in a private space away from the main waiting area, during the daily one-hour Teen Talk session. Discussions focused on what they felt about the service; how it had benefited them and the school; whether or not it had enabled them or made them want to access other mainstream services; any problems they had observed with the service; who they felt used the service and how frequently; and any suggestions they had for improving the service.

Information was gathered from health and education professionals involved in, or linked to the project, and from parents by semi-structured interview. Where possible, interviews were conducted face-to-face, otherwise they took place over the telephone. The main focus of the interviews was on perceptions of how the Teen Talk service was being used; whether it was meeting its original objectives; what added benefits there were to the school; any difficulties observed in setting up and developing the project; the extent to which the service linked in with other areas of the school curriculum; and whether or not the interviewee felt that the model and approach could be transferred to other school settings.

At the start of the evaluation, some time was spent on an analysis of financial inputs and outputs from the project to assess its cost effectiveness. Quarterly returns submitted to the SRB6 Project Fund together with reports from the Teen Talk project coordinator, available project monitoring data and other data in the borough were used. Due to a lack of detailed data being available, this exercise was more limited in its scope than

anticipated, although it did enable an analysis of unit costs to be made.

In order to assess the viability of extending the Teen Talk model to other schools in Greenwich, a letter and publicity material about Teen Talk were sent to the head teachers of 14 other schools in Greenwich. The aim was to identify the level of interest in a project of this nature. As a result, the evaluation team held discussions with staff from eight of the schools.

## **Findings**

### *Knowledge of the service*

Slightly less than half of the 180 respondents had heard about Teen Talk (47%) and, of those who had, half had heard about it from friends. Most of these pupils knew that it was a confidential place and also knew that they could go to Teen Talk to seek help and advice about a range of issues such as bullying, relationships or drug and alcohol problems. Despite the fact that most pupils recognised the holistic nature of the service, there was still a significant group of young people (17 per cent of respondents who knew about the service) who thought that it was just a place to obtain emergency contraception or condoms.

Of those pupils who had heard of the Teen Talk service (47%), over half had not used it.

This was for a variety of reasons including not knowing where to find it or what the

opening hours were, but mainly because they saw no reason to visit. If they had a problem they turned to their friends or family, or dealt with it themselves. Despite this, their overall responses to the open questions asking about the possible advantages and disadvantages of the service indicated that they saw Teen Talk as a good scheme - a place for talking and for information - although some thought that there might be more pupils needing to access Teen Talk than the staff could cope with.

Pupils who had not heard of Teen Talk were asked to complete a section of the questionnaire on what they would like a service of this type to provide. Several wanted help and advice with practical issues like getting jobs, planning future careers and arranging work experience opportunities, which indicated a need, perhaps, to make more formal links with related services such as the Greenwich Connexions service. Others identified the need for advice on unplanned pregnancies, condoms and contraception and emotional issues such as dealing with relationships, behavioural problems and controlling their tempers, all areas of support that Teen Talk was already providing.

#### *Use of service*

Monitoring data covering the Spring and Summer terms of 200 showed that more than 2000 visits were made to Teen Talk of which one third were to see the nurse. Early on in the evaluation, researchers suggested that it would be good to include a category of 'first visit' on monitoring forms to enable a distinction between first and repeat visits to be made. Statistics collected during the last eight weeks of the summer term, once this



change had been made to monitoring forms, showed that during that period 23.4 per cent of visits to the nurse were by students coming for the first time, and the rest were repeat visits. Each student who visited the nurse saw the nurse on four occasions on average. This indicates that approximately 160 students visited the nurse on at least one occasion during those two terms. With a similar pattern of repeat and first visits, this implies that during the course of the whole school year an estimated 240 students visited the nurse out of a total of 1,283. This is nearly one in five of the total student population. No similar figures are available for visits to the youth service.

More girls than boys used the service, and as there were fewer girls than boys in the school this also meant that the girls were more likely to use the service than the boys. Table 3 shows that girls made up 59 per cent of total visits and boys 41 per cent. The number of boys and girls visiting the nurse was very similar but substantially more girls than boys used the youth service. There were also age variations in patterns of use: pupils in years 8 (12-13 years) and 10 (14-15 years) were most likely to consult the nurse, followed by those in years 7 and 11. Few year 12 pupils – aged 16 and over – used the service. Pupils of all ethnic backgrounds used the service and the review of monitoring data revealed that there was a minimal difference between the demographic characteristics of Teen Talk users and those of the school as a whole.

*Table 3: Number of occasions when pupils used the service during two terms, by sex and whether they used the nurse or youth service*

	Nurse	Youth	Total
Male	334	574	908
%	48	38	41
Female	354	952	1,306
%	51	62	59
Unrecorded	5		
%	1		
Total	693	1,526	2,219
%	31	69	

Table 4 shows that pupils in years 8 and 10 were the most likely to consult the nurse, followed by those in year 7 and year 11 and that few year 12 pupils used the service.

Table 4: Number of pupils visiting the nurse by year group

Year group	Number	%
7	122	18
8	185	27
9	76	11
10	170	25
11	100	14
12 (16 plus)	9	1
Unrecorded	31	4
Total	693	

Table 5 provides a breakdown of reasons why students consulted a nurse at Teen Talk during the Spring and Summer terms of 2004. The figures add up to more than 100 per cent because some students visited for more than one reason.

Table 5: Reasons for consulting the nurse

Reason	Number	%
Sexual health	310	45
Condoms	413	60

received		
Emotional health	233	34
Total	693	

Of the questionnaire respondents, 19% (n= 34) had visited Teen Talk for information, help or advice. Female pupils who had heard of the project were more likely to attend than male pupils who had heard about the service (54% and 30% respectively). The ways in which pupils reported using the service are presented in Table 6

Table 6: Ways in which young people reported having used Teen Talk<sup>1</sup>

	<b>% of cases</b>
For general information and leaflets	85
For a private meeting with the nurse	76
For a chance to discuss things in a group	59
For guidance from a youth worker	47
For other help	3
<b><i>Total number of responses</i></b>	<b>34</b>

### *Feelings about the service*

Pupils who had used the service (n 34) were asked to indicate their scale of satisfaction of the service (see questionnaire). 94% of users strongly agreed/agreed that Teen Talk was a confidential service, and only 9% strongly agreed/agreed that the staff were unhelpful. Fewer than half of the young people who had used the service strongly agreed/agreed that Teen Talk was open at helpful times (45%), or that going to Teen Talk had encouraged

<sup>1</sup> Young people could select more than one of the options in the table. Only 34 pupils answered this question out of 35 pupils who reported using the service. So, 50% is equal to 17 pupils in this table.

them to go to other places outside of school for help and advice (35%). However, 82% of the pupils who had used the service strongly agreed/agreed they would feel happy about using the service again and that visiting Teen Talk had helped them to deal with the situation or problem. As a further endorsement, 94% strongly agreed/agreed that they would recommend using Teen Talk to other pupils. Those respondents who provided additional comments were unanimously positive about the service and, in particular, focused on the welcoming and relaxing environment, the confidentiality of the service and the fact that staff were ‘trustworthy’ and ‘helpful’.

Interviews with the small sample of young people provided important further insights into how young people felt about using the service. Most young people interviewed commented on the positive aspects of having a safe space in which they could ‘off load’ or talk about their worries and concerns. The attitudes and approaches of professionals within Teen Talk were valued. Variably, terms such as ‘kind’, ‘trusting’ and ‘feeling relaxed’ were used to describe the service offered. There was also a sense that the service clearly filled a gap in some young people’s lives and provided something that was not otherwise available.

*‘It gives young people a place to come to talk about problems or worries...people are very friendly here... I usually pop by to say hello to the youth workers.’ (Female, year 10)*

*'It helps you talk to people. If you have problems you can talk to X (youth worker) and they won't say anything. You can trust people.'* (Male, year 9)

One girl described how she came to the service every time she was bullied and she made an important distinction between how she perceived teaching staff would deal with the problem and how the staff at Teen Talk responded:

*'If I have a problem, x (youth worker) makes me feel more relaxed, she is someone I can talk to about problems. If I talk to teachers, they talk to the students (those doing the bullying) and that makes matters worse. Here, they only talk to the students if I want them to.'* (Female, year 9)

The confidentiality of the service was mentioned by a number of the young people interviewed. One young woman described in some detail how confidentiality worked but also drew attention to its limitations in the context of the service,

*'If you want to talk about something private to the youth worker...like sex...then they will not tell anyone. But if you are at risk of being hurt, then they have to tell others.... But they always check this out with the person first.'* (Female, year 10)

A young man commented,

*'At Teen Talk there are always discussions and they are confidential and safe. Staff are kind and make sure that you are involved if you want to be.'* (Male, Year 9)

Several young people described Teen Talk as a place in which they could learn about aspects of their emotional and physical health. Information was provided through a range of sources, from one-to-one consultations with a health professional, to accessing information through the Internet.

*'The health centre is a good place for young people to go and share any problems or difficulties they may have...and where they might be able to find the information they need. Lots of teenagers don't know lots of things and this is where they can find out.'*

(Female, year 10)

When asked what types of information they had acquired through Teen Talk, young people mentioned a wide range of information they had received. One young man said:

*'About the effects of alcohol and smoking and drugs, about how to put a condom on...I already knew that though... If you have problems you can get help, and it helps you think through other problems that you have.'* (Male, Year 9)

Another young woman said,

*'We learn about family planning clinics and the morning after pill.'* (Female, Year

8)

Learning to communicate with the nurse was also described as an important skill to have acquired. One of three girls interviewed together commented,

*‘At first we were embarrassed, but not anymore. (Now) we feel comfortable and we have learned to talk to her (the nurse).’* (Female, Year 8)

The type of environment created by Teen Talk seemed as important to pupils as the information the project provided. When an evaluator asked one pupil in a face to face interview if the information they described receiving at Teen Talk was not already available in PHSE lessons, he replied,

*‘Yes, but this is more private. With sex education it is the whole class...it is more confidential here.’* (Male, Year 9)

And another said, in response to the same question,

*‘Not really...and I am embarrassed to talk with the tutor but I don’t feel embarrassed here.’* (Male, Year 9)

Several pupils thought that the one hour lunchtime session during which Teen Talk was open was too limited and that there was only time to deal with basic problems. One girl said that she had been referred to Teen Talk by a member of the school staff after she experienced a violent attack. She had asked for help with her immediate concern, fear of

pregnancy, but did not tell staff what had actually happened to her. Clearly, for her to feel safe to do this would require more time which was not available during the busy lunch-time session. This example highlighted the importance of appropriate referral to the service by other staff members. For example, it might have been better for the girl to have been referred directly to the school nurse who could then have arranged an appointment outside the lunchtime session to support her more appropriately.

#### *Repeat users and accessing other services*

The Teen Talk project was perceived as such a comfortable and welcoming place that many pupils used it more than once. In fact, a number of pupils used the service on a regular basis but not always in relation to their immediate needs, and those interviewed frequently commented that the same young people repeatedly visited the service. Whilst this was a positive endorsement of the project, evaluators were concerned that, with the limited time available for consultations, new users were being discouraged from taking advantage of the services. There was also a concern that the success of Teen Talk might actually discourage some young people from accessing mainstream services. There was a mixed response from pupils when asked during interviews whether Teen Talk helped them to access local health services:

*'I have been to the Trafalgar Clinic at Queen Elizabeth Hospital...but I don't really go there since this place has opened.'* (Male, year 9).'



*'I used them (other services) anyway, but it makes it easier having the service here as you can go during school and not before.'* (Male, year 9)

A group of three year 8 girls interviewed, however, said that although they had not used services outside Teen Talk, they now knew where to go if they needed to. One young woman in year 10 commented,

*'I think it is really good what they do here, because there is always someone with a certain problem, and they can help refer them to someone that can help them further. There are also lots of leaflets about other services.'*

Unfortunately, because mainstream sexual and reproductive health services in Greenwich do not record the school attended by young people accessing their services, it was not possible for the evaluators to assess the impact of Teen Talk on enabling pupils to access other local services.

While it was clear that Teen Talk provides a high quality service which encouraged many pupils to use the service as a first port of call, this has to be seen in the context of the limits of what was on offer. The project does not provide mainstream contraception other than condoms and emergency contraception. Neither do health professionals at Teen Talk conduct examinations, other than pregnancy testing. Young people who required more clinical or ongoing specialist support therefore need to access other services. Teen Talk can be seen as providing a stepping stone to these other services, but at the same time, the

balance between facilitating access to mainstream services and creating such a safe and comfortable zone that pupils do not take the onward step, is a fine one. This point came up as well during the evaluators' discussions with professionals and other adults linked with the service.

### *The views of professionals, parents and teachers*

The small number of parents and parent/governors (n=4) consulted as part of the evaluation had mixed views and different levels of understanding about what services Teen Talk provided. The provision of sexual health information and condoms appeared to polarize opinion about the service with parents differing in their views as to whether or not this was appropriate. The more holistic nature of the service was not appreciated by all parents interviewed. These perceptions clearly emphasised the need for systematic promotion of the service to parents and the wider community, including updates on how the service was progressing and the benefits for pupils.

Interviewees more generally identified a range of perceived advantages of Teen Talk being located within Kidbrooke school. These concerned the project's impact on personal wellbeing as well as the role of Teen Talk in linking young people to mainstream services. Several respondents talked about the importance of there being a safe and confidential space specifically dedicated for young people and respected as such. Some

teaching staff, for example, talked about how it was important that they kept a distance from the space.

*'It is a confidential system, so we don't ask questions...it would not work if there was monitoring of its use by teachers as this would stop them (young people) using it. It is very much seen as a separate space.'* (PHSE coordinator)

A number of interviewees focused on the importance of having immediate access to services such as emergency hormonal contraception and pregnancy testing. This was felt to relieve the anxieties about unplanned pregnancy in particular, and to make accessing support easier for the young person. One of the nurses working at Teen Talk explained,

*'Young people's lives are pretty chaotic. They don't plan ahead and they get into situations like needing emergency contraception. It takes organization and capacity to go to the clinic. What words should they use? How do they get an appointment? Where will they get the bus fare? It therefore takes a lot to get help and a lot of bottle. You do hear stories about "receptionist dragons" and concerns about GPs. These are big obstacles and therefore taking the service to young people is really important.'*

Professionals working within the service highlighted certain challenges that the project had faced since its inception which had led to some important learning in relation to managing the service. These included the challenge faced when staff used to different work environments were brought together in the school setting. Some interviewees felt

that, at the beginning of the project, some of the youth workers had wanted to run the service as a youth centre with a health provision included, instead of adapting a youth work approach to the needs of the health setting. Yet the ethos of a youth club was not conducive to creating a quiet and safe space for pupils experiencing personal difficulties relating to their health and wellbeing. As a result of this, efforts were made to refine the recruitment process for youth workers ensuring that they were selected on the basis of having specialist interest and experience of health promotion settings.

Some professionals, like some young people completing the questionnaire, expressed concerns that the service was unable to cope with any increase in the numbers of students accessing it, which was likely to be the case if Teen Talk was more extensively advertised. The one hour lunch time was an extremely short space of time in which to see young people and this was complicated by the fact that some students came back time and time again, perhaps preventing new pupils from being seen. It was not uncommon, a nurse reported, for pupils to seek a consultation in groups: girls would come in groups of two or three, whilst boys would come in larger groups which could be intimidating for staff. Various incidents of bad behaviour and threats of violence to staff had meant that there could no longer be an open door policy at the project whereby pupils could just walk in. Instead, a type of screening process was adopted at the door whereby pupils knocked and were allowed to enter by the youth worker if the service was not overly busy and as long as they were not known to exhibit inappropriate behaviour. These concerns had however been partly addressed by the introduction of a corridor management policy.

### *Ensuring the promotion of a holistic health service*

There was a mixed response from professionals and parents when asked whether Teen Talk managed to promote a holistic health service. As mentioned above, some parents felt that there was a risk of the sexual health service provision taking over - and indeed even encouraging early sexual activity - to the detriment of other aspects of health such as emotional health and wellbeing. The Genito-urinary Medicine (GUM) Sexual Health Advisor commented,

*'At a quick glance over the week, it can sometimes seem like a condom distribution service rather than a holistic service.'*

The school nurse reflected that before Teen Talk the issues that young people came to her with were primarily related to bullying, mental health, relationship problems with families, eating disorders and self harm. Lots of the sexual health issues did not come up until after the project started. She added that the lunchtime session was not conducive to discussing mental health issues as there were always people banging on the door, making it difficult to talk about anything private and confidential. Despite this, she thought it was a positive step that lots of young people were coming to talk about their sexual health concerns.

Teaching and support staff within the school reported dealing with a number of mental health issues including the over use of anti-depressants, eating disorders, self harm and

bullying. Indeed staff within the school as well as within Teen Talk stressed the importance of focusing on these kinds of issues and strengthening the links between initiatives such as Teen Talk and the PSHE programme in school as a matter of priority.

### *Accessing other health services*

Overall, Teen Talk was perceived by professionals as promoting positive attitudes to health among young people. It also provided an opportunity to talk about other services outside the school. The GUM Sexual Health Advisor reported how young people were handed a plastic laminated card with 'Trafalgar Young Adult' at Teen Talk, so that when they visited the local Trafalgar (GUM) Clinic it made it quicker for them to access mainstream services since it showed that they had already had some input (such as being taught how to use a condom) at Teen Talk.

While moves such as the introduction of the card facilitated young people's access to the service, it was still not possible to know where school-age young people using mainstream services attended school. For example, throughout 2003, there were 317 attendances by under-17 year-olds at the Trafalgar Clinic. A mechanism in place to identify the schools they attended could provide important information about referral mechanisms within the school, the quality and type of PHSE provision, and the attitudes of staff and the school as a whole towards young people's sexual health and wellbeing. Such a system could be applied to a wide range of services available across the Primary Care Trust.

It was clear from some respondents that there would always be resistance from some pupils to moving beyond the Teen Talk services into mainstream services. As mentioned earlier, only 34% of questionnaire respondents who had used the service reported that Teen Talk had encouraged them to access other services. The manager of sexual health and reproductive services commented,

*'I try hard to mainstream and I spend time talking to the young people about it but they say "I don't want to go to a clinic, miss...I might see someone I know, miss."'*

She was of the view that whilst clear agendas could be established within Teen Talk to encourage young people to look elsewhere and give others a chance to use the service, there was also a need to address this issue across the borough, particularly within the context of the *Virtual Clinic Project*, which aimed to introduce young people to mainstream services through the PSHE programme in schools.

#### *Promoting whole school approaches to health issues*

As well as providing one-to-one support, it was clear that Teen Talk had the potential to promote other collaborative work to address priority health issues. For example, staff at Teen Talk had instigated a strategy within the school to address bullying more coherently in cooperation with outside agencies and the non-governmental organisation 'Beat Bullying'. Similarly, in relation to mental health issues, the school nurse had plans to

develop a counselling service for young people who self harm and to work collaboratively with a local clinical psychologist.

The potential of Teen Talk to build partnerships between different agencies was mentioned by many respondents: partnerships between school nursing, family planning, the youth service and the Primary Care Trust, as well as broader partnerships relating to specific areas of work or health. Partnerships within the school were also thought to have evolved. The deputy head teacher commented,

*'Teen Talk has brought together many wonderful people...they have an interest in systematic change but not to the detriment of delivering services to young people...it is about combining being strategists and practitioners.'*

#### *Cost effectiveness and transferability*

The final part of the evaluation was to assess the cost effectiveness of the Teen Talk service and determine whether or not a similar kind of service had the potential to operate in other schools.

A parallel small scale economic evaluation aimed to show how effective the programme had been in meeting its objectives, and whether the same outcomes could have been achieved by other means at a lower cost. A detailed cost analysis was not possible because primary data were limited. The evaluators were able to calculate, however, that



taking all costs, the cost for each visit to Teen Talk was £13.87. If just the additional costs of Teen Talk – that is, the additional money provided by SRB funding – were taken into account, the cost of each visit was £7.26. During the feedback of this finding to the Teen Talk management team, this figure was considered to compare favourably with the unit costs of attending a primary health care service.

In the course of follow up discussions with senior staff in eight other schools in Greenwich it was clear that the majority were certainly interested in pursuing the idea of establishing a similar service to Teen Talk within their schools and overall the benefits of such a service were well understood. Concerns expressed related primarily to sensitivities surrounding sexual health issues and the need for careful negotiation with parents and governors.

## **Discussion**

Many new initiatives are evolving within school settings in response to a range of national and international agendas to promote the health and wellbeing of pupils, such as the national teenage pregnancy strategy and the national healthy schools standard. However, few initiatives undergo any external or even internal evaluation. The evaluation of Teen Talk at Kidbrooke school has highlighted the importance of evaluation in helping to identify what is working well and what can be improved as services evolve.

This evaluation was conducted at a time when the components of the service were still

being refined. Nevertheless, the information gathered is clearly valuable in considering the transferability of the model to other schools, and in documenting some of the lessons learned in setting up the project.

To start with, it is evident that a common understanding of the kind of service being provided and its ethos needs to be reached at an early stage by the participating professionals - coming from a range of different backgrounds - since this has an impact on the environment created for the service. The Teen Talk experience showed that it was preferable, for example, to hire youth workers with an interest in or experience of working in a health setting. This common understanding needs also to be held by parents, students and staff. As such, a comprehensive promotions strategy ensuring that all interested parties have clear information about what the service provides and what it does not provide should be planned at the beginning of a project and rolled out in liaison with the school. Regular updates would inform everyone of how the project is progressing.

Good promotion and advertising should encourage more people to use the service and, in fact, the concern with Teen Talk was that the professional staff would not be able to cope with the increasing number of clients. The balance between encouraging new clients to use the service and welcoming back students who were regular visitors is an important one to get right, given the limited time allocated to the service – every day for one hour at lunchtime. Indeed, from the experience of Teen Talk it was clear that there were pupils at Kidbrooke School with quite complex issues which could not be addressed properly in the lunchtime session. This may for example indicate the need to expand the service so

that more specialist concerns can be addressed outside of school hours. Building up a case for this type of extension of the service, through careful monitoring, will be important in terms of justifying further spending or allocation of further resources

The range of issues being brought to Teen Talk highlighted the need for further whole-school approaches to address these effectively. Bullying in particular was raised repeatedly as an ongoing concern. Clearly, better integration of the service with parts of the school curriculum, such as PSHE, would assist with this process. It is important to note that Teen Talk had never been envisaged as a stand alone project and the need for closer links with other elements of the curriculum and other related initiatives such as the Behaviour Improvement Programme (BIP) was raised by a number of service providers throughout the evaluation.

There was clear evidence that Teen Talk had begun to be instrumental in initiating and facilitating whole school and partnership approaches such as those relating to bullying and self harming. This is important, since there is obviously the scope within a service like this to identify key issues that are affecting young people in their daily lives and to instigate responses to these concerns that involve the whole school. For this to happen, however, requires strong links between the service and the senior management team of the school. There was a sense that while the project had full support from the head and deputy head teachers and some governors from its initiation, support from other heads of departments had not been strong at the start of the project. This said, efforts were being made at the time of the evaluation to strengthen the relationships with other senior

management staff at Kidbrooke School.

The potential for greater links with other parts of the health service in the borough of Greenwich was also made clear by the evaluation. This was particularly important if the service was to be extended to other schools. For this to happen, would require improving existing monitoring and data collection systems within primary care services across the borough. At the time of the evaluation, the full effect of Teen Talk in relation to its ability to encourage young people into using mainstream health services and to take greater responsibility for their own health and wellbeing outside school could not be accurately assessed. Once these systems are up and running, the full impact of this kind of school-based health service will be known.

## **Conclusions**

It is clear that Teen Talk was valued by pupils from all ethnic backgrounds for providing a safe, confidential and welcoming space which they could visit for help, advice or for information about a range of health and social issues. Most importantly, it seemed that students thought that this kind of service was not available to them elsewhere. Although during the first year of Teen Talk young men used the service less than young women, nonetheless the service had been successful in appealing to a significant number of young men, normally less likely to access health services than girls and young women (Teenage Pregnancy Unit 2000; Health Development Agency, 2001b)

Amongst the professionals interviewed, the creation of a 'teacher-free', safe space for young people in the school was highly valued. The provision of immediate access to services such as pregnancy testing and emergency contraception along with advice services was perceived by several respondents to have greatly reduced the number of teenage pregnancies in the school, although there is no statistical evidence to substantiate this claim. Teen Talk was viewed as being successful in relieving pressure on teaching staff, and encouraging young people to think more broadly about their health.

Overall, the evaluation of Teen Talk has identified important lessons in the setting up and management of school-based health services. Clearly such services have the potential to offer many benefits to pupils within schools but it is important to provide opportunities for reflection at various stages of the service's development. Some of the lessons learned through this evaluation can inform future work in this area as well as provide a benchmark for how Teen Talk fares over the next year or so. The insights provided through the close focus discussions with service providers and young people as well as through the questionnaire survey would have remained anecdotal observations rather than serving as an impetus to adapt and improve the service, if the evaluation had not taken place.

Ultimately, this evaluation was able to illustrate innovative and creative practice that was very definitely benefiting the pupils of Kidbrooke School. While areas for improvement were identified along the way which will assist the project as it evolves, overall we feel we have illustrated the advantages of embedding evaluation in all aspects of health promotion work, and in particular in the provision of school-based health services.

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