

Guidance for developing contraception and sexual health advice services to reach black and minority ethnic (BME) young people / Teenage Pregnancy Unit.

Contributors

Great Britain. Teenage Pregnancy Unit

Publication/Creation

[London] : Department of Health, Teenage Pregnancy Unit, 2000.

Persistent URL

<https://wellcomecollection.org/works/uv8rvct8>

License and attribution

You have permission to make copies of this work under an Open Government license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

GUIDANCE FOR DEVELOPING
CONTRACEPTION AND
SEXUAL HEALTH ADVICE
SERVICES TO REACH BLACK
AND MINORITY ETHNIC (BME)
YOUNG PEOPLE



22503489089

Guidance for developing contraception and sexual health advice services to reach Black and Minority Ethnic (BME) Young People

INTRODUCTION

The Social Exclusion Unit Teenage Pregnancy Report highlights the need for contraception and sexual health advice to be better tailored for young people from black and minority ethnic communities to access the information and support they need to make safe choices about their sexual health.

The needs, cultures and experiences of young people from black and minority ethnic communities are very diverse. The responses from service providers to the sexual health needs of these young people must therefore reflect this diversity. This guidance does not offer specific information or advice about particular constituencies within BME Communities. It is expected that local Teenage Pregnancy Partnerships will develop specific responses for the BME young people in their area. It draws on existing research and consultation with practitioners working with BME young people to identify the principles of improving services within both mainstream and targeted provision.

The guidance aims to help teenage pregnancy co-ordinators ensure:

- that the needs of young people from BME communities are included in service development plans as part of the local teenage pregnancy strategy;
- that local targets are developed on increasing service uptake by BME young people in the local community.

The *Best Practice Guidance on the Provision of Effective Contraception and Advice Services for Young People* was issued by the Teenage Pregnancy Unit in December 2000. This sets out the criteria against which services should be commissioned and developed to make them more accessible to teenagers.

This guidance provides supplementary and more detailed advice for reviewing and developing services to meet the needs of young people from black and minority ethnic communities. It draws on existing research and from consultation with practitioners, to identify the practical steps that can be taken to improve mainstream services and to develop targeted initiatives.

In addition to this guidance, the Teenage Pregnancy Unit is developing a resource to support local co-ordinators and others involved with the teenage pregnancy strategy in working with different faiths and minority ethnic groups. The resource will be available in late Spring 2002.

The Unit is also commissioning further research on the attitudes and needs of BME young people and is working with the Health Development Agency in developing a database of, and distilling the learning from, successful projects.

WELLCOME
LIBRARY

P

11239

CONTENT

	page
The guidance is divided into seven sections:	
1. The context: why it is important to focus on young people from black and minority ethnic communities.	5
2. The local context: gathering relevant information from the local community.	8
3. Improving services: Making sexual health services more acceptable and accessible to young people from BME communities.	10
4. Partnerships and potential funding for services for BME young people.	20
5. Staff recruitment and training.	23
6. Examples of interesting practice.	26
7. Useful resources and organisations for work with BME young people.	42

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

1. THE CONTEXT

Why do we need to focus on young people from Black and Minority Ethnic Communities?

- 1.1 There are currently no comprehensive statistics on teenage births or abortions by ethnic group. Information is collected on the mother's country of birth but this does not identify women from minority ethnic communities who are born in this country.
- 1.2 The need for ethnic data is strongly supported by the Department of Health. New and more detailed ethnic monitoring categories based on the 2001 census will be introduced in April 2001. However these will initially only apply to areas where data on ethnicity is currently collected.
- 1.3 The implementation in April 2001 of the Race Relations (Amendment) Act will also require the development of specific duties for the NHS. Although these have not yet been drawn up, they are expected to include ethnic monitoring of all service delivery. The specific duties and codes of practice on their implementation will be issued in November 2001 with full compliance by May 2002.
- 1.4 The current lack of ethnic data poses problems in both understanding the extent of the problem and setting indicators and targets. Although there is huge diversity within these communities, information available from surveys shows that young people from Bangladeshi, African Caribbean and Pakistani communities are substantially more likely to be teenage parents than the national average.
- 1.5 This may partly be associated with traditions of early childbirth in marriage and various cultural practices. The link between disadvantage and early parenthood also impacts disproportionately on a range of BME young people.
- 1.6 They are not only more likely to live in deprived areas and experience all the social and economic inequalities that affect other people in these areas, but they are also vulnerable to racial discrimination, language and cultural barriers which prevent them from accessing relevant information and services.

- 1.7 As a result they are disproportionately represented in the groups of young people who are at high risk of:
- Teenage conception
 - Early parenthood
 - Sexually transmitted infections
 - Being excluded from school
 - Being in public care
 - Being in young offender institutions
 - Being within the mental health system
- 1.8 Because of the severe disadvantage many BME young people face and the resultant low self-esteem, sexual health issues may not assume a high priority in their lives.
- 1.9 Action to improve the sexual health of young people from BME communities may also be hampered by reluctance on the part of communities and professionals to openly discuss the poor sexual health of these groups to avoid further stigma. This results in young people themselves being unaware of the risks they face and unable to make informed choices.
- 1.10 Improving the sexual health of BME young people will rely on reducing the poverty, social deprivation and racial discrimination, which places them at high risk.
- 1.11 The Government's New Commitment to Neighbourhood Renewal is key to this. Local Strategic Partnerships (LSPs) will provide the framework for the type of partnership work that will help take sexual health advice closer to where young people from BME communities are. Children and Young People's Partnerships, linked to the LSPs are also relevant to this work because they will be focusing on young people most vulnerable to social exclusion. (see 4.3)

Issues for black and minority ethnic young people

- 1.12 Some young people from BME communities have been born and brought up here and may be familiar with services and the way in which they are provided. Other young people may have recently arrived as immigrants, refugees and asylum seekers. These young people may be unfamiliar with the structure of services and may not be confident about seeking sexual health advice and information.

1.13 There are a number of issues that have been highlighted by young people from BME communities around service provision. These include:

- Barriers to services such as institutional and personal racism
- A lack of culturally and linguistically appropriate services
- A lack of knowledge and cultural understanding of young people who ascribe to different moral value systems.
- Inappropriate and inaccessible locations for services
- Concerns about confidentiality
- No relevant images or culturally appropriate sexual health messages and a poor atmosphere within service provision agencies
- Inaccessible information about sexual health issues
- Poor staff attitudes and behaviour

1.14 Consequently service providers need to recognise the importance of providing services that are culturally and linguistically appropriate so the barriers to access identified by young people are overcome.

2. THE LOCAL CONTEXT

Gathering relevant information from the local community

- 2.1 Engaging in sexual health work with young people from BME communities does not necessarily mean reinventing the wheel.
- 2.2 Many agencies voluntary, statutory and community based-have over the years developed some excellent practice when working with young people from different backgrounds on a variety of issues.
- 2.3 This experience needs to be harnessed so that effective service provision can exist within the field of sexual health and access to contraception for young people from BME communities.
- 2.4 This will include models of community development and working in partnership to develop appropriate sexual health interventions so that young people within these communities can be empowered and enabled to make informed choices about maintaining and preserving their sexual health proactively rather than having to respond to crises.
- 2.5 BME communities also need support in challenging and addressing the taboo nature of sexual health issues within many of these communities. Reflection and debate should be encouraged to address cultural perspectives that impact on these communities with regard to their attitudes, values and beliefs around sexual health and broader relationship issues.
- 2.6 The following questions may help in identifying what is already available for young people from BME communities in a local area:
 - What partnerships and collaborative working arrangements already exist around work with young people from BME communities? Could these also integrate issues around sexual health advice and access to contraception?
 - What examples of best practice in contraceptive and sexual health services have already been developed in your locality?
 - Are these examples of best practice transferable? What lessons have been learned from this work?
 - What support exists in your locality for teenage parents from BME communities?

- What work is currently being developed with the parents and carers of young people from BME communities since they are very important when it comes to positively endorsing and supporting work with young people.

3. IMPROVING SERVICES

Developing services that are more acceptable and accessible to young people from black and minority ethnic communities

3.1 Action for sustainability and mainstreaming

3.1.1 Local teenage pregnancy co-ordinators should work with commissioners, Primary Care Groups/Trusts, other NHS Trusts, local authorities and health authorities to:

- Find out which BME communities live in the area.
- Map existing provision for young people from BME communities in their locality and identify who is working with and representing these young people.
- Review services against this guidance.
- Action an on-going programme of service development, which involves young people from BME communities to ensure implementation of this guidance.
- Establish links with voluntary, community based and faith organisations already working with young people from BME communities to explore working in partnership around sexual health issues.
- Set in place and train staff to collect service user data under the new ethnic monitoring categories (see 3.1).

Health Authorities should monitor performance of those delivering services against this guidance under their Health Improvement Programmes as one of the key actions to achieve the local teenage conception reduction targets.

3.2 Involving young people

3.2.1 The involvement of young people needs to be an integral part of all service development, delivery and evaluation processes, but it is particularly important to involve young people from BME communities.

3.2.2 As a consequence of their social exclusion and experience of being marginalised, many BME young people may not identify their sexual health as a priority amongst other more pressing issues they have to contend with on a daily basis, such as racism. Asking for and responding to their views on how they would like to access sexual health advice will make it more likely that the service is used and publicised through the grapevine.

3.2.3 Consultation with young people from BME communities needs to be undertaken in a variety of different ways and needs to be responsive to the importance of gender specific forums as well as involving mixed groups. It is important to identify:

- Work that has already been undertaken in your locality around service user involvement with young people from BME communities and which may either be transferable to sexual health or directly related to this area of work.
- Best practice that has emerged from this work and any particular methods or models that have proved to be particularly effective when involving young people from BME communities.

3.2.4 Not only should BME young people be involved as part of setting up a service but also in ongoing review and evaluation of services. Consultation groups with clearly defined remits could give these young people an opportunity to feedback and influence future developments. Some services have BME young people involved on advisory or management boards or delivering peer education and support. However, less assured and non-assertive BME young people will need help to develop the skills and confidence to take part in such initiatives.

3.2.5 The views and feedback of BME young people can also be used in training exercises with staff. Managed carefully, the sharing of perceptions between professionals and service users, can be an effective way of enhancing understanding and improving service provision.

3.2.4 The Teenage Pregnancy Unit has issued guidance on how to involve young people that includes examples of successful practice. The guidance was disseminated to co-ordinators through a series of seminars in April and May 2001, and is available on the TPU website.

3.3 Age specific services

3.3.1 The *Best Practice Guidance for the Provision of Effective Contraception and Advice Services for Young People* recommends an upper age limit of 25.

3.3.2 Equally important is the need for service providers to accept the reality that for some young people the first time they are able to access any accurate and objective sexual health information is at the point when they make contact with service provision agencies.

- 3.3.3 This may be due to them missing out on any sex and relationships education in school or for a very small minority of young people their parents and carers may have requested that they be withdrawn from such sessions. This may result from some parents and carers perceiving that sex and relationship education is culturally and religiously inappropriate within the school. Consequently, once again chronological age may not necessarily reflect levels of sexual health knowledge or understanding.

3.4 Confidentiality

- 3.4.1 In many BME communities openly discussing issues about sexual health and sex and relationships is considered to be culturally taboo. Confidentiality within service provision is therefore paramount and directly impinges on whether young people from these communities are confident about approaching local sexual health services for advice.
- 3.4.2 All services working with young people from these communities should have an explicit confidentiality policy that includes reference to under 16s and is clearly understood by the target client group. Additional verbal reassurance about confidentiality needs to be given to overcome the higher anxieties often experienced by many BME young people.
- 3.4.3 Services need to make clear to young people what information will be recorded, how it will be stored, for how long, who will have access to it and after what time period the information will be destroyed.
- 3.4.4 The *Confidentiality Toolkit* is a useful training resource for general practice. Brook is publishing a further confidentiality training pack, for multi disciplinary staff teams in community settings, in Summer 2001.

3.5 Staff attitudes

- 3.5.1 Young people from BME communities have expressed concerns about their experiences of staff attitudes within sexual health services.
- 3.5.2 Non-judgmental attitudes and clarity about what constitutes anti-discriminatory practice within each service, need to be demonstrated and agreed by all staff.
- 3.5.3 All staff, irrespective of whether they are temporary or permanent, should have a thorough induction as part of their introduction to the organisation.
- 3.5.4 This needs to be followed by ongoing support, training and adequate supervision to ensure that each staff member is confident to work with the range of diversity amongst young people from BME communities. Staff need to be able to respond effectively and respectfully to the needs of young people who for example, may identify as gay, lesbian or bisexual, have physical and/or learning disabilities, have mental health issues or have experienced abuse or domestic violence.

3.5.5 In addition to staff and volunteers the training needs of interpreters also need to be identified and addressed.

3.5.6 The training programme should include:

- Knowledge and understanding of the target population – demographic characteristics; history; experience in accessing services and sexual health beliefs.
- Social and economic conditions of the target population.
- Cultural and traditional norms and practices and their possible impact on sexual behaviour i.e. gender roles/constructs, female genital mutilation, value systems, marital expectations, generational differences and expectations and teenage pregnancy.
- The role of religion and culture and its impact on sexual behaviour both at an individual, community and societal level.
- Staff attitudes and responses to difference and diversity.
- An awareness of the potential impact of racism and other oppressions, both personal and institutionalised, on access to and quality of service provision.
- An awareness of resourcing sexual health interventions in a multi-cultural and multi-lingual society, including appropriate images, languages and media formats.
- Exploring and using community development, capacity building, networking, peer-education and mentoring approaches.
- Working with parents and carers – raising their awareness of sexual health issues, encouraging and supporting debates and discussions on sexual health matters.
- Ensuring that sexual health services are developed and delivered taking into account cultural and religious frameworks.
- Appropriate responses to practices that are perceived as unacceptable by some BME communities e.g. female genital mutilation and male circumcision.
- Being aware of the diversity within BME communities viewing them as heterogeneous rather than as homogenous groups of people.
- Adopting and implementing partnership and joint working with other statutory providers as well as voluntary and community based organisations.

- An induction process for all staff to enable them to understand not just internal structures and the functions of their employing organisation but also their external relationships especially those that demonstrate the principles of joint and partnership working.

3.5.7 Training and recruitment is covered in more detail in Section 21.

3.6 Atmosphere

- 3.6.1 Services working with young people from Black and Minority Ethnic communities need to reflect the diversity among local communities in their surroundings.
- 3.6.2 Consideration needs to be paid to the décor, including culturally and linguistically appropriate posters, leaflets, magazines and newspapers. The use of culturally and linguistically appropriate radio and television can also help to create a more informal atmosphere and serve to reinforce an appropriate welcome to young people from these communities.
- 3.6.3 Above all, attention needs to be paid to the welcome extended to young people from BME communities by the staff to ensure that the atmosphere within any service provision agency is conducive to them seeking help without fear or intimidation.

3.7 Location

- 3.7.1 The *Best Practice Guidance* highlights the issues to consider when deciding the best location for services. Local consultation with young people from BME communities will help ensure that the choice of location hits the right balance of accessibility and anonymity.
- 3.7.2 Services in generic youth friendly settings may be more acceptable to BME young people who are apprehensive about seeking sexual health advice. Threading sexual health advice through other activities and services can provide a safer, more confidential service and can be achieved by partnership work with community based organisations which are popular with young people.
- 3.7.3 Health fairs at schools, colleges and universities utilising interactive computer technology aimed at young people may also be an attractive way in which sexual health information may be accessed.
- 3.7.4 The role of the school nurse in providing sexual health information also needs to be considered and reinforced for young people from BME communities who may not be able to easily access services outside the confines of the school environment.

3.8 Opening hours

3.8.1 Young people find it easiest to access services when they are open every day. More restricted opening hours should:

- Match young people's availability and leisure time. For example, although lunch breaks, after school and weekends are popular, some BME young people may attend prayer or language classes at these times.
- Take into consideration the timing and limitations of local public transport, especially in rural locations.
- Be responsive to when there is the highest need for emergency contraception, i.e. around weekends.

3.8.2 When services are closed, young people should be clearly directed to the nearest source of advice and support such as local pharmacies and NHS Walk in Centres. The physical location of these needs to be considered for young people from BME communities to feel confident about accessing them. For example in one locality a Walk in Centre was located near to a taxi company which employed a significant proportion of drivers from local BME communities. This prohibited the young people from BME communities from accessing the service due to concerns around breaches of confidentiality.

3.8.3 Some services have found it beneficial to run gender specific sessions for young people from BME communities at times that they find most accessible. It is essential to recognise that services need to be given time to work and results may not be instantaneous. Seeking ongoing feedback and reviewing opening times in consultation with young people from BME communities may improve their access to services.

3.9 Contraceptive and sexual health advice

3.9.1 To be effective, services should offer young people from BME communities adequate time and support to make informed choices about their relationships along with sexual health information and advice which is both culturally and linguistically appropriate.

3.9.2 Services should ensure that young people understand the importance of maintaining and preserving their sexual health and assist with identifying where further appropriate support can be obtained if necessary.

3.9.3 Services need to be aware that due to early marriage and/or traditions around early childbirth in some communities, some young people may need information about the importance of spacing their children and the possible health risks to themselves and their babies of teenage conceptions. Support may also be needed around the pressures of parenthood and postnatal depression.

- 3.9.4 Services may have to encourage young people from BME communities to talk openly about some of the myths which exist within communities surrounding sex and relationships so that there is clarity about the facts around sexual health issues.
- 3.9.5 Services should also ensure that young people understand how to use their chosen contraceptive method, together with condoms to protect against infections.
- 3.9.6 Young people should understand the risks of using contraception erratically and how to access emergency contraception if their usual method is not used or fails.
- 3.9.7 A minimum level of service should provide:
- Staff trained in counselling skills that have some understanding of the cultural needs of local young people from BME communities.
 - Access to a range of condoms (including different sizes and shapes), hormonal contraception, including emergency contraception and where possible injectable contraceptives.
 - Pregnancy testing and non-judgmental, anti-discriminatory advice on options for young people from BME communities.
 - Referral for NHS funded abortion services and antenatal care.
 - Wherever possible, chlamydia testing and treatment with partner notification undertaken in collaboration with local Genito-Urinary Medicine Services. Particular care should be taken to reassure that confidentiality is not breached.
- 3.9.8 Services should also offer verbal and written information about the following issues and support young people from BME communities in accessing local services providing:
- The full range of contraceptive methods.
 - STI screening and treatment.
 - Non-judgmental pregnancy counselling.
 - Support services for teenage parents (e.g. Sure Start Plus).
 - Youth counselling which is culturally and linguistically appropriate.

3.9.9 Links should be established and maintained with other supportive services, such as schools, youth agencies, social services departments and community based organisations working with young people from BME communities that provide advice and information on sexual health so that they can actively facilitate onward referral when appropriate.

3.9.10 The varying power relationships that exist between genders within all communities and the need for services to be culturally and linguistically appropriate may require some services to be gender specific.

3.9.11 Where some communities have had very little access to culturally and linguistically appropriate sexual health information, it may be easier to integrate these issues into discussions about other broader health issues. In this way information can be presented as part of a holistic framework designed to integrate all the health needs that an individual may have.

3.10 Pregnancy testing and pregnancy counselling

3.10.1 Among young people from BME communities the context within which their pregnancy has occurred may determine the level of apprehension around disclosing the pregnancy. So, if the young person is already married or in a stable relationship then parents and carers may not respond with hostility to the news. Equally in some communities it may be more acceptable to be a young single parent rather than to have an abortion. However, if the context is not culturally or religiously acceptable the young person may fear ostracism and possible rejection by their family or carers.

3.10.2 The apprehension that many young people experience around disclosing a pregnancy often deters them from seeking appropriate support and advice as early as possible.

3.10.3 As a result, a disproportionate number have abortions after the first trimester and attend late for antenatal care. Local services and publicity should encourage:

- Early uptake of pregnancy testing, pregnancy counselling and referral to antenatal services when appropriate.
- Quick referral to NHS funded abortion services, where abortion is the agreed course, in accordance with the Royal College of Obstetricians and Gynaecologists Evidence Based Guideline 7, (March 2000).

3.10.4 Practitioners with a conscientious objection should refer the patient to another doctor as a matter of urgency.

3.11 Publicity

- 3.11.1 For many BME communities sex and relationships are culturally taboo issues that are not often discussed in public arenas. There is often a lack of culturally appropriate language and terminology around sexual health issues. This needs to be addressed when developing publicity materials targeting sexual health information for young people from BME communities.
- 3.11.2 Key points on publicity of services are included in the *Best Practice Guidance*. To overcome the perception of some BME young people that services are not for them, the images and sexual health messages must be culturally and linguistically appropriate. Consultation with local young people is essential in the development of any materials to avoid inadvertent offence to any community.
- 3.11.3 The choice of community settings for publicity, local radio and media also needs to be checked with local BME young people to make sure the messages reach the target audience.
- 3.11.4 There is always the potential for controversy around sexual health projects. Therefore it is important that the senior management of any organisation is informed about the work and prepared to speak to the media if necessary. Proactive media work should be incorporated into the overall local media strategy.

3.12 Monitoring and evaluation

- 3.12.1 Monitoring and evaluation are key to ensuring that the aims of targeted resources and interventions are having an impact. Services should be reviewed against the *Best Practice Guidance* and this additional guidance.
- 3.12.2 Some indicators of success include:
- The numbers of BME young people accessing services and increases in the ratio of these young people compared to other groups of young people.
 - An increase in staff confidence to meet the sexual needs of young people from BME communities. This can be based on self/peer/management reviews.
 - An increase in the quality and quantity of targeted services in all settings to reach BME young people.
- 3.12.3 It is important to identify if any monitoring and evaluation models from services for BME young people have already been developed locally and whether they are transferable to a sexual health setting. Other commonly used measures of evaluation include:
- client feedback forms and comment books;

- 'mystery shopper' surveys where young people access a service anonymously and report on its standards;

3.12.4 An Evaluation Kit has recently been produced for providers of sexual health services for young people. All local teenage pregnancy co-ordinators should have received a copy. Further copies are available from the Sexual Health Programme, Health Promotion Research Unit, Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, Keppel Street, London, WC1E 7HT. Tel: 020 7927 2036. Email: sexualhealth@lshtm.ac.uk

4. PARTNERSHIPS AND POTENTIAL FUNDING FOR SERVICES FOR BME YOUNG PEOPLE

- 4.1 Many BME young people do not readily access mainstream or specific sexual health services. Partnerships with other organisations already working with BME young people are therefore essential. Partnership work has the benefit of combining the skills of staff experienced in relating to BME young people with the expertise of sexual health professionals. This offers more of a one-stop service to the young people and allows the sharing of skills between the professionals that they can take back to their own service. The sharing of budgets and other resources can also enable projects to be larger than if only one agency were involved in working with BME young people.
- 4.2 To be successful, partnerships need to be developed between appropriate agencies each of which recognises the unique contribution of the others. They need to be developed at both strategic and operational levels with clearly identified aims, objectives and outcomes of the project. When workers are from different professional backgrounds, it is essential they have clear and compatible policies to work to and that there is a shared understanding of how work will be undertaken with young people from BME communities.
- 4.3 Local Strategic Partnerships (LSPs) are expected to be the primary drivers for improving well being at a local level. These partnerships will embrace councils as corporate bodies, the local health sector, voluntary organisations, the private sector and the community. They are intended to improve local public services by bringing those who deliver or commission different services together with those who use the services to help ensure services complement and add value to each other. LSPs hold considerable potential for developing work to reach young people from BME communities.
- 4.4 There is also additional guidance on Co-ordinated Planning for Children's and Young Peoples' Services which concentrates on meeting the needs of those most vulnerable to social exclusion. Children and Young Peoples' Partnerships will be linked to the LSPs and are expected to be developed over 2001-2 to 2003-4. Services for disaffected young people from BME communities could be developed through these partnerships.
- 4.5 Other potential partners and funding include:
- Health Action Zones
 - Quality Protects
 - DfES Standards Fund

- Education Action Zones
- The Youth Service
- Connexions
- The National Healthy Schools Standard
- Young Offending Teams
- Regeneration Funding (New Deal for Communities and Neighbourhood Support Fund)
- Local business, leisure or entertainment organisations

4.6 Connexions

- 4.6.1 The Connexions Service aims to provide all young people aged 13-19 with the advice, guidance, support and personal development they need to overcome barriers to participation. A number of Connexions Service Pilots are underway, and the first sixteen Connexions Partnerships began to deliver the service in 2001.
- 4.6.2 In areas where the Connexions Service is operating consideration should be given to the role of the Connexions Personal Adviser (PA), whose central aim is to help 13-19 year olds overcome barriers to engaging in education. PAs will be accessible to all young people but will target their help to those most at risk of not participating in education or training. They will be based in a variety of settings – e.g. schools and colleges.
- 4.6.3 Based on the young person's individual needs, the PA will be able to refer the young person on to specialist support on issues relating to contraception, pregnancy, sexual health and teenage parenthood, and in some cases the PA themselves may be able to provide such specialist support. Connexions Partnerships will work with local teenage pregnancy co-ordinators, to ensure young people have access to the integrated support they need. Further guidance on linking the teenage pregnancy strategy to Connexions Partnership is available on the TPU website.

4.7 The National Healthy School Standard (NHSS)

- 4.7.1 For the majority of young people from BME communities, schools are a crucial access point. The National Healthy School Standard (NHSS) provides a positive framework for developing work with schools. The NHSS is a programme jointly funded by the DfES and the DH. It is based on the premise that a healthy school is one that is going to support pupils to look after their health, and to raise their educational achievement. The Standard provides a rigorous and flexible framework and a series of standards that schools can work towards, by supporting their local programme. There are eight specific themes and underpinning these are a series of standards to

help support a whole school approach.

- 4.7.2 The Standard emphasises the need to work in partnership with those in the wider community. In particular the Sex and Relationship theme emphasises the need to work with community sexual health service providers.
- 4.7.3 This provides a framework to work in partnership with schools to meet the needs of young people from BME communities. Working with schools is a key strategy to access young people from BME communities before they become sexually active.
- 4.7.4 For details of your local NHSS Co-ordinator, contact the NHSS National Team on 020 7413 8896.

Partnerships with the wider community

- 4.8.1 Work with young people from BME communities around sexual health may be viewed as being controversial and attract media attention. Information to parents and carers through consultation events to share aims and objectives of projects have been shown to generate public support and help to deflect any negative press coverage. The vast majority of parents and carers from BME communities support sex and relationship education for young people and recognise that this is an important issue to communicate to the children and young people in their families. Informing parents and carers of the services available and the professional framework and policies within which staff work will help to allay any anxieties.

5 STAFF RECRUITMENT AND TRAINING

5.1 Recruitment and selection

5.1.1 An organisation's personnel are the most important asset it has. To ensure the delivery of quality services, the recruitment and selection processes undertaken need to be robust and consistent as well as fair and transparent.

5.1.2 The quality of service delivery is dependent on the quality of staff. It is therefore essential that time is spent developing a process that is accessible and inclusive. It is important to recruit staff who young people from BME communities can relate to.

5.1.3 For mainstream organisations to recruit people from BME communities there are a number of issues that the organisation needs to address.

5.1.4 The organisation not only has to be accessible to people wanting to use the services, but welcoming and supportive of BME people wanting to take up employment. The following questions may help develop recruitment best practice:

- Do the members of staff both within your organisation and other agencies working in this area of service provision, with young people from BME communities, reflect the composition of local communities?
- In what ways do you or can you ensure that recruitment and selection of staff are reflective of local communities within your organisation?
- Are posts advertised in local and national press targeting BME communities? Do you have a database of local and national organisations working with a range of BME communities who you can send information to about vacancies?
- Organisations need to consider whether it would be appropriate to hold events within local communities to promote themselves as both service providers as well as potential employers.
- What training and support is offered to interviewers on recruitment and selection panels in your organisation and also within other agencies working in this field?

- In what ways are equality issues addressed during the recruitment and selection process within your organisation and in other agencies working in this field?
- How open and transparent is your recruitment and selection process? Is there scope for candidates to complain about the process if they consider that they have been treated unfairly?
- In what ways are potential conflicts of interest addressed by recruitment and selection panels within your organisation and other agencies in this field?
- Is there scope within your organisation to include a cross section of people from your local community on the interviewing panel including a service user and/or young person from BME communities?
- If the post being recruited to involves targeted work with particular communities or constituencies within them, is there an opportunity to ensure that the recruitment panel reflects the target audience? For example if the post holder is expected to develop work with young men will the panel comprise interviewers who are men and familiar with this area of service provision?
- If the post involves working in partnership or in collaboration with a number of different agencies is there scope to involve potential partner organisations in the recruitment and selection process?

5.2 Process of Staff Training and Development

5.2.1 Once recruited it is essential that training is provided for all staff to enable them to deliver effective services to BME young people. All staff need to be trained in issues that relate to the target populations they are working with.

- What training and support is needed for practitioners both in mainstream and targeted services to enhance this work in your locality?
- Have training needs analysis been conducted with staff to identify gaps in their knowledge and appropriate ways of addressing these?
- Is there a distinction between the training needs identified by mainstream statutory service providers and those working in voluntary, community based and faith organisations?
- How will the diversity in topics and different levels of training be responded to within your locality?
- Are there any current models around multi-agency training that can be further developed around sexual health issues?

- Are there any examples of best practice around staff support within your organisation that may be transferable to this area of service provision?
- What specific support structures are in place in your organisation for staff from BME communities engaged in this work?

5.3 Equal Opportunities and Diversity

- Does your organisation have policies on anti-discriminatory practice and equal opportunities or diversity? How often and by whom are these policies reviewed?
- Does your organisation along with other agencies working in this field, have a shared ethos that is explicitly stated around what is considered to be best practice when working with young people from BME communities and sexual health issues?
- Is there an awareness and understanding of the particular youth culture among BME young people in your locality among service providers both in mainstream and targeted services?

References

Teenage Pregnancy Report – Social Exclusion Unit - 1999

Best Practice Guidance on the Provision of Effective Contraception and Advice Services for Young People. (Teenage Pregnancy Unit - November 2000)

The National Strategy for Sexual Health and HIV

Department of Health. 2001

6 EXAMPLES OF INTERESTING PRACTICE

East London and the City

Type of work

SRE – Sessions on religious & cultural issues.

Profile of client group

Year 11 (15-16 year olds) in an East London girls' school with a high Bengali, African-Caribbean and Turkish population.

Aims and objectives of the work

To discuss SRE issues in a culturally appropriate way. This includes discussion of arranged marriage, pre-marital sex, negotiating relationships and inter-generational issues – particularly speaking to parents.

Identification of need

Discussions between the Young People's Sexual Health Service and the school about developing SRE had not been productive until one of the pupils became pregnant. This prompted interest from the Head of Year 11 in providing SRE.

Funding

Existing sexual health service funding.

Key partners

East London Young People's Sexual Health Services.
East London Health Promotion and Community Involvement – Young People's Team
Local youth workers.

Process of development

Education was part of the Young People's Sexual Health Service remit but the school had resisted SRE work until the pupil's pregnancy highlighted the need. The programme was negotiated with the Head of Year 11 to target support for the BME young women who made up a significant part of the school population.

The school has continued to work with the local service.

Young people involvement in the work

Consultation and negotiation with the young women during the hour and a half long sessions about the issues they wanted to discuss.

Feedback and Evaluation

Positive feedback from the young women that they felt their experiences were being heard and voiced.

Chosen indicators of success

Positive evaluation from the young women.

Positive evaluation from the school leading to further sessions being run.

Useful lessons to share with others

- Target the SRE on religious and cultural issues and discuss issues that the young women can identify with. This opens up wider discussions on sexual health.
- Challenge assumptions on behaviours and knowledge of BME communities
- Present SRE/sexual health work as information that will help people make informed decisions about their health.

Contact name and details

Tower Hamlets Health Promotion & Community Involvement
Mile End Hospital
Bancroft road
E1 4DG
020 7377 7919

Brook in London

Type of work

User involvement group

Profile of client group

Young people from BME communities attending local Pupil Referral Units and off site schools

Aims and objectives of the work

To involve a group of users and potential users of Brook London, to identify

How the service should be developed to meet the needs of BME young people;

How they feel young people could be involved in the service.

Objectives:

- Pilot a user forum
- Consult with young people on their views of operational and practical issues
- Support the shift in focus to make the service more accessible to younger clients
- Support team building within the centre
- Give evidence to funders of user involvement

Identification of need

Brook London had relocated a centre in South London, and wanted to shift the focus of clients to a younger age group and to encourage team building in the centre. Brook wanted to involve young people in how the service should be developed to meet the needs of younger people, particularly those from BME communities.

Funding

Gulbenkian Foundation - the funding was to develop a user forum for BME young people.

Key partners

- Brook London
- Local off site schools

Process of development

Brook London contracted a drama teacher to work with an education outreach worker to develop the process:

- Meeting with staff to clarify roles and issues of working with young people
- Recruitment of young people
- Planning of sessions
- 4 sessions with young people to explore their thoughts and feelings about the service and to build confidence in being involved in forum
- 2 sessions with staff - both staff and young people followed the same process
- Presentation by young people to staff group - facilitation of forum meeting
- Presentation at AGM
- Development of mystery shopper exercise in centres
- Feedback for multi-disciplinary team meeting - the young people decided to perform a play using all the experiences that they had had in the centres
- Multi-disciplinary team meeting training sessions - presentation of play and discussion groups
- Feedback from multi-disciplinary team meetings to organisation
- Young people involved in publicising service to young people through sessions in different settings

Young people's involvement in the work

The young people have been involved throughout the process. From the time they were recruited they made decisions on how the forum should work and what the organisation needed to do better to meet the needs of BME young people.

Feedback and evaluation

There was feedback to both the organisation and to the young people throughout the process.

Chosen indicators of success

- Numbers of young people involved.
- Numbers of staff involved.
- Feedback from young people.
- Feedback from staff.

Useful lessons to share with others

The project was very exciting, as the young people were very keen to be involved. The key lesson is that if you are going to consult with young people their opinions must be taken seriously and if they make suggestions about what must be changed they need to see it happen.

Contact name and details

Brook in London: Education Outreach Team
153a East Street
London SE17 2SD
Tel: 020 7701 5175
Fax: 020 7277 2103

Blackliners, London

Type of work

Community based sexual health services, workshops and publicity campaign targeted at BME young people on the St. Martin's Estate in South London.

Profile of client group

Young black people aged 16-25, living, working and/or studying within the Lambeth, Southwark and Lewisham area.

Aims and objectives

To heighten awareness of sexual health issues, with a focus on contraception, STIs and condom use;

To challenge value systems and cut incidence of unplanned teenage pregnancy and transmission of STIs.

Identification of need

Data from Lambeth Southwark and Lewisham Health Authority identifying high rates of under 16s conception rates in the Tulse Hill ward of South Lambeth PCG.

Focus/consultation with local young people and parents.

Assessment of local service provision and access to services by young black people in the locality.

Funding

Presentation Housing, a black led Housing Association, funded the programme on St. Martin's Estate. The monies came from the single regeneration budget, as part of a rolling programme to correct and address some of the health and social inequalities that exist on the estate. Blackliners provided line management of the project.

Key partners

South London Family Housing was an essential partner, who facilitated booking premises for the workshops, in addition to providing a link with local young people and youth groups. St. Martin's Community Centre and local Secondary Schools also provided some support.

Process of development

A focus group of young BME people was recruited to conduct in depth face to face interviews to assess need and effectiveness of interventions. This involved focused outreach to recruit the target audience.

Young People Involvement

Young people were closely involved in the project development. Their written evaluation at the end of each session also informed the further planning and delivery of the work.

Feedback and evaluation

Written feedback from all young people attending the sessions.
Evaluation reports from partner organisations.

Chosen indicators of success

- Repeat programme of work requested and paid for by South London Family Housing Association, due to commence May 2001.
- Further requests for information regarding the content and style of the programme.
- Consistently positive feedback from young people attending the sessions.
- Relationships built and sustained with young people and partner agencies.
- Young people accessing community based service provision (sexual health education programmes etc.) with increased knowledge.

Contact name and details

Kiera Adegbite-Thomas
Sexual Health Outreach Worker (young Black woman)
Blackliners
Unit 46, Eurolink Business Centre
49 Effra Road
London SW2 1BZ
Tel: 020 7738 5274

Blackliners, London

Type of work

Community based peer education programme, targeting recruitment at young black people aged 16-25, who in turn will target their peer group.

Profile of client group

Young black people aged 16-25, living, working and/or studying within the Lambeth, Southwark and Lewisham area in South London.

Aims and objectives

To train a group of young people to develop their skills and knowledge of group work, planning, delivery and evaluation, in addition to sexual and reproductive health, to enable them to feel empowered to educate and challenge the behaviour of their peer groups.

A comprehensive programme of training was designed, with modules including: group work, equal opportunities, confidentiality, STIs, communication skills and personal safety.

Identification of need

High rates of teenage conceptions and STIs among young black people in Lambeth, Southwark and Lewisham.

A lack of effective interventions targeted at young black people.

Funding

Blackliners undertook the capital, recruitment and training costs for the duration of the Peer Education programme.

Key partners

The Children's Society provided premises for the training.

External facilitators came in to lead workshops on a range of topics, including the sexual health training organisation, Sexplained. Members of staff from Blackliners also led workshops.

Process of development

Continued opportunities to train and build on learning

Young people's involvement

Feedback from previous programmes run at Blackliners. Peer Educators later went on to design a summer programme of activities and events to attend within Lambeth, Southwark and Lewisham. They were involved in the planning, preparation and delivery of the services we offered throughout the summer months of 2000.

Feedback and evaluation

See above. Also partner evaluation and reports, most importantly, written feedback from all young people who attended the sessions.

Chosen indicators of success.

- Further requests for information regarding the content and style of the programme.
- Consistently positive feedback from young people attending the sessions.
- Relationships built and sustained with young people and partner agencies.
- Young people accessing community based service provision (sexual health education programmes etc.) with increased knowledge.

Contact name and details

Blackliners

As for previous example.

Black Health Agency

Type of work

Sexual Health Related Youth Work.

Profile of client group

Young people between the ages of 16-25, of African, Caribbean, South and South East Asian descent from inner city areas of Manchester and North Trafford.

Aims and objectives of the work

- Reduce sexually transmitted infections and teenage pregnancies.
- Promote positive health messages.
- Dispel sexual health myths and misinformation with the view to changing harmful behaviour patterns.

Identification of need

- A feasibility study.
- Consulting public health reports/disease incidence and teenage pregnancy figures for the locality.
- Focus group discussions with young people.
- Involvement with Teenage Pregnancy Partnership.
- Involvement with Sexual Health Strategy Group.

Funding

- Teenage Pregnancy - Local Implementation Fund.
- On The Line Millennium Award Scheme.
- Single Regeneration Budget 5.
- Comic Relief.
- Neighbourhood Support Fund.

Key partners

- Local secondary schools
- Healthy cities initiative
- Moss Side and Hulme Education Action Zone
- Manchester and Trafford Youth Service
- Hideaway Youth Project
- 42nd Street

Process of Development

Capacity building through training and mentoring young people to become peer educators.

Working in partnership with other agencies to learn and disseminate good practice.

Setting realistic and measurable objectives in the short, medium and long-term.

On-going monitoring and evaluation of progress, involving young people in the planning, implementation/delivery and monitoring of initiatives.

Young people's involvement in the work

Young people are:

- Involved in managing the project.
- Leading on initiatives (i.e. in the planning and production of resources).
- Putting forward suggestions on how to make sex and relationship education more acceptable and meaningful to young people.
- Being consulted on how to make sexual health services more accessible to them.
- Given opportunity to contribute to policy development and strategic planning of sexual health services.

Feedback and evaluation:

Ongoing evaluation by funders and BHAF.

Production of progress reports.

Feedback from young people and other key stakeholders (i.e. teachers, youth workers etc.)

Chosen indicators of success

- Employment and training of young people to become peer educators.
- Capacity building of young people in schools to sustain sexual health information work within and outside the school environment.
- Enabling PSHE teachers and youth workers to become more involved in sexual health education work.
- Developing sexual health models that include and promote self worth and overall personal development.

Useful lessons to share with others

- Adopting a young person centred approach to sex and relationships education with young people.
- Acknowledging the sexual experiences of young people.
- Valuing young people and their contributions to society.
- Building trusting relationships with young people.
- Adopting a holistic approach to sexual health promotion.
- Being aware of the impact of sexual health on overall well being.
- Acknowledging difference and diversity and being aware of the impact of religion, culture, sexuality, race, age on sexual health.
- Creating a safe space for young people to explore issues.
- Working with young people at their pace.
- Recruiting workers that young people can relate to and feel safe with.

Contact name and details

Priscilla Nkwenti
Black Health Agency
Zion Community Health & Resource Centre
339 Stretford Road
Hulme
Manchester
M15 4ZY
Tel: 0161 226 9145
priscilla@blackhealthagency.org.uk

North West Lancs Health Promotion Unit

Type of work

- Action research project focusing on South Asian Communities on sexual health, relationships and HIV.
- Community development approach and capacity building.
- Organisational development through training and educational needs.
- Development training materials for use with community groups and professional briefings.

Profile of client group

South Asian Communities. Work was undertaken across age groups (elderly, parents and young people), gender, faith (Hindu, Muslim & Sikh) and cultural practice.

Aims and objectives of the work

To raise awareness of sexual health and HIV from a cultural perspective both within the communities and with the service provision.

To expand the capacity within the communities for sustainable health development, while being sensitive to cultural norms, attitudes and language.

Attracting individuals from the local BME Communities to take part in developing and delivering health promotion initiatives within the community. This provision of experience and skill building contributes towards career development within health and social welfare organisations.

To encourage both statutory and voluntary organisations to integrate multi-cultural perspectives into their service provision and to respond to need and uptake of appropriate services.

Identification of need

Over a number of years evidence shows that BME communities are excluded from mainstream service provision across all areas. This is very apparent in areas of sensitive provision such as sexual health, substance misuse, and counselling.

Funding

Existing health promotion budget/HIV+AIDS ringfence monies, plus one off non-recurrent funding.

Key Partners

- Racial Equality Council.
- Youth and Community Service.
- Moor Park High School.
- Gujarat Hindu Society.
- Preston Muslim Forum.
- Preston Sikh Cultural Association.
- Shree Prajapati Association.
- Lancashire Council of Mosques.
- Local community and self help groups.

Process of development

The North West Lancs Health Promotion Unit (NWLHPU) have developed a community-based approach to health promotion activities on religiously and culturally sensitive health issues. Some of the health issues used as a focus for developing strategic work include sexual health and substance misuse. These topics are perceived as highly sensitive, reserved within cultural norms and not for public debate.

This initiative focuses on addressing inequalities in health status and health service employment within the BME communities in Preston and beyond. It aims to develop BME community capacity and individual competencies for health, whilst transforming the knowledge, attitudes and practice of service providers within the NHS itself through:

Long term, evidence based health promotion strategy:

- Redressing the problem of unequal access to the NHS and other statutory services in relation to prevention, treatment and care.
- Creating an infrastructure for health (social capital), both formally and informally, that impacts on environmental, behavioural and lifestyle factors affecting health status.
- Range of Health Promotion Projects undertaking e.g.
 - 'Rishta-e au Zimmervarian' ("Relationships & Responsibilities") sexual health project.
 - 'Mazhab & Sexuality' (Faith & Sexuality).

- Sex Education Policy Development - Parents Project (*Moor Park High School*)
- Apna Naseeb (Black & Minority Ethnic Gay and Bi-Sexual Men's Project)

Young people involvement in the work

Consultation and programme negotiation was a key element of the entire project. This was paramount, as work had to be delivered by recognising the knowledge base, appropriateness and the needs of the target groups.

Feedback & Evaluation

All the projects within 'Rishtae au Zimmervarian' ('Relationships & Responsibilities') sexual health project and 'Mazhab & Sexuality' (Faith & Sexuality) had built in evaluation as a key component of the work. This consisted of both qualitative and quantitative measures.

Chosen indicators of success

- Uptake of the range of projects.
- The diversity of the range of projects across age groups, gender and faith.
- Active participation from community organisations and individuals from the BME communities.
- The production of Sex Education Policy leaflet for parents in different languages.
- Developing the capacity and skill base of community workers within the locality to undertake work on sexual health.
- The development and utilisation of the 'Rishtae au Zimmervarian' ('Relationships & Responsibilities') training materials and 'Mazhab & Sexuality' (Faith & Sexuality) training materials.

Useful lessons to share with others

- To have sufficient resources to deliver this type of project, ensuring all BME groups are targeted and none alienated.
- Empowering community groups to work in partnership with service providers to ensure this type of work does not fall off the agenda or become a low priority against competing resource allocation.

- Ensure that preliminary work including demographic and epidemiological data provides a sound baseline of information and that key individuals (gatekeepers) support the project.

Contact name and details

Gulab Singh MBE

North West Lancashire Health Authority

Health Promotion Unit

Progress Business Park

Units 44 B&C

Orders Lane

Kirkham

PR4 2TZ

Telephone: 01772 686031

Fax: 01772 683987

Email : gulab.singh@nwlancs-ha.nwest.nhs.uk

7. USEFUL RESOURCES AND ORGANISATIONS FOR WORKING WITH BME YOUNG PEOPLE

Resources

Guidelines for Service Providers working with Hindu, Sikh and Muslim Communities – Birmingham Specialist NHS Community Trust (formerly Northern Birmingham Community Health NHS Trust – 1999)

Mazab & Sexuality – Faith and Sexuality – A discussion paper on sexual health for health and community workers from four faith perspectives. – North West Lancashire Health Promotion Unit. 1997 – ISBN 1 900596 04 0.

Religion, Ethnicity and Sex Education: Exploring the Issues – National Children's Bureau. 1993 – ISBN 1 87457917 2

Useful Organisations

Black Health Agency

Zion Community Health and
Resource Centre,
339 Stretford Road,
Hulme,
Manchester,
M15 4ZY.
Tel: 0161 226 9145

Blackliners

Unit 46 Eurolink Centre,
49 Effra Road,
London,
SW2 1BZ
Tel: 020 7738 5274.

The Naz Project

Palingswick House,
241 King Street,
London,
W6 9LP
Tel: 020 8741 1879.

Sex Education Forum

8 Wakley Street
London, EC1V 7QE
Tel: 020 7843 6052.

Brook

421 Highgate Studios,
53-57 Highgate Road,
London, NW5 1TL
Tel: 020 7284 6040.

Commission for Racial Equality

Elliot House,
10-12 Allington Street,
London,
SW1E 5EA.
Tel: 020 7828 7022

Birmingham Specialist NHS Community Trust,

Sexual Health Directorate,
St.Patrick's Centre,
Highgate Street,
Highgate,
Birmingham,
B12 0YA.
Tel: 0121 446 1000.

North West Lancashire Health Promotion Service,

Sharoe Green Hospital,
Sharoe Green Lane,
Fulwood,
Preston,
PR2 8DU
Tel: 01772 711215

Coram Leaving Care Service

Unit 10,
Handrail House,
65 Maygrove Road,
London,
NW6 2EH.
Tel: 020 7372 8256

This guidance was issued by the Teenage Pregnancy Unit in 2001. The Unit co-ordinates the implementation of the Government's Teenage Pregnancy Strategy in England. It is based in the Department of Health and is funded by a number of Government departments.

Further copies of the guidance are available from the Teenage Pregnancy Unit, Wellington House, 133-155 Waterloo Road, London SE1 8UG or by visiting the units website at www.teenagepregnancyunit.gov.uk





