Research Report DFE-RBX-10-02

Customer voice research wave 10: Workforce

Sherbert Research

Department for Education

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Research objectives and methodology

Objectives

As part of the review of the previous Government's Teenage Pregnancy Strategy, the then Department for Children, Schools and Families (DCSF) commissioned a series of qualitative research interviews with members of the young people's workforce to better understand their views on teenage pregnancy and teenage sexual health.

The overall aim of the research was to understand the workforce's perceptions of issues faced by young people in relation to relationships, teenage pregnancy and sexual health.

More specifically:

1. To understand what the workforce see as the problems, issues and norms surrounding teenage pregnancy;

2. To explore what the workforce believe is their role and contribution to the solution of teenage pregnancy and promotion of sexual health;

3. To understand what resources and solutions can most effectively meet workers' needs throughout the network.

Methodology

Qualitative research with members of the workforce was conducted across England.

The research sample included teachers, learning mentors, youth workers (including IAGs and Connexions workers), social workers, School Practice nurses.

Research findings

Context

The workforce believe the majority of children and young people have enough protective factors in their lives to buffer them from risk taking behaviour and teenage pregnancy – but young people from 'dysfunctional' backgrounds can lack these protective factors and may pose a risk to themselves and others. Discussions in research, and therefore the findings below, focused on the minority of young people considered to be 'at risk'. The workforce generally had concerns about this group's sexual health, risk taking behaviour and risk of becoming a teenage parent.

All of the workforce in this sample were passionate about their jobs and generally felt that they wanted to 'help' and 'support' young people. They see the issue of teenage pregnancy as part of their role, though none felt it was their core role. It was generally accepted that preventing teenage pregnancy and supporting young parents was a matter for multi-agency working, with different agencies contributing at different levels.

For the workforce in this sample, teenage pregnancy tends to fall into two specific categories: firstly, teenagers from relatively stable backgrounds and schools who get pregnant by mistake. Secondly, teenagers from 'dysfunctional' backgrounds who are involved in a whole range of high-risk behaviours including early unprotected sex and show little regard for the consequences of their actions.

The contributing factors mentioned were consistent across the sample:

Social issues: alcohol and drugs; perception that morals are declining; the sexualisation of children; few proper role models.

Structural issues: deprived households; poor parenting; living in deprived neighbourhoods.

Esteem issues: a lack of ambition; a lack of respect for self, peers, parents and adults; some think becoming a mother is an escape from their backgrounds.

Media exacerbations: a glorification of bad behaviour; vilification of young people; a distorted sense of sex and relationships.

For those dealing specifically with at risk young people, the focus is often fire fighting and crisis management rather than prevention. Issues like teenage pregnancy were described as the result of a long chain of events in young person's life and often picked up too late to prevent. The 'real' issue – as described across the board by this sample – was seen as stemming from fractured families, poor upbringings and a lack of real love in children's family lives.

Opportunities for preventative, meaningful conversations with at risk young people were described as rare. As a result many in the workforce believe they do not have the opportunities for early preventative intervention with their involvement needing to be initiated directly by the young people or another agency. Once involved, they tended to be more proactive. Teachers have influence in young people's lives in a preventative context, but feel the current provision of PSHE is limited in getting relevant, preventative messages across, aren't entirely familiar with protocol and often feel under equipped to meet the needs of some young people. Social workers, youth workers and learning mentors often feel that they come into contact with young people when it is too late for intervention, picking them up only after pregnancy or at crisis-point.

Support for workforce in dealing with difficult conversations

There are many specific challenges in improving the sexual health of young people and reducing teenage pregnancy, according to an individuals' role and the services they provide, ranging from the direct and actionable, through to the broader cultural backdrop:

- For the school nurse, the principal challenge is access to up-to-date and accurate information and resources, and practical, engaging materials for class education and 1:1 advice;
- For youth workers, the challenges are funding, and the need for a joined-up directory of services and signposting to best meet the needs of young people, beyond the help youth workers themselves can offer;
- For teachers, the key challenge is one of time and training – many feel underequipped to deal with the issues presented by pupils and limited in their capacity as PSHE tutors to really make an impact (through time and resource);
- For social workers, pressures come from a lack of 'face-time' resulting from the amounts of paperwork they deal with – meaning a passing on of people to services rather than the chance for constructive dialogue, together with a sense of frustration that stems from dealing in crisis management rather than preventative care.

Possible Solutions

The 'solutions' to current challenges, as recommended by the workforce, fall into three categories:

- Hand-books, resource directories and joined-up signposting;
- Better, more engaging methods of Sex and Relationships / PSHE education;
- Experts – in school and in youth and social services, with specific sexual health and teenage pregnancy issues – meaning less reliance on teachers' ability in delivering specialist information.

Handbooks and resource directories – immediate solution potential

There was a consistent request, from all sectors of the workforce to help compile and make sense of the resources available. The problem was seen to be in the lack of joined-up or coherent sources of information. At present, the sources were described as disjointed and operating within many different spheres of influence, with hugely differing formats and focus. As a result, workers themselves pulled together the elements that worked for them to compile into a range of usable solutions.

Across the workforce there was a view, probably held more strongly amongst those working with 'at risk' young people (social workers, school nurses, learning mentors and youth workers) that a single-file directory of services and booklet of relevant information would be invaluable.

Engaging communications – immediate solution potential

Many workers want to see and use a more 'branded' approach to sexual health communications. Overall, it seems young people are resistant to 'facts' and also to a persuasion model of communication - they need to be engaged more actively in sexual health and associated risks in a more ad literate, branded way. The recent 'Chlamydia. Worth Talking About' campaign was cited as a good example: standout, talkability, and the sense of a branded campaign.

Experts – longer term implementation

Perhaps the most consistent “solution” overall, and particularly relevant to teachers, is the engagement of experts in sexual health education, both as part of the teaching of SRE/PSHE and being on hand for young people to talk to when they have more complex questions and issues, rather than the current reliance on teachers themselves. All agree this would open the dialogue on health, allow pupils a voice when it’s needed, and go a very long way in integrating sexual health understanding into schools (as well as after school) beyond its current, limited form.

The long view

The view was that the root causes of sexual health problems and teenage pregnancy still needed to be tackled in order to significantly reverse trends amongst the most at risk young people.

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