

**SUNDERLAND VOLUNTARY SECTOR  
YOUTH FORUM**



**CHLAMYDIA SCREENING PILOT  
EVALUATION REPORT**

**MARCH 2009**

Charity No1094142



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For further information contact:-

Sunderland Voluntary Sector Youth Forum  
Havelock Civic buildings  
Hylton Road  
Sunderland  
SR4 8AH

Tel: 0191 5655144  
Email: [info@svsyf.org](mailto:info@svsyf.org)



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## 1. Context

A plan to establish a National Chlamydia Screening Programme in England was included in the Department of Health's National Strategy for Sexual Health and HIV to target undiagnosed Chlamydia infection. The national annual cost of Chlamydia and its consequences is estimated to be more than £100million (NCSP 2006). In the Public Health White Paper "Choosing Health" (DH2004), the Government set out a number of sexual health targets. These targets form part of a Public Service Agreement with the Department of Health and included the implementation of the National Chlamydia Screening Programme in 2006 which emphasises the need to increase the percentage of young people aged 15-24 years that accept Chlamydia screening.

In January 2007, the third phase of the National Chlamydia Screening Programme was rolled out to other areas of the country and the Northumberland, Tyne & Wear Chlamydia Screening Programme was launched. The programme is funded by the six Primary Care Trusts from the North and South of the Tyne but is managed by Newcastle PCT. The service provides Chlamydia screening, treatments and partner notification for 15 to 24 year olds residing in Sunderland, Newcastle, Gateshead, Northumberland, North Tyneside and South Tyneside. It also provides education and training to raise public awareness of Chlamydia and its associated health risks. The programme aims to ensure that Chlamydia screening services are accessible to hard-to-reach groups of young people by working in partnership with other organisations to deliver the service in non specialist settings.

In 2007/08, the target for the Northumberland, Tyne & Wear Chlamydia Screening Programme involved screening 15% of the 15-24 year old population across the area (29,415 screenings). Although the programme did not achieve the targets set it was the second best performing region in the country as other programmes across the country achieved an average of only 4.9%. In the Northumberland, Tyne & Wear region, the number of screenings achieved in Sunderland was low compared to the number of screenings achieved in the other five areas across the region. (Sunderland achieved 36% of projected targets - please see table at Appendix 1.)

In 2008/09 Sunderland aims to screen 17% of 15-24 year olds which equates to 6,800 young people. Sunderland has appointed a Chlamydia Co-ordinator whose role involves managing a number of initiatives aimed at increasing the number of screenings undertaken across the City. Sunderland has implemented a multi-agency approach and screening targets have been divided across a number of agencies. A Steering Group that has representation from each of the agencies that have been allocated targets has been set up and meets to jointly plan initiatives, discuss issues that have arisen from practice and monitor progress.

## **2. Purpose of the Report**

Sunderland Voluntary Sector Youth Forum (SVSYF) is a well established umbrella organisation that has been in existence for 14 years. It undertakes a number of functions which have been summarised at Appendix 2. SVSYF is managed by a Board of Trustees that are elected from the membership. All Trustees have several years of experience in developing, delivering and managing work with young people. The Forum employs a Development Manager and a Development Officer who work to provide a coherent and consistent voice for neighbourhood based youth organisations and actively support the 31 member organisations to work collectively to achieve the best possible outcomes for young people.

This report was commissioned by the Trustees of Sunderland Voluntary Sector Forum. The purpose of the report is to review the work that has been undertaken by the Development Worker and the fifteen community based youth work projects that have participated in the Chlamydia Screening Pilot. Although the report acknowledges partnership working with the Regional Screening Programme Team and other agencies involved in Sunderland, it is intended to focus specifically upon the way in which SVSYF has delivered the programme. Primarily, the outcomes of the report will be used by Trustees to help inform the organisation's annual review process and will be used to inform decisions to continue once the pilot comes to an end. The outcomes of this

evaluation will however also be made available to partner agencies that are involved in the implementation of the Regional Programme and other agencies interested in the approach that SVSYF has developed to increase the number of young people participating in the Chlamydia screening programme via neighbourhood based youth projects.

### **3. The Development Process**

In March 2008 Sunderland Voluntary Sector Youth Forum (SVSYF) was approached by the Children and Young Peoples' Health Improvement Officer from Sunderland Teaching Primary Care Trust to discuss opportunities for partnership working. The discussion resulted in an opportunity for SVSYF to secure £35,000 to pilot a Chlamydia Screening Programme with 1,200 young people aged 15-24 years.

SVSYF organised a briefing event and invited youth projects from across the City to establish the level of interest amongst member organisations to participate in a pilot Chlamydia Screening Programme. Initially twenty organisations expressed an interest and the Trustees decided that SVSYF should embrace the opportunity to be involved. A further meeting was arranged to discuss ideas and agree arrangements for implementation. It was agreed that the co-ordinating role would be undertaken by the Forum's Development Officer. It was proposed and agreed that the budget would meet the salary costs for the Development Officer's time (estimated to be 1.5days/week), with the remaining resources being allocated amongst participating organisations providing them with the flexibility to purchase resources and/or pay for additional staff time needed to implement the programme within their own projects.

In May 2008 SVSYF was informed that the funding available for the implementation of the pilot screening programme had been reduced to £25k. Attempts to challenge the decision were unsuccessful and after considerable deliberation the Trustees agreed to proceed with reduced funding on the basis that targets would be reduced accordingly. It

was subsequently agreed that the target number of screenings for SVSYF should be reduced from 1,200 young people to 950 young people. The decision to reduce funding resulted in a need to revise plans for implementation and re-allocate budgets. A breakdown of how the budget has been spent can be referred to at Appendix 3.

Meetings were organised to take place with the Managers of each organisation that had expressed an interest in being involved in the pilot. Fifteen of the twenty organisations that initially expressed an interest in the pilot signed up to it. A list of participating youth work organisations can be referred to at Appendix 4. The Development Officer visited each organisation to discuss and agree the number of Chlamydia screenings to be undertaken and the approaches to be used. It was agreed that each organisation would receive a sum of money proportionate to the number of screenings they agreed to undertake. 50% of the agreed amount was paid as the pilot commenced with the remaining 50% to be paid once all targets had been achieved. Working agreements were produced for each participating organisation and they were circulated for signature prior to the programme commencing.

The Development Officer liaised with the Chlamydia Screening Programme Manager and the Regional Health Advisor for Sunderland to discuss the training needs of youth workers in Sunderland. It was agreed that bespoke training would be provided for voluntary sector youth work staff and volunteers. Five dates were organised to take place at different times of the day and week to maximise participation from youth work staff. Each training session lasted approximately 3 hours and 95 people from the voluntary sector completed the training. Throughout the duration of the programme, youth workers have also had opportunities to access other regional training events.

Twelve young people from the participating youth work organisations were recruited as volunteer peer educators. The young people have attended training events organised and delivered by the Regional Health Advisor to ensure they have the knowledge and confidence to encourage their peers to participate in the screening programme. The young people have since worked within their respective organisations to promote the initiative and to support the screening programme. Two of the peer educators have also been employed by the Regional Team to support local and regional Chlamydia screening roadshows and events.

The Development Officer produced an in-house database for use by participating youth work projects to record the number of screenings completed. Organisations were requested to submit completed paperwork electronically on a monthly basis. The role of the Development Officer also included making sure that organisations had all of the resources they needed to promote the screening programme, ensuring testing kits were coded correctly so that each youth organisation had its own code to measure performance against agreed targets.

The flexibility of the programme has allowed and encouraged youth organisations to develop and implement their own ideas to encourage young people to participate in the screening programme. This has helped to ensure the methods used appeal to the young people with whom they work. Bi-monthly meetings have been facilitated by the Development Officer and have provided youth projects with a useful forum for reflection, discussion and forward planning. Comments made by workers at meetings have been listened to, discussed and where appropriate action has been taken to address the issues/suggestions raised in meetings. Ideas for local events and initiatives have stemmed from discussions at meetings and in some instances events have involved the participation of staff and peer educators from more than one youth work organisation. Youth workers that participated in the meetings reported that they have found the meetings to be useful.

The Development Officer has attended Steering Group meetings facilitated by Sunderland's Chlamydia Co-ordinator to report back on progress. The meetings have provided organisations participating in the pilot with opportunities to share ideas and practise as well as proving to be a constructive way of providing feedback on progress towards Sunderland's overall screening targets. Meetings have encouraged and supported partnership working that has been evident in the joint planning and delivery of citywide events.

## 4. Implementation of the Screening Programme

Youth work organisations that signed up to the pilot had the flexibility to achieve their agreed targets using methods that they deemed appropriate to the needs and interests of young people with whom they worked.

The methods used by youth projects to raise awareness of Chlamydia amongst young people have included:

- Displaying information about Chlamydia in prominent positions within youth clubs
- Facilitating awareness raising sessions as part of generic youth club and/or scheduled training activities
- Detached youth workers handing out leaflets to young people who do not access building based youth provision
- One to one discussions with individual young people who register for the SHOWT condom distribution scheme or who attend regular SHOWT drop-in sessions.
- Chlamydia roadshows /events (with support from other partners)
- Displaying posters that signpost young people to named workers within youth clubs
- Involving groups of young people in campaigns to raise awareness of Chlamydia amongst their peers i.e. designing posters, flyers etc

Youth projects have also used a range of different approaches to carry out screenings with young people;-

- Some organisations allocated responsibility for this area of work to specific members of staff. The data suggests that organisations who adopted this approach have consistently produced a core number of screenings each month. Those organisations that did not allocate responsibility for targets to individual/individuals have needed to rely more upon organised initiatives and events to achieve the targets. It is apparent that the support provided by Managers has been integral to the success of the screening programme.

- Some organisations have incorporated screening into specific programmes of work i.e. XL events, NEET training programmes, Teenager Think it Over courses, Young Mums Projects, Football training sessions. This was thought to work particularly well as each of the work programmes had a captive audience and relationships with youth workers were already established, making it easier to introduce the topic into planned youth work sessions. In some instances youth organisations were able to target specific groups as part of a wider training programme. Where information was provided as part of a training session or as a specific topic for discussion, workers reported that a greater number of screenings resulted.
- The vast majority of youth projects that are registered with the SHOWT scheme to distribute condoms to young people have incorporated Chlamydia screening as part of the information/support provided to young people at drop-in sessions. This approach was also thought to be effective as it enabled workers to target sexually active young people who had already made a decision to protect themselves and their partners against sexually transmitted infections. Workers reported that many young people registered with the SHOWT scheme were keen to participate in the screening programme especially once they had been made aware of the facts.
- Some youth projects used detached youth work as a method of targeting those young people unlikely to go into a youth club or health building. Detached youth workers provided young people out on the streets with information about Chlamydia (leaflets designed by young people) and encouraged sexually active young people to take a test. In one area youth workers distributed pots and agreed to collect the pots from young people at an agreed time. It is the opinion of some youth work managers that detached youth work is an effective way of raising awareness of Chlamydia amongst those young people who do not traditionally access information or advice from formal agencies. One youth worker reported,

*“A lot of young people are reluctant to come into the youth centre to provide a sample for screening but would happily provide a sample via the detached workers.”*

- Five youth projects have been supported by the SVSYF Development Officer to organise mini Chlamydia roadshows or “pee in the pot” events at local community buildings, sports centres or shopping centres. Most of the events have been supported by the Peer Educators, the Health & Democracy Officer from the City of Sunderland College, the Chlamydia Health Advisor for Sunderland and other members of the Regional Chlamydia Screening Programme Team. The events have been very successful not only in terms of the number of screenings achieved but also in the way that workers from different agencies have worked collaboratively to make the events a success. (A list of dates, times and venues are provided at Appendix 4) A key issue that has impacted upon the number of screenings that workers have been able to undertake at some of the events is the need to have workers that are SHOWT trained to counsel young people under the age of 16 who want to take a test (Fraser Guidelines.) Six of the participating youth organisations do not have any staff that are SHOWT trained and at present there are approximately 58 youth workers from nine youth work organisations in Sunderland waiting to be trained.
  
- The majority (62%) of youth projects used some of the budget provided by SVSYF to provide young people with incentives to encourage young people to take a screening. Youth projects have provided one or more of the following incentives:
  - Prize draws (Wee for a Wii events)
  - Pizza nights
  - Free access to youth club or leisure activities
  - Free condoms
  - Novelty condoms
  - Created a private space where young people felt comfortable discussing the issue with a worker
  - Key rings advertising Chlamydia screening and providing contact telephone numbers
  - Pens, key rings, etc bearing the name of the youth project
  - Confectionery

Four youth projects did not provide any incentives to encourage young people to take a screening. Screenings were incorporated into existing work programmes. The opinion of appointed staff members within each of the organisations is reflected by the following comment made by one of the workers,

*“If young people are provided with facts to enable them to make an informed decision, in the majority of instances the facts themselves are enough to motivate young people to take the test.”*

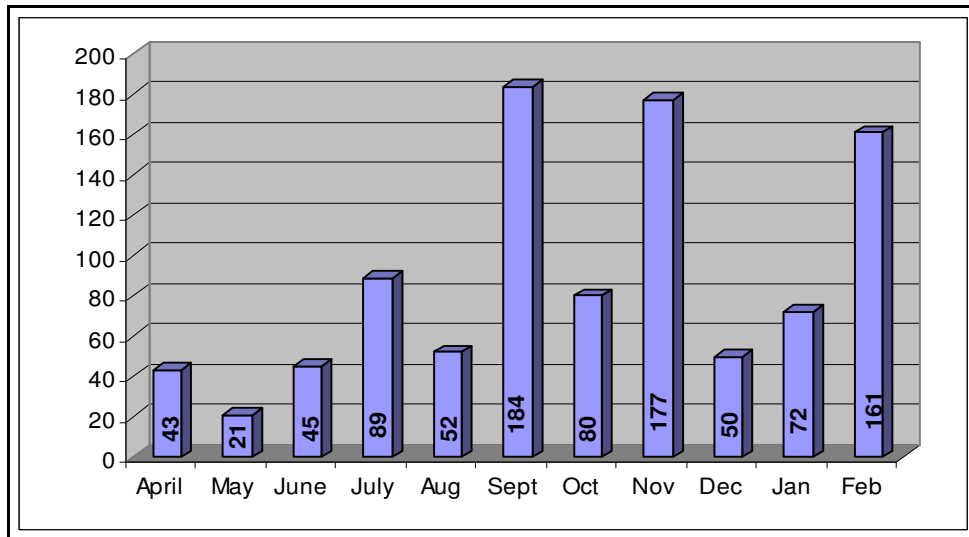
It is interesting to note that none of the four organisations that adopted this approach are commissioned by the City of Sunderland’s Youth Development Group to deliver core youth work services. It is also interesting to note that two of the four organisations that adopted this approach have exceeded their targets in terms of the number of screenings they have undertaken.

## **5. Performance**

### **5.1 Performance against targets**

Sunderland Voluntary Sector Youth Forum agreed a target of 950 screenings. Each test that is completed bears a code that relates to the venue the test was undertaken and the details of the young person providing the sample. This information is collated by the Regional Team at the end of each month and has enabled SVSYF and participating youth work organisations to monitor progress against targets. The data produced by the regional team has differed slightly from the information collected via the in-house database as projects record all tests submitted and does not account for the small number of samples that cannot be completed due to laboratory protocols. A minor frustration amongst some of the youth work organisations that have participated has been the length of time it has taken to receive confirmation of the number of screenings undertaken (two months.)

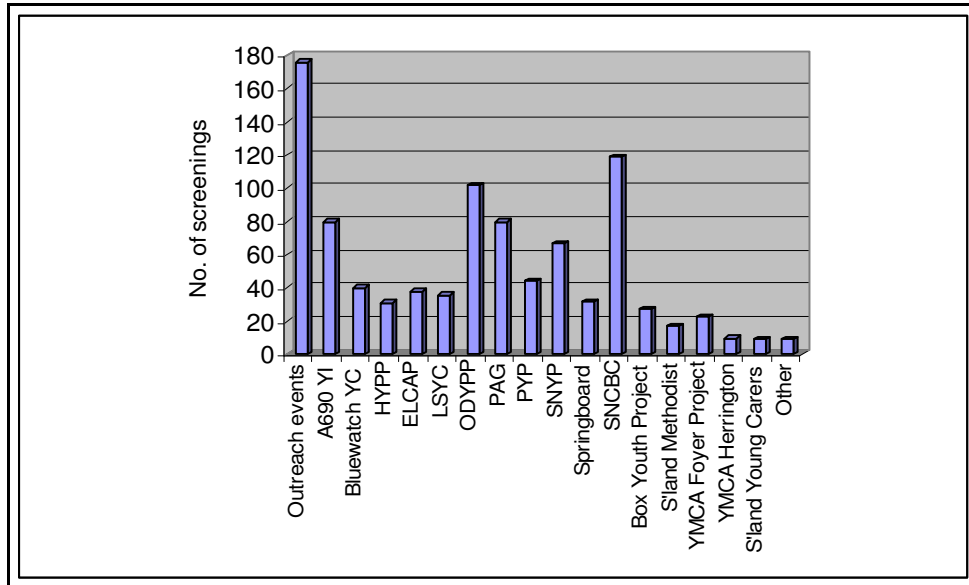
The following chart provides a breakdown of the number of screenings that have been undertaken by month:



The figures from April 08 to January 09 have been verified by the Regional Team. February 09 figures reflect internal monitoring data collected from individual youth work organisations and are yet to be verified. Peaks in the number of screenings undertaken in September, November and February relate to the screening roadshows that were undertaken in the Galleries Shopping Centre at Washington and the Bridges Shopping Centre in Sunderland.

The data to the end of February indicates that SVSYF has undertaken 974 screenings with young people to date. It is estimated that youth work organisations will complete at least a further 60 screenings during the month of March. When compared to the 119 screenings that were undertaken by youth projects the year prior to the pilot (2007-08) these figures represent an improvement of more than 800%.

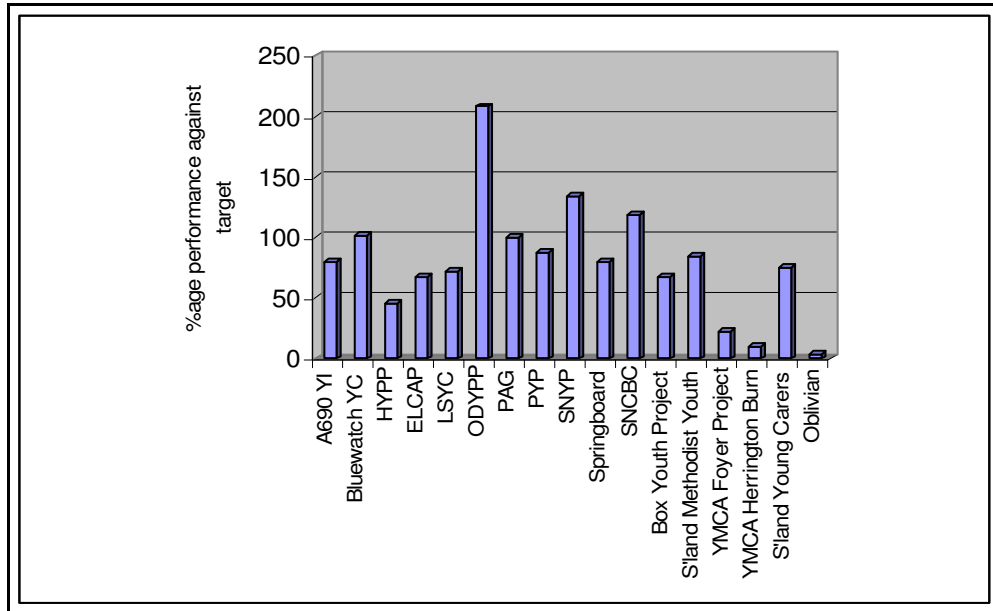
The following chart provides a breakdown of the number of screenings that have been undertaken by participating youth organisations:



The screenings categorised as “outreach events” relate to two roadshow events held at the Galleries Shopping Centre with the support of Oxclose and District Young Peoples Project (106 screenings) and a Valentines Event held at the Bridges Shopping Centre that was supported by the SVSYF Development Worker (70 screenings). The number of screenings from events were divided equally between the agencies that contributed towards the success of the event.

The screenings shown by the chart as “other” relate to the screenings undertaken by Oblivian, Riverside Training and another organisation that has requested to remain anonymous.

The above chart does not reflect the size and staffing capacity of the youth work organisations that took part., therefore the chart below shows how each organisation has performed (to the end of February) against the target they had set themselves:



It should be noted that a greater number of organisations are likely to achieve 100% by the end of March as they make a concerted effort to meet their target during the final month.

During the course of the pilot, the Chlamydia Co-ordinator for Sunderland produced an analysis of statistical data for 2007-2008. Included in the analysis was a breakdown of the number of screenings that has been undertaken by ward and by postcode and a breakdown of the positivity rates for each area. The data clearly showed areas of the City where greater levels of intervention were needed. It has been suggested that it would have been useful to have this data at monthly intervals alongside the data confirming the number of screenings so that organisations can target resources more effectively and ensure that geographical areas with fewer screenings and/or higher positivity rates are prioritised.

## 5.2 Feedback from participating youth projects

Those organisations that have participated in the pilot were requested by the Manager of SVSYF to complete an evaluation proforma in January. The proformas did not ask for the name of the organisation so that completed forms could be returned to the Forum anonymously. 14 of the 15 participating youth projects contributed to the evaluation process. The proforma asked a number of questions, the responses to which are summarised below:

### What aspects of the Chlamydia Screening Initiative do you think have worked well?

- The novelty condoms that were used as incentives to encourage young people to take the test worked really well. (2)
- Having the support of the SVSYF Development Worker to help organise and staff events. (2)
- Flexibility. This has enabled youth workers to deliver the service in different settings to target young people who may not participate in the screening programme in more formal environments. (2)
- The regional media campaign has helped to raise awareness amongst young people and has helped youth workers to convince young people of the benefits of taking a test.
- The involvement of experienced youth workers who have the skills to engage with young people.
- Access to small pots of money to buy resources for young people that help to raise awareness.
- The informal approach that is used by youth workers.
- Confidential service.
- Flexibility to incorporate opportunities for screenings into SHOWT sessions.
- Having information and resources in the building so that young people could take a test there and then without having to make an appointment.
- The fact that the workers were trained has given them the knowledge and the confidence to incorporate awareness-raising into other areas of the youth work curriculum.

Are there any aspects that you feel didn't work so well?

Six organisations (43%) were completely satisfied with the way the pilot has been organised and delivered and could not identify any issues that they felt had impacted upon the success of the programme. Responses from other organisations are summarised below:

- Workers who completed Chlamydia training were unable to offer the screening programme to young people under the age of 16 because they had been SHOWT trained to go through the Fraser Guideline competencies with young people before being screened. Workers were of the opinion that this should have been made clear before workers committed time to do the training or greater effort should have been made to create opportunities for more workers to complete SHOWT training at the same time. (3)
- Some young people were reluctant to take a test where screening was introduced within a group situation.
- The screening programme had to be incorporated into existing work programmes which was difficult especially in instances where the screening process led to the disclosure of other issues that the workers then needed to address with the young person.
- Introducing Chlamydia screening into youth work programmes that are delivered in within schools.
- Initially there were problems with some young people not getting results from screening but this issue was resolved with the support of the SVSYF Worker.

Do you have any comments / observations regarding the role undertaken by the SVSYF in co-ordinating the Chlamydia screening initiative?

*"The Worker has provided lots of up-to-date information, good advice and the support needed to help us deliver the initiative."*

*"The worker has done a fantastic job. Regular contact has been very positive."*

*“Having the support of the SVSYF Co-ordinator has been great...without it we probably wouldn't have been able to do as well as we have done.”*

*“Good relationships have been developed and it has helped us go from strength to strength. One of our young people is now a peer advocate for the programme and his experience so far has been outstanding.”*

*“We have had loads of support from the worker which has resulted in us doing things we wouldn't have thought of i.e. creative Chlamydia event, pee-in-the-pot events etc. This piece of work has opened up other opportunities for work in the future.”*

*“SVSYF has created opportunities for all of the projects involved to come together and share ideas. The area events have helped to strengthen relationships between workers from different organisations and we have been able to share good practise and ideas.”*

*“SVSYF has been able to represent voluntary youth projects at a more strategic level which has led to opportunities for other pieces of work.”*

*“The Forum should look at this model to support the delivery of other initiatives.”*

*“We have been able to get information and advice as and when we have needed it. The worker is very approachable and always willing to help.”*

*“The co-ordinating function that has been undertaken by the Forum has in many ways been central to the success of the pilot.”*

Do you have any comments / observations regarding the Chlamydia screening Training?

- Four organisations described the training as being “very good” and/or “very informative” and two organisations thought the training was *“straightforward and easy to understand.”*
- Four organisations thought the training was “OK”

- Three organisations thought the training was “*dull and boring*” with one organisation suggesting, “*It could have been done in half the time.*”
- Four organisations suggested that the Chlamydia training should be incorporated into the SHOWT training programme.

Would your organisation like to continue Chlamydia screening with young people after the pilot initiative ends in March?

93% (13) of organisations stated that they would like to continue with the work once the pilot comes to an end.

When asked whether the work could be continued without additional resources being made available, there was less positivity:

- 31% (4) of organisations stated that they would continue to offer Chlamydia screening whether or not resources were made available. There is a strong feeling that screening should be incorporated into the SHOWT service that they already deliver within their organisations but the need for testing kits to be made available when required was stressed. Organisations reported that the time between ordering and receiving testing kits had at times impacted upon them being able to respond to requests from young people.
- 31% (4) of organisations stated that they would definitely not be able to continue the screening programme unless resources were made available. Staff wages were identified as the main barrier to continuing the initiative,

*“ Staff time is precious...we would continue to promote the need for screening but would not have the capacity to organise campaigns/events.”*

Two organisations also stated that without the additional funding to purchase the items used as incentives it would be difficult to motivate young people to take a test.

- 38% (5) of organisations were unsure as to whether their organisation would be able to continue the work beyond the pilot. Four of the five organisations stated that any decision would be determined by the decisions made by the Youth Development Group with regard to arrangements for the re-commissioning of youth work services in the future,

*“If our core funding is reduced as a result of new arrangements for commissioning, it goes without saying that we will need to think very carefully about what services/opportunities we can provide for young people next year and in future years.”*

- Two organisations raised the question of how effective the initiative would be without the support that has been provided through the Forum.

What steps do you think should be taken to enable this initiative to continue beyond 31<sup>st</sup> March 09?

- Continued funding (4)
- Youth projects should make this work a core element of the work they already deliver through the SHOWT scheme (4)

Other suggestions included:

*“ The PCT should make a pot of money available to pay for staff time and resources so that the excellent work that has resulted from the Pilot can be continued.”*

*“Many of the young people who have taken a test would not have been done without the support and encouragement of youth workers.....resources need to be made available to community based youth projects to enable this work to continue at a community level.”*

*“Youth projects need to have a ‘steer’ from the PCT; the Forum has worked alongside the PCT to provide the practical support needed to implement this piece of work and it seems to have worked well.”*

*"There is definite need to continue this work but the way forward needs to be carefully planned."*

*"Chlamydia training needs to be incorporated into SHOWT Training and there needs to be a lot more opportunities created for part time youth workers to be SHOWT trained."*

Do you think that health related work such as Chlamydia Screening has a place within the delivery of generic youth work?

All of the youth projects that participated in the evaluation were of the opinion that health related work does have a place within generic youth work delivery. When asked what needs to be done to embed health related activity into general youth work practice, four organisations were of the opinion that health work is already embedded within in youth work practice and is a key element of the work undertaken by youth workers. Other responses included,

*"Yes; particularly as part of a wider informal education programme around healthy living, sex and relationships. There is more work needed in this area to support local youth projects."*

*"It should be included in the youth work training programme and training in screening should be offered on a continuous cycle."*

*"Youth workers need to have a good knowledge of the subject and have access to awareness-raising resources and screening packs."*

*"Yes it's a key element of the work we do." (4)*

*"Yes, lots of young people won't go to their GP for information."*

*"Definitely, but how it is resourced is another issue!" (2)*

*"Yes, young people should be able to access the service in a warm, safe and friendly environment where they can get the information and support they need on a range of issues that might be worrying them."*

*“Yes, it should be incorporated into the SHOWT training programme.”*

*“Yes; workers need to be trained on health issues and have access to up-to-date publicity materials to pass onto young people.”*

*“Health work with young people is just in the developing stages – there is a need for a clear steer from the PCT, better structure and more resources.”*

A list of the other health work that is currently taken by youth projects that participated in the screening programme can be referred to at Appendix 5.

Organisations had the opportunity to make additional comments at the end of the evaluation proforma. The following comments were made,

*“The approach used for this initiative is the best way to work. The Forum has done a good job in co-ordinating the work and it has been very effective.”*

*“Keep it going! We need to have more workers SHOWT trained, more peer educators and more events.”*

*“We need to have more information about positivity rates to help us target areas that would most benefit.”*

*“This service is very important for 16-18 year olds who are sexually active. It MUST be continued.”*

*“If the youth workers are trained and well informed there is a much better chance of the message getting through to young people.”*

### **5.3 Feedback from young people**

In an attempt to establish young peoples' views and opinions about the Chlamydia screening programme, those projects that had incorporated Chlamydia screening into established youth work activities were asked to encourage young people with whom they had worked to complete a short questionnaire. It has not been possible to canvass the views of young people who have participated in the screening process via drop-in sessions, via detached youth work or at events, due to the fact that no records are kept on the young people who provide samples for screening.

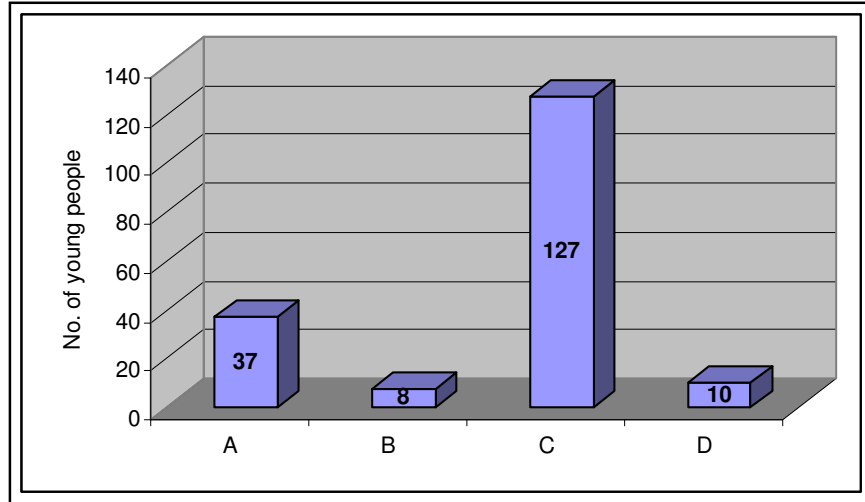
The questionnaire incorporated some of the multi-choice questions from a questionnaire that has been developed for use in an e-voting session that has been piloted with young people in Sunderland schools by the Health Advisor for Sunderland and the SVSYF Development Worker. The questions aimed to:

- Establish the level of understanding that young people had about Chlamydia;
- Determine whether young people now feel more confident talking about Chlamydia;
- Find out how easy/difficult young people had found the screening process;
- Find out where young people would be most likely to seek advice/information on health related issues;
- Find out where young people would feel most comfortable asking for a test.

In total 179 questionnaires were completed by young people (95 male and 84 female) aged between 15 and 19 years of age. Four youth work organisations were involved in asking young people to complete the questionnaires (Oxclose District and Young Peoples' Project, Hendon Young peoples' Project, the Box Youth Project and the A690 Youth Initiative).

The outcomes from questionnaire are presented on the following charts:

What type of young people do you think get Chlamydia?



Key

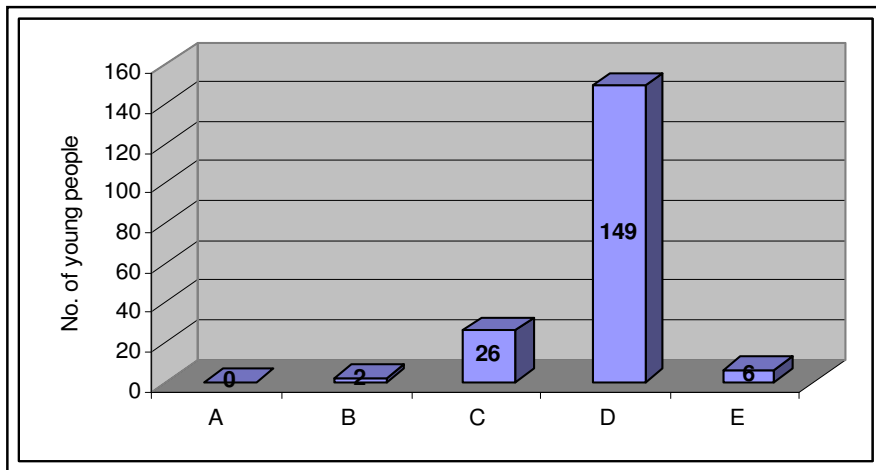
A *Anyone who is having sex*

B *Only those who have sex lots*

C *People who don't wear a condom*

D *People who are sexually active*

How do you catch Chlamydia?



Key

A *From a toilet seat*

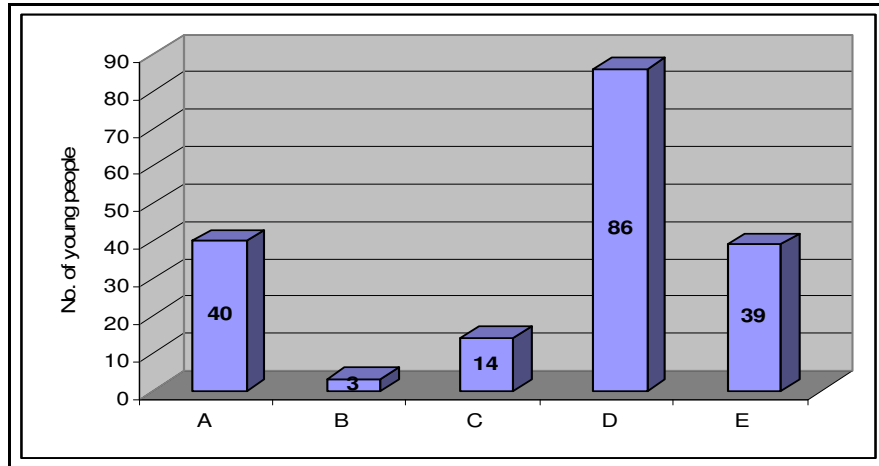
B *From being gay*

C *From sleeping around*

D *From having unprotected sex*

E *From not washing your "bits" properly*

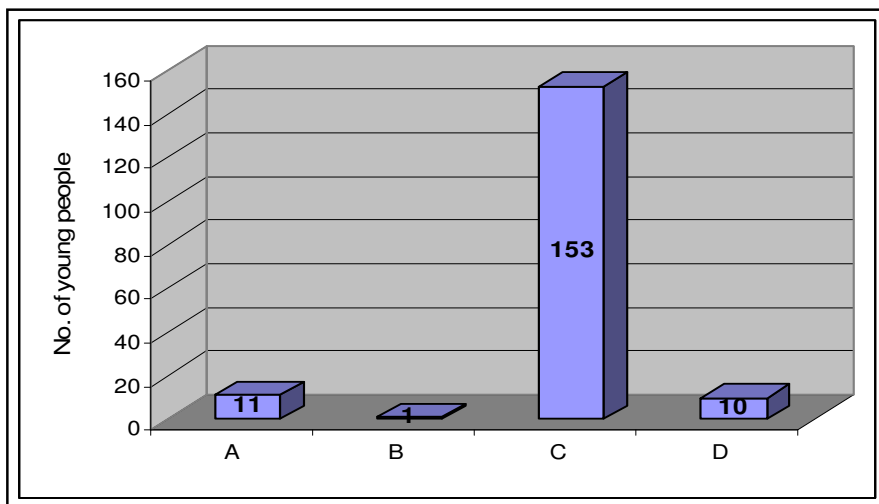
What are the symptoms of Chlamydia?



Key

- |   |  |   |  |
|---|--|---|--|
| A | <i>It hurts when you go to the loo</i> | B | <i>You get a discharge</i>                 |
| C | <i>Your bits itch</i>                  | D | <i>Sometimes there aren't any symptoms</i> |
| E | <i>All of the above</i>                |   |  |

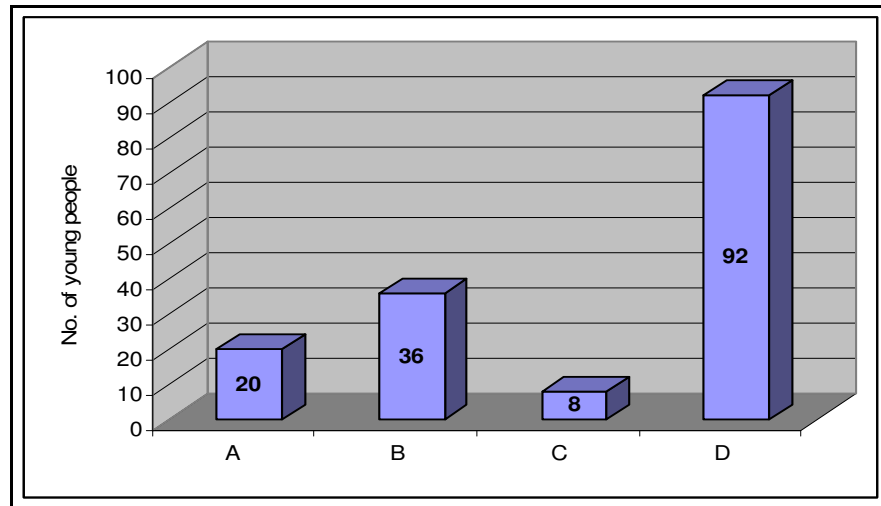
How do I protect myself against Chlamydia?



Key

- |   |                                 |   |                                   |
|---|---------------------------------|---|-----------------------------------|
| A | <i>By not having sex</i>        | B | <i>By having sex standing up</i>  |
| C | <i>By always using a condom</i> | D | <i>By taking a test regularly</i> |

What's the treatment for Chlamydia?

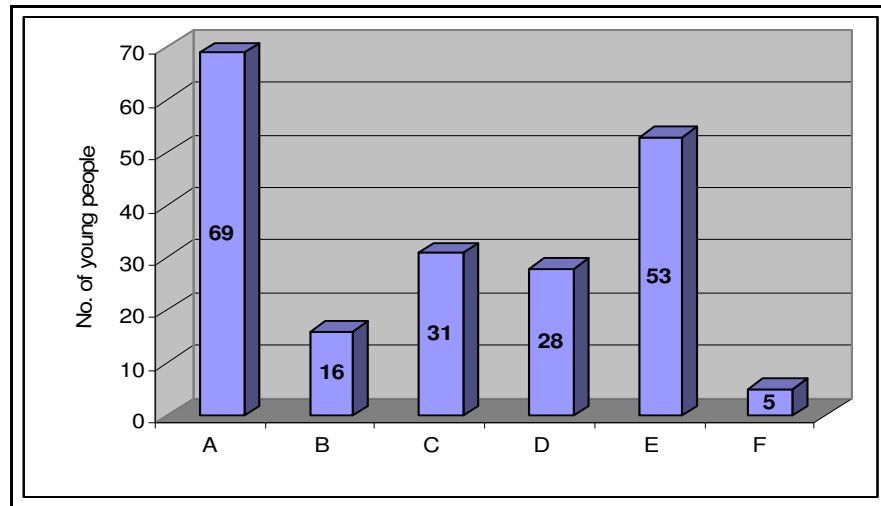


Key

- A *A health professional examines you*
- B *You have to go to the GUM clinic*
- C *Your parents get told, then you have to get treatment from your doctor*
- D *The nurse can arrange to meet you confidentially and gives you antibiotics*

Responses to first five questions show that the majority of young people who have been involved in initiatives to raise their awareness of the infection over the past eleven months do know how to prevent Chlamydia, what symptoms to look out for and how the infection is treated. The fact that some young people still do not know the basic facts indicates a need to repeatedly incorporate awareness raising issues into discussions to reinforce learning and aid understanding.

Where would you feel most comfortable asking for a test?

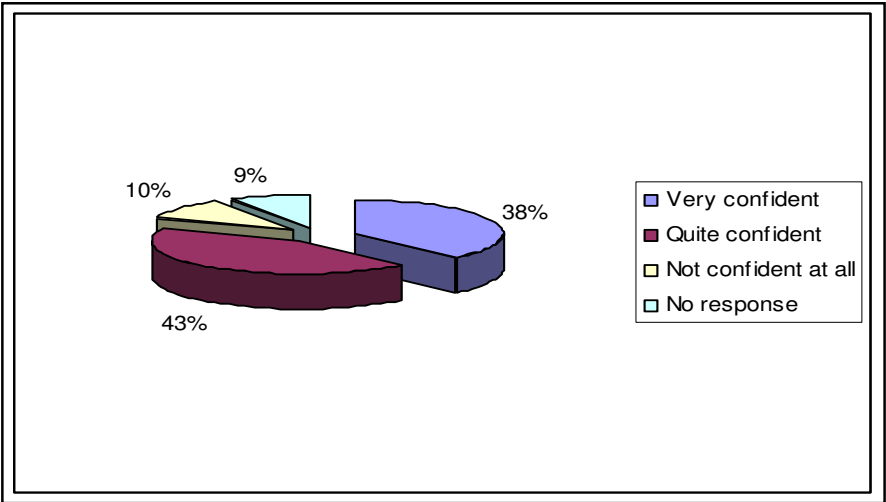


Key

A	GP / Walk in Clinic / Pharmacy	B	GUM Clinic
C	From the website or by texting	D	ANSWERS
E	Local Youth Club	F	School

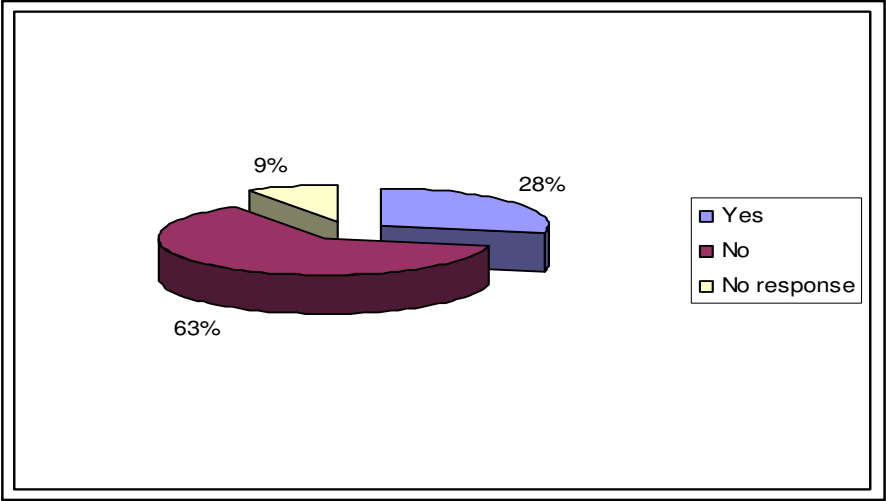
38.5% of young people would be most comfortable asking for a test at a GP surgery, walk-in clinic or pharmacy. This option was particularly popular amongst young people who live in Washington. The data shows that none of the young people from Washington would feel comfortable asking for a test at the GUM Clinic or from Answers however, the underlying reason may relate to the fact they would need to travel a considerable distance to use services provided by ANSWERS or the GUM Clinic. Only 3% of young people stated they would feel comfortable asking for a test in school.

How confident do you feel talking about Chlamydia?

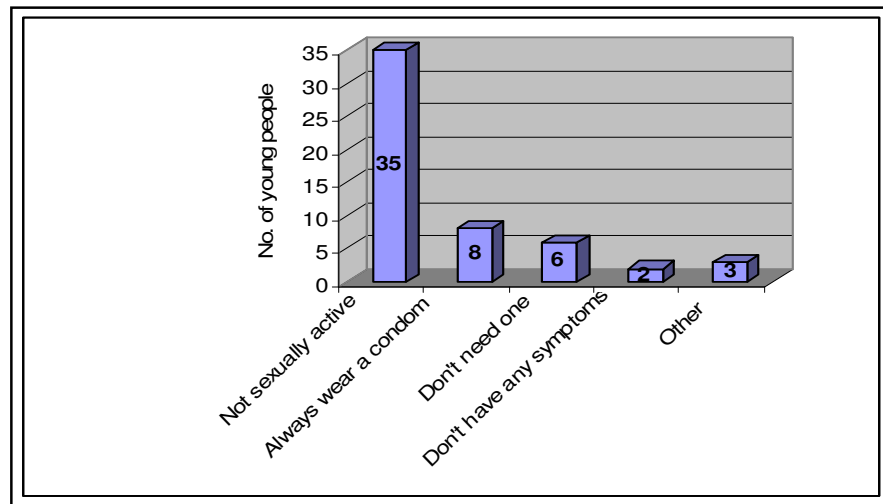


81% of young people are confident about talking about Chlamydia. The data suggests that males feel more confident in talking about Chlamydia than females. 6% of males stated that they were “not confident at all” compared to 17% of females.

Have you provided a sample to be screened for Chlamydia?



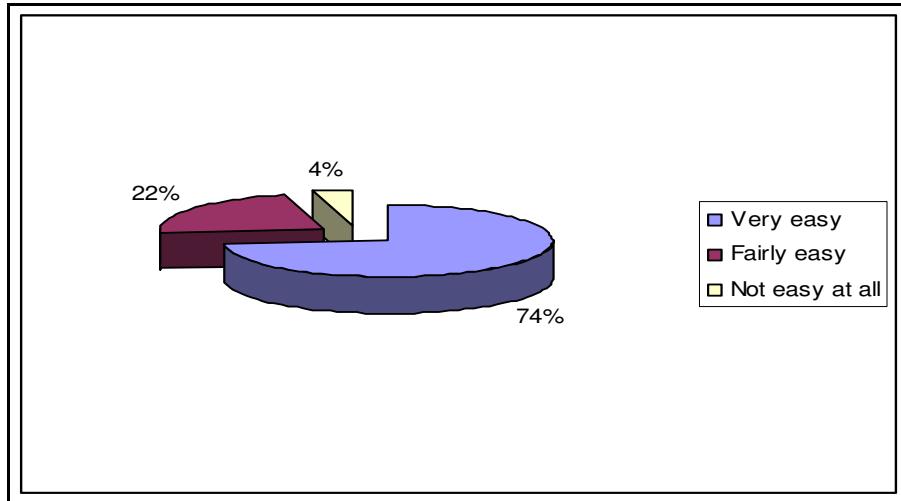
28% of young people who had participated in awareness raising activities within youth projects participated in the screening programme. Of the 113 (63%) young people who did not provide a sample for screening, 54 (41%) provided a reason for their decision. The reasons given are shown on the chart below:



Reasons categorised as “other” were:

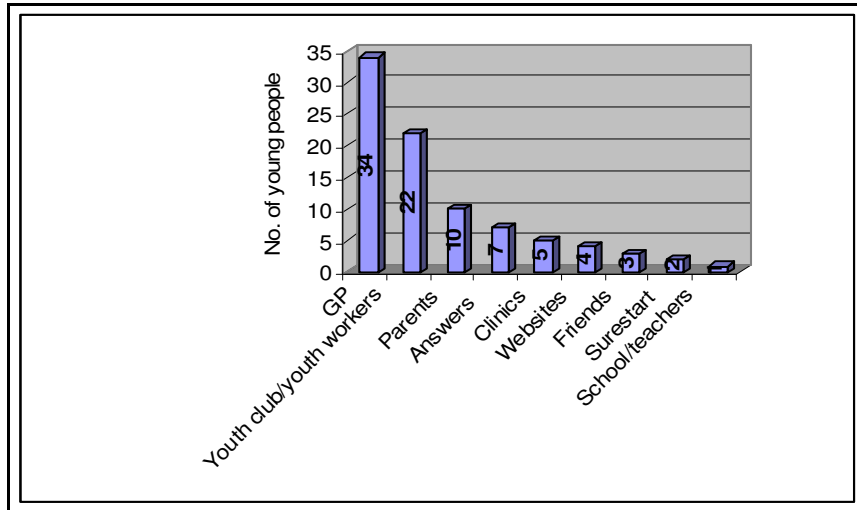
*“My partner doesn't have Chlamydia.” ..... “I've only had sex once before.”*  
*“I would be too embarrassed.”*

Those young people that had provided a sample (28%) were asked how easy they thought the process had been. Responses are shown by the chart below:



The data shows that the vast majority of young people who have provided a test have found the process to be uncomplicated and straightforward.

Where would you go to get further advice on sexual health issues?



The data shows that young people would be most likely to their GP or youth worker for advice on health related issues. Young women are more likely than young men to seek advice from parents. Schools appear to be the least popular option for those young people that participated in the evaluation.

## **6. Conclusions**

- 6.1 The Chlamydia Screening Pilot in Sunderland has provided an excellent opportunity for different organisations that provide services to young people to work collaboratively towards achieving improved outcomes. The programme has been underpinned by a strong commitment to the principles of partnership working. Agencies have been willing to share ideas, resources and expertise to help ensure the success of the initiative.
- 6.2 The approach used by SVSYF has provided neighbourhood youth projects with the flexibility to develop and implement their own ideas to encourage young people to participate in the screening programme. This has helped to ensure the methods used appeal to the young people with whom they work.
- 6.3 The involvement of neighbourhood based youth work organisations has helped to ensure that those young people who perhaps are less likely to access information/support on sexual health issues from other sources are now more aware of Chlamydia and understand how it can be prevented and treated. Over the last 11 months youth workers have encouraged 974 young people to participate in the screening programme. This represents an increase of 864% on the number of young people that were screened via youth projects during 07/08.
- 6.4 The co-ordinating role that has been undertaken by SVSYF has supported neighbourhood based youth projects to effectively contribute to the pilot programme. Participating youth work organisations acknowledge the level of support that has been provided by the SVSYF Development Officer and some have commented upon the good relationships and partnership working that has resulted from their involvement in the pilot. Feedback suggests that without the support of the Development Worker, and access to additional resources the capacity of organisations to sustain the work at the same level once the pilot project comes to an end would be considerably limited.

6.5 Feedback from youth work organisations suggests that screening for Chlamydia should be incorporated into the SHOWT initiative to help ensure it remains a priority in youth work programmes. 80% of youth work organisations currently provide young people with information and support around sexual health issues via SHOWT and it is evident from the number of youth workers that are waiting to be allocated a place on the SHOWT training programme that youth work organisations are committed to delivering this service in the longer term. The four youth projects that have already incorporated Chlamydia screening into the SHOWT registration process have reported it to be an effective way of working.

## **Appendices**

- Appendix 1** Regional Performance Tables for Chlamydia Screening
- Appendix 2** Role of SVSYF
- Appendix 3** Budget Breakdown
- Appendix 4** List of participating youth work organisations
- Appendix 5** Dates/Venues of Chlamydia Events
- Appendix 6** Other health work undertaken by youth

## Appendix 1

### Chlamydia Screening Programme

**Performance Table 2007-2008** (taken from the 07/08 Annual Report of Northumberland, Tyne & Wear Chlamydia Screening Programme )

PCT	Total YTD Activity	TARGET (15% of 15-24 years)	Current Achievement against 15% Target	% Screened in Q1 of 15-24 Population	% Screened in Q2 of 15-24 Population	% Screened in Q3 of 15-24 Population	% Screened in Q4 of 15-24 Population	% Screened YTD of Total 15-24 Population
Gateshead	1660	3599	46.12%	1.20%	1.11%	2.28%	2.32%	6.92%
Newcastle	4281	8068	53.06%	0.95%	1.11%	3.10%	2.80%	7.96%
N Tyneside	1884	3483	54.09%	1.58%	1.50%	2.36%	2.67%	8.11%
Northumberland	2075	5291	39.22%	0.81%	0.64%	1.89%	2.54%	5.88%
S Tyneside	1827	2990	61.10%	1.33%	2.07%	2.14%	3.62%	9.17%
Sunderland	2143	6010	35.66%	0.86%	0.91%	1.67%	1.91%	5.35%
Other PCTs	88							
<b>Total</b>	<b>13958</b>	<b>29441</b>	<b>47.41%</b>	<b>1.08%</b>	<b>1.14%</b>	<b>2.31%</b>	<b>2.59%</b>	<b>7.11%</b>

## Appendix 2

### **The Role of Sunderland Voluntary Sector Youth Forum**

#### **Mission Statement:**

SVSYF will provide a coherent and consistent voice for voluntary sector youth provision in promoting, supporting and developing good practice within the sector. The Forum will act as a strong and powerful advocate for voluntary youth work. It will support voluntary youth work agencies across the City of Sunderland to provide facilities and opportunities that will advance the education, social welfare and recreational interests of young people across the City with the object of improving their conditions of life.

#### **Strategic Aims:**

1. To act as a representative body for the voluntary youth work sector in Sunderland in order to ensure that voluntary youth work provision is adequately represented in new developments and existing structures by:
  - Acting as a contact point for statutory agencies and other bodies wishing to engage with the voluntary youth work sector.
  - Representing the sector as a whole in discussions and negotiations with statutory sector partners and funding bodies.
  - Representing the interests and promoting the views of the sector in responding to new initiatives and opportunities at a city-wide level.
  - Acting as an advocate for voluntary youth work development in areas of the City lacking in such provision.

2. To promote and encourage effective operational practices within the Sunderland voluntary youth work sector by:

- Acting a forum for the sharing and dissemination of good practice, knowledge and experience.
- Providing an up-to-date information service on new developments, policy initiatives and legislation as it affects youth work organisations.
- Providing advice and support to voluntary sector youth organisations on a range of operational and management issues.
- Providing materials for the development and maintenance of appropriate administration, operational and management systems.

3. To enable the Sunderland based voluntary youth work organisations to undertake collective initiatives on a city-wide basis by:

- Providing the facility to undertake city-wide research initiatives identified by the membership of the Forum.
- Undertaking the publication of materials promoting voluntary youth work within the City.
- Organising and providing appropriate and targeted training and promotional events on a city-wide basis.
- Providing the facility for the sector to make collective bids for funding and new development.

## Appendix 3

### Budget for the Chlamydia Screening Pilot

SVSYF was allocated £25,000 to deliver 950 targets. The table below shows how the funding has been used:

Payments to participating organisations	12,670
Salary / Mileage (SVSYF Development Officer)	7,000
Promotional materials / resources	2,507
Local Chlamydia Events	1,960
Training / meetings	162
Telephone/stationery/photocopying	900
Evaluation	1,200
<b>Total Expenditure</b>	<b>£ 26,399</b>

## Appendix 4

### **SVSYF Member organisations that have participated in the Chlamydia Screening Pilot**

- A690 Youth Initiative ([A690YI](#))
- Bluewatch Youth Centre
- Box Youth Project
- Easington Lane Community Access Point ([ELCAP](#))
- Herrington Burn YMCA
- Lambton Street Youth Centre ([LSYC](#))
- Oblivian Youth Group ([Wearmouth Community Development Trust](#))
- Oxclose & District Young Peoples Project ([ODYPP](#))
- Pallion Action Group ([PAG](#))
- Pennywell Youth Project ([PYP](#))
- Southwick Neighbourhood Youth Project ([SNYP](#))
- Sunderland North Community Business Centre ([SNCBC](#))
- Springboard (Roker)
- Sunderland Methodist Youth Project
- YMCA Foyer Project

## Appendix 5

### Dates / Venues of Chlamydia Events

Date	Event	Venue	Lead Organisation
01/11/08	Wee for a Wii	Washington Galleries	ODYPP / SVSYF
15/11/08	Wee for a Wii	Washington Galleries	ODYPP / SVSYF
12/12/08	Health Promotion Day	Raich Carter Centre, Hendon	YMCA Foyer Project
10/02/09	Union Night Club Event	City Centre Night Club	SNCBC
20/02/09	Friday Football Event	Sunderland North	SNCBC
06/03/09	Health Roadshow	Raich Carter Centre, Hendon	HYPP
12/03/09	Creative Chlamydia Event	Sunderland Glass Centre	SVSYF

**Areas of health related work that is currently being delivered by neighbourhood youth projects**

The chart below shows that a considerable number of youth work organisations are delivering health information/support services to young people. The data is based upon responses from the 15 organisations that participated in the pilot.

