

### **Evidence Based Public Health Practice**

**Teenage Pregnancy** 

# **Bradford Metropolitan District Council**



# TicTac Services Reducing Teenage Conceptions, Improving Young People's Health Outcomes

Young people friendly, integrated health services, early identification and prevention, effective safeguarding, emotional and social well-being, improving school attendance.

The TicTac at Tong had achieved "You're Welcome" National Department of Health Quality Standards

#### Introduction

This example has been commended as it illustrates the need to see young people not simply as 'patients', or 'pupils' but as individuals needing personalised healthcare and tailored supportive services, whoever they are and wherever they are. The insightful commissioning of young people's health services in Bradford is aiming to guarantee this, with newly designed services delivered right at the centre of young peoples' daily lives, reaching out, and not expecting young people to attend more formal traditional adult-orientated clinical settings. The example also breaks myths that such services are expensive, and that faith groups do not support these services.

# **Background**

Bradford is striving to improve sexual health outcomes for young people as part of the agenda to tackle health inequalities. National figures show that between a quarter and a third of young people are thought to have had sex by the time they are 16, indicating that young people need access to sexual health services, at secondary school age. An estimated one in ten young people are infected with Chlamydia in England. Over fifty percent of teenage conceptions, lead to an abortion, and teenage mothers and their children experience far worse health and education outcomes than older mothers. Traditionally, young people are least likely to access adult-orientated contraception and sexual health services, putting themselves at higher risk of unplanned pregnancy, abortion and sexually transmitted infections (STIs).

Bradford is committed to making a difference to young people's lives and recognise that in order to achieve this, they need to design and deliver quality services, which are easy to access and are delivered through partnerships.

The TicTac model offers young people easy access to integrated health services. The approach was developed originally and operated in a high school in Torbay, Devon, and has been adapted by Bradford. There are now eight TicTac models, seven in schools, and one in a community centre with close links to a school and a vocational education provider.

# Aims and Objectives

# Young people in school can:

- access an integrated health service which is easy to use and forms part of daily school life
- receive easy to understand information and supportive advice on a range of health issues - smoking, drugs, alcohol, bullying, peer pressure, healthy weight, eating disorders and sexual health (covering relationships, delay messages, sexuality, provision and safe use of condoms, contraception, the prevention of STIs and pregnancy, termination and adoption)
- be offered a full range of information and non-judgemental counselling to support individuals with mental health issues and decision making on pregnancy choices
- participate in one-to-one, or group level support
- be referred to other health services confidentially as needed, or supported to access other support services in school
- be signposted and supported to services in the community e.g. social care
- play a key role in the development and design of their own school-based integrated health services.

# **Appropriateness**

TicTac services operate in the schools in Bradford which serve populations identified as being at risk of unplanned teenage conceptions or with high levels of teenage pregnancy. They are confidential integrated health services for young people. Teachers are aware of the services but are not informed about the nature of the visits by their students. TicTacs follow safeguarding policies and young people and schools are made aware of these.

School-based integrated health services locate health provision closer to the point of need and ensure that young people can easily access services they may not be able to or want to access in traditional clinical settings. TicTac provides early preventative opportunities for young people to talk to a health professional, and access early supportive health-related interventions. Each TicTac is bespoke and services are flexible in order to meet need. For example, one school ran a group on anger management to support a group of young men, whilst another decided to offer one-to-one counselling to meet the specific needs of some of their young women. The Co-ordinators identify specific needs, through discussion with students in school year groups or through feedback from service users and will organise support based on these key issues.

# **Accessibility and Acceptability**

Service location and opening times often pose a barrier to service access for young people. Each TicTac opens at times to meet the needs of young people, usually lunchtime but also straight after the school day if this suits young people. The community centre based service opens over the school holidays, and the service at Tong has opened in a local community centre during the six week summer break for the last two years, due to demand.

Providing services in school improves access because the time and place fits in with young people's every day lives. School is the one place that most young people attend. Not all young people will need to access sexual health services at school age, but by providing a service in school it enables those who need the service to use it. Research shows (Salmon and Ingram, 2008¹) that services, which are based in schools can also be very effective in reaching vulnerable and hard to reach groups of young people.

#### Service User Feedback

Each centre gathers feedback from users, but this is not yet centrally coordinated. An evaluation commissioned from Sheffield University and Sheffield Hallam University (using survey and focus group data) of all the Tic Tacs in Bradford <sup>2</sup> found:

Young people clearly valued Tic Tac services. Almost all participants in the research stressed the importance to young people of approachability and confidentiality, which inspired trust and often influenced the likelihood of them returning to use the service. A high premium was placed upon staff 'friendliness" and "understanding".

"It's easier to talk to people in Tic Tac than it is to your parents sometimes" **Young focus group participant**  "Because I could talk at TicTac I could go to my history lesson and concentrate"

One centre regularly collects comments from its users:

- "Can tell them anything"
- "Always open"
- "Whatever you need, it's there"
- "Good advice, all really helpful & I love them all"

<sup>&</sup>lt;sup>1</sup> An Evaluation of Brook Sexual Health Outreach in Schools, Final Report, March 2008. Debra Salmon & Jenny Ingram Centre for Public Health Research University of the West of England Bristol

# **Partnership Working**

After initial 'pump priming', schools pick up costs for the building and Co-ordinators for their service centre. As part of the Service Level Agreements, partner organisations must ensure mainstreaming of the services they deliver to ensure sustainability and access.

A partnership approach is essential for Tic Tacs to be able to offer the full range of services which young people may need. Each TicTac has a management group which includes young people and parents, as well as staff. Partners may include:

- School staff
- School governing bodies
- Agencies (for example children's centres, faith organisations)
- Counselling services
- Voluntary sector (specialising in health)
- Youth Support Services
- Contraceptive and Sexual Health Services
- 'Health of Men' (PCT project)
- Social Care
- Salvation Army

The above list provides a sample of the services supporting TicTac delivery in Bradford. Each centre is different and develops links with local agencies based on analysis of the needs of their young people.

#### **Funding**

Initially each TicTac centre was given 'start-up' costs (an average of £2,000 per centre). They also knew that part of their commitment was to find mainstream funding and resources. The staffing of the centres however comes mainly from a range of mainstream partners, who have locally negotiated agreed times to offer services in the centres.

At Tong, the start-up funding was initially used to fund a portable building and the coordinator. The vision for TicTac is now at the heart of the school's estate development plans, yet still remains a discreet service. The school now cover the full costs for the Co-ordinator and the Counselling Services. This is similar for two other schools which have moved their centres into the main building and fund the Co-ordinator from their own school's budgets. One of the faith schools has their counselling costs covered by the Church.

Three other schools are in their final year of start-up funding but are intending to find Coordinator costs as part of their agreement. All schools have now had TicTac space incorporated into any building plans. One school had the centre adapted from the old caretaker's building and have their staff costs largely met by a local health centre who provide staffing.

The TicTac in the community has its Co-ordinator and Counsellor funded by a grant. This is the least financially secure arrangement as the centre is based in a Children's Centre. Current work is being undertaken to ensure long-term commitment is provided to this centre.

<sup>&</sup>lt;sup>2</sup> Mapping Bradford Tic Tacs: An evaluation of school-linked health services for young people. Eleanor Formby, Ben Willis and Claire Wolstenholme Sheffield Hallam University with Jenny Owen University of Sheffield.

# **Effectiveness, Efficiency and Equity**

#### **Potential Outcomes**

- Reduction of STIs and unintended pregnancy in young people.
- Increase in Chlamydia screening uptake.
- Growth in numbers of young men accessing services for a range of health issues.
- Promotion of positive health and emotional wellbeing.
- Delivery of more targeted health promotion messages e.g. encouraging young people to really think through when they are ready for sexual relationships.

#### **Bradford's Outcomes**

The Bradford teenage pregnancy rate reduced by 20.5%, from 1998-2008) which was better than the national average reduction over the same period. Whilst this was not only due to the TicTac centres alone, they contributed to the reduction in rate, to reaching Chlamydia screening targets and meeting other health and education related outcomes.

TicTacs have been seeing large numbers of young people. The numbers range from approximately 100 in the community setting to over 1,000 in the school settings over the course of one year. Young people find the services both welcoming and useful as evidenced in the external research carried out by Sheffield University and Sheffield Hallam University<sup>2</sup> and user feedback to individual centres

A wide range of issues is dealt with by TicTacs, including alcohol use, bullying, family stress and worries over exams. TicTacs demonstrate high levels of unmet demand and unexpressed needs for these services. Feedback from students in schools already offering on-site health services shows a strong demand for sexual health advice in particular. The TicTacs have also shown that they can improve school attendance by addressing some of the barriers to learning.

The findings from the TicTacs are also excellent in that they are used to develop local media campaigns and target specific health (particularly sexual health) messages.

In terms of long-term benefits, there are currently no longitudinal studies in Bradford (although the school in Torbay with a Tic Tac have data which demonstrates benefits for both students and teaching staff). However the local and the nationally commissioned research described earlier in this document <sup>1 & 2</sup> demonstrate good results from the evidence provided by key stakeholders, partners and young people. TicTacs in Bradford are considered effective and efficient as they do make a difference to the lives of young people, from those worried about exams, or their parent's alcoholism, to young people who find out they are HIV positive.

After initial start-up costs, the centres are cheap to run, usually requiring a Co-ordinator (often paid at learning mentor rates), Service Level Agreements for partner engagement, and a base from which they can reach young people. Counsellors are the biggest expense for the service. Bradford is now working to look at ways of making this service area more cost efficient. Mainstream contraceptive and sexual health services have made a long-term commitment to supporting TicTac models of service provision. They are convinced this is a good way of reaching young people who often do not access their traditional clinical services.

<sup>&</sup>lt;sup>2</sup> Mapping Bradford Tic Tacs: An evaluation of school-linked health services for young people. Eleanor Formby, Ben Willis and Claire Wolstenholme Sheffield Hallam University with Jenny Owen University of Sheffield

Bradford has an in-depth data monitoring and performance management system, which helps target work. Assessment criteria are used, which includes characteristics of risk of teenage pregnancy, numbers of Looked After Children etc, to identify need and address local gaps in service provision. More schools are asking for TicTacs than can be currently supported.

### Case studies which highlight impact:

Case Study 1 - A young woman (aged 15) who was in an abusive and unhealthy relationship came to see us. She was booked in with our counsellor and during the sessions came to realise that she was being groomed by her partner for sexual exploitation. She started to see the relationship for what it was, and through continued support and counselling was able to break free and take back some control of her life. This young woman still attends TicTac and continues to be supported but is in a much better place than she was when she first came to see us. She "feels safe to talk to Carol (our Counsellor) because she really listens and understands and never judges what I do."

Case Study 2 - A young woman (aged 18) with a strict Muslim background was referred to us by her college tutor. The young woman had relationship problems and had tried to commit suicide. During her counselling sessions lots of issues that she had been unable to discuss with anyone else were raised and she was given mechanisms for coping with her life. In her own words, she felt that TicTac was her "safe place", "her refuge" where she can "be herself and off load." "Mondays are the one day of the week that [I] look forward to" (Monday is when she has a 45 minute session with our Counsellor).

Case Study 3 - A young female student pupil (aged 14) who suffered a serious sexual assault was referred to us by her mother who was concerned that her daughter had "shut down and was refusing to talk anyone". This young woman continues to have counselling sessions and is starting to turn a corner. TicTac is again the only place that this young woman felt safe to talk about what had happened to her, she understands that to deal with what she has been through means revisiting it, even though this is extremely painful and upsetting. We shall continue supporting this young woman until we feel that she is ready to move on.

Case Study 4 - A young woman (aged 15) who has suffered neglect and abuse through most of her life is currently accessing our counselling service for help in dealing with the past and present and in moving on. In her own words she tells us that "I like coming here on a Monday, nobody listens to me at home, I can't talk to anyone at school, I don't know what I'd do if I didn't come here because I've got no one else to talk to, I feel like I'm living a life but I don't know whose but coming here is helping me to figure it out."

# 5 key Steps to Setting Up the Service

- 1. Ensure all partners understand the service is for their young people and is needs based.
- 2. Partners are crucial and need time, support and information to learn how to work effectively together, especially if they experience negative press coverage.
- **3.** Focus on the needs of the young people it's what brings everyone together.
- Be clear to young people that though their school is very proud of their TicTac service, it is a confidential service staffed by partner organisations – not school staff.
- 5. The TicTac Coordinator and their understanding/views and approaches to young people are crucial to success.

# **Contact Details**

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