Final Report: evaluation of Peer Training course to implement a sexual health kitbag in Cheshire and Merseyside

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EXECUTIVE SUMMARY

The aim of the peer training/kitbag course is to equip and mobilise a range of Tier 1 frontline service providers with the knowledge, confidence and skills to initiate and respond to the sexual health needs of young people. It was intended that attendees would cascade the learning to inspire colleagues and integrate learning and understanding into their own service delivery. Cheshire and Merseyside Sexual Health Network (CMSHN) commissioned ‘So To Speak’, a young persons outreach service, to provide a 3 day training course and researchers in the Centre for Public Health, LJMU to lead an evaluation of the training. The evaluation was underpinned by an Action Research model and researchers and practitioners worked collaboratively in directing the associated research and interpretation of findings.

This report provides details of the first three courses; Halton, Knowsley and East&Mid Cheshire. A mix of both quantitative and qualitative methods were employed.

- Analysis of pre and post course data revealed that there were statistically significant increases in self-reported confidence, knowledge, and attitudes in relation to planning for and responding to the sexual health needs of adolescents
- Cohort 3 (East&Mid Cheshire) recorded higher baseline confidence in the sufficiency of their knowledge and understanding. The reasons for this are not clear but may be due to the characteristics of this particular cohort
- The format and content of the training course was effective, well received and acceptable. Course content in relation to contraception, sexually transmitted infections and legal aspects of adolescent sexual health were perceived to be particularly valuable
- The facilitator engaged participants and they felt safe to contribute. Participants welcomed the informative, informal, fun and inclusive style of the course. The dialogic and activity based format was welcomed by all
- The opportunities and benefit of training with different service providers across the same patch was recognised universally. It signposted a range of hitherto ‘hidden’ services and provided the basis of shared learning and networking with a range of complementary services
- The interviews revealed selective exemplars of informal and formal cascade of training and sharing of kitbag with colleagues/clients. Interviewees reported future opportunities that would be exploited. They also reported how an increase in knowledge had boosted their confidence in their own practice.
- Barriers to dissemination included competing priorities, time pressures, lack of opportunity to meet colleagues and being ill-equipped to disseminate shared learning points.
- The cascade effect, using the current model, is likely to peter out after a couple of levels or key messages become diluted.
- Opportunities for future training and support needs were identified. These included; safeguarding, boosting adolescents’ self-esteem and and how to cascade. There was strong support amongst attendees for a formal network to support learning, understanding and co-operation across service providers.
- CMSHN are keen to identify and commission future training priorities of service providers. They are also keen to scaffold future opportunities to strengthen and standardise the dissemination of key findings and networking amongst service providers.
- The evaluation has been a collaborative and effective engagement between; commissioner, provider and university partners. The action research process has resulted in the ongoing development of the model which contributed to improved support and outcomes for the service providers.
1. **Background**
A sexual health kitbag was developed through Cheshire and Merseyside Sexual Health Network (CMSHN) in consultation with young people for utilisation by front-line workers in the community. The kitbag contains resources to support the workers in effective communication around sexual health matters with young people. The steering committee also defined ‘Training The Trainers’ (cascade approach) as the implementation of training of frontline workers throughout Cheshire and Merseyside. The intention was to deliver training to a maximum of 20 frontline workers nominated within each local authority (Local Authority (LA) footprint rather than Primary Care Trust). Individual organisations within each LA would be responsible for identifying and nominating key staff to receive kitbag/training. In the case of East & Mid Cheshire due to the population size they advertised the training to a range of agencies within the ward with the highest rate of teenage pregnancy.

The rationale for the Training the Trainers is to equip and mobilise the wider frontline workforce from various agencies (clinical personnel are not excluded but are not the primary target) including youth workers and Connexions staff, teachers and mentors, school nursing teams, with; the knowledge, confidence and skills to initiate (proactive) and respond (responsive) to young people in their care on issues relating to sexual health including raising awareness around access to contraception and choice of contraception. There was a particular emphasis on training professionals, wherever possible, who engaged with hard to reach populations. The literature indicates benefit in training participants from different disciplines within one organisation and this could equally apply to different service providers from across the same patch as there are opportunities for mutual support and networking during and beyond the life of the course (Francke et al 1994). Training programme attendees were expected to commit to all three days and then move forward to cascade learning within their own individual teams/organisations and integrate it into induction and CPD programmes. Attendees participating in the course were to receive a sexual health kitbag to take away afterwards to utilise the materials for cascade training.

It was decided early in the planning process to pilot the kitbag and training in Halton since teenage conception rates had proven to be particularly challenging there, with an increase in teen pregnancies of 49% since the 1998 baseline. The prioritisation of roll out of training was also based on other surveillance/intelligence including prevalence of STIs gathered locally and nationally via CMSHN dashboard. Targeting the training in areas with the highest teenage pregnancy rate was underpinned by the national indicator of halving the rate of conceptions among under 18s by 2010 (DFES 2006).

Experiences from the first training and outcomes would be taken into account before rolling out the programme across Cheshire and Merseyside. The course in Halton took place over three days in September-October 2009. The training initiative was led by CMSHN and facilitated by ‘So To Speak’, a young person’s sexual health outreach service, funded through Teenage Pregnancies monies, situated within NHS Liverpool Community Health. CMSHN commissioned researchers from Centre for Public Health, Liverpool John Moores University, to undertake an evaluation of the training. Recognising the complexity of monitoring the impact of such a training approach, and wishing to utilise ongoing findings into the model, it was decided to incorporate an Action Research model into the evaluation.

2. **Objectives Of The Course**
1. To train 20 participants from each Local Authority/PCT to improve their knowledge, confidence and skills to initiate and respond to young people in their care on issues relating to sexual health.
2. To supply each participant with a kitbag containing resources to support the workers in effective communication with young people and colleagues.
3. For the training to enable participants to confidently train their colleagues to work with young people on issues relating to sexual health.
4. For the trained colleagues to be knowledgeable and confident in giving basic sexual health advice and signposting to young people
5. For young people in contact with the staff from the trained organisations to feel they are happy with the information and guidance they have received in regards to their sexual health.

3. Action Research
The Action Research model is concerned with attempting positive development and generating new knowledge through systematically studying the process and outcomes of change. It is research that is conducted for the benefit and actively with people, rather than passively ‘on people’ (Reason, 1988 see Bridges and Meyer 2001). Its main attributes are:

- Its participatory nature (whereby researchers and practitioners work in tandem in directing the flow of change and the associated research);

- Its contribution to social science and social change (as knowledge that is applied in nature and more meaningful to practice) (Rolfe, 1998; Meyer, 1999 see Bridges and Meyer 2001).

The Action Research process is iterative, whereby findings are disseminated to practitioners as they are generated, and are discussed and then used to inform further action and data collection.

As such, the Project Manager from CMSHN and Service Manager from ‘So to Speak’ played an active role in interpretation and integration of findings into the cascade process. It was also thus decided that dissemination of the findings should be provided in stages rather than in one final report, so that interim findings could inform the roll out of the training beyond Halton.

4. Cascaded Learning
The premise of this training was that as well as promoting changes in knowledge, confidence and behaviour/practice of course attendees, they in turn would also cascade key findings to their colleagues. The literature points to greater success in training if participants are actively encouraged to define training and support priorities and a sense of ownership (Gibson 1998). The purpose of dissemination can be to raise awareness and understanding or for prompting changes in behaviour/practice. The literature suggests that a single model of dissemination is unlikely to be fruitful. Likewise one which is imposed, rather than negotiated, and is contextualised to reflect the needs of individuals and their respective organisations. There is a need to find balance and recognise that context and flexibility is important rather than a wholly rigid model of what and how to disseminate ‘a range of interventions have been shown to be effective in changing professional behaviour in some circumstances’ (NHS Centre for Reviews and Dissemination, 1999). On the other hand, it is recognised that individual factors and organisational barriers can weaken dissemination and that any dissemination strategy should attempt to overcome these ‘multifaceted interventions targeting different barriers to change are more likely to be effective than single interventions’ (NHS Centre for Reviews and Dissemination, 1999). At the outset, the use of clear selection criteria to help identify suitable attendees to receive training and who are well placed to disseminate is vital. The identification of key findings can help with the promotion of a consistent message. It may also be important to use local opinion leaders/champions who can be a catalyst for achieving a shared vision about the need and how to bring about change (West et al 1999). Another key aspect of any dissemination strategy is collect data over time and further down the cascade to monitor the reach and flow of the information beyond the sphere of the original attendees.

5. Summary Findings From evaluation of Halton Training Course
The course facilitators designed and administered two instruments. The first captured pre and post-course data about attendees’ confidence, knowledge, values and attitudes in relation to adolescent sexual health. Respondents were asked a series of seven questions and asked to rate their response according to a five point Likert scale, with 1 being least confident and 5 being very confident. The second instrument was administered post course only and posed a series of 10 open-ended questions about the acceptability,
usefulness and facilitation of the course. Additionally, respondents were asked to state how they intended to apply and cascade learning from the training within their organisation.

There was a statistically significant increase in mean responses pre and post course for all seven statements attendees were asked. Overall, respondents had least confidence in their level understanding of the policy and legal issues around sexual health and relationship education and some respondents highlighted this as an aspect for additional training. The training aimed to increase attendees’ knowledge and confidence in dealing with contraception issues and relative to some other issues respondents reported greater confidence in dealing with this issue. Further, there was a strongly positive change in mean confidence post course.

Not all attendees completed a pre and post course evaluation and this may undermine the representativeness of the findings. For future courses it was suggested that pre-course evaluation should be embedded as a formative exercise once the preliminary introductions have been made. It was suggested evaluations should be collected prior to the start of the first session. Similarly, the post course evaluation should be administered and collected at the close of the final session and before attendees leave. It was also considered advisable to re-word questions/use different response categories since some questions asked attendees to assess their confidence and others asked them to assess their knowledge.

The responses to the open ended questions tended to highlight more positive aspects of the course. In isolation these findings might be less punchy but taken in the round with the changes in mean scores, a picture emerged to suggest that the course met the needs of attendees in boosting their confidence, knowledge and skills. However, on a cautionary note some attendees have a more comprehensive prior knowledge and experience and their needs most also be catered for.

Attendees indicated that the training would impact on their own practice. They would apply new found confidence, skills and knowledge to provide innovative and more interactive sessions for young people. In terms of interactions with colleagues, attendees perceived their future role to be about disseminating knowledge and skills. They also talked about supporting and working in partnership within their own organisation. The benefit of inter-agency networking was highlighted and might be usefully supported via a local forum.

The pre and post course evaluations provide a snapshot of data which has demonstrated an important shift in confidence, knowledge and skills. The data also supported a conclusion that the format and content of the training was generally well received. It is important to determine whether those shifts are sustained over time and whether they will they be applied to bring about intended changes in attendees’ own practice and used as a scaffold to cascade training within their respective organisations. It is also pertinent to determine what hampers and encourages change at an organisational level.

Interested readers are invited to read the completed online report of this preliminary phase by clicking on the link: [http://www.cph.org.uk/showPublication.aspx?pubid=634](http://www.cph.org.uk/showPublication.aspx?pubid=634).

6. **Comissioner and Facilitator response to Halton evaluation**

As the evaluation being undertaken by the University is iterative, then feedback from course evaluations was given formally in terms of written reports and during meetings.

Feedback was also given informally via emails and verbally. In response to the findings from the evaluation of the Halton training course, CMSHN and So To Speak made the following changes to the training model.

1. Encouraging and supporting the attendees in cascading the training to colleagues:
   - Altered the title from ‘Train the Trainer’ to ‘Peer Training'; acknowledging that every participant may not be able to become a trainer but they would be encouraged to educate their colleagues.
- Added 1 more objective to the training programme; ‘to enable workers to be confident in educating their colleagues on their learning from this course.’
- Developed a learning agreement for attendees, line managers and CMSHN to commit to attending the course and meeting the objectives. Reinforcing the commitment necessary and the expectations of the attendees to continue to cascade the training after the course.
- Altered the group work section of training – allowing attendees to chose to prepare a session for young people or colleagues
- A one day course programme developed with the attendees at the end of the training including key messages
- The network will contact the attendees to identify if further training or support is required.

2. Increase the number of completed evaluation forms and improve quality of information collected.
- Administer the pre evaluation forms prior to training and allocate a time on the first and last day of training to complete and collect pre and post evaluation forms.
- Re-word questionnaire and alter structure to improve readability
- Incorporate an additional question assessing the change in confidence of educating colleagues

7. Evaluation of Knowsley and East & Mid Cheshire courses

7.1 Aim
The aim was to provide baseline information about the effectiveness, acceptability, usefulness and limitations of the renamed ‘Peer Training’ course. The evaluation of the second and third courses would also provide primary data about the changes in current practice attendees intended to make and their intentions with regard to cascading the key messages from the course within their respective organisations.

7.2 Methods
The course facilitators had developed and administered two instruments; these were refined based on the findings of the Halton course. The first captured pre and post-course data about attendees’ confidence, knowledge, values and attitudes in relation to adolescent sexual health. Respondents were asked a series of eight questions and asked to rate their response according to a five point Likert scale, with 1 being least confident and 5 being very confident (figure 1).

<table>
<thead>
<tr>
<th>Figure 1: Instrument 1, Questions posed pre- and post-Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel confident when discussing contraception and sexually transmitted infections (STIs) with young people?</td>
</tr>
<tr>
<td>I feel confident regarding understanding your boundaries when working with young people around sexual health?</td>
</tr>
<tr>
<td>I feel confident planning and delivering sex and relationship exercises to young people?</td>
</tr>
<tr>
<td>I feel confident discussing the issues around young people’s sexual health with colleagues?</td>
</tr>
<tr>
<td>I feel I have sufficient information about resources that can be used in sex and relationship education?</td>
</tr>
<tr>
<td>I feel I have sufficient information on policy and legal issues around sexual health and relationship education?</td>
</tr>
<tr>
<td>I feel I have sufficient information to signpost to young people to appropriate sexual health services?</td>
</tr>
<tr>
<td>I am aware of how my own values and attitudes may affect how I approach sexual health and relationship education?</td>
</tr>
</tbody>
</table>

The second instrument was administered post course only and posed a series of 10 open-ended questions about the acceptability, usefulness and facilitation of the course. Additionally, respondents were asked to state how they intended to apply and cascade key messages from the training within their organisation (figure 2).
The pre-course instrument was sent to attendees ahead of the course and participants were asked to return their forms on the first day of the course. Spare copies were available at registration. The post course evaluations were completed and collected during the final session on the final day. These measures were put in place to reduce sample attrition. To ensure anonymity evaluations were not named but had a unique numeric identifier known to CMSHN who sent out all administrative documentation to attendees.

The data from instrument 1 was analysed in SPSS independently by the University team. The mean scores of data captured pre and post course were ranked. The main outcome measure was mean responses for each question for all respondents compared pre and post course using t test.

To illuminate and enhance the pre and post course evaluations telephone interviews were undertaken with a sample of attendees from each course. CMSHN contacted attendees from each cohort by email and invited them to participate. A reminder email was sent to encourage further participants to come forward. All participants were sent a participant information sheet and consent form. A guide interview schedule was followed in each case, although probes were used where relevant. The intention was to sample as many professional groups e.g. school nurses, teachers as possible but as the interviews were voluntary a pragmatic approach to sampling was sometimes required.

Interviews were digitally recorded and then transcribed. Data were analysed using SWOT analysis to take account of the Strengths, Weaknesses, Opportunities and ‘Threats’ of the training package. The sub-sections were renamed to make them more relevant in the present context. The study was approved by Liverpool John Moores Research Ethics Committee.

7.3 RESULTS
A total of 10 attended course 2 and 14 course 3. All completed a pre and post evaluation form in the case of Knowsley and 13 in the case of East & Mid Cheshire.

7.3.1 INSTRUMENT 1
The pre and post course evaluations provided a snapshot of data which demonstrated a positive change in confidence, knowledge and skills. The data also supported the conclusion that the format and content of the training course was generally well received and revealed how attendees intended to share learning within their respective organisations.

Respondents’ confidence about the policy and legal issues around sexual health and relationship education (SRE) and the adequacy of their information and resources to be used and planning for SRE was ranked lowest, however, there was a statistical significant positive change in mean scores over the duration of the course in relation to resources $(p \leq 0.001)$ and legal issues $(p \leq 0.005)$. 

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**Figure 2: Instrument 2, Questions posed post-training only**

- How Useful Was The Training Overall?
- Have You Enjoyed The Training?
- What Was The Most Useful Exercise?
- What Was The Least Useful Exercise?
- Can You Comment On The Facilitation Of The Course?
- How Will You Relate Your Learning From The training To Your Own Working Practices?
- How Will You Relate Your Learning From The training To Your Own Working Practices?
- Has Today’s Training Raised Any Other Issues You Would Like Training in?
Table 1: Knowsley Course, Instrument 1:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Pre-Course</th>
<th>Post Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Rank</td>
</tr>
<tr>
<td>I feel confident when discussing contraception and sexually transmitted</td>
<td>3.20</td>
<td>6</td>
</tr>
<tr>
<td>infections (STIs) with young people?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel confident regarding understanding your boundaries when working</td>
<td>2.9</td>
<td>4</td>
</tr>
<tr>
<td>with young people around sexual health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel confident planning and delivering sex and relationship exercises</td>
<td>2.89</td>
<td>3</td>
</tr>
<tr>
<td>to young people?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel confident discussing the issues around young people’s sexual</td>
<td>3.5</td>
<td>7</td>
</tr>
<tr>
<td>health with colleagues?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I have sufficient information about resources that can be used</td>
<td>1.9</td>
<td>1</td>
</tr>
<tr>
<td>in sex and relationship education?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I have sufficient information on policy and legal issues around</td>
<td>2.3</td>
<td>2</td>
</tr>
<tr>
<td>sexual health and relationship education?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I have sufficient information to signpost to young people to</td>
<td>3.1</td>
<td>5</td>
</tr>
<tr>
<td>appropriate sexual health services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am aware of how my own values and attitudes may affect how I approach</td>
<td>3.8</td>
<td>8</td>
</tr>
<tr>
<td>sexual health and relationship education?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** p = ≤ 0.001 * p = ≤ 0.005. Rank: 1 is low and 8 is high

The ranking of respondents’ awareness of how their own values and attitudes may affect their approach to sexual health and relationship education was consistently high and there was also a statistically significant increase in mean scores (p ≤ 0.001).

Confidence in relation to discussions about contraception and STIs was ranked high pre-course but third bottom post-course, yet, the more revealing indicator is that there was a significant positive increase in mean scores (p ≤ 0.05).

Overall, there was a statistically significant increase in the mean scores to all questions apart from in relation to SRE. The statistical significance was greater in response to four questions (p ≤ 0.001) versus two questions (p ≤ 0.005).

Table 2: East&Mid Cheshire Course, Instrument 1:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Pre-Course</th>
<th>Post Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Rank</td>
</tr>
<tr>
<td>I feel confident when discussing contraception and sexually transmitted</td>
<td>4.08</td>
<td>8</td>
</tr>
<tr>
<td>infections (STIs) with young people?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel confident regarding understanding your boundaries when working</td>
<td>3.69</td>
<td>4</td>
</tr>
<tr>
<td>with young people around sexual health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel confident planning and delivering sex and relationship exercises</td>
<td>3.67</td>
<td>3</td>
</tr>
<tr>
<td>to young people?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel confident discussing the issues around young people’s sexual</td>
<td>4.07</td>
<td>6</td>
</tr>
<tr>
<td>health with colleagues?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I have sufficient information about resources that can be used</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>in sex and relationship education?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I have sufficient information on policy and legal issues around</td>
<td>3.15</td>
<td>2</td>
</tr>
<tr>
<td>sexual health and relationship education?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I have sufficient information to signpost to young people to</td>
<td>3.77</td>
<td>5</td>
</tr>
<tr>
<td>appropriate sexual health services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am aware of how my own values and attitudes may affect how I approach</td>
<td>4.08</td>
<td>8</td>
</tr>
<tr>
<td>sexual health and relationship education?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** p = ≤ 0.001 * p = ≤ 0.005. Rank: 1 is low and 8 is high
Interestingly, cohort 3 recorded a higher baselines confidence level in relation to each of the eight questions compared to either cohort 1 or 2. Yet, in terms of ranking, respondents’ confidence about the policy and legal issues around sexual health and relationship education, the adequacy of their information and resources to be used and planning for SRE was ranked lowest, however, there was a statistical significant positive change in mean scores over the duration of the course in relation to resources and legal issues ($p \leq 0.001$).

Similar to cohort 2, confidence in relation to knowledge around STIs and awareness of how own attitudes affect approach to sexual health and relationships education was ranked highest, although there was only a significant change in the mean in relation to the latter.

### 7.3.2 Instrument 2

Open ended qualitative responses to instrument 2 were categorised and collapsed and are presented below. Responses are not mutually exclusive and can appear under several headings.

**How Useful Was The Training Overall?**
- *Allowed development of practical skills*
  - presentations allow individuals to become more confident in the delivery of SRE
- *Informative*
  - raised awareness of sexual health issues, enhanced existing knowledge and synthesised all sexual health information
- *Enhanced inter-agency working and knowledge exchange*

The usefulness of the training was categorised in terms of the practical skills and new knowledge gained. The training also enhanced what attendees already knew and blended new and existing knowledge. Participants recognised the value and benefit of multi and inter-disciplinary learning.

**Have You Enjoyed The Training?**
- *Informative and interactive*
- *Fun*
- *Feeling uncomfortable/embarrassed*

Comments were made about the learning being informative and the style being interactive and fun. One respondent mentioned feeling slightly uncomfortable and embarrassed at certain points. However, there is more evidence that suggests that attendees felt relaxed and safe to talk ‘the facilitator created a relaxed atmosphere in which issues around sexual health could be discussed comfortably’.

**What Was The Most Useful Exercise?**
- *Development of practical skills*
  - presentations gave ideas of how to deliver issue based work
- *Design of the course*
  - variation of activities
  - shared resources
- *Enhanced inter-agency working and knowledge exchange*
  - shared learning environment (inter-agency networking and sharing good practice)
  - presentations given by others gave complementary perspective
- *Issues covered*
  - e.g. STIs, attitudes and values and legal issues
Several respondents mentioned that the presentations in particular had given them the knowledge and confidence to present on sexual health issues. They also mentioned how the presentations delivered by others inspired them and offered a different perspective to take back to their respective organisations.

Respondents found the variation in activities stimulating. As above, there was recognition of the extensive shared learning opportunity that collaboration with other agencies offered. Attendees found the sessions on STIs and legal issues particularly noteworthy.

**What Was The Least Useful Exercise?**

- **STIs and contraception**

One respondent mentioned that STIs and contraception were least useful because ‘Already knew it’. However, evidence gathered from other sources suggests that individuals were happy to cover this ground just to refresh prior knowledge.

Respondents were more likely to comment on aspects of the course which they found useful and were less likely to comment on negative aspects or topics/sessions which were (in their opinion) less relevant.

The inclusion of the sessions around STIs and contraception were most mentioned in a favourable light. The overall positive comments from attendees recorded does indicate that the pitch and content of the training is meeting the needs of most.

**Can You Comment On The Facilitation Of The Course?** Responses are represented graphically in figure 3.

**Figure 3: Respondents Collective Responses On The Facilitation Of The Course**
Respondents were more likely to record positive rather than negative aspects of the course. Respondents felt that the style of the course was friendly and relaxed and that the facilitators made the training inclusive and encouraged whole group participation. They also perceived that the course material was delivered at an even pace and the information was clear and to the point.

One respondent commented that ‘the facilitator knew the subjects well and was able to answer questions and signpost to relevant agencies’ and another perceived that the course was ‘inclusive so everyone was invited to contribute, share experiences and expertise’.

The ease of access and facilities at the venues including refreshments were generally praised. One attendee noted that at The Heath there was no alternative to tea/coffee at break time and another mentioned that it was lukewarm. However, it was generally felt that ease of access was better in the case of Mid and East Cheshire whereas access via the Runcorn bridge was problematic for some.

One respondent perceived that the course was too long ‘three days was a lot of time away from the day job...I think it could be reduced to two days’. However, another attendee contradicted this ‘I also enjoyed that it was over 3 days’.

How Will You Relate Your Learning From The Training To Your Own Working Practices?

- **Dissemination to colleagues**
  - applying current knowledge and resources to cascade via groupwork
  - partnership with colleagues to deliver more coherent and effective programme to disseminate to part-time workers
  - supporting colleagues

- **Dissemination to clients**
  - use more interactive models of delivery with young people
  - synthesise activities and learning and create own lesson plan for school based young women’s group
  - targeting young age group and being more innovative.
  - thinking outside the box

- **General application of confidence, knowledge or skills**
  - reflecting on one’s own practice
  - employing some exercises used in presentations
  - utilising the examples of good practice and resources including sexual health kitbag
  - using my increased confidence to deliver new subjects

- **Inter-agency networking**

Responses were categorised according to how attendees would cascade learning to colleagues, implications for the organisation and delivery of care to their clients, more general application of skills, knowledge and confidence gained on the course and their increased commitment to inter-agency working.

Has Today’s Training Raised Any Other Issues You Would Like Training in?

- **More Information required**
  - ‘Wait t’il it’s right’
  - safeguarding
  - sexual health relating to young people with learning difficulties
  - raising Young People’s self-esteem

- **Support required**
  - development of Sexual Health Worker Forum to continue shared learning experience
Attendees did identify the need for future training needs in three specific areas; Wait t’il its right, safeguarding, sexual health in population with learning difficulties and raising self-esteem. There was support for the creation of a Sexual Health Worker Forum locally.

7.3.3 Interviews
A total of 10 interviews have been undertaken; two interviewees from cohort 1, four from cohort 2 and 4 from cohort 3.

Figure 4: A Synthesis Of Interview Responses

<table>
<thead>
<tr>
<th>MOTIVATION TO ATTEND</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve knowledge generally or specifically to support service development e.g. Clinic in PRU or LGBT group</td>
</tr>
<tr>
<td>Opportunity to share/showcase own practice</td>
</tr>
<tr>
<td>Good fit with CPD needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STRENGTHS OF THE TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendees</td>
</tr>
<tr>
<td>Opportunity to learn from and gain new ideas from diversity of people from different services and become more flexible about how to work with Young People</td>
</tr>
<tr>
<td>Content</td>
</tr>
<tr>
<td>Legal issues well covered and received as gaps/uncertainty in knowledge</td>
</tr>
<tr>
<td>Useful update and a refresher on STIs and contraception</td>
</tr>
<tr>
<td>A broader range of issues beyond STIs and contraception such as attitudes, beliefs which underpin risk taking and avoidance</td>
</tr>
<tr>
<td>Opportunity to consolidate and extend knowledge and foster consistency of information and message to Young People</td>
</tr>
<tr>
<td>Format</td>
</tr>
<tr>
<td>Informal, inclusive, participatory with all participants encouraged and given confidence to contribute</td>
</tr>
<tr>
<td>Facilitator was responsive and gave informative answers</td>
</tr>
<tr>
<td>Good pace and length of sessions</td>
</tr>
<tr>
<td>Presentations provided opportunity to reflect on your practice and learn from others</td>
</tr>
<tr>
<td>Activity based and dialogic rather than didactic</td>
</tr>
<tr>
<td>Appropriate length of course</td>
</tr>
<tr>
<td>Resources</td>
</tr>
<tr>
<td>Kitbag had good leaflets and games which promote ways to engage Young People</td>
</tr>
<tr>
<td>Supplements kitbags teams already have</td>
</tr>
<tr>
<td>Useful sharing others lesson plans</td>
</tr>
<tr>
<td>Good resources and course materials</td>
</tr>
<tr>
<td>Sharing course worksheets with colleagues</td>
</tr>
<tr>
<td>Venue</td>
</tr>
<tr>
<td>Great Venue</td>
</tr>
<tr>
<td>Venue easily accessible</td>
</tr>
</tbody>
</table>
**OPPORTUNITIES BEING EXPLORED OR AREAS TO DEVELOP**

**Networking**
- Build networks with allied professional services and signpost services which might be less well known
- Participant led networking via email

**Actual Cascading**
- Dissemination of training messages to colleagues via team meetings and sharing of kitbag resources. Flags point of contact to others within own service
- Informal verbal cascading amongst colleagues
- Opportunistic dissemination to clients at events e.g. to signpost support groups
- Kitbag has been used in a college setting

**Proposed Cascade**
- Use kitbag resources (leaflets and games) to help engagement with hard to reach groups
- Add to agenda at next team meeting

**Further Support And Training Required**
- Not just boosting knowledge but how to deliver sexual health messages and information to Young People
- A formal network to allow continued liaison between attendees
- How religion affects sexual health attitudes and beliefs in certain communities

**Impacts On Knowledge And Confidence**
- Self-reported increase in knowledge which has informed delivery of a local clinic around Chlamydia screening
- Self-reported boost in confidence when delivering sexual health information

**THINGS WHICH UNDERMINE SUCCESS OF TRAINING**
- A wide variation in previous knowledge and experience meant covering ground already familiar to a small number of attendees [Also seen as a benefit as diversity can promote learning]
- Size of group can promote or hinder dynamic and opportunity to contribute to discussion
- Time obstacles making getting together to plan for presentations difficult

**BARRIERS TO SUCCESSFUL CASCADING**
- Self-selection of participants may be counter-productive if key individuals are not well placed and confident in disseminating key messages

**Barriers/Issues Around Cascading**
- Other professional and funding priorities
- Lack confidence and skills to cascade to colleagues
- Limited time
- No team meeting arranged
- Kitbag did not contain all contraceptives but can supplement with existing kitbag
- Only working part-time so difficult meeting with colleagues

Samples of illustrative quotes which illuminate the findings presented in tabular format above are presented below.
“Things don’t change in relation to contraception but it is amazing how much goes to the back of your mind”

“It wasn’t going over things I didn’t already know but it was covering stuff I had probably forgotten”

“Gosh, there were people there and I thought, I didn’t even know that their organisation existed and that was good in that respect because you thought well that is somewhere I could refer onto”

“The third day was novel (presentations), it worked!”

“Some of the legal issues chop and change so it was good to have current information...any grey areas I had were covered”

“The course gave everyone the chance to speak and everyone the chance to be heard rather than someone dictating at the front of the class.”

“We’ve moved from just working with School Health to working with Health Visitors so I took along the kitbag to the team meeting and explained what we had done in the training and showed them the kitbag. Now obviously, they are interested because they’ve got young mums and new mums so it was interesting for them because they didn’t get any sexual health training or limited. So it’s something I can liaise with them and I am another point for them to talk to you and they can use some of the resources that are in the bag”

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“Some of the information I gained and some the information I brought back was disseminated to my colleagues and acted upon in the colleges in this area so it has already trickled into this area”

“I thought that the trainer was excellent...I thought that he was very, very good”

“Any chance to network with partner organisations is good because you can keep your good practice up...any chance to network I take”
8. Implication of Findings to date

It was a specific aim of this training to reach out to tier 1 staff, not specifically those with a clinical background, but instead those who had a frontline role relating to sexual health of young people. The diversity of individuals from a range of services was seen universally as positive. Respondents felt that it added to the group dynamic and enabled opportunities to learn new ideas and exchange different approaches particularly around engaging with hard to reach groups. This model of learning raised awareness of services which were previously unknown to some attendees and did signpost services to which Young People might be referred as well as promoting participant led networking opportunities between services beyond the sphere of the training course.

Respondents indicated that the training was flagged to them by line managers or via electronic alerts. Some were specifically approached to attend the course by line managers whereas others had a more active role in organising their own CPD opportunities and could nominate themselves. Motivation to attend could be both general i.e. wish to consolidate and extend knowledge or to help them specifically in relation to service development. The vast majority of attendees had a responsibility for Young People but not all did. The risk of self-selection does mean that some attendees may not have been the most suitable in terms of prior knowledge and may not be best placed to disseminate key messages from the training. It is possible that a series of questions (criteria) could be devised to guide line managers in the selection of the most suitable candidates.

There was consensus over the merit of the training content. Respondents most often referred to the course input relating to STIs and contraception. These were topics in which most individuals had some prior knowledge, but even those who had considered themselves to have a good grounding in these topics said they valued the opportunity to refresh and consolidate their knowledge and understanding. The sessions which dealt with the legal aspects relating to sexual health were singled out as being of particular value since these issues caused much uncertainty and unease amongst attendees and their colleagues.

In terms of format, the course received much praise. Attendees welcomed the informal and fun style. Respondents liked the dialogic and participatory approach which was framed around an activity base. The facilitator was responsive and gave informed responses to questions. Although the presentations required additional effort on the part of attendees they were well received. The process of delivering a presentation allowed attendees to reflect on and showcase their own practice, hone the skill of presentation skills, as well as an opportunity to learn from the examples provided by others. However, the success of this activity depends on the level of motivation and effort of individual attendees.

The cascade model was an important outcome of this training and the interviews sought to capture examples of dissemination. Interviewees provided examples varied from a more formal cascade at team meetings of the key messages and introduction of the kitbag through more informal chats amongst colleagues. As previously mentioned, one case of proactive application of the kitbag contents within a college setting was mentioned as well as an exemplar of opportunistic use of kitbag resources with clients. Any opportunities to share key messages and kitbag resources are welcome but formal dissemination amongst colleagues is an outcome which is expected. Barriers to cascade included; lack of time and competing priorities, no team meetings arranged, part-time working and feeling less confident about delivering information to colleagues. The latter barrier was mentioned more often by attendees on the first course. The commissioners and providers were alert to the need to provide more specific guidance about how and what to disseminate and so this lack of confidence did not appear as significant after courses 2 and 3. The other barriers are organisational and the anticipated outcomes of the course should be made explicit to line managers both pre and post course. Once again the commissioners have been proactive and clarified the guidance to line managers who are required to sign up and commit to the cascade model.

The kitbag, including the games and leaflets to aid engagement with Young People, was well received. Most respondents did not identify additional resources they felt should be incorporated, although one respondent was surprised that not all of the contraceptives discussed during training were included. In terms of use of the kitbag, attendees cited bringing the kitbag to team meetings to introduce the resources to colleagues. One attendee noted that the kitbag was being used by a colleague in a college setting. The
sharing of resources extended to the lesson plans provided by others in relation to their presentations. Attendees also commented positively about the usefulness of the course materials and worksheets which could be passed onto colleagues. It should be noted that the wider dissemination of these materials provides an opportunity for a consistent cascade of the key messages and perhaps attendees might be actively encouraged during the training to use course materials as a shared resource within their respective organisations.

Few respondents flagged additional training needs, however, one respondent felt that the issue of Religion did influence decision making of Young People in certain communities and might usefully be included in the training package. Religion is covered in every 3 day course, the extent of which depends on the preference of the group.

It was of note that some respondents expressed a need for training in ‘how to successfully deliver information and engage with Young People’ which would complement the factual base of much of their learning, not just the present course. There was an appetite amongst attendees for the formalisation of the opportunity to network beyond the scope of the training and to strengthen their self-led efforts. This is an opportunity that CMSHN are keen to exploit.

9. Concluding Remarks and Future Planned Activity
It is important to note that course attendees perceived the training and kitbag to be of value and the model was found to be widely acceptable. There is strong evidence that the training has generated self-reported changes in confidence, knowledge in relation to sexual health issues. There was more limited evidence of the effect of the training/kitbag on individuals’ own practice and their ability to cascade but future data capture planned by CMSHN may provide further confirmation of the cascade effect. Ongoing data capture will be of value as it will allow service commissioners and providers to synthesise feedback collected during this evaluation with their own planned consultation with future cohorts. Thus they might usefully explore whether for example the issue of Religion can be incorporated in a more structured format.

There are various limitations to the study including the fact that sampling was restricted to those who agreed to be interviewed. It may be fair to assume that those who did agree to participate were more likely to have cascaded. Another important limitation is that this study does not interview the colleagues of course attendees for their perspective. However, the commissioners are seeking to repeat the capture of the attendee’s perspective via an online survey and seek engagement with a sample of colleagues to enhance evidence of cascade at a future point.

Critical outcomes from this study suggest cascade training may be limited to a couple of ‘passages’ before it peters out, or messages become distorted; however, the development of strong network linkages among persons involved provides new opportunities to enhance sexual health networking and learning, sharing of materials and experiences as well as overcoming some of the individual and organisational barriers which have hitherto limited the cascade. Further exploration of how to utilise this structure, for example, through weblinkage, are recommended. It will be important to judge the influence that the engagement of local opinion leaders/champions from the planning stage for subsequent courses will make.

CMSHN and So To Speak may also wish to consider alternative models for cascade such as the one employed by providers of the University of Warwick Certificate of Diabetes Care (CIDC). Course leaders were trained at the University to then deliver training within their own locality. Data were captured at three points in time; before and after the course and after local delivery. The results demonstrated that course leaders increased in confidence in their ability to deliver the course over the period of the training course, and that the increase continued beyond the delivery of their courses. The training had been beneficial in preparing them to deliver their local courses. The delivery of the CIDC course was thought to have had a beneficial effect on the organisation and delivery of local diabetes care (Hearnshaw et al 2004).
As a result of the second stage of the evaluation the project team plans the following amendments to the training as detailed below

1. Objectives: As confirmed by the evaluation the training did not equip the attendees to become trainers themselves, therefore objectives 3, 4 and 5 of the project were not being met. Therefore the objectives of the training were amended to provide realistic objectives. The learning agreement was also amended in line with the revised objectives.

2. Local Representation: Cohorts which had a local representative attend the course to give details about local signposting information and act as a point of contact was identified as a useful element of the training. Therefore for following areas the LA/PCT were encouraged to work with the trainer to include a short session in the training.

3. Sexual Health Newsletter: Attendees will be given the option to sign up to the Sexual Health Quarterly Newsletter to keep to date on Sexual health and provide a forum for sharing good practice.

4. Audit/Questionnaire: developed by the project team to send to attendees after completion of training. The aim of which to assess if the training had been used within their roles, to identify barriers to cascading training, further training needs for them or their colleagues and to evaluate the contents of the Kit Bag. This will contribute to further developments of the training.

5. Sharing Good Practice: along with the Newsletter as a method of sharing good practice, CMSHN and So to Speak will look into the possibility of using their websites.

The CMSHN will in turn cascade findings of this evaluation to colleagues in Greater Manchester and Cumbria who are delivering a sexual health kitbag to key workers (without training) and who themselves plan to evaluate the kitbag. It may be relevant for these networks to also learn about how the present evaluation has been a collaborative and effective engagement between; commissioner, provider and university partners.

10. REFERENCES


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We would like to thank all of the course attendees who have contributed to this study by sharing their views and experiences of the training and the kitbag. We are grateful to Simon Henning, Anna Fillingham and Terrol Evans of the ‘Cheshire and Merseyside Sexual Health Network’ and Tim Blackstone of ‘So To Speak’ who supported and collaborated on this study and who were a pleasure to work with.
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