

The BITE Project

Connecting with Young People in Barnsley

Final Report

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Introduction

Young people's sexual health in the United Kingdom (UK) is the worst in Western Europe with teenage pregnancy figures six times higher than that of the Netherlands (Social Exclusion Unit (SEU), 1999). The transmission rate of sexually transmitted infections (STIs) is also increasing in the 16-19 year old age group (Public Health Laboratory Service (PHLS), 2000). This was highlighted by the recent Commons select committee who reported the staggering increase in STIs in the five year period from 1996 to 2001 (House of Commons, 2003). These statistics have considerable cost implications in both health and social terms. For example, unplanned pregnancy limits thousands of teenagers' access to education in the UK each year. Teenage mothers and their children also have increased risks of adverse health, educational, social and educational outcomes (SEU, 1999). The PHLS (2002) and the SEU (1999) reports also stated that the sexual health of young people (12-25 years) is of most concern, making their sexual health needs a priority which should be considered separately from those of adults.

The National Teenage Pregnancy Strategy set out in the Social Exclusion Unit report on Teenage Pregnancy, was launched by the Prime Minister in June 1999. The Teenage Pregnancy Unit (TPU), a cross-government implementation unit located in the Department of Health (DoH) was founded to ensure the delivery of the two national targets:

1. Halve the under-18 conception rate in England by 2010 (with an interim reduction target of 15% by 2004)
2. Increase the participation of teenage mothers in education, training or work to 60% by 2010 to reduce the risk of long term social exclusion

Since the initial SEU report in 1999 other Government reports and research have highlighted three important factors for tackling teenage pregnancy;

1. the importance of joined-up working between agencies,
2. the involvement of young people as active participants in the development of services & resources (TPU, 2001), and
3. the use of more visual and audio materials as the way forward to convey key health messages to young people (TPU, 2000).

Barnsley – The local picture

Teenage pregnancy has been recognised as a serious problem in Barnsley, South Yorkshire, since the early 1990s when the rate of conceptions in under-16 year olds was one of the highest in England and Wales (Barnsley Health Authority, 2001). In 2001 Barnsley Health Authority published its teenage pregnancy strategy for 2001 to 2010. The strategy discussed the findings of an assessment and analysis of local services and context. It highlighted the established link between deprivation and high rates of teenage conception. There are 22 wards in Barnsley and in 2001 the Index of Social Deprivation ranked the wards as follows:

21 wards in the bottom 50% of the country

17 wards in the most deprived 20% of the country

9 wards in the most deprived 10% of the country

4 wards in the most deprived 5% of the country

The ward with the highest rate of conception in under-16s was Dearne Thurnscoe, which suffered the highest levels of deprivation with Barnsley, ranked 92nd nationally. Athersley was Barnsley's second most deprived ward, ranked 126th nationally and had the highest conception rate for under-20s. The report highlighted that these issues had been recognised and that resources, such as Sure Start, were being invested in the areas.

Strategic goals of Barnsley's teenage pregnancy strategy

1) To reduce conception rates in under-18s by 15% by 2004, and 50% by 2010.

The starting point given in the Barnsley report was a baseline rate [1996-1998] of 61.2 per 1000, which is 232 conceptions. The intended reductions set targets at;

- By 2004 this will be a rate of 52 per 1000, 197 conceptions
- By 2010 this will be a rate of 31 per 1000, 115 conceptions

2) To reduce the risk of social exclusion associated with teenage parenting by encouraging statutory and voluntary service providers to work together.

Local statistics

Table 1. Under 18 Conception Data for Barnsley and South Yorkshire 1998-2002

Rates are per 1000 population of 15-17 year old females (Source ONS, 2003)

Year	Barnsley		South Yorkshire	
	Number of conceptions	Conception rate per 1000	Number of conceptions	Conception rate per 1000
1998 (baseline)	227	61.4	1324	60.2
1999	223	58.2	1305	59.2
2000	207	52.5	1255	55.3
2001*	209	51.5	1258	54.1
2002**	215	52.2	1312	55.7

*Conceptions for 2001 are provisional. **Provisional estimates based on incomplete abortions data.

Rates for 1998-2001 calculated using ONS March 2003 population estimate. Rates for 2002 calculated using ONS October 2003 population estimate.

The Barnsley conception rate for 2001 is 16% lower than 1998 which exceeds the target of a 15% reduction by 2004. To put the Barnsley figures into context the statistics for England and Wales are presented below. The England and Wales conception rate for 2001 is 10% below the 1998 rate.

These reducing trends are encouraging as work continues towards to the national targets. However some concern has been raised nationally that the predicted figures for 2002 have risen above the previous year, and the Barnsley figures suggest that they will follow this trend. This highlights the need for work to continue if the 2004 and 2010 targets are to be met.

Table 2. Under 18 Conception Data for England and Wales 1998-2002

Rates are per 1000 population of 15-17 year old females (Source ONS, 2003)

Year	Conceptions per 1000 of under-18s
1998 (baseline)	47.8
1999	45.9
2000	44.3
2001*	42.7
2002**	43.1

** All rates for 2001 and 2002 are based on the revised mid-2001 and mid-2002 population estimates released on 26 September 2003.

Barnsley Interactive Teenage Education project

The BITE project started in 2002 with the aim of developing and evaluating an educational touch screen that would enable young people to make informed choices about their sexual health and risk-taking behaviour. This innovative project incorporates the three suggestions for good practice by bringing together academics, general practitioners, the NHS and an IT company to create an interactive education touch screen resource in consultation with local young people.

Objectives of the project

1. To understand the attitudes, values and understanding of young people in Barnsley with regard to their sexual health, relationships and parenthood at a young age.
2. To engage in a meaningful way with young people in Barnsley as part of the work on understanding their attitudes, values and understanding of their sexual health and related behaviours.
3. To feed the information from objectives 1 and 2 into the development of a touch screen computer intervention to enable young people to make informed choices about risk-taking behaviour; in order to reduce rates of unplanned pregnancy and other adverse health consequences in Barnsley, and beyond.

Anticipated outcomes

1. Touch screen computer programme developed by Barnsley and Staffordshire University team on sexual health, relationships and parenthood.
2. Touch screen computer to be evaluated on its acceptability with young people e.g. presentation, content, and perceived usefulness.
3. Advancing understanding of good practice in working with young people.

Development of the touch screen

Participants and procedure

Due to Dearne Thurnscoe and Athersley being highlighted as most in need in the Barnsley teenage pregnancy strategy report (2001), the BITE project has focused on these areas for recruitment of young people and piloting of the touch screen. Criterion for the inclusion or exclusion of young people for the development working group and evaluation stage of the project were set out in the protocol.

The inclusion criteria were:

- Young people aged 12 to 20 years old, to include a cross-section of age, gender, backgrounds, and geographical residence.
- Parent/guardian consent given along with young person's assent and co-operation.

The exclusion criteria were:

- People less than 12 years and over 20 years old.
- Young people involved in other teenage pregnancy projects.
- No parent/guardian consent given for young person to take part in the project

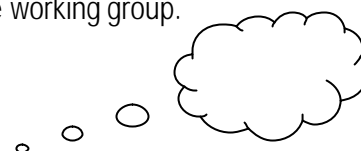
Aside from the exclusion criteria above no young people were excluded from taking part in the project. Recruitment of young people for the project was done through existing services such as youth and community, and education. This was to ensure that the young people had existing relationships with professional adults who would be able to offer any support needed and would still be in their lives when the project finished. This approach was taken as it has been a very successful method of recruitment on other young person projects in Staffordshire. It has also been found to help promote joined up working between agencies for the benefit of the local young people. (For information letters sent to young people and parents, and consent form please see Appendices 1, 2, and 3 respectively). These were sent out and the signed consent form received prior to the young person working group's first meeting. Consent and co-operation was sought from all young people, under or over 16 years of age.

Young person working group

A working group of four boys and three girls aged 12-17 years old was established so their ideas and preferences could inform the development of the touch screen. The group attended workshops

on topics including puberty, contraception, sexually transmitted infections, parenthood, and relationships during which they increased their knowledge levels and awareness of sexual health issues. They were encouraged and supported to discuss ideas and make suggestions regarding the content and presentation of material to be included in the touch screen. The workshops were videoed and passed to the software developer with accompanying notes and diagrams from the facilitator. Additional workshops were also run with the software developer so he could work with the group on their ideas and test the developing programme with them. The young person working group received vouchers to the value of £2.50 per hour for attending the working group.

Young person working group experience of the project



At the end of the project an evaluation was conducted to gather the working group's views on the project and how they felt they had benefited from being involved.

❖ What attracted you to taking part in the touch screen project?

"To learn stuff about sexual health and diseases. The touch screen is a good idea as it helps different people and tells young people to use contraception. It can also help adults gain information about sexual health depending on where the touch screens are placed."

"I thought it sounded interesting, and thought the touch screen idea would be good thing to have for people."

"Because I wanted to, and I thought it would be good to gain information and help create good idea for something so different."

❖ Did you enjoy it - if so what parts did you enjoy?

"Yes I enjoyed it a lot, particularly working with the baby dolls."

"Yes I did, it was all good. There weren't any workshops that I enjoyed most as I thought they were all good."

"Yes, I really enjoyed working with the baby dolls as I experienced a bit of what it would be like to be pregnant and be a mum."

❖ In the workshops did you feel you could talk about your attitudes and thoughts about sex and relationships?

"Yes I did as I felt relaxed and able to talk."

"Yes as it didn't feel too serious. It was very open and we had a laugh."

"Yes because the place we worked was nice and the workers were nice too, so it was very comfortable."

- ❖ **Do you feel that you learnt anything in the workshops? e.g. on contraception, STIs, getting information, working with the baby dolls, etc.**

"Yes I learnt all about diseases and condoms, and about puberty which was good as I didn't really know a lot before."

"Yes I learnt lots of new stuff about everything especially STIs."

"Yes it was all new to me as I didn't know much to start off with."

- ❖ **Was there anything you didn't like about the workshops?**

"No I enjoyed everything."

"No, nothing."

"No everything was ok."

- ❖ **What did you think of the touch screen when it was first finished?**

"I thought it was good although the colours could have been better. I enjoyed the few pictures that were included and thought that you could learn a lot from using it."

"I can't remember seeing it finished as I couldn't make the last workshop."

"When I last saw it I thought it looked good but it was still being worked on."

- ❖ **Any other comments to make about the workshops, or project in general?**

"I have really enjoyed taking part in the project and I feel I've learnt lots."

"Just that I really enjoyed it all."

Programme development

New software was specially developed for this project to apply new techniques for touch screen interaction. The project posed a challenge to the software developer as the final product needed to meet the competing expectations of the young person working group, and produce an effective resource that would engage users while advising and educating them. This required a balance between the entertainment factor needed to engage users and the amount of information that professionals and health care organisations would expect to see on such a resource. Therefore the aim of the software was to incorporate:

1. Flexibility to respond to the needs of young people at different stages of sexual, social and intellectual development so the resource could supply help and education to all.
2. Adaptability so the tool could be easily modified as the ideas developed.

Subject areas for the touch screen and ways of engaging the user were agreed by the project team based on ideas from the workshops. By testing the prototype sections of the software with the young person group, it became clear which ideas worked and those that had to be abandoned. One of the most important messages to come through this work was the need for simplicity as it was strongly felt that complex messages would reduce the effectiveness of the programme.

Pilot version of touch screen programme

The project team and young person working group reviewed the pilot version of the touch screen so any final amendments could be made before the evaluation. The pilot touch screen follows an algorithm style so that the user will be directed to the relevant information for their response to the previous question. For example if someone answers '*Yes I am having sex*' they will be guided to pages regarding safe sex practices and contraception. If they answered *No* – they would be led to pages which deal with more appropriate relationship issues for their current stage of development and relationships.

Due to the large scope of the subjects covered, the majority of the material is in the form of quizzes with additional information available on blue information sheets and in responses to answers on the quizzes. The interactive quiz format was found to be more engaging than just presenting information on a screen to the working group during development. However the quizzes are optional and users can just access information if preferred. When answering the quiz questions the user accrues a risk level which is shown on the left side of the kiosk through out the quiz. In addition, for each answer on the quiz the user is given a rating for their answer and additional information will be given in the responses which do not represent the best choice or action in response to the question. At the end of the quiz the user is given an evaluation and a final score.

All the medical information was provided by the GPs in the project team and checked to ensure that the information and guidance was accurate and up-to-date, while endeavouring to use language that would be understandable to young people.

A basic guide to the topics and content of the pilot touch screen

Opening page

After touching an initial screen to start the programme an opening page was given where the user could choose to access either the emergency information section, which included details of local and national health services, or enter the main part of the programme with quizzes and information.



Fig. 1 Opening page

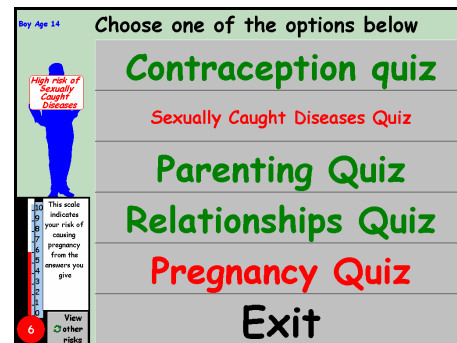


Fig. 2 Sex education and quizzes page

The opening page was designed to ensure that those accessing the touch screen kiosk in need of urgent help would not have to search through pages of information to find the advice or contact details needed to help them, such as emergency contraception details.



Fig. 3 Emergency menu page

User profile

Questions to identify the profile of the user including age, gender, stage of physical development were asked at the next stage. The first question of gender results in gender specific screens when the programme asks for and provides further information.

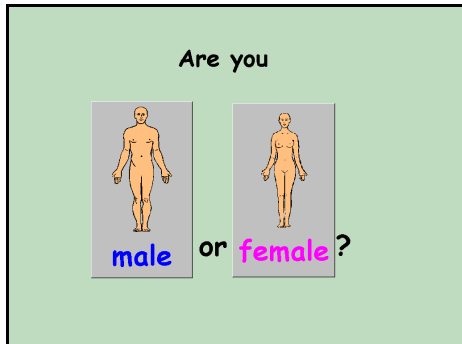


Fig. 4 Gender of user page

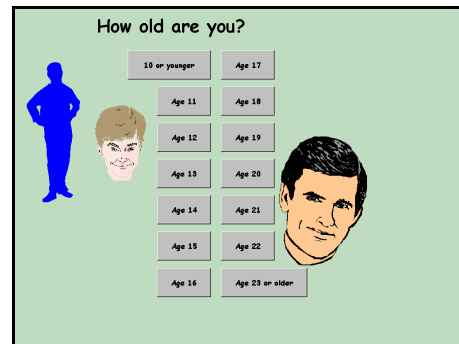


Fig. 5 Age of male user page

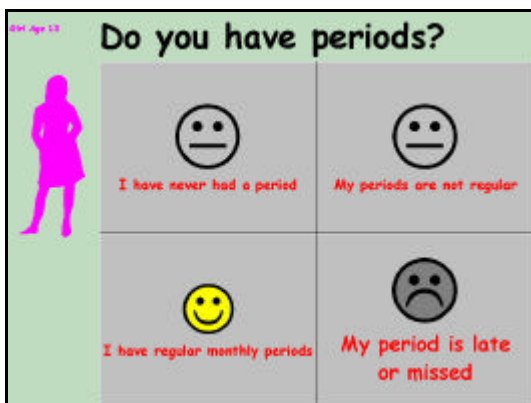


Fig. 6 Development stage page for girls

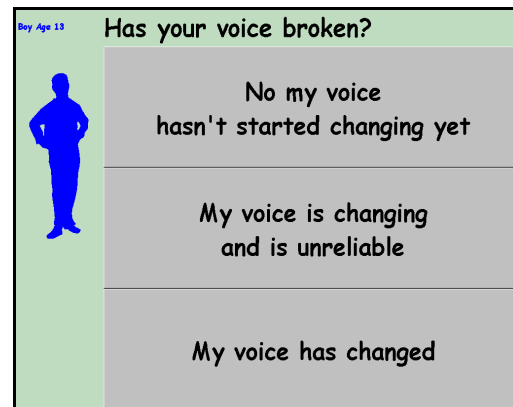


Fig. 7 Development stage page for boys

Current relationships and sexual activity status

The next section asks questions about the user's current relationships and sexual activity status.

E.g. if they are happy with their relationships, if they are having a sexual relationship a page will ask them about the number of partners and whether there is an age difference.

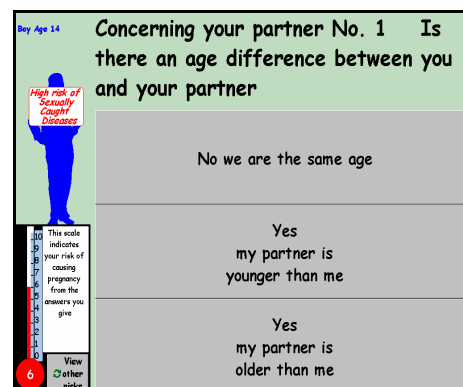
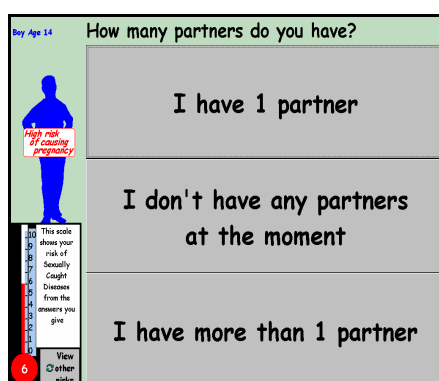


Fig. 8 How many partners page

Fig. 9 Age difference page

The programme offers additional information where necessary, e.g. if a user states they are having sex under age. Also if an abusive relationship is suggested by the user's responses, blue information sheets written by GPs are shown which included local and national help details. The topics of underage sex and abusive relationships are not gone into in any detail, but information is provided to help users to seek support and assistance if needed.

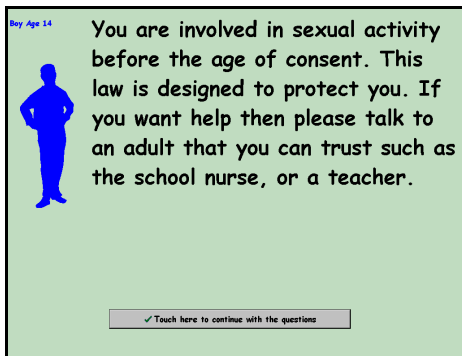


Fig. 10 Under age sex page



Fig. 11 Rape & sexual abuse information sheet

Information and quiz sections

The touch screen had five quiz and information sections; contraception, sexually caught diseases,¹ parenting, relationships, and pregnancy. Each section provided a quiz and comprehensive information about the topic, including where the user could get further help and advice.

The sections were similar with quizzes containing pages where users were asked general questions or given a list of statements to choose the true or false statements.

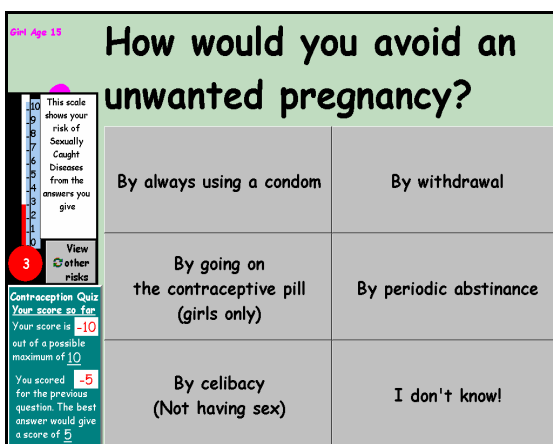


Fig. 12 Contraception quiz question

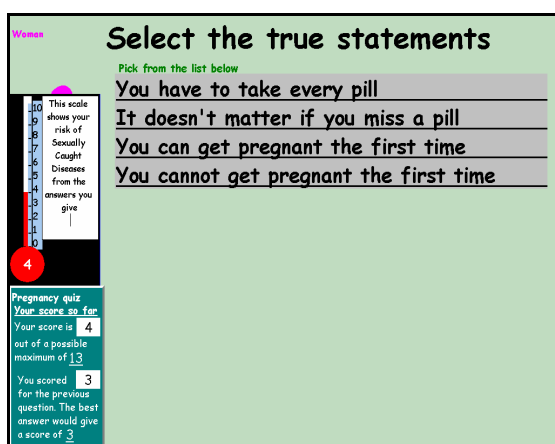


Fig. 13 Statement style page

¹ The term 'sexually caught disease' has been used due to the problems reported by young people in understanding the terms 'Sexually Transmitted Disease' (STD) or 'Sexually Transmitted Infection (STI) which are those commonly used in health literature.

After each question the user would see a response page and be offered the chance to find out more information, which will take them to an information page on the topic, or to continue the quiz. Once the quiz had been completed users were given a summary of their score and feedback on their answers.

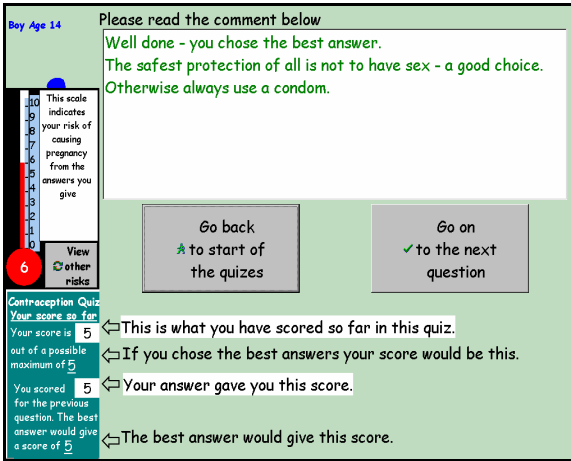


Fig. 14 Example of an answer page

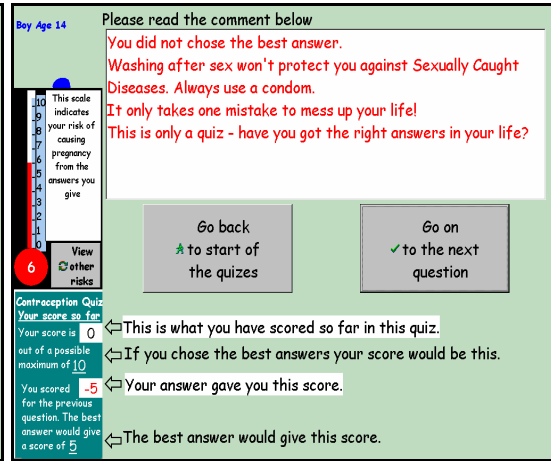


Fig. 15 Example of a different style answer page

Throughout the quiz, and at the end, users were offered the chance to find out more about the topic by accessing the information section.

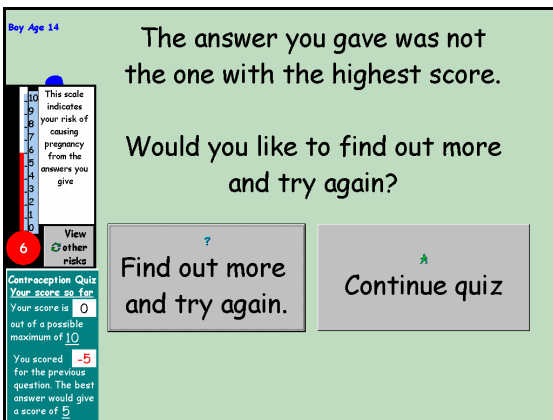


Fig. 16 Example of different style answer page

The information pages open sequentially to show information the user wants to see for each stage. Where appropriate there are also 'more information' pages with more detailed information for users or professionals.

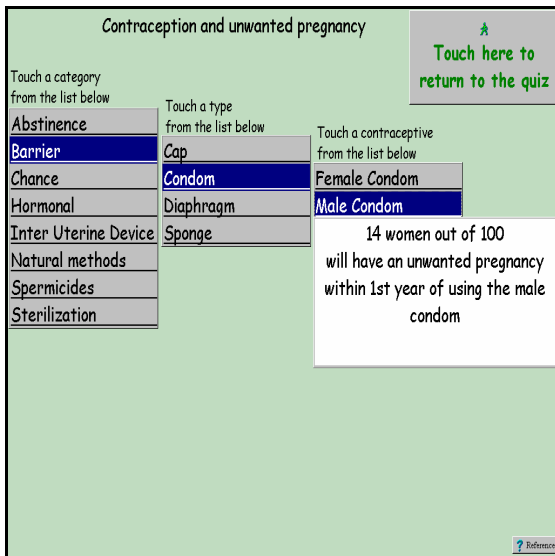


Fig. 17 Contraception information page

In Figure 17 the user is on the contraception page and follows these steps:

1. selected to look at 'barrier' methods,
2. selected 'condom' from the list of barrier methods, and
3. selected 'male condom', resulting in effectiveness information for that method being shown.

Full information is available on the effectiveness of all methods listed under each menu.

Due to the scope and size of the programme this section offers only a brief example of the topics and design style of the touch screen. For further details or to experience the touch screen please contact MEDCAL (See appendix 7 for company details).

Evaluation - Method

The evaluation had two aims:

1. To assess young people's views of the touch screen in terms of content, presentation and perceived usefulness.
2. To gather and compare young people's views in youth and school settings across the ages of 12 - 20 years.

Measures

The measure took the form of survey questions which were presented to the young people using 'Teamworker'. The Teamworker programme works in a similar way to the television programmes 'Who wants to be a millionaire' or 'The National IQ test', where questions and multiple choice answers are projected onto a screen, read out by the researcher and the young people press a button on a handset to give their answer. The system enables young people to feel that their answers are anonymous and allows the researcher to show how people are answering the questions.

Participants

The criterion for the young person sample was:

- ❖ They should be between the ages of 12 and 20 years old.
- ❖ They should live, or attend school, within the designated area of Barnsley.
- ❖ They should NOT have taken part in the touch screen's development, or any other evaluation of project educational tools such as the Protection film or Sex & Relationships CD-ROM.

Settings

As the evaluation wanted to gather views from young people in a school and youth setting invitations were sent out to local high schools and the youth service. From the respondents a high school in Barnsley and a youth centre in Athersley were selected and sent details of what was required for the evaluation.

Procedure – High school

Four touch screens were placed in a high school for a week prior to the evaluation visit to enable the students to use them during break times as well as in classes. The researcher and project worker visited the school and saw each class for an hour to complete the measures using Teamworker and the comment sheets. Vouchers worth £5 for the Meadowhall shopping centre were given out afterwards to thank the young people for participating in the evaluation.

Procedure – Youth centre

The same touch screens were taken to a youth centre in Athersley for a full day on a weekend. Two hour time slots were allocated to three groups of young people who were transported to the youth centre by Barnsley Youth Services. In each two hour slot the young people were told about the development of the touch screens and asked to spend 40 minutes exploring the different sections. After this they completed the measures using Teamworker and the comment sheets. Vouchers worth £5 for the Meadowhall shopping centre were given out afterwards to thank the young people for participating in the evaluation.

Consent

Informed consent was gathered from the young person and a parent/carer/responsible adult for all participants under the age of 18, once consent for the evaluation has been granted from the school or youth setting. To do this letters and information leaflets were given to the school or project worker to be sent home for the child and parent with a response slip. Parents/carers were asked to return the slip to the teacher or project worker if they did not want their child to be involved.

Analysis note

Due to the size difference between the age groups and sexes all analysis is being reported in percentages to avoid distortion of the data and to make the results comparable.

Teamworker questionnaire results

Demographics

The Teamworker questionnaire was used in two settings; a high school and a youth club. In total 73 young people took part in the pilot evaluation. These were 56 young people from four classes across Year 9 and 10 of the high school took part and 17 young people who were attended the sessions at the youth club in Athersley.

Age

The young people ranged in age from 12 to 19 years old, with a mean age of 15 years.

No differences were found between the age groups for any of the questions asked so analysis was conducted without any age group breakdown.

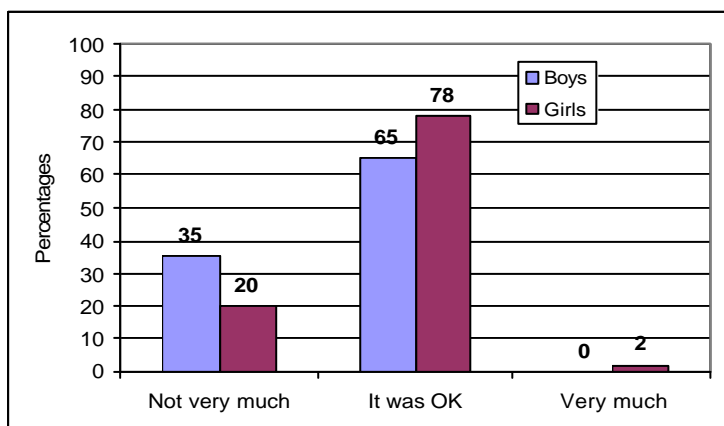
Sex

There were 50 girls (68%) and 23 boys (32%) in the sample. Sex differences were found for some of the questions asked and these have been highlighted in the discussion points next to the graphs in the relevant sections below.

Section 1 - General experience of using the touch screen

The first section of the questionnaire was designed to gather information about young people's views of using the touch screen and to identify what sections they explored. It began by asking the question 'How much did you enjoy using the touch screen?' and gave participants three response options; (a) Not very much, (b) It was OK and (c) Very much.

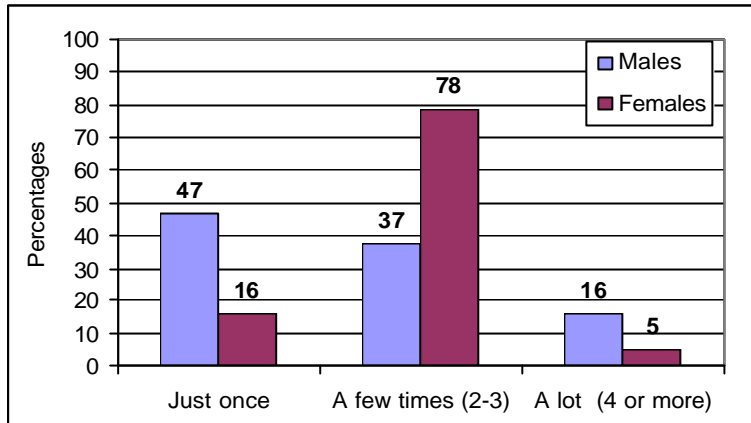
Graph 1. Using the touch screen (N=73)



- 74% of the sample thought the touch screen was 'OK'.
- Females tended to report higher levels of enjoyment than males.

As the school setting had the touch screens available for over a week participants from this group were asked 'How many times did you go on the touch screen?' with response choices of (a) Just once, (b) A few times (2-3), or (c) A lot (4 or more times).

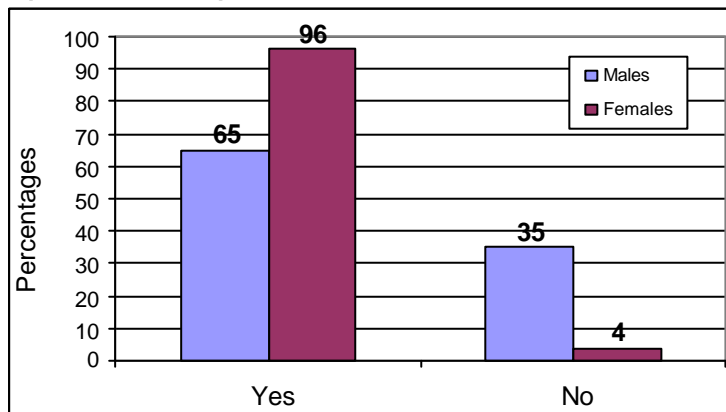
Graph 2. Frequency of using the touch screen (N=56)



- 64% of the total sample had used the touch screen a few times.
- 27% had used it 'just once'.
- 9% had used it 'a lot'.

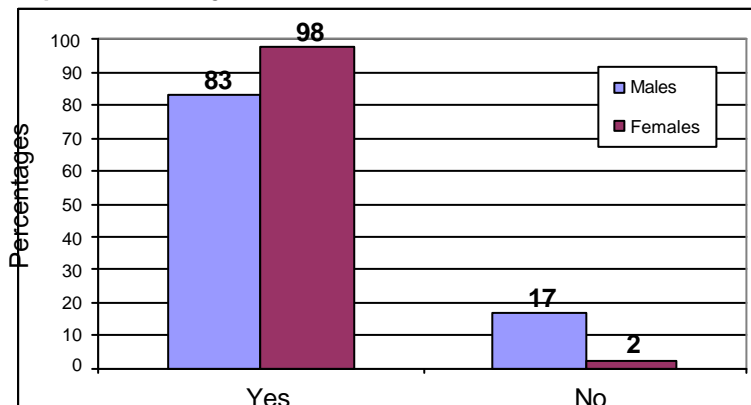
To gather information on which sections of the touch screen had been viewed participants were asked 'Did you explore the section and quiz?' for each of the five sections (contraception, sexually transmitted infections, parenting, relationships and parenting), with a response of (a) Yes or (b) No.

Graph 3. Contraception section (N=73)



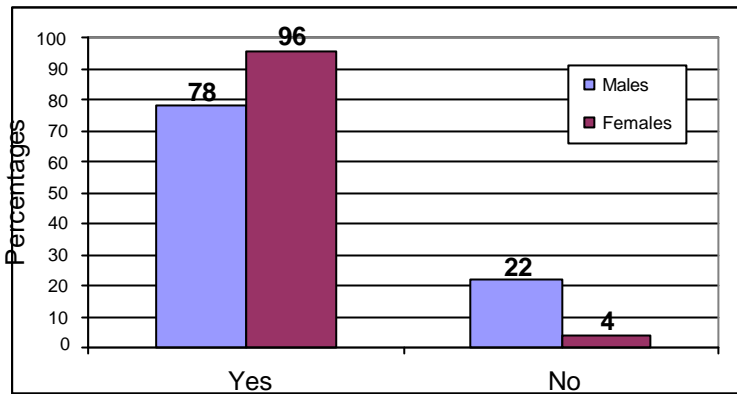
- 86% of the sample explored the section.
- 14% did not visit this section. The majority of these were male participants.

Graph 4. Sexually transmitted infections section (N=73)



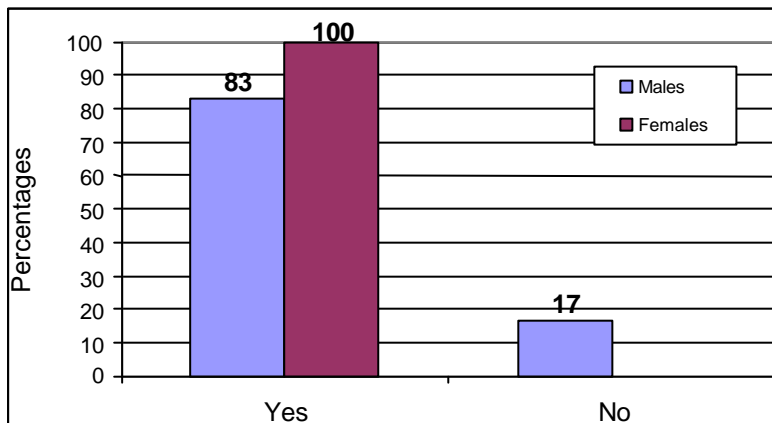
- 93% of the sample explored the section.
- 7% did not visit this section. The majority of these responses were from male participants.

Graph 5. Parenting section (N=73)



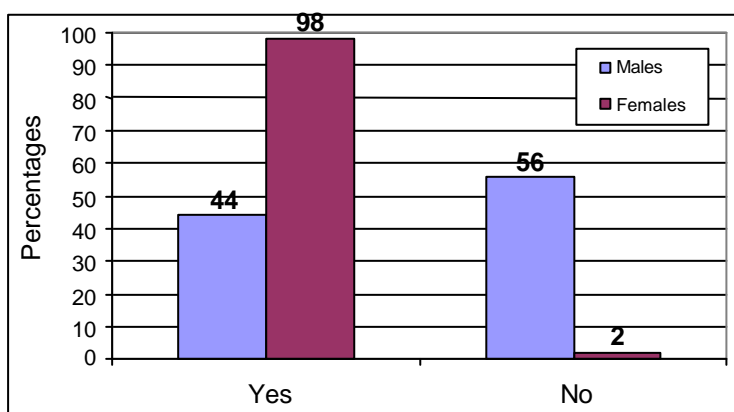
- 90% of the sample viewed the section.
- 10% did not visit this section. The majority of these responses were from male participants.

Graph 6. Relationship section (N=73)



- 95% of the sample explored this section.
- 5% did not view this section. All respondents were male participants.

Graph 7. Pregnancy section (N=73)



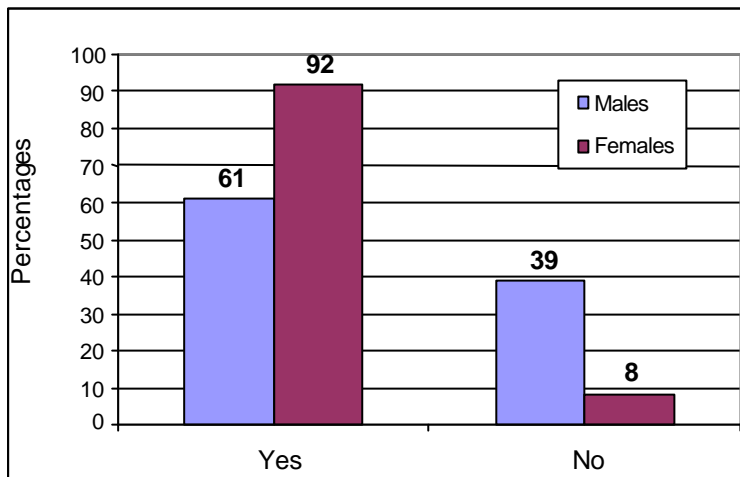
- 81% of the sample explored this section.
- 9% did not visit the section. The majority of these responses were from male participants.

Section 2 – Perceived usefulness of the touch screen

The second section of the questionnaire was designed to gather information about young people's views of how useful they thought the touch screen was and whether it was easy to use.

Participants were asked "Do you think the touch screen is a good method of learning this information?" and gave participants two response options; (a) Yes and (b) No.

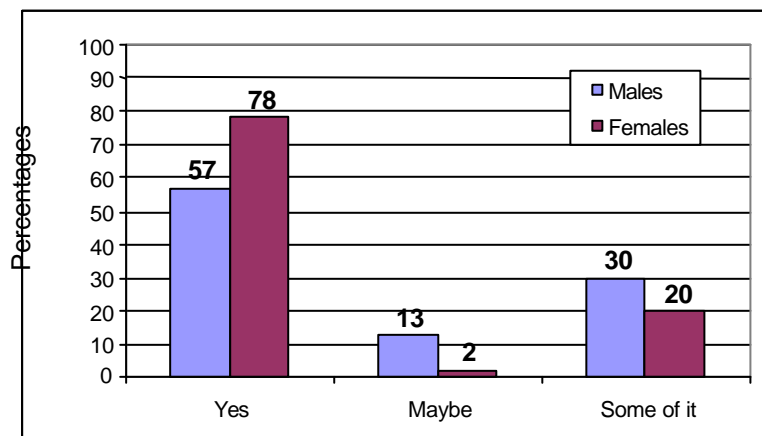
Graph 8. A good method of learning information (N=73)



- 82% thought the touch screen was a good method.
- 18% did not visit the section. The majority of these responses were from male participants.

Participants were asked 'Did you find the touch screen easy to use?' with responses of (a) Yes, (b) No and (c) Some of it.

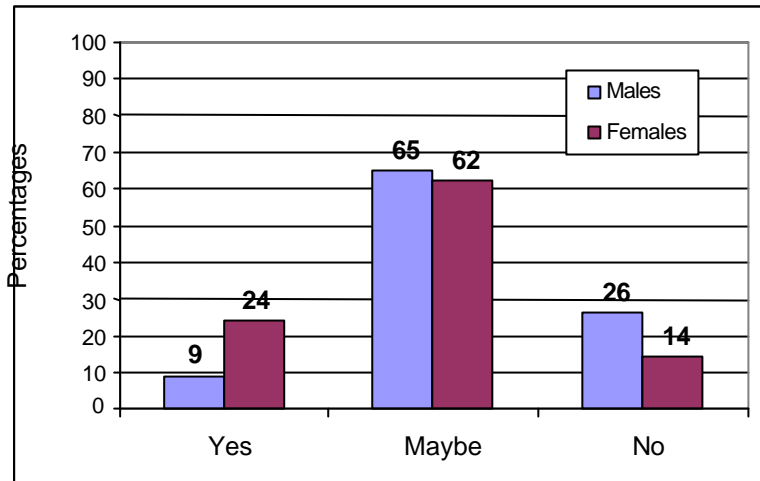
Graph 9. Easy to use (N=73)



- 71% of the sample said the touch screen was easy to use.
- 6% said 'No'.
- 23% said that 'Some of it' was easy to use.

Participants were asked 'If the touch screen was generally available in school, would you use it?' with responses of (a) Yes, (b) Maybe and (c) No.

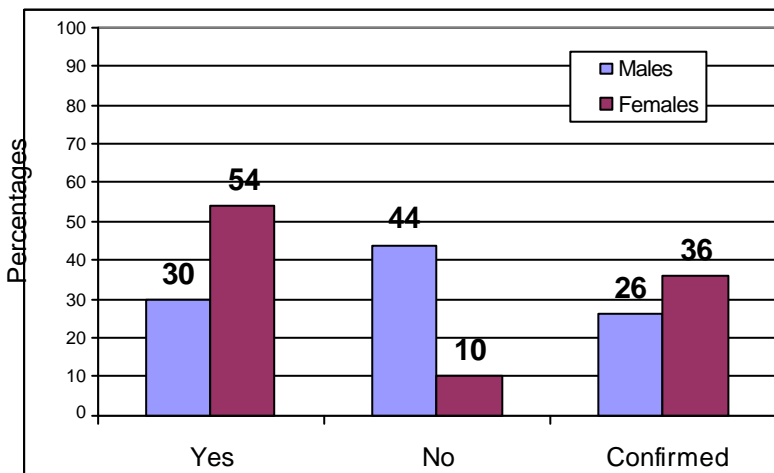
Graph 10. Use if generally available (N=73)



- 19% of the sample said they would use it if available.
- 63% said they might use it.
- 18% of the sample said they would not use it.

Participants were asked 'Did you learn anything new using the touch screen?' with responses of (a) Yes, (b) No and (c) No, but if confirmed what I already knew.

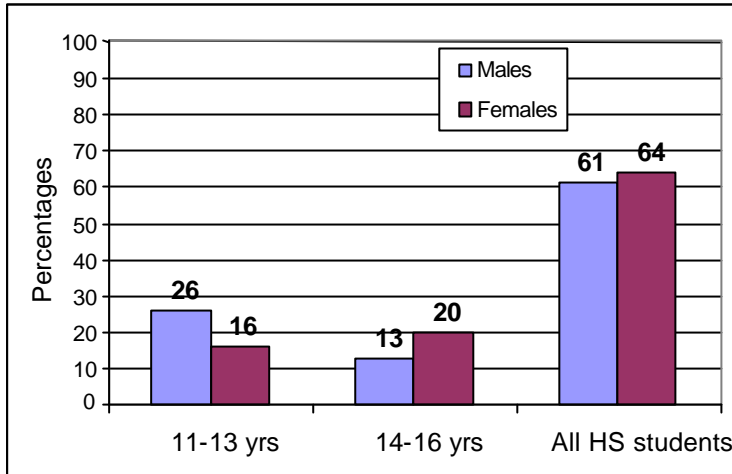
Graph 11. Learning new information from the touch screen (N=73)



- 47% of the sample said that they learnt something new.
- 21% said they did not learn anything new.
- 33% said they did not learn anything new but it confirmed their current knowledge.

Participants were asked 'Which age group do you think should be able to use the touch screen programme?' with responses of (a) 11-13 years old, (b) 14-16 years old and (c) All students at high school (both of the above).

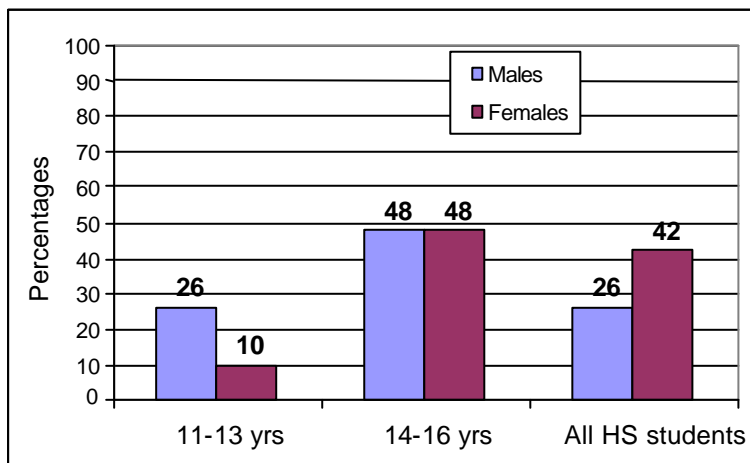
Graph 12. Age groups who should use the touch screen (N=73)



- 19% of the sample said it should be used by 11-13 year olds.
- 18% said it should be used by 14-16 year olds.
- 63% said it should be used by all high school students.

Participants were asked 'Which age group do you think it would be most useful for?' with the same age category responses.

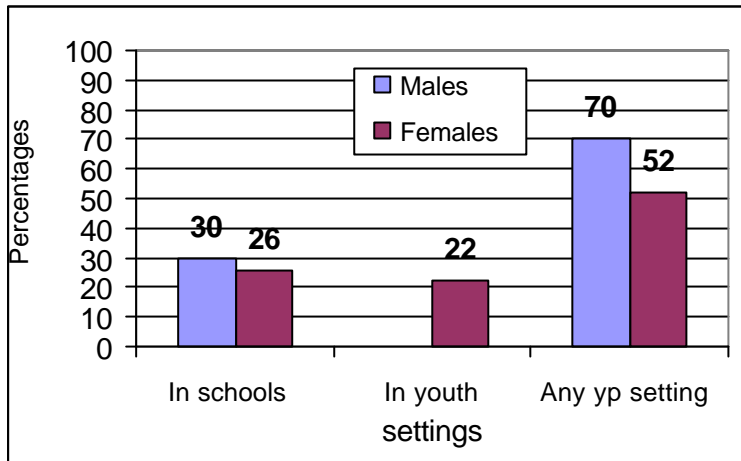
Graph 13. Age group it would be most useful for (N=73)



- 15% of the sample thought it would be most useful for 11-13 year olds.
- 48% thought it would be most useful for 14-16 year olds.
- 37% thought it would be useful to all high school students.

Participants were asked 'Where do you think the touch screen would be most useful for young people to access it?' with responses of (a) In schools, (b) In youth settings and (c) Any setting where young people are.

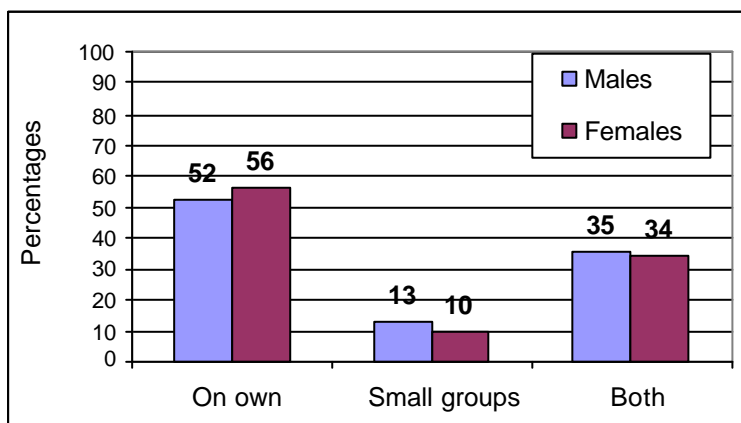
Graph 14. Setting for the touch screen (N=73)



- Over half of the sample said that the touch screen would be most useful in any setting used by young people, including schools and youth settings such as youth clubs.

Participants were asked 'How do you think young people would like to use the touch screen?' with responses of (a) On their own, (b) In small groups and (c) Both.

Graph 15. Using the touch screen (N=73)



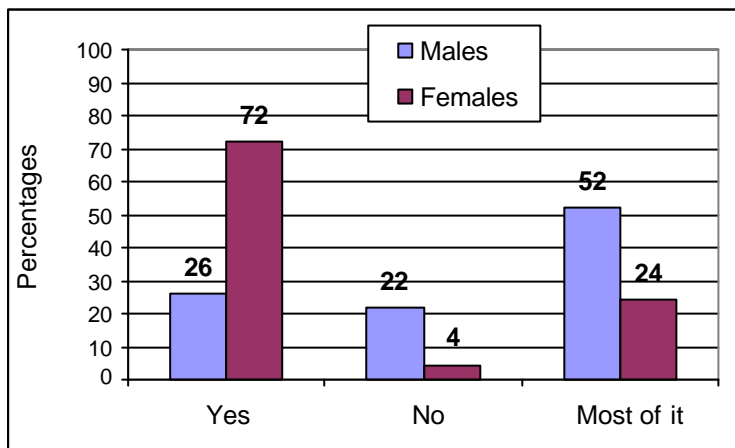
- 55% of the sample thought that young people would like to use it on their own.
- 11% thought they would use it in small groups.
- 34% thought they would use both methods.

Section 3 Touch screen content and presentation

The third section of the questionnaire was designed to gather information about young people's views of the content of the touch screen, the way information was presented and the general presentation of the software.

Participants were asked 'Did you find the information understandable?' with responses of (a) Yes, (b) No and (c) Most of it.

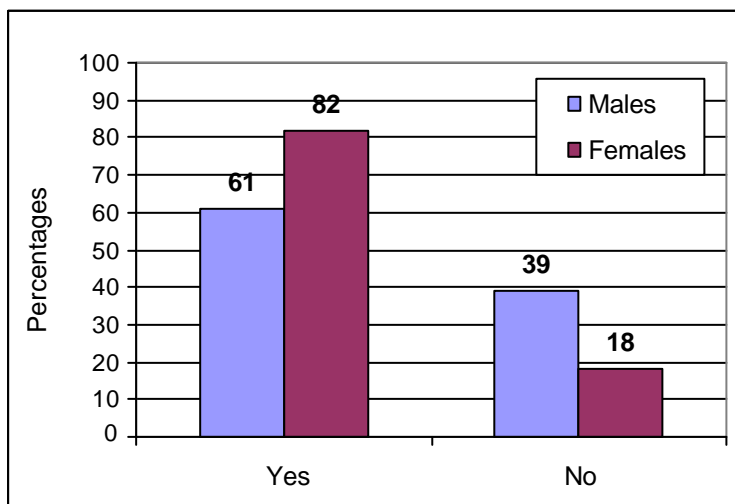
Graph 16. Information level (N=73)



- 58% of the sample said the information on the touch screen was understandable.
- 10% said it was not understandable.
- 33% found most of it understandable.

Participants were asked 'Do you think the touch screen covered all the relevant topics?' with responses of (a) Yes and (b) No.

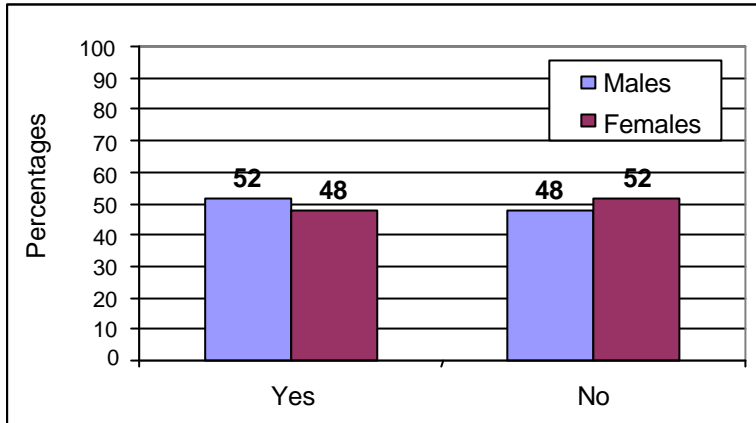
Graph 17. Relevant topics (N=73)



- 75% of the sample said that the touch screen covered all the relevant topics.
- 25% said it did not include all the relevant topics.

Participants were asked 'Do you think there was enough information for boys?' with responses of (a) Yes and (b) No.

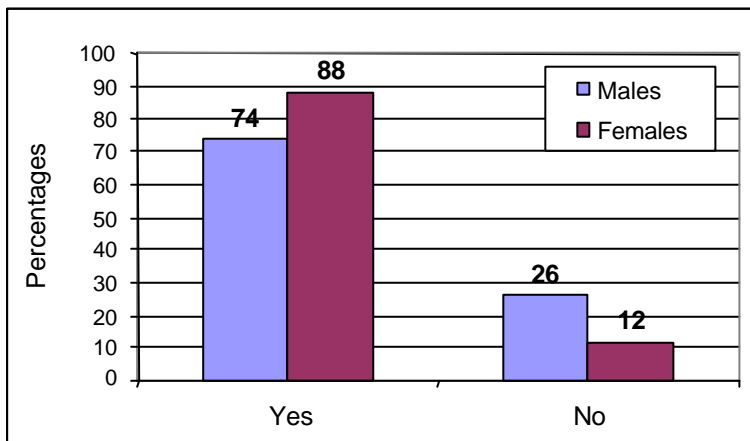
Graph 18. Information for boys (N=73)



- 49% of the sample said there was enough information for boys.
- 51% said that there was not enough information for boys.

Participants were asked 'Do you think there was enough information for girls?' with responses of (a) Yes and (b) No.

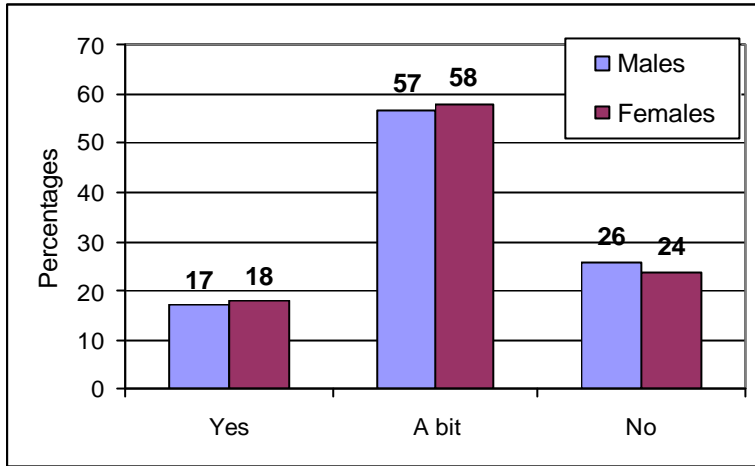
Graph 19. Information for girls (N=73)



- 84% of the sample said there was enough information for girls.
- 16% said there was not enough information for girls.

Participants were asked 'Did you feel more knowledgeable after using the touch screen?' with responses of (a) Yes and (b) No.

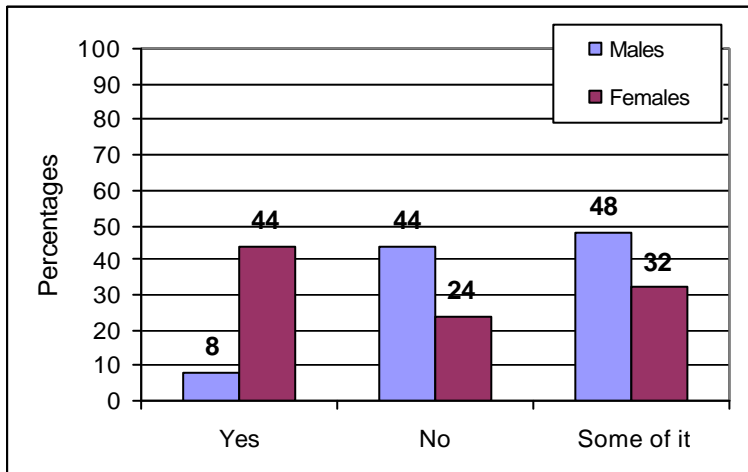
Graph 20. Feel more knowledgeable (N=73)



- 18% of the sample said they did feel more knowledgeable.
- 56% said they felt a bit more knowledgeable.
- 25% said they did not feel any more knowledgeable.

Participants were asked 'Did you like the look of the touch screen?' with responses of (a) Yes, (b) No and (c) Some of it.

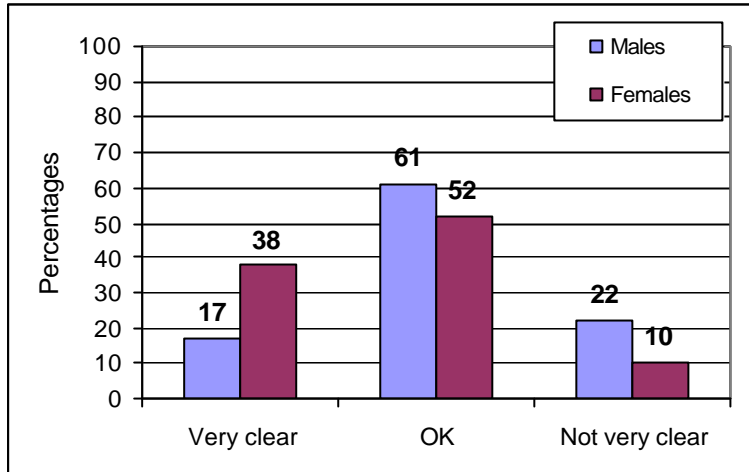
Graph 21. Look of the touch screen (N=73)



- 33% of the sample liked the look of the touch screen.
- 30% did not like the look.
- 37% liked some of it.

Participants were asked 'How clear did you find the instructions of how to use the touch screen?' with responses of (a) Very clear, (b) OK and (c) Not very clear.

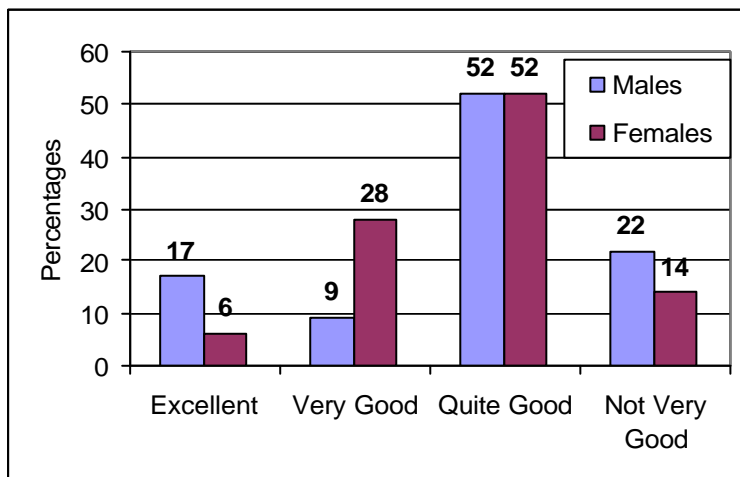
Graph 22. Instructions of the touch screen (N=73)



- 32% of the sample said the instructions were 'Very clear'.
- 51% said they were 'OK'.
- 14% said they were 'Not very clear'.

Participants were asked 'How would you rate the touch screen overall?' with responses of (a) Excellent, (b) Very Good, (c) Quite Good but needs a bit more work, and (d) Not very Good.

Graph 23. Overall view of the touch screen (N=73)



- 10% of the sample said the touch screen was 'Excellent'.
- 22% said it was 'Very Good'.
- 52% said it was 'Quite good but needs a bit more work'.
- 16% said it was 'Not Very Good'.

Additional comments

After completing the Teamworker measures participants were given a comment sheet which asked them four questions:

- 1) What was your favourite part of the touch screen?
- 2) Was there any part of the touch screen that you didn't like?
- 3) Are there any ways you think the touch screen could be improved?
- 4) Any other comments you would like to make?

The participants' qualitative responses were categorised and are presented on the following pages in diagram 1, 2, 3 and 4.

Feedback from professionals

Education and health professionals who had access to the touch screen during the evaluation also provided comments which are presented in diagram 5.

The Quizzes

- My favourite part was when you answer a question wrong and it would give you lots of information.
- The quiz about STIs because it gave a lot of information.
- My favourite part of the touch screen were all the different quizzes you could do..
- Doing the quizzes on each section as some were quite difficult but it helped you learn a lot.
- The quizzes – they let you test your own knowledge and check what you don't know.
- I like the quizzes as it showed how much I really knew.
- Answering the different questions and when you did get an answer wrong, there was information where you could find the real answer.
- My favourite part was doing the quizzes in all the sections.
- Doing the quizzes as it gave me information and confirmed what I knew.
- Answering the questions in the quizzes was great because you learnt it interactively rather than just reading.
- Answering the quiz as could try to answer without having to read loads of boring writing.

The Emergency Page

- The fact that there is an emergency button for people who need it and you feel more confident find out about the facts of sex then you do talking to an adult.

Relationships Section

- My favourite part was the relationship section.
- Where it says about relationships, that it takes both of them to make it work – people forget that.

Parenting Section

No comments on this section

Contraception Section

- I found out quite a bit on pregnancy and contraception.
- My favourite part of the touch screen was the contraception part because it was helpful and easy to use.
- The contraceptive quiz.
- My favourite part was the contraception part because it was very informative and easy to use.
- The contraception section – we all need to know it.

STI Section

- My favourite part was where it gave information about the different things to avoid pregnancy or sexually transmitted infections.
- I liked it but I thought that the STI was the best for information.
- I enjoyed the boy's part of it because in some cases of the diseases I didn't know them.
- The quiz about STIs was great for information

Aspects of Design

- My favourite part was when you answer a question wrong as it would give you lots of information about that question.
- I myself thought it was all great, I liked it.
- Pressing the buttons. It was great to touch to select what you wanted.
- Matching all the answers up with the sentences/statements.
- The layout of the information
- I loved touching the screen to choose things.
- That you didn't have to write and the layout was clear.
- The shape of it.
- The overall design of the screen was not bad.

Content

- My favourite bit was the information I got from it. It was useful for me and quite interesting.
- Being able to learn about what the risks and dangers were with sex .
- I thought it was all good, especially the boys section where I think I learned a bit.
- The questions and information it provided were really useful.
- Reading the information that was useful.
- The range of information.

Favourite part of the touch screen

Pregnancy Section

- The best bit was the information about pregnancy and who can help.
- My favourite part was the pregnancy part.
- My favourite part of the touch screen was the pregnancy section as it was informative for both the girls and the boys in the group.
- The information on pregnancy because it learnt me more about pregnancy.

Colour, Graphics & Sound

- Diagrams and pictures
- I liked the pictures and colours of the touch screen.

Aspects of Design

- It was pretty boring.
- When asking a question it wasn't very clear.
- The beginning bit was boring.
- It took a while to load up.
- It looked a bit boring on the screens.
- It was too slow.
- Some of the questions were hard to understand and I found it difficult to follow.
- Had the appearance of a computer and a lot of the questions are the same.
- When it was loading it was very slow.
- When you pressed the age button about a boy being older than you it kept coming up with rape which was very annoying instead of giving you advice.
- Needs more information screens to make it appealing

Colour, Graphics & Sound

- It didn't have any diagrams – didn't look good.
- It was visually boring.
- Answering the questions because it didn't show you enough pictures.
- No sound

Navigation Issues

- Sometimes when you pressed one thing it would light up the next answer so you got the question wrong even when you didn't.
- The touch screens were hard to touch sometimes.
- You had to press a button to go on to the next screen.
- It was difficult to return to the 'main menu'.
- The touch screen wasn't that sensitive

General Comments

- There was no part that I didn't like.
- No, there was nothing that I didn't like about the touch screens.
- Not really, it was all good information.
- Not really. Most of it was easy to understand, but I think it could be improved.
- No not really because it was all organised and set out neatly, and was very understandable.

Too Much Text

- There was too much writing.
- A lot of writing and pictures, boring.
- Some parts were difficult to understand and rape kept coming up.
- Most people don't like too much writing, they like more pictures.
- There was a lot of reading.
- When long pieces of information came up you felt a bit off put from reading it. It made it boring to read just through appearance.
- Different font, size and maybe more pictures would make it better.
- Too much writing.
- Too much reading involved.
- Too much writing to read.

Touch Screen Negatives

Specific Information Missing

- Not enough information in the STI part for me.

The Kiosk

- The size and shape of the unit, lack of colour.
- The colour.
- I didn't like plastic.
- It was slightly uncomfortable because people were around when I was answering.
- The shape is good bit the colour is boring why not have tie dye or something.

Too Personal

- The questions at the beginning because they were too personal to answer in front of other people.
- I felt uncomfortable in a group answering the first questions.
- Where at the beginning it asks you personally – it makes me uncomfortable.
- Some of the questions were quite personal so if you are in a group the questions could be embarrassing. If I was going to use it, I'd prefer to use it on my own.
- I think the touch screens should be somewhere more private because some people got embarrassed about the questions asked.
- We did the evaluation in groups and I felt uncomfortable.
- It asked too many personal questions.

Aspects of Design

- It could be faster.
- The questions were good but they need to be improved to make them more attractive so people would go to them.
- Make it work faster.

Use of Colour, Graphics & Sound

- Brighter colours needed for the whole programme.
- The presentation needs to be more colourful.
- Brighter colour and more things to do.
- More diagrams to show things would be good.
- Make it more eye-catching, more colourful.
- More colour and a few games.
- More pictures, and sound would be great.
- Add sound.
- Make it more grown up and no so many childish pictures.
- More revealing pictures needs and sound would be great
- Pictures can be great for younger children.
- It needs more flashing images and pictures to make it less boring.

Increase Difficulty

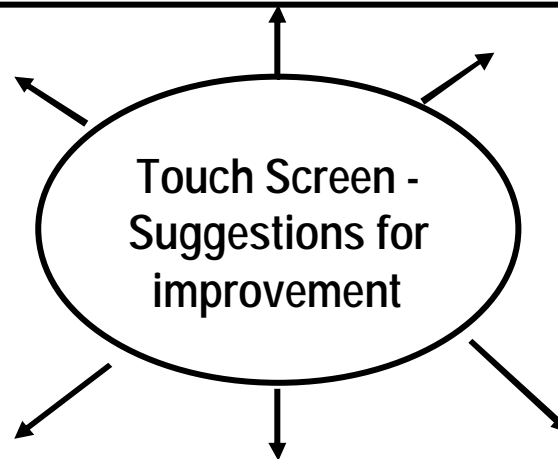
- Once you've asked one lot of questions they should get harder.

More privacy

- It should be more private so no-one can see your answers.
- The screen could be more private so no-one can see your answers unless you want them to.

Navigation Issues

- You have to touch it quite hard to go onto the next question as it won't work when you press softly this needs to be better.
- Needs more sensitivity.
- More reliability and more sensitive.



The Kiosk

- It needs to be smaller as it is too big.
- More colour on the outside of the case.
- Needs a different coloured case.

Less Text

- The writing should be briefer.
- Use simpler words.

Content

More information

- More information on other subjects.
- Add more information and use simpler words for younger people.
- More information about boys.
- Cover more topics.
- Adapt other areas so can add more questions.
- Explain the side effects of each STI.

More boys

- Include boys in the pregnancy section.
- A bit more on boys stuff and advice.

Clarity of information

- Make questions easier to understand.
- Could be clearer when asking questions.

Too personal

- Some of the questions seemed too personal, put them in a more comfortable manner.
- Get rid of the beginning, the rest of it was good.

Shorten length

- Make the quizzes shorter because you had to keep going back to find different answers and it took ages.
- Stop repeating stuff in it.

Touch Screen Concept

- I think the touch screen is a better way to make people aware and you can get involved personally with it.
- They are a good way to find out information if you have a problem.
- It was a very good idea and gave me useful information that I didn't already know.
- It's a good idea and very helpful for teenagers.
- It's a quick and easy way to get information.

Content & Design

- It gives statements on what you might catch if you don't use safe methods of contraception.
- If there were more information and improvements I would definitely go on it again.
- I think the touch screen should raise the issue of alcohol and the risks of being with an older or unknown man, and the possible consequences.
- Overall I liked using them, the only thing that would make it better is the presentation.

Any other comments about the Touch Screen

Settings

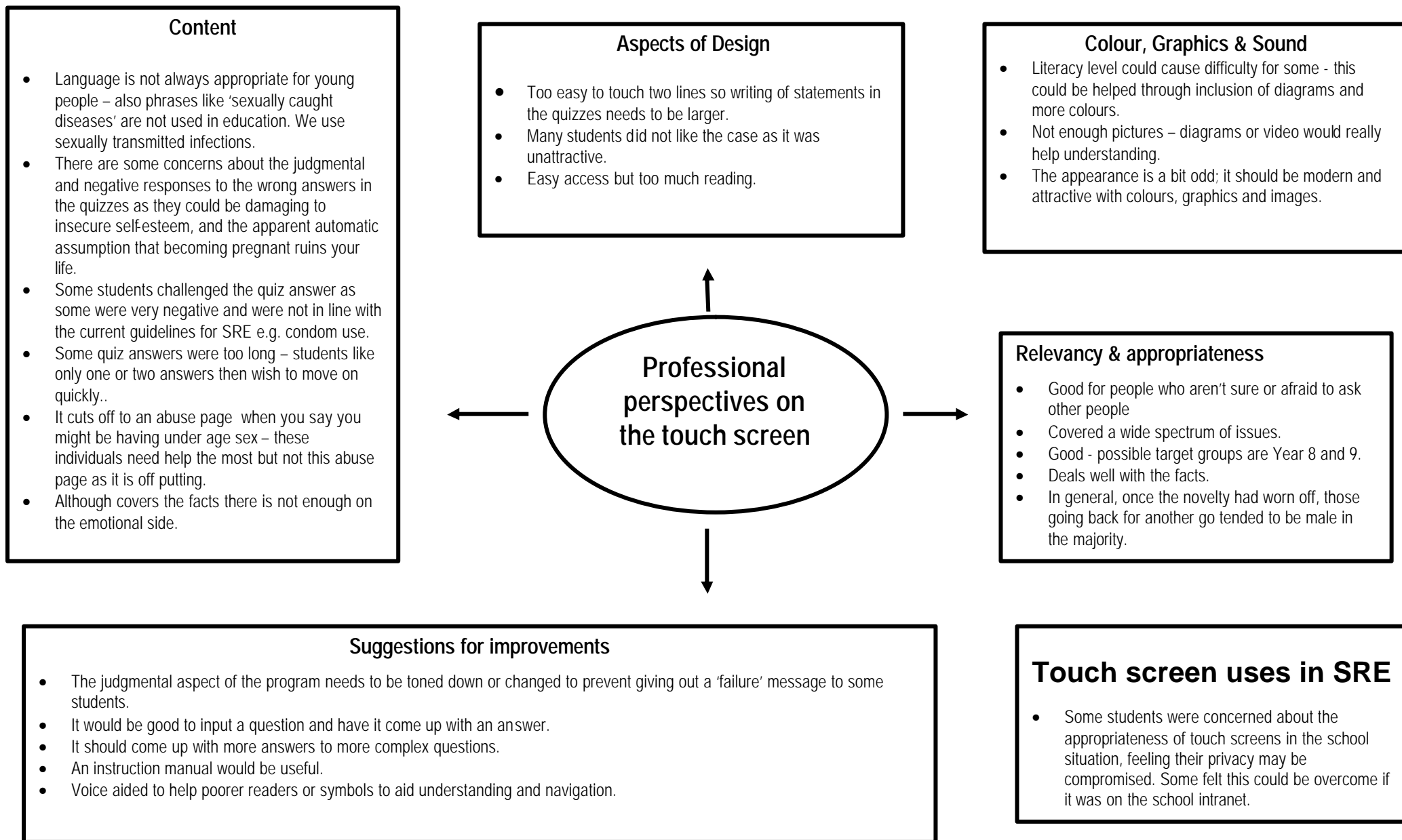
- I think the touch screens should be available in youth settings. This is because people do not take it seriously when they're with their mates!
- They should be out in classrooms to use if people have a problem and they want help about it.

Kiosk

- The kiosk would need changing to make it easier for people in wheelchairs.

Thank you

- Thank you for bringing it to our school and letting us try it out.
- Thank you Staffordshire University .



Discussion

The main aims of the project have been successfully completed. The first two aims were closely linked and involved working in a meaningful way with young people to understand the attitudes, values and understanding of young people in Barnsley with regard to their sexual health, relationships and parenthood at a young age. These objectives were met by working closely with the young person working group throughout the development of the touch screen and engaging with a larger number of young people during the evaluation of the three tools used in the project.

It is pleasing to note that, in addition to the development of the touch screen, the young person working group have benefited from their involvement in the project by increasing their knowledge and awareness of sexual health issues. This has empowered them in their own lives, as well as enabling them to share their knowledge with peers.

The third objective was to take this information and feed it into the development of a touch screen that would enable young people to make informed choices about risk-taking behaviour, in order to reduce rates of unplanned pregnancy and other adverse health consequences in Barnsley. This objective has been met as the attitudes and values of the young people involved in the project have been incorporated into the pilot product that focuses on sexual health, relationships and parenting. The input from the young people has been highly valued by the team and continues to influence further developments of the touch screen

The final stage of the project was for the touch screen to be evaluated with young people regarding their experience of using it, perceived usefulness, presentation and content. The evaluation was conducted with the pilot version of the touch screen in a local school and a youth setting by 73 young people. Their responses have been very encouraging and reflect a positive view of using the touch screen format for disseminating this type of health information. The touch screen was highly rated for innovation, useful content and ease of use. Suggestions for further improvements are currently being incorporated in the programme's final development. For example, language has been altered to make it more acceptable or where words were not understood, some of the responses have been toned down where had been perceived as too judgmental sounding, and counselling sections have been added to the relationships and parenting sections encouraging people to find appropriate support and help where needed.

Summary of Teamworker questionnaire data

General experience of using the touch screen

As could be expected, young people visited the topic areas they felt were most relevant to them, for example, the majority of participants who did not visit the pregnancy section were male. However all sections were visited by a percentage of both male and female participants. The most visited section of the programme was the 'relationship' section which was visited by 95% of the sample. This section had the highest visiting rate for both male and female participants, 83% and 100% respectively. The same number of male participants visited the sexually transmitted infection (STI) section, while the STI and pregnancy sections had the second highest percentage of female visitors (98%). Most of the female participants explored all the sections (96-100%) whereas the male figures for visiting different sections varied more, from 44 to 83%, visiting the pregnancy section least.

Males more likely to use the touch screen once and be more targeted in the sections they visited, whereas females tended to visit the touch screen a few times and explore more broadly across all the sections.

Perceived usefulness

This section of the evaluation examined how useful young people thought the touch screen was and how easy it was to use. When asked if they had learnt anything new, 47% of the young people said they learnt something new and 33% said that they had not learnt anything new but it had confirmed their current knowledge. 44% of the male participants said they had not learnt anything new which may have been due to their knowledge levels or their more limited exploration of the touch screen.

When asked where they thought the touch screen would be most useful in terms of age and setting the majority of the young people suggested that the touch screen would be most useful for high school aged students, and in any setting used by young people, including schools and youth centres.

Presentation and content

This section of the evaluation examined what young people thought about the look of the touch screen in terms of the information provided and how it was presented. The majority of the young people thought that the information was understandable and covered all of the relevant topics. There were some criticisms of the touch screen, such as wanting some more information for boys, but overall the touch screen was very well received.

Conclusions

There are many barriers to effective communication on sexual health with young people, including young people not identifying their own needs or risk levels, poor sources of information being accessed, or the perpetuation of myths among peer groups which confuse the situation further. The BITE touch screen aims to overcome some of these barriers by providing information and interactive quizzes on sexual health topics in a dedicated touch screen unit that provides the user with control over what they access, and a safe, confidential environment to investigate a subject area without adult involvement. The system also provides a "panic button" section at the beginning where information on emergency contraception and support are provided immediately. The touch screen provides an information pathway for each user and can be revisited when needed, allowing for continuing education as need changes. Its ease of use design means it can be accessed by people from most backgrounds including those who are unfamiliar with computers. The touch screen system offers a wide range of eHealth possibilities including the use of multiple health software on a single unit for different users and the potential developments of new software to provide health information for different settings or hard to reach groups.

The positive response from young people in the evaluation of the touch screen has confirmed the value of such a project and the potential uses of the programme. The touch screens could be successfully used if they were accessible to all young people, especially those in socially disadvantaged or hard to reach groups. The touch screen has the potential to provide information on a multitude of topics in many settings including GP surgeries and youth centres in a way that will provide anonymity and freedom from embarrassment. GPs who have a touch screen in their surgery waiting room may find that they rise in the estimation of their teenage population as teenagers will be accessing information in a way that is acceptable to them, enabling them to use primary care services more effectively.

The touch screens could also be available to all schools and colleges where they may help to free up time for hard pressed teachers. We believe that this innovative way of educating teenagers will save time for teachers who are often confronted with a group of young people with vastly differing knowledge of sexual health. It will encourage young people to understand the risks of unprotected sex and adverse lifestyles. They will also be able to make informed choices about methods of contraception, including emergency contraception.

Where Next?

After the pilot touch screen evaluation was completed, further work was done to finalise the sexual health and relationships software. The outcome of the evaluation, and additional feedback which has been received at other conferences or showcases, has helped to shape the pilot version into the current version 1. This version is now available to buy through MEDCAL Ltd who will sell the software with its touch screen kiosk hardware (Please see appendix 7 for details). MEDCAL has a marketing agreement with Touchscreen Ltd who sell MEDCAL's touch screen products in the UK. They can be contacted at:

Touchscreen Ltd

63 Market Street
Hoyland
Barnsley
S74 0ET

Tel: 08717 200400
Fax: 08717 200444
Email: kathy@touchscreenltd.co.uk
Email: rob@touchscreenltd.co.uk

Future developments

MEDCAL has plans to further develop the system to include sections on drugs, alcohol and healthy living. An on-going program of updating the factual information in the software is also planned.

The software for sexual health and contraception is just one of a series of modules. A cardiovascular risk profile programme has already won national acclaim. MEDCAL is working in collaboration with the NHS on a mental health module and in other areas.

Learning and recommendations from the project

Working with young people

In order to increase our understanding of teenagers it is essential to work with young people within this key age group. Although user involvement projects are more costly in terms of time, staff and support, there is no other way of obtaining meaningful input from young people or evaluating the impact of educational tools on this age group.

One major lesson learnt in this project was that there is a subtle boundary between education and entertainment and great care must be taken to prevent entertainment becoming the dominant part, at the cost of losing educational value. The working group would often have wonderful ideas of how a section could look or behave, but found it difficult to take on board the difficulties of converting ideas into a practical IT solution. It is important to get the balance right so that young people are engaged by the programme but not at the cost of vital health information being missed. One of the benefits of the project was that the programmers worked closely with the project worker and working group so they were able to meet and discuss the possible solutions directly with the young people. This enabled them to produce a version that largely satisfied all those involved.

Technology limitations and future developments

The use of touch screen technology is in the very early stages, but promises to offer a new and effective way of engaging the user and thus increasing their understanding of their health choices. The use of interactive touch screen education gives choices at the touch of a finger using natural abilities and allows concentration on the message rather than the technology. This focused attention increases commitment to the process and maximises the education and recall. Where possible we used sound reinforcement to improve the effectiveness, but the use of sound has been limited in order to maintain confidentiality. Improvements in touch screen programming techniques should further improve the use of the technology.

Dissemination & the media

Events

- Sept 2002 Project launched at a conference in Barnsley
- June 2003 Presentation of project at Barnsley research day
- Oct 2003 Getting it Right conference in Derby
- Dec 2003 Presented to the Adolescent Task Group of the RCGP
- Jan 2004 Project dissemination event, Barnsley
- Feb 2004 SIAM CARE 3rd International conference on sexual and reproductive health care, Chiang Mai, Thailand
- March 2004 Teenage pregnancy conference, Staffordshire University, Stafford

Media

(Articles available on the website www.connectyorkshire.org)

July 2003 GP magazine article



Lead by example Barnsley GP Dr Kathy Phipps is pictured with a touchscreen sexual health computer being tested in a local school. Pupils aged between 13 and 14 have organised access to the device, which gives GP-written advice on sexual health and contraception.

Sept 2003 GP magazine article

Using IT to reduce teenage pregnancies

With reports of a rise in STIs reaching crisis point, Dr Kathy Phipps describes a timely, effective electronic tool for teenagers

The UK has the highest rate of teenage pregnancies in western Europe. Unplanned pregnancy limits teenagers' access to education, blighting their career prospects. The rate of STIs in young people, particularly women, is on the increase.

The Teenage Pregnancy Unit was set up by the government to halve levels of pregnancy in the under-18s by 2010, and the primary-care-led 'Sexual Health Strategy' aims to reduce transmission of STIs and educate patients about sexual health.

I was involved in the preparation of a tool that, it is hoped, will help achieve these aims.

The BITE project
Barnsley Interactive Teenage Education (BITE) is a collaborative research project between Staffordshire University and Barnsley PCT — Barnsley and Stoke having higher than average teenage pregnancy rates

The UK has the highest rate of teenage pregnancies in western Europe. Unplanned pregnancy limits teenagers' access to education, blighting their career prospects. The rate of STIs in young people, particularly women, is on the increase.

The Teenage Pregnancy Unit was set up by the government to halve levels of pregnancy in the under-18s by 2010, and the primary-care-led 'Sexual Health Strategy' aims to reduce transmission of STIs and educate patients about sexual health.

I was involved in the preparation of a tool that, it is hoped, will help achieve these aims.

The BITE project
Barnsley Interactive Teenage Education (BITE) is a collaborative research project between Staffordshire University and Barnsley PCT — Barnsley and Stoke having higher than average teenage pregnancy rates

BITE has developed a touchscreen sexual health computer to enable teenagers to make informed choices about taking risks from their sexual behaviour, thereby reducing rates of unplanned pregnancy and sexually transmitted infection.

Using young people's views in the design of the system was

intended to enhance young user involvement. A focus group of young people in Barnsley was consulted about the content, and it is now being evaluated in local schools. The touchscreen will be placed in schools and GP surgeries — and maybe supermarkets and cinemas.

Proving popular
Initial findings show that the scheme is popular with young people. They do not feel judged, and their confidentiality cannot be breached by using the touchscreen.

The screen is simple to use. It interacts with the user at their own level and adjusts to their personal circumstances. It gives information related to the user's own situation and allows them to control the education for maximum recall. It eliminates myths and reduces the need for trained educators. It is aimed at people between 12 and 20 years old. Information is given in the form of a series of quizzes on subjects such as methods of contraception, STIs, pregnancy and relationships, all written and edited by GPs.

The system will encourage young people to understand the risks of unprotected sex. They will be able to make informed choices about contraception. It is also hoped that reducing the rate of teenage pregnancy will reduce socio-economic disadvantage: a cause and consequence of teenage parenthood.

By allowing teenagers to access information in a way that is acceptable to them, GPs may find that they rise in the estimation of their teenage population. Who knows, they may even use primary care services more effectively.

● Dr Phipps is a GP in Barnsley, South Yorkshire

Details

- Teenage sexual health risk and education tutors.
- Available from www.medcal.co.uk, or e-mail sales@medcal.co.uk.
- Cost: approximately £3,200.
- Available from October.

Dr Kathy Phipps: 'Young people do not feel judged by the touchscreen'

Awards

- UK Medical IT Awards 2003 (Finalist)
- UK Medical Innovations Awards 2003 (Finalist)

Taken from <http://www.medicalfutures.co.uk>



Finalist in the 2003 Medical Futures Innovation Awards

Barnsley Interactive Teenage Education (BITE)

Name : Peter Tyerman, Aged : 45

Occupation : General Practitioner

The Barnsley Interactive Teenage Education (BITE) system is an interactive computer system which engages teenagers by breaking down traditional barriers and in particular helps education for the prevention of sexually transmitted diseases and high teenage pregnancy rates.

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Social Exclusion Unit (SEU) (1999). *Teenage pregnancy: Report by the Social Exclusion Unit*. London: The Stationery Office.

Barnsley Health Authority (2001, October). *Teenage pregnancy strategy for Barnsley, South Yorkshire 2001-2010*. (Report to Teenage Pregnancy Unit)

House of Commons Health Committee. (2003) Sexual Health – Third Report of Session 2002-03 Volume 1 HC 69-1 London. The Stationary Office.

Office for National Statistics (ONS) (2001). *VS Conceptions 1998 and 1999*. Vital Statistics Output Branch. ONS.

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Teenage Pregnancy Unit (TPU) (2001). *A guide to involving young people in teenage pregnancy work*. Department of Health.

Teenage Pregnancy Unit (TPU) (2000). *Research to inform the national media campaign*. Department of Health.

13th August 2002

Dear Parent/Guardian,

Re: Connecting with Young People Project - Developing a Touch Screen Computer

Over the last few years there has been great concern about the level of teenage pregnancies, and adverse health choices, in young people in Barnsley, which has some of the highest figures in the country. There are many activities and services in place to help this situation and we are writing to you about one of them.

The Connecting with Young People Project is a joint venture between Staffordshire University and Barnsley Primary Care Trust. The project aims to develop a touch screen computer to help educate and inform young people about contraception and sexual health.

Your child has expressed an interest in taking part in this project to a youth worker so we are writing to tell you more about it. Attached to this letter is a sheet with the suggested dates and time for workshops, with details of what we will be doing. Your child has also been given a consent form that has a section for you to sign, if you are happy for them to take part. It is important that you, and your child, sign this form, as we need your child to bring the signed consent form to the first workshop. If you have any questions please bring the form to the workshop and talk to the project staff before signing it.

We would like to invite you to attend the first hour of the first workshop with your child so we can tell you more about the project. You'll also be able to meet the people your child will be working with.

FIRST WORKSHOP

Date: Wednesday, 20th August

Time: 1-5pm (1-2pm for parent/guardian)

Place: Dearne Enterprise Centre in Goldthorpe

If you have any questions you can contact Kathy at her GP surgery on 01709 763400 or Ceri on 07786 567706. We look forward to seeing you at the first workshop and working with you.

Best wishes,

Dr Kathy Phipps Ceri Hodgson
Barnsley Project Lead Project Worker

On behalf of the project team

13th August 2002

Dear

Re: Connecting with Young People Project - Developing a touch screen computer in Barnsley

Project Aim: to develop a touch screen computer to help educate and inform young people about contraception and sexual health.

Thank you for expressing an interest in taking part in this new and exciting project in Barnsley. Attached to this letter is a sheet with the suggested dates for us to meet with some information about what we will be doing. Don't worry if you can't make all these dates, as we will be talking about when to meet at the first workshop. We will also tell you more about the project, and you'll meet the people you will be working with. We would like to invite your parent/guardian along to the first hour so they can hear about the project too so please give them the letter which is enclosed.

FIRST WORKSHOP

Date: Wednesday, 20th August

Time: 1-5pm

Place: Dearne Enterprise Centre in Goldthorpe

Consent form

We need to have it in writing that you, and your parent/guardian, are happy for you to take part in this project, even if you are over 16. There is a consent form enclosed for you to sign and then give to your parent/guardian for signing. It is important that you all sign this form, as we need you to bring the signed consent form to the first workshop. If you have any questions please bring the form to the workshop and talk to the project staff before signing it.

Well that's it for now. If you have any questions you can contact Kathy at her GP surgery on 01709 763400 or Ceri on 07786 567706. We look forward to seeing you at the first workshop and working with you.

Best wishes,

Dr Kathy Phipps Ceri Hodgson
Barnsley Project lead Project Worker

On behalf of the project team

CONSENT FORM FOR BARNSELEY TOUCH SCREEN PROJECT

I have read the project information and understand that the sessions will be video recorded. These tapes will be viewed only by the project team, stored in a locked cupboard at the GP surgery throughout the project, and will be destroyed at the end of the project.

Young Person Section:

No. I am not willing to take part in the project.

Yes. I want to take part in the Barnsley Touch Screen Project

Young person
signature:.....

Date:.....

Parent Section:

No. I am not happy for my child to take part in the project.

Yes. I am happy for my child to take part in the project

Child's

Name:.....

Child's

Age:.....

Parent/Guardian's name:.....

Home Address:.....

.....

Postcode:.....

Contact telephone

(home):.....

Parent/Guardian signature:.....

Date:.....

Touch Screen Evaluation Measures

Demographics

1. Age
2. Sex (will enter school name into the database manually afterwards)

General experience and areas visited

3. How much did you enjoy using the touch screen?

- a) Not very much
- b) It was OK
- c) Very Much

4. How many times did you go on the touch screen?

- a) Just once
- b) A few times (2-3)
- c) A lot (4 or more times)

5-9. Did you explore the following section and quiz: (to be done as a separate question for each section)

- a) Yes
 - b) No
- Contraception section
 - STIs section
 - Parenting section
 - Relationships section
 - Pregnancy section

Usefulness

10. Do you think it is a good method of learning this information?

- a) Yes
- b) No

11. Did you find it easy to use?

- a) Yes
- b) No
- c) Some of it

12. If it was generally available in the school, would you go back and use it?

- a) Yes
- b) Maybe
- c) No

13. Did you learn anything new using the touch screen?

- a) Yes
- b) No
- c) No, but it confirmed what I already knew

14. Which age group do you think should be able to use the touch screen programme?

- a) 11-13 years old
- b) 14-16 years old
- c) All students at high school (both of the above)

15. Which age group do you think it would be most useful for?

- a) 11-13 years old
- b) 14-16 years old
- c) All students at high school (both of the above)

16. Where do you think the touch screen would be most useful?

- a) In school
- b) In youth settings
- c) All of the above

17. How do you think young people would like to use the touch screen?

- a) On their own
- b) In small groups
- c) Both

Content

18. Did you find the information understandable?

- a) Yes
- b) No
- c) Most of it

19. Do you think it covered all the relevant topics?

- a) Yes
- b) No

20. Do you think there was enough information for boys?

- a) Yes
- b) No

21. Do you think there was enough information for girls?

- a) Yes
- b) No

22. Did you feel more knowledgeable after using the touch screen?

- a) Yes
- b) A bit
- c) No

Presentation

23. Did you like the look of the touch screen?

- a) Yes
- b) No
- c) Some of it

24. How clear did you find the instructions of how to use it?

- a) Very clear
- b) Ok
- c) Not very clear

25. How would you rate the touch screen?

- a) excellent
- b) very good
- c) quite good but needs a bit more work
- d) not very good

Comments sheet to be given out for completion on desk.

Touch Screen Comments Sheet

Please use this sheet to write down your comments about the touch screen.
You can write as much or as little as you want.

1. What was your favourite part of the touch screen?

.....

.....

.....

2. Was there any part of the touch screen that you didn't like?

.....

.....

.....

3. Are there any ways you think the touch screen could be improved?

.....

.....

.....

4. Any other comments you would like to make?

.....

.....

.....

Thank you for taking part in the touch screen project!

Team profiles

Katherine Ryan (Project Manager)

Katherine is a senior research fellow and lecturer at Staffordshire University and project manager of the Connecting with Young People projects in South Staffordshire and South Yorkshire. Katherine's early career was in clinical psychology when she worked for Trecare NHS Trust providing a clinical service to children and adults in the fields of learning disabilities and mental health problems (1993-1997). She has worked in research since completing an MSc in Psychological Research Methods in 1997. Research interests include the influence of parents and the family system on children's development, the use of psychological techniques with terminally ill patients, user/patient involvement, adolescent sexual health, and teenage pregnancy. From August 2004 Katherine will be taking up a new post at the Cancer Care Research Centre, Stirling University, Scotland.

Dr. Kathy Phipps (Barnsley Lead)

Kathy Phipps has been a GP in Barnsley for 11 years. She is a trainer and PC tutor. She has been a PCT representative on the Teenage Pregnancy and Parenting Advisory Group for 5 years. As Barnsley lead for the BITE project she has coordinated steering group meetings, kept Barnsley PCT in touch and persuaded them to provide more support for the project!

Dr. Peter Tyerman (MEDCAL Director)

Peter Tyerman has been a GP in Barnsley for 20 years. He has had a special interest in primary care IT for 15 years and in chronic heart disease (CHD) prevention for 10 years. He formed MEDCAL (Medical Education Developed by Computer Aided Learning) with his wife and Matthew Nicholson in 1997 to promote computer based medical education with particular emphasis on the doctor/patient interface. MEDCAL is a tool for the development of the interactive patient education systems. Their touch screen programme on chronic heart disease won Best Publicly Accessible Health-related Information Systems at the Health Care Effectiveness Awards in 2002. MEDCAL are currently working on the distribution of the BITE interactive teenage sex education program and have a blood pressure monitoring system in development.

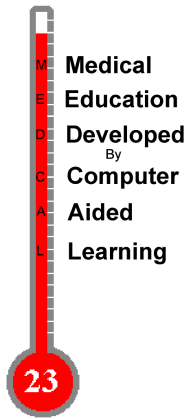
Matthew Nicholson (MEDCAL Director and programme developer)

Matthew Nicholson is a computer professional specializing in enabling people to understand and improve their health. He was the main developer of the software on the BITE project and worked closely with all involved. Matthew is a director of MEDCAL and has worked closely with Dr Peter Tyerman for 14 years developing software to affect changes in lifestyle, especially to reduce risks of chronic heart disease (CHD).

Ceri Hodgson (Project Youth Worker)

Ceri Hodgson has a long history of voluntary youth work and previously worked for Barnsley Youth Service as a youth forum support worker. She currently works for the Wakefield Young Peoples Service as a full time youth worker. Her work involves developing links with young people in youth club sessions and community outreach. Part of this work is done in partnership with local secondary schools, and includes working with young people who are unlikely to sit any exams and may leave school with low aspirations and self-esteem.

Whilst working for Wakefield YP Service and the BITE project, Ceri has also been working for her post-graduate qualification in youth and community work which she will graduate with later this year.



MEDCAL LTD

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Cote Lane
Thurgoland
Sheffield
S35 7AE
0114 2887264
Sales@medcal.co.uk
www.medcal.co.uk

Touch Screen Kiosk - enquiry form

Contact Name	
Organisation	
Address
Post code	
Email address	
Phone number	
Subject (<u>tick</u>)	CHD risk assessment(<input type="checkbox"/>) Sex Education (<input type="checkbox"/>) Contract points (<input type="checkbox"/>) Blood pressure (<input type="checkbox"/>)
Proposed location (<u>tick</u>)	Surgery waiting room (<input type="checkbox"/>) Hospital waiting room (<input type="checkbox"/>) NHS walk in centre (<input type="checkbox"/>) School (<input type="checkbox"/>) College (<input type="checkbox"/>) University (<input type="checkbox"/>) Youth centre (<input type="checkbox"/>) Community Centre (<input type="checkbox"/>) Advice centre (<input type="checkbox"/>)
Number of kiosks proposed	