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# The Isle of Wight, East Cowes Outreach Street Project: an evaluation report

Nicole Stone, BSc  
*Research Fellow*

Roger Ingham, DPhil  
*Reader in Health and Community Psychology*

*Centre for Sexual Health Research, Faculty of Social Sciences, University of Southampton,  
Southampton, SO17 1BJ, UK*

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## 1.0 Introduction

One of the key objectives of the last British Government's *Health of the Nation* initiative was a reduction in the level of teenage pregnancy, particularly amongst women under the age of 16. Their aim was to reduce the national rate of conception amongst the under 16s by at least 50 percent by the year 2000 (from 9.5 conceptions per 1000 women aged 13-15 in 1989 to no more than 4.8 per 1000)<sup>1</sup>. The Centre for Sexual Health Research at the University of Southampton conducted a study modelling the spatial distribution of teenage conception rates in Wessex<sup>2</sup> in an attempt to identify the key correlates of teenage conception rates. One of the most significant findings of this work was the relationship between access to an appropriate youth health service and the ward level teenage conception rates.

Further studies have shown that uptake by teenagers of generic health services and those aimed specifically at young people can remain low<sup>3</sup>. Once accessible services exist there is still the need to deliver an acceptable and equitable service. Specific concerns of teenagers include the need for assured confidentiality, improvements in approachability of staff and in privacy, accessibility, advertising, and the quality of service offered.

In 1996, the Isle of Wight Health Authority in conjunction with Youth and Community Services established the Outreach Street Project in an attempt to reduce the incidence of teenage conceptions and in particular underage conceptions occurring on the island. The team consists of one female youth worker and one female sexual health worker and their aim is to provide readily accessible healthcare and advice to young people in a manner deemed both appropriate and acceptable to them. Each Friday evening between the hours of seven and eleven the two workers walk the streets of Cowes meeting up with individuals and groups of young people. The Yorkie Bar youth club, located within East Cowes, is used as a base for the outreach workers and a venue where young people can be consulted in private if necessary.

The innovative and original project, is based in the vicinity of East Cowes after identifying the most deprived areas on the Island and taking into consideration the strong link between deprivation and the prevalence of teenage pregnancy. Osborne ward, located adjacent to East Cowes ward, is found to have the highest recorded deprivation score of all the wards on the Isle of Wight and contains the most deprived enumeration district<sup>4</sup>.

In 1996, the year that the outreach project was established, the South West Regional Health Authority's *under 20* conception rate was estimated to be 53.5 conceptions per 1000 women aged 15-19. Within the South West region this rate varied from a low of 44.0 in North and Mid Hampshire to a high of 63.3 in Portsmouth and South East Hampshire. The Isle of Wight experienced the second highest conception rate of 62.5 conceptions per 1000 young women aged 15-19 and the highest conception rate amongst women aged 20-24 (115.6 per 1000) during the same period.

More significantly the *underage*<sup>5</sup> conception rate for the South West region between 1991 and 1993 and similarly between 1994 and 1996 was 6.9 conceptions per 1000 women aged 13-15, see table 1. During both of these time periods around 55 percent of underage conceptions resulted in an abortion. Between 1991 and 1993 the Isle of Wight experienced the highest underage conception rate of all the Health Authorities in the South and West region, 9.6 per 1000, of which 51 percent ended in abortion. By

<sup>1</sup> Department of Health (1992). *The Health of the Nation; a strategy for health in England*. London: HMSO.

<sup>2</sup> Clements S. et al (1998) 'Modelling the spatial distribution of teenage conception rates within Wessex' BJFP 24: p61-71

<sup>3</sup> Peckham S. (1993) Preventing unintended teenage pregnancies. *Public Health*; 107: 125-133

<sup>4</sup> Carstairs Deprivation Index

<sup>5</sup> Those under the age of 16

1994/96, however, the conception rate had fallen dramatically by a quarter to 7.2 conceptions per 1000 and the proportion of conceptions ending in abortion had risen.

- Table 1: Underage conceptions: numbers and rates by area of usual residence and outcome 1991-1993 and 1994-96

Regional Office and Health Authorities	Conceptions at ages under 16		Rates per 1000 women aged 13-15					
	Number		Total		Maternities		Abortions	
	91/93	94/96	91/93	94/96	91/93	94/96	91/93	94/96
South and West	<b>2,208</b>	<b>2,384</b>	<b>6.9</b>	<b>6.9</b>	<b>3.0</b>	<b>3.0</b>	<b>3.8</b>	<b>3.8</b>
North & Mid Hampshire	153	144	5.4	4.7	2.1	1.9	3.3	2.8
Portsmouth & SE Hampshire	209	231	8.2	8.3	3.9	3.8	4.3	4.4
Southampton & SE Hampshire	219	184	8.6	6.6	4.1	3.2	4.6	3.4
<b>Isle of Wight</b>	<b>60</b>	<b>47</b>	<b>9.6</b>	<b>7.2</b>	<b>4.6</b>	<b>3.1</b>	<b>4.9</b>	<b>4.2</b>
Somerset	170	189	6.9	7.0	2.7	2.9	4.2	4.1
South & West Devon	202	264	7.1	8.6	3.3	4.1	3.9	4.5
Wiltshire	199	233	6.6	7.2	3.5	3.4	3.2	3.8
Avon	327	357	6.9	7.2	3.1	3.4	3.8	3.8
Cornwall & Isles of Scilly	149	164	6.1	6.3	3.0	3.0	3.0	3.3
Dorset	176	202	5.6	5.9	1.9	2.0	3.8	3.9
NE Devon	130	158	5.9	6.5	2.0	2.7	3.8	3.9
Gloucestershire	214	211	7.6	7.0	3.7	2.8	3.9	4.1

Source: ONS Monitor Population and Health FM1 98/1

## 2.0 Background

The East Cowes Outreach Street Project was established in October 1996 targeting young people "at increased risk of pregnancy", living within the vicinity of East Cowes. As the project has grown in size and credibility over the two years, so the emphasis of the project has expanded to deal with a much more diverse range of issues than solely sexual health, although this still remains of significant importance.

After having made contact with a large number of young people in the locality of East Cowes it was deemed important that the project be externally evaluated to confirm that the project is reaching its intended target population of young people in significant numbers. Furthermore, it is the Health Authority's aim to expand the project into other areas on the Island. An evaluation of the current project would enable the Health Authority to identify which key elements need to be provided to ensure the success of similar projects.

The evaluation itself can be divided into two elements; firstly, the process evaluation and, secondly, the outcome or impact evaluation. The process evaluation focuses solely on the project's implementation and is designed to answer questions such as:

*Are the clients satisfied with the project, the method of delivery and the information and help they receive?*

and secondly

*Is the project actually accessing its intended target population?*

The outcome or impact evaluation on the other hand addresses the project's effectiveness and is designed to answer such questions as:

*Are there any differences in the clients' knowledge, attitudes or conduct after the intervention with respect to the short-term objectives of the project?*

furthermore

*Is there any evidence that the intervention produced these differences?*

Without an appropriate comparison group it is difficult to attribute any changes observed to the project for they may well have arisen anyway. Furthermore, it should be remembered that long-term goals may take a number of years to be realised so the outcome/impact evaluation requires the collection of data to measure the programme's short-term objectives, through which the long-term goals are realised. For example, one of the long-term goals of the project is a reduction in the teenage conception rate. The short-term related objectives are to increase the use of condoms at every episode of intercourse and to delay the onset of first intercourse.

The aims of this evaluation project are therefore:

1. To establish to what extent the Outreach Street Project of East Cowes is accessing its intended target population. In particular, to determine whether the outreach workers are contacting specific sectors of the population whom otherwise, without the existence of the project, would receive little or no support.
2. To ascertain the extent of any reported behaviour change as a result of the project in relation to young people's use of services and specific patterns of behaviour.
3. To obtain young people's opinions and views about the current outreach project in East Cowes.

## 3.0 Methodology

In order to answer all three questions posed it was felt that the evaluation should take the form of a two-stage investigation involving young people who come into contact with the street project workers.

### Stage One: The Audit

The objective of the audit was to build up a demographic profile of the young people who regularly come into contact with the outreach street project workers (SPWs).

Through the collection of basic individual level characteristics such as age, sex and home address and information regarding the issues discussed and help provided we are able to identify whether or not each individual seen falls into the "at risk" category. Furthermore, by comparing the outreach project user profile to the local population and user profiles of other service providers on the mainland and on the Island we can establish whether or not the project is accessing significantly different sectors of the population, those that other services often fail to attract.

### Stage Two: One to One Interviews

The objective of the interviews was to acquire young people's views and opinions about the health services provided on the Isle of Wight and their experiences, if any, of the SPWs.

Semi-structured, one to one, in-depth interviews were conducted with young people who come into contact with the SPWs on the streets of East Cowes. The respondents were recruited by the SPWs from the streets and interviewed at the Yorkie Bar youth club by a mixed sex team of researchers from the Centre for Sexual Health Research. Each interview was tape-recorded and lasted about 45 minutes. At the end of each interview each young person was given a phone-card and a list of help-line numbers.

Each interview consisted of 4 sections.

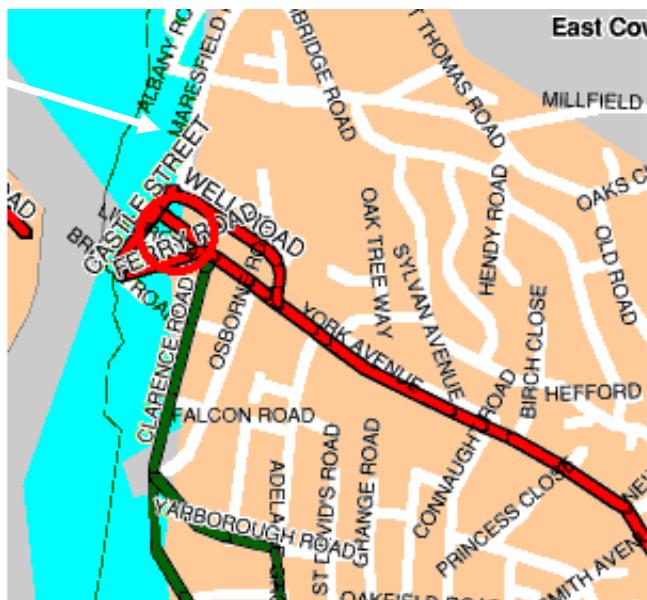
- Section one contained mainly demographic questions aimed at collecting similar, individual level, information as the audit.
- The second section asked each respondent about their own reported personal usage of the health services provided for young people, their experiences of them and how they came to learn of them.
- Section three asked the respondents to expand on their experiences of meeting with the SPWs.
- The fourth and final section concentrated on exploring each individual's own personal experiences of sex.

## 4.0 The Audit - findings

For a six-week period the SPWs attempted to collect basic demographic information from the young people they came into contact with on the streets. Unfortunately, due to ethical constraints and reasons of confidentiality it is not possible to link individuals from one week to the next, so limiting the types of analyses which can be performed on the data collected.

The number of young people seen each week varied from a low of four to a high of 40 depending on the weather conditions. On average, however, the workers met with around 20 individuals each evening. The overwhelming majority of young people who did come into contact with the SPWs during the six-week period were aged between 13 and 19 years. Roughly half of the young people seen were male and half were female. This user profile varies significantly from that seen in Southampton's young people's drop-in centres where approximately 11 percent of users were male and 89 percent female. Furthermore, the age structure of the young people seen by the SPWs on the streets is slightly younger than that of young people accessing the mainland drop-in centres; the outreach project seems to reach a higher proportion of individuals under the age of 16 than the clinic type setting. The average age of the young men seen on the streets during those six weeks was 16 years; for young women it was slightly lower at 15 years. This can be compared to a mean age of around 18 years for both males and females accessing sexual health services in Southampton, although it should be noted that mean ages do vary quite considerably between services.

Using the information provided by the young people, regarding their home addresses, it has been possible to identify where the young people live. The majority of young people seen reported living in a small catchment area in the vicinity of Connaught Road, Adelaide Road and Vectis Road, just south of the Yorkie Bar (white arrow), see map below. Unfortunately, due to the lack of data relating to each young person's individual circumstances and in the absence of individual postcoded information it is not possible to identify for certain from the audit if the young people are disadvantaged and 'at greater risk'. It should be stressed again however that Osborne ward, south of the Yorkie Bar, is the most deprived ward on the Isle of Wight.



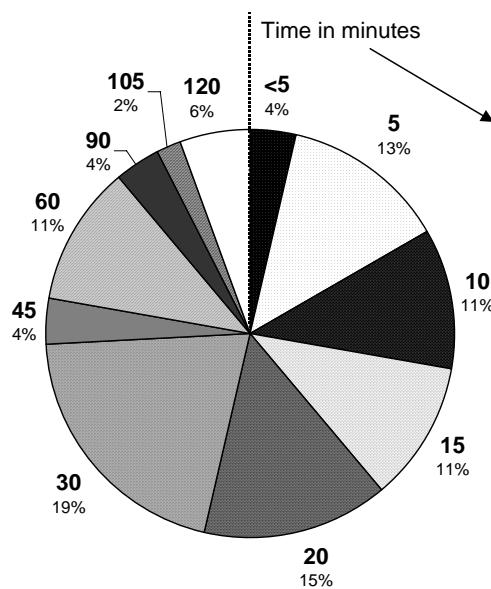
Services, such as young people's health initiatives, are often evaluated in the basis of the number of clients seen over a particular time period. This method does not, however, measure the Outreach Project's true effectiveness. For example, the

consultation time for a GP or nurse seeing a young woman for a repeat prescription of her pill can be relatively short, thus a sizeable number of contacts can be made in a limited period of time. On the other hand, a street project worker may spend a number of hours with just one or two clients providing them with emotional support, help and advice, which may result in a major change in that young persons behaviour and outlook on life. On paper, the GP/nurse is seen as providing a more effective service for they are making contact with many more clients than the project worker. In reality, the service that the project workers provide, supplying not only sexual health advice and information but also emotional support, may be far superior for the smaller group of individuals who do have contact.

In an attempt to quantify the quality of the contact that the street project workers have with the young people it was deemed necessary to obtain some indication of the time the workers spend with the young people providing support and advice. Informing a young person where to find the nearest family planning clinic may only take a minute, or could take half an hour depending on the age of the individual involved and/or whether they young person needs additional guidance, encouragement and support.

Figure 1 displays the proportion of contacts made by the workers within the six-week period lasting X minutes. It shows that only 17 percent of meetings lasted five minutes or less, just over 45 percent lasted for half an hour or more, with six percent lasting for at least two hours. This distribution highlights the large amount of time that the project workers spend listening and talking to the young people, much greater than the time available in a clinic type environment.

• Figure 1: Proportion of contacts made by duration of time



Furthermore, to provide an insight into the sorts of issues and support the workers provide on the streets, basic information regarding the nature of the contacts was recorded. The list below includes the most frequently mentioned topics:

- ❖ Relationships
- ❖ Family, separation, divorce
- ❖ Drink, smoking, drugs
- ❖ Jobs, job opportunities, careers
- ❖ Exams, school, college
- ❖ Safer sex, STDs, GUM
- ❖ Pregnancy
- ❖ Contraception, condoms
- ❖ Self-harm, abuse, bullying

## 5.0 One to One Interviews - findings

'It's a good idea, it's the best idea I think East Cowes has come up with.  
I think the pregnancy in East Cowes has dropped  
since they've been walking around.'  
(male, aged 15)

### 5.1 Demographics

In total 20 young people between the ages of 13 and 19 were interviewed in East Cowes between June 3<sup>rd</sup> and July 17<sup>th</sup> 1998. The eleven males who agreed to be interviewed were aged between 13 and 19 and the nine females between the ages of 13 and 17. The age sex breakdown of the respondents is shown in table 2. Having had discussions with the SPWs and comparing our sample to that acquired from the audit it is felt that those interviewed were typical of the young people seen out on the streets.

• Table 2: Age and sex distribution of interviewees

Age	Males	Females	Both sexes
13	1	1	2
14	1	1	2
15	2	1	3
16	4	5	9
17	1	1	2
18	-	-	-
19	2	-	2
<i>Total</i>	<i>11</i>	<i>9</i>	<i>20</i>

Six of the respondents reported that they were still at school. Ten had just left school of whom five had plans to go onto college in September, three did not know whether or not they were going back into education and two had decided instead to find themselves full time employment. One further interviewee was currently in full time employment but had plans to return to higher education the following year, one reported being unemployed and had been so for some considerable length of time, one respondent was a full time mother and one was currently homeless looking for a job and a place to live (table 3).

• Table 3: Occupational status of sample

Current Occupation	Male	Female	Both sexes
School	4	2	6
In between school/college	2	3	5
Left school, plans unknown	-	3	3
Employment	1	-	1
Unemployed	3	-	3
Full time at home	-	1	1
Other	1	-	1

Thirteen out of the 20 respondents came from a background of family dissolution with only seven of the young people living in households with both their natural parents. All of the respondents had at least one brother or sister and two of the female respondents were also mothers themselves.

### 5.1.1 Social Deprivation

All of the respondents were willing to provide information regarding their home address, from which it is possible to allocate a postcode to each individual. The postcode has two purposes. Firstly we are able to link each postcode with a grid reference enabling us to build up a profile of where the young people currently live. Secondly using the grid references we can allocate each respondent to an enumeration district (ED) which in turn provides us with the means of designating a deprivation score to each individual dependent on their home address.<sup>6</sup> In the absence of data relating to each young person's individual circumstances ED deprivation scores have to be used in order to identify areas of disadvantage.<sup>7</sup>

Past research has shown that deprivation is highly correlated to ones risk of experiencing a teenage conception<sup>8</sup>. The higher ones deprivation the greater the risk. By identifying the deprivation scores of those who are currently being accessed by the SPWs we are able to detect if they are 'at a higher risk' of experiencing a teenage pregnancy.

Currently there are four standard indices of deprivation which can be easily calculated using 1991 census data 1) the Townsend index 2) the Jarman UPA index 3) the Carstairs index, and 4) the Department of the Environment (DoE) index. All of them show that deprivation is associated with increased teenage pregnancy however it is important to realise that these standard indices are generic and are not the most accurate way of measuring specific outcomes such as teenage pregnancy. Nevertheless all four of the indicators have been used in the health field and have been selected as alternative but overlapping definitions of social deprivation. The Townsend and Carstairs indices are specially designed to measure material deprivation and its link with health. Whilst the DoE index was devised for use in urban policy, and the Jarman index strictly represents a measure of factors identified by GPs as affecting their workloads. Due to the nature of the study the DoE index has been excluded from the analyses.

Initially we are able to compare the respondents' ED deprivation scores to those for all EDs in the South West region, all EDs on the Isle of Wight and all EDs in East Cowes and Osborne wards. The aim is to identify if our sample live in EDs that are significantly different with respect to their levels of deprivation and are using various comparison groups due to the wide variability of deprivation found nationally.

The national mean deprivation score for all the deprivation indices is zero, hence a positive score equates to higher than average national deprivation and a negative score to lower than average. Table 4 shows that the South West (SW) region has lower deprivation than the national average according to all three of the indicators. The Isle of Wight on the other hand has mean deprivation scores greater than the SW indicating that its deprivation is slightly higher, although it still remains below the national average.

Table 4 also shows the mean deprivation scores for the EDs of East Cowes and Osborne the two wards closest to the location of the outreach project. The two columns clearly show that East Cowes has lower deprivation on average than both the Isle of Wight and the SW region, whilst on the other hand, Osborne has very high scores for all three deprivation indices, all scoring above zero, denoting high levels of deprivation within its EDs.

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<sup>6</sup> The scores relate to the ED in which the individuals live and not to the individual young people themselves.

<sup>7</sup> 'places where disadvantaged people congregate are places where disadvantaged lives are lived out'

Sloggett, A., & Joshi, H. (1998). Deprivation indicators as predictors of life events 1981-1992 based on the UK ONS longitudinal study. *Journal of Epidemiology & community Health*, 52, (4): 228-233

<sup>8</sup> Clements S. et al (1998) 'Modelling the spatial distribution of teenage conception rates within Wessex' BJFP 24: p61-71

• Table 4: Mean enumeration district deprivation scores by area

Index	National	South West	Isle of Wight	East Cowes	Osborne
Carstairs	0.00	-1.02	-0.27	-1.03	0.97
Jarman	0.00	-3.15	-0.11	-3.64	7.81
Townsend	0.00	-1.06	-0.60	-1.26	0.08

All three deprivation indices are highly correlated with one another and all have been found to be significant indicators in determining teenage pregnancy; hence in the following analyses only the Carstairs deprivation index will be used.

As mentioned previously we are able to link each individual to an ED using their postcode. Nineteen of the twenty respondents could be allocated to an ED and hence deprivation scores. Map 2 below shows the distribution of the respondents. Eight young people lived in East Cowes and Osborne wards respectively, two lived in Cowes Castle and one in Cowes Medina, all were distributed between 11 different EDs within these four wards.

• Map 1: Home addresses of each respondent interviewed

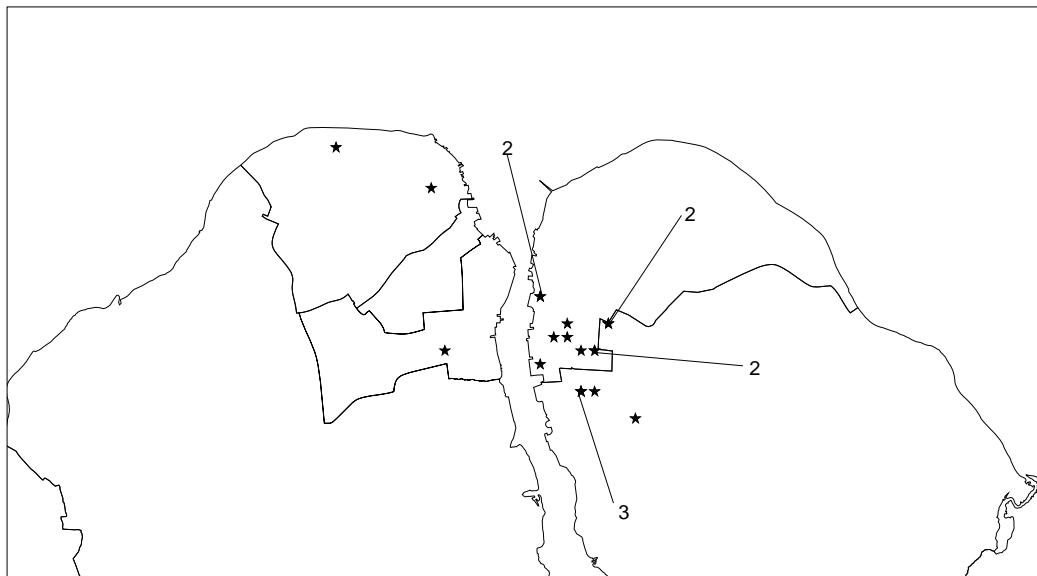


Figure 2 displays each of the individual respondents deprivation scores along with the average deprivation scores for the Isle of Wight, East Cowes, Osborne and the area of East Cowes and Osborne combined. The figure shows that amongst those interviewed deprivation varies considerably from a score of -2.96 to 4.75 (Isle of Wight range -3.51 to 4.75). Only two of the respondents live within EDs with deprivation scores lower than the average for East Cowes i.e. in areas with low levels of deprivation. Furthermore, of the respondents who do live within the ward of East Cowes, seven out of the eight live in EDs with higher than average deprivation scores for that ward.

At the other end of the scale we find that half of the respondents live in EDs more deprived than the national average (0.00). Furthermore six of the respondents live in the two most deprived EDs on the island.

- Figure 2: Deprivation scores for each respondent and specific locations

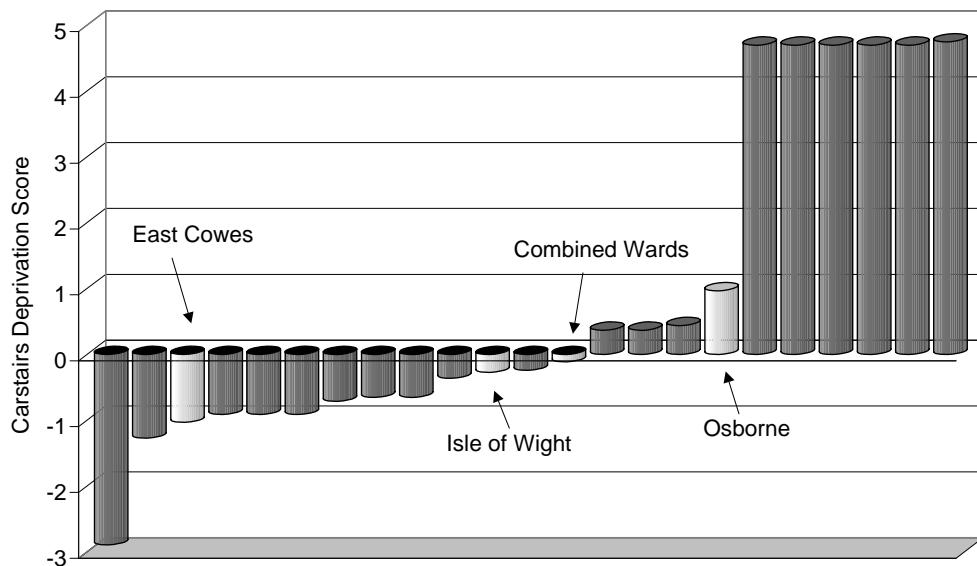


Table 5 displays the mean ED deprivation scores for the wards of East Cowes and Osborne. In the final column are the mean deprivation scores of the young people interviewed who live within these wards. For example eight young people interviewed live in an ED in East Cowes. The mean deprivation score for those individuals is –0.40, higher than the mean score for the whole ward (-1.03).

- Table 5: Mean ED and respondents deprivation score by ward

Ward	Mean ED score	Respondents ED score
East Cowes	-1.03	-0.40
Osborne	0.97	2.69

We can deduce from these findings that those young people interviewed do live in the more deprived areas in the locality of the Yorkie Bar.

## 5.2 Utilisation of health services

The interview began by asking each respondent what their main sources of information were regarding sex, contraception and related matters. Without being prompted the three main sources referred to by males were 1) school, 2) friends and 3) the SPWs. The female respondents also named the same three sources; however, a number of young women additionally revealed that they obtain information about sexual health matters from the magazines that they read.

• Table 6: Sources of information regarding sex, contraception and sexual health

Topic	Male	Female
Family GP	-	1
SPWs	11111	111111
High School	11111111111	11111
Friends	1111111	111111
Mother	1	11
Brother	1	-
Leaflets	1	1
Magazines	1	111111
Father	1	1
Partner	1	-
Television	11	-
Youth Club	-	1
School Visitors	1	-

006.m.17<sup>9</sup> ‘There’s a lot of leaflets and Tina & Julia normally hand out leaflets quite a lot and I actually ask for them now whenever I see them, you know, “have you got any updated leaflets?” so I find out like that, it’s the most handy way.’

013.m.13 *Talking about the SPWs*  
‘They were the first ones who ever talked to me properly about it, us lot as a group.’

### *Talking about School*

‘Only about birth and how babies are formed. No information on how to be safe.’

Each young person was then asked where they have ever been for help and advice about sex and contraception. They were shown a list of seven venues and asked to indicate those they had ever attended, their responses are show in table 7 sub-divided by age group and sex of the respondent.

<sup>9</sup> Ref no. sex. age

• Table 7: Venues which respondents reported to have visited

Venue	U16 Male	16+ Male	U16 Female	16+ Female
Emergency contraception clinic, hospital	-	11	-	11
Family planning clinic, hospital	-	1	1	111
GUM hospital	-	-	-	1
Youth Trust – Newport	1	1	1	1111
Youth Trust – Ryde	-	-	-	-
GP	-	-	-	11111
College Clinic	-	1	-	1
Never been to any	111	11111	11	-

Eight out of the eleven male interviewees and two out of the nine female interviewees reported never having attended any of the listed venues. They did, nevertheless, claim either to know about the establishments or to have heard about them either through word of mouth or information given out at school etc. Only one male aged over 16 reported that he did not know that contraception could be obtained from GPs and a few respondents also had not heard about the clinic at the college, but this is understandable given that they either still attended school or had just left.

020.m.16

*Talking about the Youth Trust*

‘That’s well advertised at school now, yeah very well. We get a person every couple of months or so sitting in the hall with all their leaflets about it and that.’

### 5.2.1 Experiences of sexual health services

Those who had attended at least one of the venues were asked to recount their experiences of the place. For example, why did they go there, how did they find the staff, would they go there again or would they recommend it to their friends.

#### **Emergency contraception clinic**

Two males and two females, all aged either 16 or over, had been along to the emergency contraception clinic at St Mary’s Hospital. One female had found out by talking to the nurse at the college clinic, the other through talking to her friends and the SPWs. There was a general consensus of opinion that because the hospital was located centrally it was accessible, especially if attending from school or college. The staff were seen as approachable and the whole experience was generally positive.

001.f.17

‘They were quite nice...they just talked and said “what do you want to do?” and just explained so they were nice and friendly.’

010.f.16

‘They were really nice.’

#### **Family planning clinic**

Five respondents had visited the family planning clinic at the hospital (four females and one male). The four young women had all attended in order to obtain the pill either for themselves or for a friend and three reported that they attend on a regular basis to obtain repeat prescriptions. Access was again not reported as a problem, although one young women had to obtain repeat prescriptions every month which was seen as inconvenient. In general the family planning clinic was seen as a favourable place to go and the provision of female staff, and in particular the link with Julia, the sexual health worker, made the visit less threatening. All the young women said they would or already have recommended friends to go there.

002.f.15 'It's really good up there, they're really friendly and that. They always walk about smiling and stuff so. There's a lot more people in there as well, it's like better... I don't know, it just makes you feel more comfortable than sitting at the doctors like, talking to a man, do you know what I mean, it's easier to talk to women.'

015.f.16 'They're alright up there. I see Julia when I go up there and I did recommend it to other friends.'

019.f.16 'Julia explained all about it. I actually saw Julia when I went up there, she explained all about it. They were nice, they were polite.'

### **The Doctor**

Over half of the young women interviewed had been along to a general practitioner for help and advice about contraception. Four went about the pill, the fifth when she found out she was pregnant and decided to keep the baby. All five attended their own doctor's surgery the first time and three saw their family GP, all of whom happened to be male. Two young women chose instead to see a female doctor in the same practice. Those who made the decision to see a female doctor felt very strongly that it would have probably deterred them from going if they had to see a man. This feeling was echoed by another young woman who was asked whether she would ever consider visiting a male GP. Furthermore, one young woman reported that she did not mind visiting her male GP to obtain the pill, but if she had a particular problem she would find it difficult talking to him.

001.f.17 'I thought it would be nice to talk to a female just because it's a first time pregnancy and everything.'

011.f.16 'Oh I don't mind going to him, he's alright... Well I don't mind going to my GP for the pill and that but I really don't feel as though I can go to him for the morning after pill in case I do have a problem with my pill or something.'

Only one woman had gone along to a GP in another practice. She had found her own doctor very unhelpful because he had refused to provide her with the pill so had visited another surgery, again seeing a male GP.

015.f.16 'I went to him but he wouldn't give me the pill, he wouldn't let me have it... I needed it, one for contraception and one cos my periods were really heavy and painful so I went to him about it and he said no, so I went to another doctor.'

### **College clinic**

One couple had been along to the college clinic provided for students. They had visited a couple of times for condoms and for advice about emergency contraception.

### **The Youth Trust**

Seven young people had been along to the Youth Trust at Newport; however, the majority of those had only visited the venue on one occasion. The interviewees felt the service was easy to access, for they attended school in Newport and could walk to the Trust at the end of the day. Advertising for the venue was wide and the young people talked about finding out through leaflets, posters and visitors at school.

The young people tended to be divided in their responses regarding their experiences of the visit. A few reported that they had no problems whilst on the other hand there were those who felt uncomfortable with the whole experience and the way in which they were treated.

011.f.16     'It was alright. It was fairly straight forward and everything.'

005.m.15     'Quite helpful'

002.f.15     *Talking about feeling comfortable*  
'I don't know why, it's just like, just didn't, because it's not easy just talking to someone about, I'm just gonna, you know, have sex with someone, it's just like really weird.'

*Talking about feeling relaxed*  
'They tried, they did try but it just didn't work. I couldn't wait to get out.'

008.m.16     *Talking about obtaining emergency contraception*  
'They're alright I suppose, there's like, loads of questions like that to be filled in, so I didn't really go much on that so we went up to the hospital to get it next time so it was easier up there.'

*Talking about obtaining condoms*  
'Still asked me, you know, stupid questions. I went there to get them and we had to stay there for about half an hour just waiting and listening to them. I don't know, they were asking how old you were and everything... You just want somewhere where you can just go in there, like you know, and fill out your name, your address and just like write down a couple of things but they had to give you a talk about it every time. I went there like three times and every time it was like...you've done this before, I've heard it before, it's like oh well carry on. The first time yeah, but not every other time you go there.'

010.f.16     'They are alright, some of them are and some of them, a bit interfering...I went in there for emergency contraception and they like, I don't know, they just kept on going into it and everything and then they sent me up the hospital cos it was like a Wednesday, no Monday actually and I don't think they work Mondays so they sent me up St Mary's sort of thing.'

015.f.16     'I found youth trust a bit sort of off putting. Well I went with my friend once to get the morning after pill and they were sort of a bit, oh well go to the hospital.'

A number of the young people were asked whether they would recommend the Youth Trust to a friend, two of their responses are shown below.

005.m.15     'Only to get like, the contraceptives and that, not for like if you've got problems.'

008.m.16     'Yeah, if they had half an hour to spare, yeah...Go buy them, then you don't get the trouble do you.'

## **GUM/STD clinic**

Only one young woman had been along to visit the GUM clinic at the hospital. Tina had accompanied her and she found the whole experience less threatening than she had first expected.

015.f.16 ‘They were very nice to me, yeah, a lot better than I thought like they’d be like, ‘cos of my age I thought they’d be sort of like funny with me because of my age.’

### 5.2.2 Additional sources

Having reported which health services they had ever attended each interviewee was asked if there were any additional places or people, not on the list, that they had been to for advice or help about contraception or sexual health matters. Without being prompted just over half of the young people mentioned the SPWs as a source of information and help concerning sex and contraception, many reporting having obtained condoms from them. Furthermore, a number of young people mentioned obtaining both help and contraceptives from the youth workers whilst visiting the Yorkie Bar in East Cowes.

007.f.16 ‘It’s easier just coming down here, I speak to Tina and she helps.’

008.m.16 ‘Tina & Andy were both here and they gave us their talk and all the stuff they knew about it and said if you are not sure come down when Julia’s here.’

015.f.16 ‘I speak to Tina & Julia about it if I think I’ve got something or something’s wrong or whether I shouldn’t be doing that.’

### 5.2.3 Current use of contraception

Each young person was asked what forms of contraception he or she currently uses and from where they normally obtain them. Only two types of contraception were reportedly being used regularly by the young people, the pill and the condom. Of the six girls who claimed to be on the pill, three were obtaining it from the family planning clinic and three from their GP. Fourteen respondents reported having obtained condoms from one source or another, of which twelve had obtained them on at least one occasion from the SPWs or the youth workers at the Yorkie Bar. Others revealed that they had obtained condoms from friends, the chemist and pub vending machines.

Those respondents who had never acquired condoms knew that they were readily available and easily obtained from the SPWs.

### 5.2.4 Places/People to avoid

Finally respondents were asked if there were any places or people that they would not consider going to, to obtain contraception or advice about any sexual health matters. Specific places and people identified are shown in table 8. Six respondents reported that they would not consider talking to their own GP, two females would not visit the Youth Trust, one male over the age of 16 claimed he would not speak to his parents and a further two males would think twice about visiting the chemist to obtain contraceptives. As can be seen in the comments below, lack of confidentiality repeatedly arose as the main reason given why they would be deterred from visiting certain people/places.

• Table 8: People/places where respondents would not consider attending for help and advice about sex and contraception

Venue	U16 Male	16+ Male	U16 Female	16+ Female
Youth Trust				11
Parents		1		
Family GP	1		11	
Shop/Chemist	1	1		

Parents

003.m.19      'My mum and dad, cos that's really embarrassing....but I'd go to my brother cos we're mates.'

Family GP

003.m.19      'I wouldn't go to the doctors though cos everyone knows everyone on the Isle of Wight.'

009.m.19      'My GP is a bit...he's not that kind of person to talk to...I'd think I'd prefer going to someone I don't know rather than going to someone who I do know.'

Shop/Chemist

003.m.19      'Wouldn't go to a shop because they gossip too much. I know that cos my mate has been, their parents knew about it after about a couple of days...they do gossip.'

### 5.3 The street project workers (SPWs)

Having discovered where and to whom the young people have been to for contraception and advice concerning sex the discussion moved onto talking about their own thoughts and opinions about the SPWs and the East Cowes project.

Initially each respondent was asked how long had they known the workers and how often they tend to meet with them on Friday nights. Of the 20 interviewed, only four had known the workers a short time, less than three months, the majority of the others reported having known them since the project started. Five of the young people also claimed that they knew Tina well before the start of the outreach project from working at the Yorkie Bar. Four of those interviewed also claimed that they see the SPWs out on the streets occasionally rather than on a regular basis.

005.m.15 'My mates told me about them.'

008.m.16 'We saw them on the streets about a month ago and there they said that you can come down here (*Yorkie Bar*) every Tuesday and Thursday and just like sit down and talk about loads of stuff. Like you know have a game of pool, have a cup of tea go outside and have a fag.'

015.f.16 'We normally do bump into them or we arrange to meet them at a certain place at a certain time.'

#### 5.3.1 Young people's opinions about the project

Each interviewee was asked for their opinion about the outreach street project. There was an overwhelming consensus of opinion amongst the young people that the project was a really good idea. When prompted for reasons why, their responses tended to fall into one of two main categories:

- 1) They provide readily accessible, appropriate advice and help about sexual health matters.

Young men in particular felt that the method of delivering sexual health advice to them directly on the streets instead of them having to go seeking help was highly successful. The majority of young men interviewed, as we have already seen, have never attended any specific services and many had no intentions of doing so in the near future.

- 2) They are easy-going, friendly and approachable. They know everyone locally and have gained young people's confidence, as a result of which young people find they can talk to them about personal matters.

In particular and very importantly the young people felt that they can just be themselves around the SPWs. They do not need to put on a show, feel intimidated or like they are being judged by their actions. The SPWs know what they are like – they have known them long enough.

#### **Readily accessible advice and help**

006.m.17 'I think so, cos before, I mean, no one had, it's like, wouldn't be bothered going to a clinic or something like that to find out something but they're just around. You just bump into them so you know while you're here...you know us lads, not anyone I know really bothers to go to a doctor or anything like that to find out something...so unless I really

actually, like needed to, life or death, apart from that I wouldn't, you know, I just wouldn't put myself out.'

007.f.16 'I think its good cos normally we are just like sat there doing nothing but they come over to us and start a conversation, give us leaflets explaining things, something to do really...Not always many people come down here (Yorkie Bar) and see them so it's better if they actually go out to see others, you know. Most people in East Cowes are always in trouble anyway so they go sort them out – it's really good.'

002.f.15 'It's good though, cos like everyone like gets drunk and that and then if they do something that they regret the next day, like they have sex with someone then they can just go and get it off them because they are either in Cowes or East Cowes and you always see them and like they stop and talk to you about everything, oh just like where you going and so its just like convenient, you know what I mean.'

03.m.19 'Yeah, yeah definitely...someone to talk to, you know, not being stupid, want to have one night stands and you wouldn't have a condom so you just get them off her, you just get them off her don't you. I would rather have them off her than aids so you see them.'

001.f.17 'I don't know they are just there, aren't they, so you can, if you do need anything, you know, you can just go and talk to them, rather than not having anyone to talk to cos you know they are not going to go and tell everyone it's just between them.'

008.m.16 'They (*young people*) always come back with something to know. Learnt about everything and that.'

009.m.19 'It's a good idea. When they talk to like teenagers it gets them like thinking and don't do like stupid things.'

015.f.16 'Like some nights we ask them if we need to know any questions about any STDs or anything to do with the pill – they're always there to listen and that and they always make sure if we've got supplies of condoms and things.'

018.m.15 'It's a good idea cos they can like walk around, give people advice about sex and things like that. But if there weren't nothing like that everyone would just be stupid, wouldn't use condoms and things like that.'

019.f.16 'I think it's good that they are around on Friday because if you so want to talk then you've got someone to speak to and that.'

### **Easy-going, friendly and approachable**

001.f.17 'I think it's great, I think it's a really good idea because I mean if you get confidence with people then you can talk to them and I think people need that so, if they need advice, I think they can go, easy enough to go and talk to them....I mean they're easy to get along with and fun, they are out there for a laugh.'

010.f.16 ‘They make you feel like it’s not your fault for like the things that happen and everything and like just make you feel, I don’t know, like you feel like you can actually talk to them more than, like, if you couldn’t talk to your parents or something you can talk to them.’

011.f.16 ‘I think it’s cos I know them. I don’t know, you get the impression when you go to hospital or doctor you’re being judged but if you go see them, because they’re on the same level as you, you can speak to them easier, confide in them.’

006.m.17 ‘To be honest its just good to talk to them sometimes as well cos they’re a bit like friends now as well cos we talk to them so much and get used to them.’

002.f.15 ‘Everyone knows them and it’s like you can talk to people you know, you can just go up to them and say oh, I’ve got this problem and you can just talk to them about it and it’s like instead of seeing downside cos they don’t know you, cos they get a bad first impression of you, you know what I mean. It’s not like going up to someone on every Friday night cos if you don’t know that they are going around the streets and they can give you contraception like you wouldn’t go up to them and ask them. So where likes works here (*Tina*) and its her friend (*Julia*) it’s just like you know what they are doing so you can just go up to them and ask them.’

04.m.16 ‘They’re quite nice people to approach... Yeah, people have problems when you get to our age, you know. You get fed up with your parents a bit and you need someone to talk to now and again.’

008.m.16 ‘Yeah, I think its alright, I think it’s like, they get to know people and see what’s happening around town....Cos its quite a hard subject to talk about.’

009.m.19 ‘To me they are just like friends really. I can act, they can be friends to you. Some people can be like really dodgy when they talk to you and give you bad advice. Like when they (*Tina & Julia*) talk to you, they give you good advice.’

013.m.13 ‘It’s good...I trust them....They listen to everything.’

015.f.16 ‘It’s a good help, yeah, it’s good to see them....They’re always just really easy to talk to, especially where we meet Tina from down here (*Yorkie Bar*) to start with before she went out on the streets – that did help.’

016.f.14 ‘They’re the sort of people if you did have a problem you’d be able to talk to them cos they’re like, easy going. They’re friendly as well, they don’t force things out of you. Most people just give you lectures over it but they’re like understanding and it doesn’t bore you.’

### 5.3.2 Negative aspects

Having heard all of the positive aspects about the project each respondent was prompted to highlight any “bad or not so good points” they think exist, for example, do they find that the workers bother them when they are out for the night. Out of all the

twenty young people interviewed only three felt that things could be improved upon, all the others could not think of any bad points.

003.m.19      *Talking about not having his say*  
‘Yeah, sometimes, I don’t know, sometimes we think they’re unfair because they lay down laws but after a while you just think like that’s quite alright because you don’t see till afterwards. I wouldn’t ever argue against their decision. Sometimes I think I should have my own say but I don’t know, can’t be bothered really, cos it’ll cause too many problems.’

*Talking about bothering him*  
‘No cos if you don’t want to talk to them you just walk away don’t you and they don’t mind it. They understand people’s problems.’

016.f.14      ‘I think they could do it a bit more discreetly cos people might get the wrong idea. They might think that we are asking them for condoms, older people.’

002.f.15      ‘I think it would be better if they had more people as well, because, like they are on the streets till eleven at night, so they’ve got to get around...so they’ve not got really enough time to spend talking to one person cos they have to rush off somewhere else. It’s just like when you’re talking to them, it’s a feeling like you have to go cos they’ve got to go. Like there’s other people waiting for them to come around to speak to them, so you feel like you are keeping them all the time so you cut it short and say right, see you later then.’

001.f.17      ‘No, I don’t think so, I, I don’t think...I don’t think they push themselves, I, I mean, they’re there if you need to talk to them but they don’t sort of start lecturing you or anything, so it’s alright.’

### 5.3.3 New information learnt

On discovering that the young people think that the project is a success, and recollecting that one of the aims of the project is to provide young people with information to enable them to make informed decisions concerning their actions, each respondent was asked to recall any specific occasion when they have learnt something new from the SPWs.

A few could not recall any time when the SPWs have actually enlightened them as to something they had not known before. However saying that, they were quick to stress that if there was something they were unsure about they could easily approach either Tina or Julia. They also mentioned that there have been occasions when the workers have helped them out with particular problems they have encountered, such as relationship and family problems and pregnancy scares, etc.

A number of interviewees did recall an instance when they have learnt something new; for example, young men particularly recalled learning about spermicidal condoms and two females remembered finding out more about STDs. Their comments are shown below:

008.m.16      ‘I know other places now, like I’ve only come down here 4 times and now I know loads of other stuff about everything and I know how to get them (*condoms*) and that if I want them....Different condoms for like people who are on the pill and people who aren’t and different things like that.’

‘They said like you have to go and get the morning after pill and that and said the places where you can get it from and they should be getting it down here soon and something or taking it around the streets. (*Good idea?*) Yeah, I think so but I think people be like taking it for granted sometimes cos you know what some people are like in East Cowes. I think they’ll say oh it don’t matter like, yeah I’ll go and take that every time I want it.’

011.f.16 ‘We had a night down here once about sexual health and I found out a lot of things that I didn’t know about, Chlamydia and everything. I didn’t know how serious it was and how many people had it and all that.’

012.f.13 ‘Talked about condoms and that in detail.’

013.m.13 ‘Yeah, cos like when I was younger about 11 ½ they told me always to use a condom just in case you infect the girl with anything and just in case the girl infects you with anything.’

015.f.16 ‘I learnt a lot more about chlamydia and more about the STDs.’

018.m.15 ‘At school we were like taught how to have it safe and everything (*sex*) but when you are in the real world and you are outside of school and everything you like think oh yeah, I knew this and then they come up (*SPWs*) and say oh if you’ve got like a hole in your condom then it could effect it but with certain condoms they do spermicide in them and things like that.’

020.m.16 ‘Yeah, I did learn there’s a condom that has spermicide on it.’

#### 5.3.4 Sensitive issues

To conclude this part of the interview each young person was asked if there was anything they would not consider talking to Tina and Julia about, or would find difficult. There seemed to be a general consensus of opinion that one can talk to them about anything for it is all completely confidential and would go no further. Although two respondents did mention that they probably would not tell them about their experiences of drugs and one young man reported that he would not talk to them about his family problems, but apart from that they were all in agreement.

001.f.17 ‘Well I don’t think so, I don’t, I mean....no, I don’t think so. I think they are trust worthy and everything so I don’t think there’s any reason not to.’

002.f.15 ‘Cos where I know them, I know that they wouldn’t go back and just say oh well when I was on the streets tonight to their husbands and that, I was talking to \*\*\*\* and she said all this stuff about her life and everything, but where I don’t know people like at youth trust and places like that, its like, will they go home and tell their family and that and like at the doctors and stuff.’

003.m.19 *Talking about a girlfriend*  
‘She (*Tina*) never told me anything that she spoke, said to her (*girlfriend*) cos it’s confidential.’

006.m.17 ‘Not really no....I talk to them more than I could my mum when I was with her.’

007.f.16 ‘Cos its confidential as well, they don’t like repeat it....I feel comfortable talking to them.’

019.f.16 ‘No, I’ll pretty much talk to them about anything.’

### 5.3.5 Degree of contact

The discussion then moved onto talking about ways of improving the project. Firstly, the young people were asked whether they felt that the SPWs were making contact with the majority of young people in the locality, or whether they have friends who do not meet up with either of the workers.

The overwhelming majority of young people agreed that friends who live locally have heard of and do meet up with both Tina and Julia. Nobody they knew goes out of their way to avoid contact with the workers.

004.m.16 ‘No I think everyone’s met with them, our friends yeah.’

006.m.17 ‘Most of the people in East Cowes are my age group, or a little lower age group or a little higher even. We all like hang around together so like it’s pretty easy for us to find them, you know cos they are like walking about or we just bump into them. You just have to sit around for half an hour and sit there and talk to them.’

011.f.16 ‘Older friends, all the people I know that are my age have met them.’

009.m.19 ‘All people I know do know Julia and Tina. I talked to Julia and she knows like people I’ve gone to school with, so they know more people than I do.’

010.f.16 ‘They get on with all of them really.’

015.f.16 ‘All my friends are willing to chat to them.’

### 5.3.6 Areas of expansion

The interviewers then asked each respondent, if the project was to be expanded into other areas on the Island, where would they suggest it should be expanded into. Three specific areas were mentioned most frequently by the young people, Newport, Cowes and Ryde; however, Ventnor, Freshwater, Shanklin and Sandown were also mentioned. Other interviewees were less specific regarding an area for they felt that young people everywhere should have access to similar SPWs.

001.f.17 ‘Most towns could do with it’

013.m.13 ‘Everywhere on the island, except for like the quiet places, like out of the way.’

014.m.14 ‘Well all around the island really...Everyone should have them.’

016.f.14 ‘I think it would be good anywhere really.’

003.m.19 ‘There’s a lot of trouble up there (*Newport*), past experience, you see like, you see girls who ask for trouble with boys and end up getting it and end up getting pregnant.’

018.m.15 ‘Newport, there’s a lot of stuff that goes on up there.’

019.f.16 ‘Cos there’s quite a few people around in Newport in the evening time.’

020.m.16 ‘Ryde, lot of people about.’

002.f.15 *Talking about young people in Ventnor*  
‘More people out there I know who have babies than there is here. They are like trying to find them for themselves.’

The respondents tended to think that venues where young people hang around at night were the best places to target new projects, for example outside the night-clubs and on the beaches. There was no indication that accessing young people whilst they were out for an evenings entertainment would cause problems.

006.m.17 ‘Based around where there’s more nightlife. I mean this ain’t brilliant in East Cowes and there’s not many people but the people that are around here know that they are about....Most people when they go out to the clubs they expect to get pulled, you know, they expect to get pulled obviously and that’s basically where they need to get advice for contraception.’

### 5.3.7 Essential characteristics

Expanding further on this issue of the possibility of new projects being established in other areas on the Isle of Wight each respondent was asked what type of people would they like to see out on the streets, what are the essential characteristics. As expected the young people believed that new workers should be approachable and easy to talk to, someone they can get to know quickly and learn to trust. Somebody they already know and who already has established a bond with the young people in the locality would be advantageous; for example, through a youth club or similar setting. However, it is essential that confidentiality is maintained hence it would be beneficial if the workers do not live locally in order that they do not come into contact with young people’s parents.

001.f.17 ‘I think you need fun, caring approachable people basically cos I think people who aren’t going to sit there and lecture you and that are actually going to support you in what you decide to do – I think that’s what you need.’

004.m.16 ‘People just got to get along with the others, don’t they. If you think oh they’re alright, you know, they’re just talking you’d just think they’re OK.’

005.m.15 ‘Friendly people, nice people you could get to know really quick and you know where they are to get condoms and that.’

006.m.17 ‘Anyone can be like that (*friendly and approachable*) they just got to build themselves up. I wouldn’t bother talking to them if they didn’t bother talking to me basically....They start coming in on easy and then you have confidence in them and start trusting them and you start to talk to them.’

007.f.16 ‘Calm and nice, caring and understanding, a laugh, not grumpy or whatever.’

010.f.16 ‘Someone who made you feel, like you can talk to them, they wouldn’t like take any sides or anything.’

013.m.13 ‘Like they do, they talk about anything you want them to.’

016.f.14 ‘Friendly, someone that can talk without getting embarrassed whatever.’

018.m.15 ‘People that you can like talk to, like Tina and Julia. I mean they can stand there for hours and just listen to what your talking about....Understand what you’re on about and everything.’

More specifically the young people were asked if they would prefer having a combination of a man and a woman out on the streets or whether the age of the workers would have an effect. The respondents had to be prompted with this question indicating that currently the young people do not see age as a barrier or having two women out on the streets rather than a combination of the sexes as a problem. The young men interviewed feel comfortable enough talking to women about their problems without the need to include a male worker out on the streets. It should be remembered however that at the Yorkie Bar there is a male youth worker who is at hand if the need should arise.

002.f.15 ‘Down here, it’s just like the men can go up to Tina and that as well.’

016.f.14 ‘I don’t know cos like I still see like boys, I saw a group of boys talking to Tina and I don’t think it’ll make a difference really. I think women would be better.’

020.m.16 ‘I think women just as good, I don’t see the need for a man....I think girls can talk to a woman easier anyway and I don’t have any problems talking to them.’

004.m.16 ‘I suppose you can have a bloke on the streets cos other people might go and talk to him. Might be something else you want to talk to him about, I don’t know.’

006.m.17 ‘It could help, I wouldn’t know really. I should imagine there’s some girls that want advice. I don’t know whether they want it from a man or a woman.’

007.f.16 ‘For the boys maybe, but for girls why it’s better for a woman.’

018.m.15 ‘It’ll be better if there was a bloke and a woman cos then the bloke could talk to the boys about their issues and everything. The bloke would know bloke things, if you spoke to the woman as well, the person who was asking the question would thin, yeah, I’ve got both sides of the story and I think I might know what I’m doing.’

019.f.16 ‘I think it might be good because if boys and that have problems and that then they might find it easier to talk to.’

The question of including a youth worker and sexual health worker out on the streets arose in a number of the interviews. It was found that the young people had little knowledge of the fact that the East Cowes project currently includes a combination of workers; hence, it was not seen as important to them. What was deemed important is that the SPWs are willing to talk freely about any subject and are able to provide them with accurate and reliable information.

### 5.3.8 Improvements

Returning to discussing the East Cowes project in particular the respondents were asked whether or not they had any suggestions on how to improve the current project. For example, is Friday night the best time for the SPWs to be out? Is out on the streets the best place from which to obtain advice about sexual health matters? etc.

#### **Friday nights versus other nights**

One of the issues that concerned the SPWs was whether or not Friday nights are the best nights to meet up with young people to provide them with advice and information concerning sexual health matters. Friday nights are generally seen as the time to go out and enjoy oneself so is it really the ideal time to be educating them about such important issues?

Speaking to the young people it became clear that Fridays are seen as the best time to meet up with the workers. The weekend is the time when most of the socialising occurs and when the young people need advice or contraception in order that they can make informed decisions and act responsibly.

004.m.16     ‘Well Friday night or Saturday night most people go out drinking, don’t they. I suppose Friday and Saturday will be the best nights cos its near the end of the week, cos else you got school the next morning.’

005.m.15     ‘Yes, its when people like getting alcohol and that and they’re getting drunk...I think Friday nights are the best nights cos its like the weekend and they are most probably going out to their mates or something – they’re partying or whatever.’

006.m.17     ‘It’s a pretty good night cos Friday nights for most people is the end of a working week, like, they’re going out to a pub or they’re going out to a night-club and most of the males I know including me they actually end up going out Friday, Saturday and Sunday. So the best time for people to catch them during the week or like just before they’re going out. The rest of the week is a bit hard for people of our age cos like if you’re working you want to get a bit earlier nights or you tend to stay in with your girlfriend, and so out on a Friday night you go out and see your mates.’

007.f.16     ‘Yeah, probably cos its coming towards the weekend, so Fridays probably the best day that they come out. Normally girls and boys go out on Saturday night so they’ll know what they’re doing.’

008.m.16     ‘I think Friday’s a good idea cos everyone goes out and like you know most people are out.’

013.m.13     ‘I think Friday nights are best cos then they’ve got the weekend to like, or if they’re going to have it then obviously they’ve got the advice and if they want anything, they’ve (*Tina & Julia*) normally got it.’

015.f.16 ‘No cos it’s a good time to be out on a Friday cos it’s like when everyone appears from the woodwork.’

020.m.16 ‘Oh, Friday nights got to be the best night especially in Cowes cos there’s a lot of people out Friday nights.’

Each respondent was also asked if they thought that the workers should be out on additional nights. A couple of respondents thought that having the SPWs out at the beginning of the week as well as the end of the week would be a good idea to deal with any problems following the weekend.

014.m.14 ‘There could be like, Friday night and another night or a couple of other nights...Beginning of the week.’

018.m.15 ‘Well a lot of people are out other evenings but like a Wednesday and a Friday or something or a Monday and a Friday, beginning of the week and the end of the week.’

Other young people felt that they already had access to advice and help at other times during the week from the workers at the Yorkie Bar thus making it unnecessary for the workers to be out on the streets at other times.

005.m.15 *Talking about obtaining condoms from the Yorkie Bar*  
‘I don’t really know cos whenever they’re down here you can just come down here anytime and get them – that’s what they said to us or something like that.’

015.f.16 ‘Not really cos where we see Tina down on the youth club nights, she has some night off course, but it’s alright, otherwise yeah, normally she’s down here.’

### **Sexual health worker - another venue**

Another issue that interested the SPWs was whether there would be any demand for obtaining specific sexual health advice and contraception at other times during the week from a sexual health worker at another venue rather than out on the streets.

The responses were generally divided. On the one hand there were those young people who frequented the Yorkie Bar during the week and hence felt that the youth workers provided them with all the advice and support they needed in a confidential environment.

003.m.19 ‘I don’t think you need no more down here, you get it here anyway (*Yorkie Bar*). If you talk to them they take you in the office and they’ll speak to you. If you want to talk to them, they’ll speak to you, they’ll make time for you they always do.’

Others felt that providing a sexual health worker on the streets was sufficient for their needs and requirements.

006.m.17 ‘Wouldn’t really work, cos like I said we wouldn’t put ourselves (males) out of the way to actually go and get advice. I mean basically it’s just like them being there, actually when you need them they are like there.’

014.m.14 ‘Better them out on the streets so they can catch us.’

016.f.14 ‘Probably best out on the streets cos if it was like in a, like say the youth club, everyone will go there, everyone will know you’re going there for advice.’

Whilst on the other hand, some felt that having access to a specifically trained sexual health worker at a particular venue at a particular time would be an excellent idea and one which they would back.

001.f.17 ‘I think that would be really useful and even just somewhere to go and talk if they have problems cos I mean I think family clinics and things are great for if you need help but if you just want to talk or find out things, then you can’t really go there, you know, it’s not the same.’

009.m.19 ‘I reckon there should be more of an ideal place in east Cowes so we don’t have to like travel all the way up there (hospital).’

019.f.16 ‘I think it would probably be a good thing really but it is also a good thing them being out on the streets as well.’

A number of young people even provided suggestions for where the new session could be held or how it could be organised. One young man had the idea of a telephone hotline which you could call and ask questions.

005.m.15 ‘Like up at the bike shed they could have like a little room where you could go in and talk to them or they could be there helping out as well.’

004.m.16 ‘Places well known obviously, you don’t want to be out of the way, you want to know, people want to know that you’re there, cos if they don’t you can’t give them out (*condoms etc.*)’

011.f.16 ‘Maybe a kind of base for them as well, like this place (*Yorkie Bar*), come and meet them, cos sometimes you wander round the streets looking for them and you can’t find them.’

008.m.18 ‘No where, where you have to fill out forms, cos they are like fill this out, oh have you got a pen?, oh do you want to borrow mine?, you know I was like I only wanted a condom.....It would be better if she had like a phone number you could phone up and you know and speak to her about stuff and that instead of like phoning up the hospital, the GP and that and they say you have to have an appointment for that. Then if not then you can ask her questions on the phone and that and she like knows everything about it doesn’t she, she would be able to tell you. It could be free as well couldn’t it.’

004.m.16 ‘She could be after school for an hour or so in case someone wants to come and talk to them, like about something might have happened that weekend.’

Another young man did give a warning though:

020.m.16 ‘Good idea but I think a lot of kids my age and that are quite reluctant to do sort of that stuff cos anything with the name sort of social help or youth

trust, you know, anything along those names, do you know what I mean, it's sort of, oh wow I don't want people to think I need to see someone like that.'

## 5.4 Personal Experiences

The final stage of the interview asked young people a number of questions concerning their own experiences of sex and use of contraception.

### 5.4.1 First sexual experience

• Table 9: Reported sexual activity

Sexually Active	U16 Male	16+ Male	U16 Female	16+ Female
Yes	4	5	1	6
No	-	2	2	-

Nine out of the eleven males and seven out of the nine females interviewed reported being sexually active (table 9). All the female respondents and all bar one of the male respondents recalled their age at first intercourse, their responses being displayed in table 10. Two thirds of the young people who were sexually active and reported their age at first intercourse were under the age of 16 on the first occasion and six claimed to be aged under 14.

• Table 10: Reported age at first sexual intercourse

Age	Males	Females
12	1	-
13	11	111
14	1	1
15	1	1
16	111	11

When questioned about the pressures to have sex only one male and one female agreed that they were under some degree of pressure from their peers. Three interviewees also reported that they were under the influence of alcohol the first time they had sexual intercourse, two of whom were aged 13 on that first occasion.

005.m.15 ‘Cos my mates were doing it, so I thought oh well I might as well have a go.’

002.f.15 ‘Everyone from East Cowes was like at it young, at a young age, and it was like we was the only two people who hadn’t at the time.’

All of the respondents reported to have been going out with their partner for a reasonable length of time prior to their first sexual encounter, the shortest length of time to first intercourse was reported to be approximately 1 month the longest 12 months.

Prior to their first sexual experience many of the young people interviewed reported having discussed sex with their partner, however few spoke about contraception before the first occasion. Nevertheless, the majority of young people did use some method of contraception the first time. Table 11 shows the type/s of contraception that were reportedly used by the young people during their first sexual experience.

• Table 11: Method of contraception used at first sexual intercourse

Method	Males	Females
Condom	5	5
Condom and Pill	1	1
None	3	1

Four young people did not use any method of contraception during their first sexual experience, one female and three males (two were a couple and both partners were interviewed). The couple interviewed did go on to take emergency contraception after the first unprotected episode. The remaining two males were both very young, aged 12 and 13 on the first occasion, and were too naive to realise that they and/or their partner could be at risk and should seek help.

018.m.13 ‘Well I didn’t know about it so I didn’t know I had to worry or not.’

#### 5.4.2 Sexual activity: subsequent experiences

Table 12 shows that of the 16 young people who when interviewed were sexually active, six had only had one sexual partner. Seven young people had had sexual relations with between two and four partners and three, all females, had had more than five sexual partners since becoming sexually active.

• Table 12: Number of reported sexual partners by age of respondent

Age of respondent	No partners	One partner	Couple of partners (2-4)	Many partners (5+)
13	1	1	-	-
14	1	-	1	-
15	-	-	11	1
16	11	111	11	11
17	-	1	1	-
18	-	-	-	-
19	-	1	1	-
<i>Total</i>	<i>4</i>	<i>6</i>	<i>7</i>	<i>3</i>

Those who had had sex on more than one occasion were asked about their usage of contraception since becoming sexually active and on the last occasion that they had had sexual intercourse. Amongst the young people interviewed there was a definite trend in condom usage. Many reported using condoms on the first couple of occasions with a new partner, however, over time their usage becomes less frequent with the couple relying solely on the pill as a method of contraception.

003.m.19 ‘Condoms to start with but if you know them long enough and they’ve had tests and she is on the pill then I would, you know, I’ve done it, yeah, I’ve done it.’

Table 13 shows the method of contraception that was reportedly used by the young people the last time they had sex. Every individual claimed to have used at least one form of contraception the last time they had sexual intercourse, however, not one female used a condom. The reason given being that they were currently involved in stable relationships. Males on the other hand reported higher usage of condoms at the last episode, although half had relied solely on the pill.

• Table 13: Method of contraception at last episode of sexual intercourse

Method	Males	Females
Condom	2	-
Condom and Pill	1	-
Pill	3	6

### 5.4.3 Scares

Following the question concerning contraceptive usage the respondents were asked directly if they have ever had any scares. They were not prompted for particular types of scares, such as pregnancy scares, in order that each individual could define what he/she believed to be a scare.

Of the seven sexually active females, six claimed to have had at least one scare. Four had had unprotected intercourse on at least one occasion from which three had become pregnant. One young woman had had a STD scare and two others had had scares in the past whilst taking the pill i.e. missed periods.

011.f.16 ‘We always used condoms but a couple of times we didn’t and I sort of though oh what if but I put it at the back of my mind and thought no it’s not but then it was.’

Two young men recounted times when their condoms had split, although their girlfriends did not become pregnant as a result. Two further young men had had times when their girlfriends had become, or believed themselves to be, pregnant.

Continuing the theme of scares, the respondents were asked if they worry about getting pregnant or getting someone pregnant. One couple interviewed had already had one child and were planning to have more in the future, and one young woman was bringing up her child alone. The remaining young people were generally concerned about getting pregnant and it was an issue that they thought about. Many felt they were too young and would not be able to cope both emotionally and financially.

018.m.15 ‘Yes, where I’m only young I know I’m the right age but if I like get someone pregnant my age where they’d be too young it would be pressurising cos it’ll muck up my life and their life and it’ll be like hard for us to keep the baby and that.’

005.m.15 ‘Yeah, I’m not youngish but I’m young and it’s a worry.’

006.m.17 ‘Yes, I do I think about it everytime I do, after I do it. Is she pregnant, remember to take your pill.’

020.m.16 ‘Something definitely don’t want to do at the moment, no. I’m trying to get things sorted job wise.’

015.f.16 ‘Yeah, it’s something I wouldn’t want to do, not at this age. It’s alright seeing my friends with babies but I couldn’t put up with them 24 hours.’

019.f.16 ‘I just feel I’m too young, I wouldn’t be able to cope with it.’

On the other hand there were a few individuals who felt indifferent about the issue, claiming not to worry about pregnancy. For example:

014.m.14 ‘Not really.’

017.m.16 ‘If it happens it happens.’

002.f.15 ‘I was worried cos I didn’t want to because I was still at school and that and it would be like hard work and stuff so its like and now I don’t cos I’ve left school.’

Finally each of the interviewees were asked if they found out tomorrow that they were pregnant, or had made someone pregnant, what would be their initial reaction and what would they do. Specifically the respondents were asked about their opinions regarding abortion and whether it would be an option they would consider.

The young men once again tended to be concerned about the financial implications of having a child and being able to support both the child and its mother. Nevertheless, all three of the young men who specifically mentioned money also reported that they would be quite happy if they were told they had got someone pregnant. It should, however, be mentioned that these three men were the oldest interviewed, all aged over 16 years.

003.m.19 ‘There’s one thing I worry about and that’s money, I don’t care about anything else, cos I know I would want it if I wanted to get her pregnant. I’m not going to be on no income for the next 4 years.’

006.m.17 ‘I’d like it and I wouldn’t like it for the fact that at the moment I’m homeless and I haven’t got a job and I wouldn’t be able to support the baby. But I would try everything in my power and anyone else who could help me to get a job and a place and you know get enough money to support her and the baby.’

009.m.19 ‘If it was next year I wouldn’t be too bothered but at the moment, if I haven’t got a job and we are living in B&B I don’t think I will be able to cope it, another child with the money side of things.’

The remaining young men commonly reported fear if they were told tomorrow that they had made someone pregnant.

014.m.14 ‘Probably be pretty shocked, wouldn’t know what to do with it.’

018.m.15 ‘Shocked, terrified, I’d go ballistic.’

With regards to their partners having an abortion the young men were inclined to go along with whatever the young woman decides. They believed it to be the young woman’s decision as to whether or not she should proceed with a termination.

005.m.15 ‘I’d stick by her. If she wanted an abortion I’d stick by her through that if she wanted the baby I’d stick with her through that, but I wouldn’t like to tell my parents that I had got somebody pregnant. I’d stick by her all the way through, its her decision if she wants to keep it or not.’

006.m.17 ‘It’s entirely up to her, it is actually hers it is inside her it’s her own.’

The young women also reported that they would be shocked if they found out tomorrow that they were pregnant; however, they were more inclined to make the decision to keep the baby.

010.f.16 ‘I’d go mental but I’d keep it.’

015.f.16 ‘I don’t know, it depends who the father was really but I’m more than likely would keep the baby, but it does really depend.’

016.f.14 ‘I would be shocked...Don’t mind if became pregnant. I mean if it happened I wouldn’t have an abortion or anything.’

Only one female respondent actually reported that she would seriously consider having an abortion for she had her mind set on her education.

007.f.16 ‘Oh cos, I’ve got an interview with college and it’s what I want to do so I’d at least wait until I’m 18 before I even thought about having a child.’

As a conclusion to the interview every respondent who agreed to take part in the study was asked what his or her plans were for the future. An overwhelming majority of the young people did have great ambitions for the future, which included running their own businesses or working for large firms earning good wages. Very few, however, when prompted, said that they intended to fulfil these ambitions somewhere other than on the Isle of Wight.

## 6.0 Conclusions

Are the street project workers accessing their intended target population?

It is the intention of the SPWs to access specific sectors of the population who are a) possibly at an increased risk of experiencing a teenage pregnancy and b) whom without the existence of the project would receive little sexual health advice and support.

### Social Deprivation

From the demographic profiles of the young people interviewed and those recorded by the audit, we can conclude that the clients of the SPWs do live in the more socially deprived areas within the wards of East Cowes and Osborne. Past research has shown that increased deprivation is highly correlated with the increased risk of experiencing a teenage conception; thus, we can safely assume that these young people are a high-risk group.

### Sexual activity

The commencement of sexual relations at a very young age is, in itself, a risk factor for experiencing an underage conception. Additionally, due to lack of experience and naivety amongst the very young, even if contraception is used it is often used less efficiently than by older users.

As reported earlier two of the young women interviewed were already mothers and another had been pregnant but had miscarried. Furthermore, the ages at first intercourse reported by the young people interviewed were very low. Out of the 20 respondents, 16 were sexually active, six under the age of 14 and six between the ages of 14 and 15. Clearly indicating the need for the Outreach Street Project to reach individuals as young as 11 and 12.

Reported use of contraception at first intercourse was reasonably good amongst the females interviewed; however, a third of young men did report not using any method of contraception on the first occasion and two of their partners did not seek emergency contraception subsequently.

### Sex ratio

Most significantly, the information collected by the audit and during the interviews has highlighted that at least half of the young people seen on the streets are male. Two in-depth studies conducted within young people's sexual health drop-in centres in Southampton have shown that on average only around 11 percent of young people seen in such centres are male, although this does vary by location from a low of zero to a high of 40 percent. Furthermore, anecdotal evidence from other service providers and from the young people themselves indicates that the male population does not generally utilise the sexual health services provided on the island. Of the eleven young men interviewed eight had never been to any service provider for sexual health help or advice, although all had knowledge about them.

### Population reached

It is virtually impossible for the SPWs to access every young person living in the vicinity of East Cowes and Osborne. Primarily, in order for a young person to even be seen they have to be out on the streets of East Cowes on Friday nights between the hours of seven and eleven. It had been estimated that around 700 hundred young people between the ages of 12 and 19 live in the two wards of East Cowes and

Osborne. Currently the SPWs meet a group of about 70 individuals within this age group.

More importantly, young people in the locality should have knowledge of the workers so should they require advice or help they know who to go to. Anecdotal evidence from the young people interviewed suggests that knowledge regarding the SPWs and what they provide is widespread amongst the young people living in the area. Furthermore, if young people have contact with the youth club at the Yorkie Bar or visit the Bike Sheds after school (approx. 160 members) they have at least heard about the workers even if they have never met with them personally. Besides, some of these too young residents will not yet need sexual health support.

More recently Julia, the Sexual Health Worker, has been attending clubs and other venues where young people congregate to give talks on sexual health issues. During these sessions the street project has been mentioned and new faces have been seen as a result.

In conclusion, there is strong evidence to suggest that the outreach project has been successful in accessing high-risk young people many of whom, especially amongst the male population, have little motivation to seek specific sexual health advice and help from service providers on the Isle of Wight.

Are the young people satisfied with the project, the method of delivery and the information and help they receive?

Throughout this report it has become apparent that the young people of East Cowes are very satisfied with, and value highly, the current outreach project. The young people interviewed reported very few negative points about the project but a vast number of positive aspects. Most importantly, the young people felt that the workers are readily available and they do not need to go far should they require any help or advice.

The level of satisfaction is particularly evident when comparing the young people's comments and opinions about the street project to those concerning other health services directed specifically at young people.

#### Mode of delivery

The mode of delivery was reported to be the most appropriate method of delivering sexual health advice to this particular group of individuals. The young people themselves report *'doing not a lot'* whilst hanging around on the streets. Hence they are open to suggestions and are willing to listen to what the workers have to say more so than if they were in a school type environment or facing a health worker in a clinical setting.

The group environment rather than a one to one basis also gives the young people a sense of security and the confidence to ask questions. In a clinic setting the young people report feeling vulnerable, they also feel they are being talked at, *'lectured to like at school'*, rather than the consultation being a two-way interaction. The streets are their territory, they feel comfortable and the workers talk and listen to them on their terms and at their level. Young people are the ones in control on the streets.

The mode of delivery is also particularly suitable for delivering sexual health advice to young men. This study, along with other research, has shown that young men are not of the attitude or belief that it is solely up to their partners to deal with the matter of contraception and report seeing contraception as a joint responsibility. Saying that however, they often just, as they put it, *'do not put themselves out'*. The success of attracting young men is down to the view that if they will not come to you, you must go to them.

The young people also believed that Friday night was the ideal time for the workers to be out on the streets. There were doubts expressed that possibly Fridays were not the best time for the workers to be attempting to educate young people about important sexual health matters; however, these were challenged by the respondents.

#### Other methods

During the study the respondents were asked their opinions about other modes of delivering sexual health advice and whether or not they would be any demand for other types of services. Opinions were divided but their responses did confirm that the current provision was adequate and seen as sufficient for the young peoples' needs.

Are the young people different after the intervention with respect to the short-term objectives of the project and is there any evidence that the intervention produced these differences?

Unfortunately, it is too soon to ascertain if the outreach street project has had an effect in reducing the number of unintended pregnancies in the locality of East Cowes. Furthermore, due to the lack of a control group in the study we are unable to account for behavioural changes as a result of intervention by the SPWs. Nevertheless, what one can do is identify particular knowledge and positive behavioural patterns reported by the young people interviewed.

Specifically highlighted from the interviews was the level of knowledge, particularly amongst men, in regard to the use of spermicidal condoms for extra protection against pregnancy. Knowledge of sexually transmitted diseases was also prevalent amongst the young people as a result of a talk given at the Yorkie Bar.

Although STD awareness was high, the reported use of condoms at last intercourse was fairly low. Twelve young people reported which method(s) of contraception they used at last intercourse, three reportedly used a condom and nine relied solely on the pill. Although everyone was protected against pregnancy, the low levels of condom use were putting people at risk of infection and the young people interviewed did repeatedly disclose a pattern of behaviour putting them at increased risk of STD infection; using condoms initially with a new partner but in time solely relying on the pill. However, the young people interviewed were keen on themselves and partners being tested regularly, but how often this does actually occur we cannot report on the limited basis of this study.

## 7.0 Expansion of the project - Recommendations

We recommend that the following issues be taken into consideration prior to expanding the outreach street project into other areas on the Isle of Wight.

Wherever possible at least one of the workers should have already have had contact with the young people in the locality.

One important factor stressed continuously by the local young people was that of trust. It takes time for the young people to build up a trusting and open relationship to such an extent they feel confident to talk about personal matters. It would therefore be beneficial to the quick success of the project if at least one of the workers had already had contact with, and had been accepted by, the local young people.

Where possible the young people should have some method of contact outside of the street work.

It would be advantageous to the project if there could be some consistency of contact between at least one of the workers and the young people. Frequently mentioned by those interviewed was the link between the workers and the Yorkie Bar and the availability of help and advice at other times during the week.

### Involvement of a sexual health worker

The involvement of a sexual health worker is crucial to the success of a new project. A sexual health worker 'walking-out' with a youth worker provides continuous basic training in the field of sexual health and a form of role modelling, which works both ways. The role that the sexual health worker plays in this type of project will also be strengthened if the law is altered allowing workers to prescribe oral contraceptives. Outside of outreach sessions it is recommended that further, and much needed, support should be provided on a regular basis in the form of talks and presentations.

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