

PRÉCIS REPORT: PRELIMINARY EVALUATION OF TRAINING THE TRAINERS COURSE TO IMPLEMENT A SEXUAL HEALTH KITBAG IN CHESHIRE AND MERSEYSIDE

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BACKGROUND

A sexual health kitbag was developed through Cheshire and Merseyside Sexual Health Network (CMSHN), for utilisation by front-line workers in the community. The kitbag contains resources to support the workers in effective communication around sexual health matters with young people. The steering committee also defined 'Training the Trainers' (cascade approach) the implementation of training of frontline workers throughout Cheshire and Merseyside, with the intent to deliver training to a maximum of 20 frontline workers nominated within each local authority (LA footprint rather than PCT). This would vary by LA according to their needs and the availability of the training facilitators. Individual organisations within each LA would be responsible for identifying and nominating key staff to receive kitbag/training.

The rationale for the Training the Trainers is to equip and mobilise the wider frontline workforce from various agencies (clinical personnel are not excluded but are not the primary target) including youth workers and Connexions staff, teachers and mentors, school nursing teams, with; the knowledge, confidence and skills to initiate (proactive) and respond (responsive) to young people in their care on issues relating to sexual health including raising awareness around access to contraception and choice of contraception. Training programme attendees were expected to commit to all three days and then move forward to cascade learning within their own individual teams/organisations and integrate it into induction and CPD programmes. Attendees were to be given one of the sexual health kitbag to be taken away at the end of the course.

It was decided early in the planning process to pilot the kitbag and training in Halton since teenage conception rates had proven to be particularly challenging there, with an increase in teen pregnancies of 49% since the 1998 baseline. Experiences from the first training and outcomes would be taken into account before rolling out the programme across Cheshire and Merseyside. The course in Halton took place over three days in September-October 2009. The training initiative was led by CMSHN and facilitated by 'So To Speak', a young person's sexual health outreach service, that sits within NHS Liverpool Community Health. Attendees participating in the course were to receive a sexual health kitbag to take away afterwards to utilise the materials for cascade training.

It was decided that dissemination of the findings should be provided in stages rather than in one final report at the end. In this way it was anticipated that the findings from each stage could inform the roll out of the training beyond Halton.

METHODS

This evaluation sought to provide baseline information about the effectiveness, acceptability, usefulness and limitations of the first 'Training the Trainer' course. It would also provide formative data about the changes in current practice attendees intend to make and their intentions with regard to cascading learning within their own organisations.

The course facilitators designed and administered two instruments. The first captured pre and post-course data about attendees' confidence, knowledge, values and attitudes in relation to adolescent sexual health. Respondents were asked a series of seven questions and asked to rate their response according to a five point Likert scale, with 1 being least confident and 5 being very confident.

Instrument 1: Questions posed pre- and post-Training
Do you feel you have adequate information to signpost young people to appropriate sexual health services?
How confident do you feel discussing contraception and sexually transmitted infections (STIs) with young people?
How confident do you feel regarding understanding your boundaries when working with young people around sexual health?
Do you feel you have enough information about resources that can be used in sex and relationship education?
Do you feel you have enough information on policy and legal issues around sexual health and relationship education?
Are you aware of how your own values and attitudes may affect how you approach sexual health and relationship education?
How confident do you feel planning and delivering sex and relationship exercises to young people?

The second instrument was administered post course only and posed a series of 10 open-ended questions about the acceptability, usefulness and facilitation of the course. Additionally, respondents were asked to state how they intended to apply and cascade learning from the training within their organisation.

Instrument 2: Questions posed post-training only
<ul style="list-style-type: none"> • How Useful Was The Training Overall? • Have You Enjoyed The Training? • What Was The Most Useful Exercise? • What Was The Least Useful Exercise? • Can You Comment On The Facilitation Of The Course? • How Will You Relate Your Learning From The training To Your Own Working Practices? • How Will You Relate Your Learning From The training To Your Own Working Practices? • Has Today's Training Raised Any Other Issues You Would Like Training in?

The data from instrument 1 was analysed in SPSS. The mean scores of data captured pre and post course were ranked. The main outcome measure was mean responses for each question for all respondents compared pre and post course using *t* test.

The study was approved by Liverpool John Moores Research Ethics Committee.

RESULTS

A total of 18 attendees from Halton were allocated a place on this first course. Seventeen attended all three days. Eleven respondents completed both the pre and post evaluations.

Instrument 1:

The pre and post course evaluations provided a snapshot of data which demonstrated an important shift in confidence, knowledge and skills. The data also supported the conclusion that the format and content of the training course was generally well received and revealed how attendees intended to cascade learning within their respective organisations. However, only 11 respondents completed both the pre and post evaluations and this may undermine the representativeness of the findings. Further, the qualitative answers provided by some respondents were not expansive and did not always provide the necessary illumination.

Questions	Pre-Course		Post Course	
	Mean	Rank ¹	Mean	Rank ¹
Do you feel you have adequate information to signpost you people to appropriate sexual health services?	3.27	4	4.73*	4
How confident do you feel discussing contraception and sexually transmitted infections (STIs) with you people?	3.73	6	4.64*	2
How confident do you feel regarding understanding your boundaries when working with young people around sexual health?	3.27	4	4.73**	4
Do you feel you have enough information about resources that can be used in sex and relationship education?	2.55	1	4.64**	2
Do you feel you have enough information on policy and legal issues around sexual health and relationship education?	2.82	2	4.55**	1
Are you aware of how your own values and attitudes may affect how you approach sexual health and relationship education?	4	7	4.91**	7
How confident do you feel planning and delivering sex and relationship exercises to young people?	3.10	3	4.73**	4

** $p \leq 0.01$ * $p \leq 0.005$

¹ Rank 1 -low 7 -high

Respondents' confidence about the policy and legal issues around sexual health and relationship education (SRE) and the adequacy of their information and resources to be used was ranked low, however, there was a statistically significant positive change in mean scores over the duration of the course ($p \leq 0.005$).

The ranking of respondents' awareness of how their own values and attitudes may affect their approach to sexual health and relationship education was consistently high and there was also a statistically significant increase in mean scores ($p \leq 0.005$).

Confidence in relation to discussions about contraception and STIs was ranked high pre-course but second bottom post-course, yet, the more revealing indicator is that there was a strongly significant positive increase in mean scores ($p \leq 0.01$).

Overall, there was a statistically significant increase in the mean scores to each question that was asked. The statistical significance was greater in response to the first two questions ($p \leq 0.01$) versus the next five questions ($p \leq 0.005$).

Instrument 2:

Open ended qualitative responses to instrument 2 were categorised and collapsed and are presented below. Responses are not mutually exclusive and can appear under several headings.

How Useful Was The Training Overall?

- *Allowed development of practical skills*
 - presentations allow individuals to become more confident in the delivery of SRE
- *Informative*
 - raised awareness of sexual health issues, enhanced existing knowledge and synthesised all sexual health information
- *Enhanced inter-agency working and knowledge exchange*

The usefulness of the training was categorised in terms of the practical skills and new knowledge gained. The training also enhanced what attendees already knew and blended new and existing knowledge. Participants recognised the value and benefit of multi and inter-disciplinary learning.

Have You Enjoyed The Training?

- *Informative and interactive*
- *Fun*

Comments were made about the learning being informative and the style being interactive and fun.

What Was The Most Useful Exercise?

- *Development of practical skills*
 - presentations gave ideas of how to deliver issue based work
- *Design of the course*
 - variation of activities
 - shared resources
- *Enhanced inter-agency working and knowledge exchange*
 - shared learning environment (inter-agency networking and sharing good practice)
 - presentations given by others gave complementary perspective
- *Issues covered*
 - e.g. STIs and legal issues

Several respondents mentioned that the presentations in particular had given them the knowledge and confidence to present on sexual health issues. They also mentioned how the presentations delivered by others inspired them and offered a different perspective share in their respective organisations.

Respondents found the variation in activities stimulating. As above, there was recognition of the extensive shared learning opportunity that collaboration with other agencies offered. Attendees found the sessions on STIs and legal issues particularly noteworthy.

What Was The Least Useful Exercise?

- *Issues covered*
 - course repeated some aspects of my own working practice

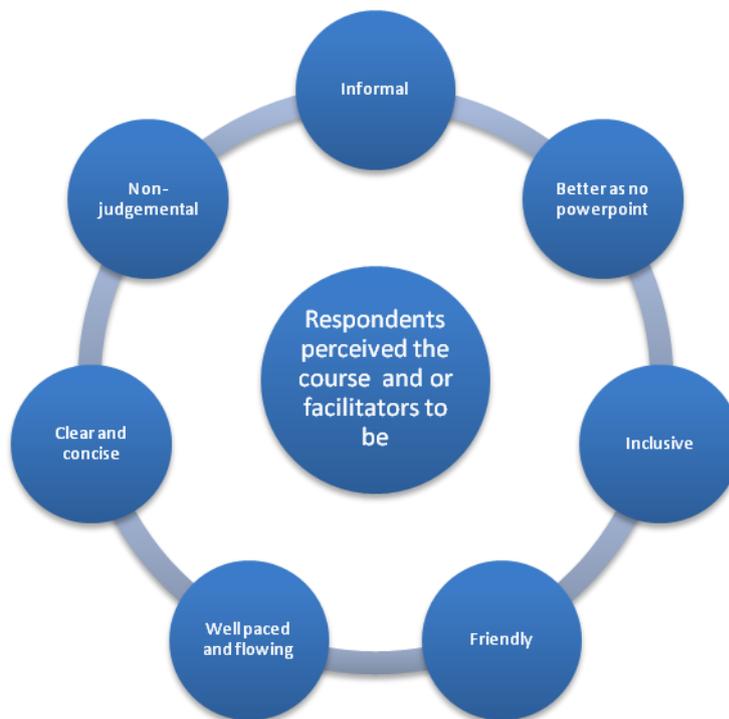
- STIs
- to address the intensive content of some sessions

Respondents were more likely to comment on aspects of the course which they found useful and were less likely to comment on negative aspects of less relevant topics/sessions.

One respondent perceived the inclusion of a session on STIs to be of limited value to them. This contradicted a position mentioned earlier since others found the topic of STIs a useful inclusion on the course. The less favourable response does highlight that attendees are not a homogenous cohort and some, particularly, clinical attendees, may have prior knowledge and experience of certain topics. Although the overall positive comments from attendees recorded does indicate that the pitch and content of the training is meeting the needs of most.

Can You Comment On The Facilitation Of The Course?

The responses to this question are represented graphically below.



Respondents were more likely to record positive rather than negative aspects of the course. Respondents felt that the style of the course was friendly and relaxed and that the facilitators made the training inclusive and encouraged whole group participation. They also perceived that the course material was delivered at an even pace and the information was clear and to the point.

One respondent commented that '*discussions flowed but participants were reigned in when necessary*' and another perceived that the course was '*inclusive so everyone was invited to contribute, share experiences and expertise*'.

Two questions were asked about rating the venue and refreshments. Whilst these aspects can influence individuals' comments, it was not deemed necessary to categorise and include responses here.

How Will You Relate Your Learning From The Training To Your Own Working Practices?

- *Dissemination to colleagues*
 - applying current knowledge and resources to cascade via groupwork
 - partnership with colleagues to deliver more coherent and effective programme to disseminate to part-time workers
 - supporting colleagues
- *Dissemination to clients*
 - use more interactive models of delivery with young people
 - synthesise activities and learning and create own lesson plan for school based young women's group
 - targeting young age group and being more innovative
 - thinking outside the box.
- *General application of confidence, knowledge or skills*
 - employing some exercises used in presentations
 - utilising the examples of good practice and resources including sexual health kitbag
 - using my increased confidence to deliver new subjects
- *Inter-agency networking*

Responses were categorised according to how attendees would cascade learning to colleagues, implications for the organisation and delivery of care to their clients, more general application of skills, knowledge and confidence gained on the course and their increased commitment to inter-agency working. At this stage this baseline data provides a snapshot of intended behaviour and it will be used to inform the future design of the project and the need to capture specific evidence and understanding of the impact the training has in the respective organisations over time.

Has Today's Training Raised Any Other Issues You Would Like Training in?

- *Information required*
 - young people's health in general
 - law relating to same sex relationships
 - sexuality
- *Support required*
 - development of Sexual Health Worker Forum to continue shared learning experience
- *Continuing Professional Development*
 - encouraged to undertake OCN sexual health course to enhance learning

Attendees did identify the need for future training needs in three specific areas; young peoples' general health, law relating to same sex relationships and sexuality. There was support for the creation of a Sexual Health Worker Forum locally. One attendee expressed a willingness to take up an OCN sexual health course to enhance their learning further.

SUMMARY AND CONCLUSIONS

There was a statistically significant increase in mean responses pre and post course for all seven statements attendees were asked. Overall, respondents had least confidence in their level understanding of the policy and legal issues around sexual health and relationship education and some respondents highlighted this as an aspect for additional training. The training aimed to increase attendees' knowledge and confidence in dealing with contraception issues and relative to some other issues respondents reported greater confidence in dealing with this issue. Further, there was a strongly positive change in mean confidence post course.

Not all attendees completed a pre and post course evaluation and this may undermine the representativeness of the findings. For future courses it is suggested that pre-course evaluation should be embedded as a formative exercise once the preliminary introductions have been made. Evaluations should then be collected prior to the start of the first session. Similarly, the post course evaluation should be administered and collected at the close of the final session and before attendees leave. It may also be advisable to consider re-wording questions or using different response categories since some questions ask attendees to assess their confidence and others ask them to assess their knowledge.

The responses to the open ended questions tended to highlight more positive aspects of the course. In isolation these findings might be less punchy but taken in the round with the changes in mean scores, a picture emerges to suggest that the course met the needs of attendees in boosting their confidence, knowledge and skills. However, on a cautionary note some attendees have a more comprehensive prior knowledge and experience and their needs most also be catered for.

Attendees indicated that the training would impact on their own practice. They would apply new found confidence, skills and knowledge to provide innovative and more interactive sessions for young people. In terms of interactions with colleagues, attendees perceived their future role to be about disseminating knowledge and skills. They also talked about supporting and working in partnership within their own organisation. The benefit of inter-agency networking was highlighted and might be usefully supported via a local Sexual Health Worker Forum.

The pre and post course evaluations provide a snapshot of data which has demonstrated an important shift in confidence, knowledge and skills. The data also supports a conclusion that the format and content of the training was generally well received. It is important to determine whether those shifts are sustained over time and whether they will they be applied to bring about intended changes in attendees' own practice and used as a scaffold to cascade training within their respective organisations. It is also pertinent to determine what hampers and encourages change at an organisational level. All of these findings will be used to inform the design of the university led evaluation of the sexual health training.

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