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Sara Beveridge and Celeste Thomson

Health Buddies in Schools: a Peer Led Sexual Health and Relationships Education Project in two Dundee Secondary Schools

Health Buddies in Schools (HBIS) is a pilot peer-led sexual health and relationships education (SHRE) project which took place in two Dundee secondary schools between August 2009 and March 2010. The project is a first for Scotland and has a multi-agency approach delivered collaboratively by Dundee Peer Education Project, The Corner and Dundee City Council Education Department and supported by a number of partner agencies.

The HBIS project has developed and delivered peer-led SHRE classes to first year pupils within the secondary schools. This multi-agency pilot partnership resulted from consultation with young people in Dundee who suggested a peer-led approach to the delivery of SHRE.

The key partners in the project are NHS Tayside, Dundee City Council Leisure and Communities Department, Education Department and Educational Development Service, The Dundee Peer Education Project, The Corner Young People's Health and Information Service along with the young people involved as Health Buddies and recipients and key staff in the two schools.

National provision for SHRE

The McCabe Report (2000) defines SHRE as 'a lifelong process whereby children and young people acquire knowledge, understanding and skills, and develop beliefs, attitudes and values about their sexuality and relationships within a moral

and ethical framework'. In Scotland there is no statutory requirement for SHRE provision. The Scottish Executive (2006) offers guidance on sex education in Scottish schools which encourages all schools to provide sex education within a comprehensive programme of personal, social and health education and religious and moral. The SHARE (Sexual Health and Relationships Education: Safe Happy and Responsible) programme is widely used in Tayside.

Sexual health and Dundee

It is widely documented that Dundee has a poor track record on sexual health. Tayside has the highest mainland teenage pregnancy rate in Scotland and the highest rates of both termination of pregnancy and of acute STI in the under 25 population. (NHS National Services Scotland, 2009).

Dundee offers a range of sexual health services which young people can access including the integrated sexual health clinic at Ninewells Hospital, The Corner Young Peoples Health and Information Service, located in the city centre, which offers support and information on a wide range of topics to under 25 year olds and provides a nurse led drop-in service providing contraception, emergency contraception, pregnancy testing and referral for termination. In addition to this, all drop in staff offer condom demonstrations, free condoms and Chlamydia postal testing kits.

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There are also a range of drop-in services for young people held at schools and community based settings across Dundee. Locally based websites, offering quality information and advice for young people, include Cool 2 Talk (www.cool2talk.org) and The Corner Young People's Health and Information website (www.thecorner.co.uk). One of the main aims of the Health Buddies in Schools programme is to increase young people's awareness of the services available to them locally, what they offer and how to access them.

Peer education model

The Health Buddies pilot programme developed from consultation with young people who, over a number of years - and when consulted about the local and national sexual health strategy, advocated that one clear improvement that could be made to the delivery of Sexual Health and Relationship Education (SHRE) would be to develop peer-led approaches.

Peer education can be formal or informal and aims to harness the health education that naturally occurs between individuals with shared characteristics such behaviour, experience, status or social and cultural backgrounds. Peers are thought to be more credible sources of information than adult providers of health promotion and interventions presented by peers are thought to be more acceptable to young people (Dunne, O'Neill and Friel, 2009). The Health Buddies model involves ongoing contact between peer educators and recipients to build on the relationships created and reinforce learning.

This approach was also recommended in the 'Review of SRE in Scottish Secondary Schools' (2008) and a number of Scottish Government policies have cited peer education as an effective mechanism when utilised as part of a multi-faceted strategy to address health related issues in Scotland. Young people (Charleston et al, 2002) are often critical of the content and style of SHRE they receive at school and have articulated the need for new methods to be developed to deliver this subject, including peer led education.

Peer education sexual health interventions have become increasingly popular in recent times due to the style of delivery and outcomes achieved. Young people's involvement has been crucial to taking the work forward and building on the successful model of peer education which has been operating across Dundee in other areas of health and wellbeing.

Recruitment, training and delivery

'Health Buddies' were recruited from third year pupils in both schools in October 2009, the recruitment process was based on that used by the Dundee Peer Education Project. Successful candidates completed a fourteen week training programme commencing in November, incorporating the creation of workbooks in line with curriculum for excellence health and wellbeing outcomes. These workbooks were then used in the delivery of three SHRE sessions with first year pupils. Half of the first year classes at each school were taught the material by Health Buddies, the remaining classes taught by guidance teachers using the workbooks.

The following tables show: The breakdown of Health Buddy numbers by school and gender (Table 1) and the training and delivery programme content (Table 2).

Table 1 Breakdown of Health Buddy numbers by school and gender							
	School A	School B	Total				
Health Buddies	16	9	25				
Female	10	7	17				
Male	6	2	8				
First year classes	4 (of 8)	2 (of 4)	6 (of 12)				

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Table 2			
The training and	delivery	programme	content

Session	Content of Health Buddies Training	Session	Content of Health Buddies delivery to first year			
1	Getting to know you Setting ground rules	1	Boys bits / Girls bits Getting to know you Puberty Female reproductive system	Ground rules Male reproductive system Menstrual cycle		
2	Teambuilding Confidentiality	2	Relationships and Feelings Different types of relationships	Qualities of relationships		
3	Puberty, menstrual cycle, Conception and contraception		Effects of relationships on confidence Compatibility	Problem pages Q & A		
4	Sex and the law Sexually transmitted infections	3	Scenarios and Services Increasing awareness of health and i people available locally and online. Scenarios for discussion - linked to se	, ,		
5	Pregnancy - how to know if pregnant Parenthood, adoption, termination of pregnancy					
6	Relationships, self-esteem Peer and media pressure					
7	Relationships - Are you ready for sex? Factors that affect decision making / behaviour - alcohol, drugs, peers					
8	Sexual health quiz Delivery planning					
9 & 10	Workbook development Planning for delivery					
11-14	Continued to meet weekly to record and evaluate first year delivery sessions and practice for following session					

Evaluation recipients

Feedback from the pilot has been largely positive. Information has been gathered at various stages of the process from the third year Health Buddies, the first year recipients, facilitators, teachers and partners. Parents have had the opportunity to comment informally.

Health Buddies

In questionnaires completed by Health Buddies at the end of the programme all 25 answered that they had enjoyed the

training, their knowledge had increased and that they would recommend 'Health Buddies in Schools' to next years third year pupils. In addition all felt they had a greater understanding of sexual health and relationships information, of services available locally and nationally and how to access them and all stated that the information they had gained would affect their future decision making either a little or a lot. In the words of one third year 'it will be more likely that I will make better and more sensible decisions'. Another Health Buddy commented 'I know more tupes

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contraception and know where to go for help. I can also help friends and family with advice'.

Pre and post programme self assessment questionnaires completed by Health buddies consolidate this increase in knowledge, confidence and also self esteem.

The Recipients

Recurrent themes in the feedback from the first year pupils were a preference for this approach rather than teacher led SHRE: 'Really enjoyed the sessions with the Health Buddies. Nice to have a Health Buddy to explain stuff as they are closer to my age'.

The evaluations demonstrated an increase in knowledge about most topics, but in particular, pupils from both schools said that they had learned a lot about self esteem. Pupils taught by peers expressed a greater awareness of places available to access help and information out-with school and family. Of 111 first year pupils taught by the Health Buddies, 44% listed *The Corner* and 17% listed *Cool 2 Talk* as a source of help or advice. In comparison, of those pupils taught SHRE by their teacher, 20% listed *The Corner* and there were no mentions of *Cool 2 Talk* in their evaluations.

Teachers

Guidance teachers at both schools were positive about the programme despite some prior concerns about the maturity of third year pupils. One teacher who taught the material and also observed Health Buddies delivering the sessions commented that they 'thought it was much better. Pupils more involved when Buddies involved.' Another teacher felt 'positive, new approach has worked well, kids (S1) showed respect to S3.'

Partnership

Partners involved in commissioning the pilot have shown continued enthusiasm, when asked about their expectations of the programme and whether these had been met commented 'the materials produced were

fantastic, project staff worked with the Guidance staff, and the pupils reacted positively to their lessons. An added outcome was the knowledge gained by the Health Buddies and their personal skills being further developed.' Another partner commented on 'the value of young people being involved in developing a programme of study. That SHRE can be successfully delivered by peers.'

Parental involvement

Parents of first and third year pupils were informed about the project and invited to open evenings about both Health Buddies and the FPA 'Speakeasy' course. As a result Speakeasy group this a established at one of the participating schools; the link between both projects continues to strengthen and we intend to build on this in the coming year. Feedback from parents and carers of third year pupils involved in Health Buddies has been positive with feedback about what their children have gained from participating and of benefits for other young people.

Future plans

The first stage of the project has been a steep learning curve, particularly as key staff recruitment was late on in the process. The plans for 2010/11 delivery include:

- The first year delivery to be extended to four sessions, the content of each is more achievable and balanced and will allow for more discussion around key topics
- The introduction of a standard workbook to be used across both schools will improve time management and allow for improved preparation of the third year pupils and of the school guidance staff
- Regular consultation with school guidance staff about the development of the project, the workbooks and the expectation of the teacher's role in the classroom
- ~ Differing levels of accreditation were available to this year's Health Buddies.

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The gathering of evidence for Youth Achievement Awards portfolios will be integrated into the third year training in the coming year

- Greater parental involvement with the introduction of homework for first year pupils to discuss certain topics with parents and feedback in classes to try and encourage open communication at home
- Current Health Buddies will have ongoing opportunities for involvement with the programme in the recruitment and training of future Health Buddies, presenting at conferences, participation in health dropins at their schools and potentially in peer mentoring

Funding has been secured to continue 'Health Buddies in Schools' into 2010/11. Bids for future funding are in place and the hope is to extend the Health Buddies programme to additional schools in Dundee. There are plans for external audit of the next phase of the project

Conclusion

The Health Buddies pilot programme has provided a welcome and pioneering approach to a well recognised need for relevant, accessible and engaging SHRE programmes for young people in schools. The areas of positive relationships, developing confidence and making healthy connection between school, families and the communities have all been central to the development of this programme.

Key learning from the evaluations of all stakeholders highlight the following:

- Incorporating SHRE into the peer education programme makes good sense and is complimentary to the experience and learning of pupils (both delivering and receiving) within schools already familiar with the process and benefits
- The opportunity for partnership working is increased by the introduction of Curriculum for Excellence. Health and Wellbeing is a core part of the curriculum

and partnership working plays a key role

- Strong evidence that training S3 pupils to deliver to S1 pupils worked extremely well
- Greater confidence and understanding of specific sexual health matters has been achieved through the pilot. Dialogue has increased between pupils, teaching staff and families during this process
- A high level of young people involved in Health Buddies reported greater knowledge and learning as well as increased awareness of where to get further support for sexual health services or relevant agencies and websites

Partnership members are now committed to taking the positive outcomes of the Health Buddies pilot forward and look forward to strengthening the programme and using the learning from the work to date.

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