



# Understanding the effects of the Speakeasy course – a control group comparison

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# Report Summary

Sixteen parents from who had not attended a Speakeasy course were interviewed about their attitudes and behaviours concerning the sexual health education of their children. This sample provided a pseudo, non-randomly selected or allocated control group from which to make comparisons with parents from a similar socio-demographic background who had taken the Speakeasy course. The control sample was exclusively from Bradford and, where possible, direct comparisons are made with those who participated in the Bradford Speakeasy course. This report delivers the findings from the interviews with the control group sample.

## Background

The Speakeasy course is a community-based educational programme. The overarching aim of the course is to support and encourage parents to communicate with their children about sex, sexual health and relationships.

A number of evaluations have shown that parents who attend the course feel that it has provided them with knowledge, confidence and an ability to communicate more openly with their children about sex, sexual health and relationships. However, there has been no attempt to understand the attitudes and behaviours of those who have not attended the course to see if, and how, they differ.

By examining a control group of parents from the Bradford area who did not take part in a Speakeasy course but were from a demographically similar background as a sample who took part in a Bradford Speakeasy evaluation, illustrative comparisons of behaviour and attitudes can be made.

## Objectives

This report examines the attitudes and behaviours of a control group and compares them with the attitudes and behaviours of parents who successfully completed the Speakeasy course. The specific aims of the research are as follows:

- 1. A quantitative examination of control group scores on questions from the standardised Speakeasy course monitoring forms – to indicate similarities or differences between the control sample and the course sample, and further evidence of the effectiveness of Speakeasy.**
- 2. A qualitative exploration of control group attitudes and behaviour in relation to the Speakeasy aims for parents – and comparison to those from the Speakeasy sample.**

## Results

### Quantitative results

The quantitative component measured parents' self rated scores in relation to statements concerning communication with children about sex, sexual health and relationships. Data were derived from the standard pre- and post-course evaluation forms (Appendix A). These results served two purposes:

1. They allow us to assess the control group's similarity to a representative sample of Speakeasy parents. This is achieved by comparing the control group's findings to those provided by the course participants who completed the same measure *before* the course.

The results showed that, broadly, the groups rated themselves similarly in relation to their confidence and knowledge about sexual health issues. There were some differences between the groups for positive attitudes towards openness and ability to talk to children, with the control group consistently scoring lower. This is understandable considering that the Speakeasy sample had demonstrated an interest in openness and communication with their children through their intention to complete the course.

2. They allow us to see the difference between the control group scores and the *after* course scores provided by the Speakeasy sample. By comparing these findings from those who haven't done the course, to those that have, further evidence about the effectiveness of the Speakeasy course can be made.

Overall, it was clear that the control group scores were similar to the pre-course scores among the Speakeasy sample, but were in contrast to the post-course scores. This affirms two important findings:

- Given that the control sample was purposively selected to be demographically similar to the Bradford Speakeasy sample, and responded similarly to the representative course sample in key areas of knowledge and confidence, comparisons between the samples can be made with some confidence.
- The difference between the control group scores and those from the parents after they had completed the course demonstrates further that the Speakeasy course had effectively achieved its aims.

### Qualitative results

There was considerable variation within the control group in relation to knowledge, attitudes and behaviours concerning their children's sex education.

Whilst some control parents felt confident with their level of knowledge others revealed that they felt they had inadequate levels of knowledge to be able to talk confidently to their children. Of these parents some felt unsure as to how they would access further knowledge. Nearly all of the control parents believed they had primary responsibility for their children's sexual education though. However, some of the parents did not feel they needed to improve their knowledge and that their

children could access knowledge from other sources. Many of the parents reported that they had not had discussions with their children about sex but assumed that their children knew about certain topics. Nearly all of the parents were unaware of the sexual education their children would receive at schools.

Some parents reported that they were open with their children when discussing sex and sexual health. Of those who reported that they were open with their children the majority of reported discussions were reactive in nature (e.g. answering questions from children), there were few examples to suggest that parents were proactively raising topics. A few parents reported that they had never discussed sex and sexual health with their children and where discussions had occurred many of the sample reported that they were uncomfortable during them. Some parents suggested that they tried to avoid conversations with their children. A few parents reported that they were trying to protect their child's innocence by avoiding sexual health discussions. Nearly all of the parents reported that they would like their children to be open with them about everything. Nevertheless, some of these parents behaviour did not encourage children to be open about sex and relationships. Some of the reported behaviour of children suggested that they had learnt that discussing sexual health matters openly in their family was not acceptable.

Several parents reported that they were very confident talking to their children about sex and relationships. However, the majority of the control reported that they were not confident, often because they felt unsure how they should answer their children and what level of information they should provide. Some parents minimised or avoided certain questions and situations because they felt unsure how to approach conversations with their children. Parents' confidence varied with the gender of their children, nearly all of the parents felt more confident talking to their female children. Most of the parents reported that their partners or husbands would not be prepared to take responsibility for their children's sex education.

Finally, the qualitative investigation looked at some of the reasons why parents would or would not attend the Speakeasy course. Some of the parents who held an ideal of being open with their children, but whose behaviour did not encourage openness, did not consider that the course could be beneficial to them. Of those who felt the course would benefit them there was some confusion about when they should attend the course. Nearly all of the parents felt that the OCN accreditation would not encourage them to attend the course but would be an added benefit of attendance.

Throughout the report comparisons between the control sample and Speakeasy parent samples are made. These highlight some of the key differences in attitudes and behaviours found between some members of the groups and are as follows:

- **How much does your child know?** How parents establish an understanding of their child's knowledge.
- **What sex education do schools provide?** Parental knowledge of school sex education policy.
- **What are your conversations like?** How open and relaxed conversations about sex and sexual health are within families.
- **How open do you think your children are?** Qualitative differences in parents' evaluations of their child's openness.

- **When do you talk to children about puberty and sex?** Parents' judgements on age appropriateness of sexual health material.
- **How confident are you?** Parents' confidence in discussing sexual health matters.
- **How do you communicate with them?** Approaching discussions of sexual health.
- **Why attend a Speakeasy course?** Reasons to attend a Speakeasy course.

## Conclusion

Working from the assumption that the sample formed a valid control group and that useful comparisons can be drawn between the control and the samples from previous Speakeasy evaluation, there is a great deal of evidence to suggest differences in the sample's attitudes and behaviours. These attitudes and behaviours could be detrimental to their children's sexual knowledge, attitudes and behaviours and thus provide further support for the positive impacts of the Speakeasy course.

# Chapter 1. Introduction

## 1.1 Background

The Speakeasy course was first run in England in 2002. The course offers an inclusive non-threatening group based opportunity for parents to gain the knowledge, skills and confidence they need to enable them to communicate with their children about sex and sexual health. The course is structured in seven weekly sessions which are flexible and relaxed. Parents are encouraged to gain greater confidence when talking about issues which are often considered taboo or embarrassing. The Speakeasy course is registered for accreditation with the Open College Network (OCN). For parents who wish to do so, the course and the portfolio work arising from it can be used to gain OCN credits at level one or two.

A variety of teaching methods are employed on the course including; collage, role play, games and written work. Each session lasts approximately two hours and the course typically follows the structure shown in Table One.

Week	Topics
Taster Session	How we learn. What children need. Course outline. OCN accreditation.
Week One	Hopes, fears, expectations, group agreement, language and the words we know, pre course evaluation.
Week Two	Naming body parts. Physical and emotional changes during puberty
Week Three	Needs of children at different stages of their life. Age-appropriate information learning opportunities with children
Week Four	Collage exercises on stereotypes and media pressures and how to deal with them. Communication role play.
Week Five	Methods of contraception. Information on Sexually Transmitted Infections
Week Six	Sex and Relationships Education (SRE) policy. Useful resources
Week Seven	Safe from harm. Child safety. Review and completion of portfolio. Post course evaluation.

**Table 1. Speakeasy course outline.**

Speakeasy is targeted in areas of multiple deprivation and where high teenage pregnancy rates occur. Previous analysis of the demographics of people who have attended a Speakeasy course (Coleman, Cater, Ramm and Sherriff 2007) show that:

95% of the people who attend Speakeasy courses are female

71% of people on the course classify themselves as 'White British'

The largest other self classified ethnic groups attending the course are:

3% 'White other'

3% 'Black or Black British-Caribbean'

3% 'Black or Black British-African'.

12% of those attending the course are in full-time work

27% are employed part-time

29% are registered unemployed

32% are unwaged and not seeking work.

For 17.7% of attendees, the Speakeasy programme was their first course since leaving school.

10% of Speakeasy attendees did not consider themselves able-bodied.

The overarching aim of the Speakeasy course is to support and encourage parents to communicate with their children about sex, sexual health, and relationships. In addition, four specific aims for parents are stated:

- Increase confidence and communication skills with children.
- Help parents show a more positive and open approach to discussions of sex, sexuality and sexual health.
- Increase parents' factual knowledge around sex and sexual health.
- Provide a step towards further learning or professional development for excluded groups of parents.

## Results of previous research

Recent large scale evaluations of the Speakeasy programme (Coleman, Cater, Ramm and Sherriff 2007; Coleman and Ramm 2008) focused on how well the Speakeasy aims for parents were being achieved. These reports are available from the fpa.

The 2007 report presents the most recent evidence of quantitative data (due to be updated in 2009). The results of this part of the evaluation suggested that the Speakeasy course was achieving its aims for parents. Quantitative analysis of pre and post course questionnaires filled in by Speakeasy attendees showed that self-rated scores for the key aims had increased after attending the course. Parents were asked to rate themselves on a five point likert scale, (1 being a low score, 5 being high). The results are briefly summarised as follows:

1. Before the course, parents rated their **confidence** at a score of 2.99. After the course the average score was 4.40. This shows an increase of 1.41 points, or a 47.0% increase.
2. Prior to the course the overall **knowledge** score - which included the topics of puberty, contraception, sexually transmitted infections (STIs) and keeping safe - was 3.07. This increased to 4.47 after the course, showing an average increase of 1.40 points or 45.6%. The most dramatic increase in knowledge score was for STIs, where parents rated their knowledge at 2.59 prior to the course and 4.33 after the course which relates to a 67.2% increase in score.
3. Before the course 60.9% of parents, 'agreed strongly' or, 'agreed' with the statement, 'I feel able to **talk to my children openly** about sex'. This increased to 95.5% of parents after the course, showing an additional 34.6% of parents who, 'agreed' or 'strongly agreed' with the statement as a result of attending the course.
4. There was a slight increase in **interest in further education** amongst Speakeasy attendees. Prior to the course 67.7% of people, 'strongly agreed' or, 'agreed' that they were interested in returning to education. After the course this figure rose to 73%, an increase of 5.4%

The Coleman and Ramm 2008 report presented qualitative findings from a longitudinal cohort of parents interviewed on four occasions (annually) since taking the course. Four years on from the course people were still confident and able to use their knowledge with their children. The innovative findings from the 2008 evaluation suggested that; parents were increasingly able to use their learning as their children grew older, parents were proactive in the provision of information, continued to use the materials from the course, were increasingly aware of how to link information they provided with sex education provided at schools and engaged their children in discussions about their sexual behaviour in the present and their possible behaviour in the future. It is the intention to contact this same cohort of parents for a fifth time later in 2009.

The longitudinal qualitative evaluation also uncovered some novel findings which were not the main focus of the report. Some of the most significant findings were that; parents observed a significant change in their children's attitudes, parents reported a growing confidence in children and reported that there were more frequent and open discussions about sex, and many parents felt that their parent-child relationship had changed as a result of the Speakeasy course. In addition to this many parents also reported that the Speakeasy course had not only affected them but also had far reaching consequences. Parents often reported that their spouses and friends looked to them for advice, their children were passing information to their friends and that they were increasingly aware of their school's Sex and Relationships Education (SRE) policy.

A separate piece of evaluation work in Birmingham made these novel findings its focus (Ramm and Coleman 2008a) concentrating on the widening effects of the Speakeasy course and the changing relationship between parent and child. This evaluation focused on the effects of Speakeasy on the parent-child dyad and the widening effects of Speakeasy both within the family and in the wider community. This was the first evaluation to elicit the views of the young people of those who attended the course. The findings confirmed the positive evaluation results of previous work and the views of the young people added weight to the positive claims made by parents who attended the course.

Further work (Ramm and Coleman 2008b) in Bradford confirmed and further explored the novel findings of the previous evaluation. The results showed that parents' increase in confidence was not limited to areas covered by the course. Parents frequently talked of a feeling of empowerment due to the successful participation and completion of the course and there was evidence to suggest that for some parents this may have had a positive impact in their lives. There was good evidence to show that parents' learning was being used in a wider circle of family and friends, parents recalled times when they had been able to pass on advice to friends, neighbours and acquaintances. Some parents reported that they had been in suitable situations to pass information on directly to children who were not their own. Parents reported that it was difficult to engage males in the course or the sex education of children. There was some indication that a lack of a male perspective with which to understand their male children motivated some parents to attend the course. Parents talked of a changing relationship with their children and some observed positive changes in their children which they felt were attributable to the Speakeasy course.

## Use of the control group

As shown by these findings there is an extensive body of evidence which has arisen from research conducted with parents who have attended a Speakeasy course. However, the experiences of people who have not taken part in a Speakeasy course have not been considered.

Control groups are often used in social research as a way of identifying the effects of a certain variable, in this case the variable would be the Speakeasy course. In the ideal control group design two groups of participants from similar backgrounds would be randomly assigned to one of two conditions – the experimental condition and the control. The experimental group would then receive an intervention whilst the control group would receive none, or a placebo intervention such as a non-related course. These groups – the experimental and the control – could then be tested both before, when it would be assumed that the results would be identical, and after, when any effects of the independent variable (the Speakeasy course) could be measured.

Given that very recent Speakeasy evaluation work has looked at the experiences of a group of participants who took part in a Speakeasy course in Bradford (Ramm and Coleman 2008b) a pseudo, or non-randomly selected or allocated control of participants from the same areas and from the same demographic background as those who took part in the previous evaluation could be viewed as an ecologically valid group with which to make comparisons.

By comparing the control group with a group of parents who had completed the course it is possible to see if there are any qualitative differences in their attitudes and behaviours. To illustrate further, though the Speakeasy evaluations have been very positive to date none of the people who have been interviewed were spoken to prior to their attendance on the course. This means that we have no qualitative baseline understanding of their attitudes and behaviours before the intervention which makes it difficult to detect any change in them due to the course.

## 1.2 Aims and objectives of the current research

There is a good body of evidence to suggest the positive impacts of the Speakeasy course. However, there has been no attempt to examine the attitudes and behaviours of people who have not attended a Speakeasy course. By examining the perspectives of a pseudo, non-randomly selected or allocated control group of people from a demographically similar background to the Bradford Speakeasy sample (Ramm and Coleman 2008b) quantitative and qualitative differences in the attitudes and behaviours of people who have, and have not, attended a Speakeasy course can be examined. This will provide an innovative extension to the evaluation work.

The aims of the research are to perform:

**1. A quantitative examination of control group scores on questions from the standardised Speakeasy course monitoring forms – to indicate similarities or differences between the control sample and the course sample, and further evidence of the effectiveness of Speakeasy.**

The control group scores are compared with the pre-course scores of people who attended the Speakeasy course. The attendees' scores are drawn from findings of the recent large scale Speakeasy research (Coleman, Cater, Ramm & Sherriff 2007). By examining the control scores self-reported knowledge and confidence levels can be established and the group's similarity to the representative sample used in large scale Speakeasy research can be assessed.

Also, by comparing these findings from those who haven't done the course, to those that have, further evidence about the effectiveness of the Speakeasy course can be made.

## **2. A qualitative exploration of control group attitudes and behaviour in relation to the Speakeasy aims for parents – and comparison to those from the Speakeasy sample.**

The control group's attitudes and behaviours are explored through semi structured interviews and illustrative comparisons with parents who have attended a Speakeasy course are made.

## Chapter 2. Method

### 2.1 Research Design

#### **Quantitative**

For the quantitative component participants were asked to provide self ratings on a five-point likert scale in response to a number of questions from the standardised Speakeasy pre and post course monitoring forms (see Appendix A).

#### **Qualitative**

The qualitative research design was informed by Kvale's (1996) suggested stages of designing and implementing interview studies. These guidelines provide detail on thematizing, designing, interviewing, transcribing, analyzing, verifying and reporting of interview based research.

An 'Interview guide approach' (Patton 1990) was adopted. In this design the interviewer has a schedule of questions (see Appendix C) or areas which will be covered during the interview but is not restricted by wording or orders of questions. The interviewer is also free to probe with further questions where any interesting data are suggested. The structure of the 'Interview guide approach' allows for a systematic and comprehensive evaluation to be made whilst also embracing areas which may not be covered by predetermined questions thus allowing a more thorough and ecologically valid exploration.

Participants were recruited by a practitioner external to TSA who contacted potential participants through two community settings in Bradford to request their informed consent and to arrange a time for interview. When participants arrived for interview the researcher read through a list of Participant Information (Appendix B) with them prior to gaining informed consent for interview.

All interviews were conducted in person and took place in a private room. The room was set up with flexible seating so that participants could choose to sit wherever they preferred in relation to the interviewer.

Participants were informed of the reason for the research and that the interview would take approximately 20 to 25 minutes to complete. Participants were also asked for their consent for an audio recording of the interview to be made. All participants were assured that the interviewer would be the only person to listen to the recording, that no other person would have access to it and that it would be deleted when the interview had been transcribed.

At the end of the interview participants were given the opportunity to provide spontaneous feedback on the interview and were asked if they had any questions to raise.

## 2.2 Sample

The sample was purposively selected to be similar in demographic background to the sample used for the Bradford Speakeasy evaluation (Ramm and Coleman 2008b). Practitioners recruited parents from the same locality and through the same local community centres as parents who formed the previous Bradford Speakeasy sample. None of the parents in the sample had completed or partially attended a Speakeasy course or knew about the content and structure of the course (other than what they were told on the day of interview). All of the parents in the sample were female as were all of the Bradford evaluation sample (Ramm and Coleman 2008b) and as such this was acceptable.

Sixteen interviews were conducted. Most of the interviews were conducted with one participant present but three groups of participants were interviewed together at their request.

## 2.3 Data analysis

### **Quantitative**

The quantitative data was coded and recorded into the Statistical Package for Social Sciences (SPSS) for ease of analysis. Simple analyses were then performed upon the data.

### **Qualitative**

Interview summaries were created for each interview. The researcher made detailed notes of the participants' responses to the interview questions. Any comments or areas where interesting data were suggested were then transcribed verbatim from the interview recording. The researcher also recorded their post-interview reflections noting any striking aspects or themes in the interview. Through this process the main data set was developed and the interpretation of the data was initiated.

Thematic Analysis was used to develop key themes emerging from the interviews. Work by Braun and Clarke (2006) guided the analysis and their suggested stages of thematic analysis are shown in Table Two. When the interview summaries were fully developed they were inspected through iterative reading to facilitate familiarity with the data. The researcher then identified themes and used verbatim quotes to support the developing theme. When all the emerging themes had been identified the researcher moved to the next summary and identified emergent themes. When all the themes from each summary had been identified separately the researcher integrated the themes from each summary, which were reviewed and refined through the process.

Phase	Process
Familiarization with data	Transcribing, iterative reading, initial ideas
Generating initial codes	Coding interesting features in a systematic fashion across the entire data set
Searching for themes	Collating codes into themes
Reviewing themes	Checking themes reflect the coded extracts and the entire data set
Defining and naming themes	Refine the specifics of each theme, generate clear definitions and names
Producing the report	Selection of vivid extract examples, final analysis of extracts, production of report

**Table 2. The stages of Thematic Analysis**

Key quotes from participants were then selected for use in the report to demonstrate the prevalent themes arising from the analysis of the data set. **For illustrative purposes comparisons were made between examples from the control participants' accounts and those who had taken the Speakeasy course.**

Throughout the results section reference is made to numbers of people who reported a viewpoint or idea, these are used to help give an idea about the strength of comment being made (see Silverman 2001), phrases such as, 'all' (meaning all), 'many' or 'most' (meaning  $\frac{3}{4}$  or more), 'half' (meaning approximately  $\frac{1}{2}$ ) 'several' (approaching  $\frac{1}{2}$ ) and 'a few' (meaning  $\frac{1}{4}$  or less) are used as such. These are not intended to claim statistical generalisability – something which such small scale interview based research cannot claim – but are used to illustrate the strength of the theoretical points being made.

Finally it is important to note that Thematic Analysis recognises that a researcher is an integral part of the research and brings their values and theoretical positions to the research. It is necessary to recognise that the interpretation of the data is viewed in these terms (see Stanley and Wise 1993). To ensure as far as possible that the findings reflected the data the researcher made constant comparisons of their interpretation with verbatim quotes drawn from the interview summaries.

## 2.4 Ethical considerations

The evaluation was undertaken in accordance with TSA's ethical guidelines (See Appendix D). These guidelines cover a number of issues such as informed consent, care of participants, confidentiality, anonymity (where relevant and appropriate), disclosure and feedback. The interviewer from TSA held a current Enhanced Criminal Records Bureau check.

In initial contact with a potential participant the practitioner gained informed consent in regards to their taking part in a face-to-face interview conducted by an interviewer from TSA. On the day of the interview participants went through a list of consent information with the interviewer before they gave their fully informed consent to interview. All participants were informed of the aims of the research, how their views were valued and confidential and would be of great help to the research. During the interviews if participants asked questions about the Speakeasy course or any matters pertaining to sexual health they were referred to a Speakeasy practitioner who was present throughout the day. Participants received a £20 gift voucher in recognition of their assistance in the research.

## Chapter 3. Results

### 3.1 Quantitative Results

The mean scores for the control group (in brackets) are shown in tables against the pre- and post-course scores for parents who attended the Speakeasy course. These results are taken from a large scale evaluation (Coleman, Cater, Ramm & Sherriff 2007) and can be considered as representative of the parents who attend Speakeasy.

Comparisons with the pre-course scores demonstrate the comparability between the control group and the Speakeasy course attenders. Comparisons between these control groups scores and the post-course scores of the Speakeasy participants provides evidence on the effectiveness of the course.

The control group score for confidence speaking to children about sex and relationships is shown in Table 3. A comparison of the results shows that both samples rated themselves similarly in their levels of confidence, and that the control group scores were over one point lower than the post-course findings..

Before-course (control)	After-course average out of 5	Score change
2.99 (3.18)	4.40	+1.41

**Table 3. Speakeasy attendees self-rated confidence in talking to children about sex and relationships against control sample score (control group score in brackets for Tables 3, 4 and 5).**

Table 4 shows the control group's self rated scores in relation to their knowledge about a number of sexual health topics. The control group rated themselves similarly to the sample used in the large scale evaluation for 'Changes during puberty' and 'Staying safe'. The control scores for 'Contraception' and 'STIs' were slightly higher than the previous sample's scores however the observed variation is minimal. Again, the control group scores were lower than the post-course scores providing further evidence on the differences made by the Speakeasy course.

Knowledge	Pre-course score (control)	Post-course score	Score change
Changes during puberty	3.02 (3.00)	4.44	+ 1.42
STIs	2.59 (3.00)	4.33	+ 1.74
Contraception	3.30 (3.72)	4.56	+ 1.26
Staying safe	3.37 (3.18)	4.56	+ 1.19

**Table 4. Speakeasy attendees pre and post course self-rated knowledge scores against control sample scores.**

The results shown in Table's 3 and 4 show significant similarities in score between the control sample and the representative Speakeasy sample and the effects that taking the course had contributed towards.

There is more variation in relation to scores concerning parental attitudes and behaviours towards openness with children, these scores are shown in Table 5.

The results show that far fewer control group members ‘agreed’ or ‘strongly agreed’ that they; would like to speak openly about sex with their children; feel able to talk openly to their children and; are aware of opportunities to raise issues with their children. When viewing these results it must be kept in mind that the Speakeasy sample were filling in a pre-course form and were therefore intent on completing a course in communication about sexual health. It could be suggested then, that this sample would be more inclined to, ‘Want to talk openly’ and as such be making efforts towards this goal – hence the higher scores on the other two measures. The control sample did not necessarily have such intentions and this is reflected in their lower scores (indicating less agreement to the statement). These comparisons between the control group and post-course scores again demonstrate the positive effects of Speakeasy.

Statement	Before course findings (Control)			After course findings		
	Strongly agree	Agree	Strongly agree or agree	Strongly agree	Agree	Strongly agree or agree
I want to talk with my children openly about sex.	57.3 <b>(36.4)</b>	34.6 <b>(27.3)</b>	91.9 <b>(63.7)</b>	68.4	28.0	96.4
I feel able to talk to my children openly about sex.	21.1 <b>(9.1)</b>	39.8 <b>(27.3)</b>	60.9 <b>(36.4)</b>	56.3	39.2	95.5
I am aware of opportunities to raise issues with my children.	17.0 <b>(0)</b>	52.1 <b>(18.2)</b>	69.1 <b>(18.2)</b>	55.9	40.8	96.7

**Table 5. Pre and post course percentages for attendees ‘strongly agreeing’ or ‘agreeing’ with statements relating to openness against control group scores.**

Parents on the Speakeasy course were asked two questions concerning their attendance on the Speakeasy course. These were designed to evaluate confidence learning in a group setting and also whether attending a Speakeasy course encouraged parents to go back to further education and are shown, for reference, in Table 6. As such it would have been unproductive to ask parents who did not intend to attend the Speakeasy course the same questions.

Statement	Before course findings (%)			After course findings (%)		
	Strongly agree	Agree	Strongly agree or agree	Strongly agree	Agree	Strongly agree or agree
I feel confident about learning as a member of a Speakeasy course.	43.2	47.4	90.6	68.6	28.6	97.4
I have been considering going back to learning/further education.	32.2	35.3	67.6	43.4	29.6	73.0

**Table 6. Before and after course percentages for parents ‘strongly agreeing’ or ‘agreeing’ with statements relating to confidence as learners and consideration of further education.**

Instead, to gauge how confident the control sample felt about course attendance they were each asked to respond to the statement, 'I would feel confident about learning as a member of a Speakeasy course'. 18.2% of the sample 'strongly agreed', 54.5% 'agreed' and this provided an overall percentage of agreement as 72.7% (lower than the 90.6% finding from the pre-course attenders). This result is interesting for the purpose of understanding any facilitating factors or barriers towards a person's attendance on the Speakeasy course and the qualitative section explores this issue further.

Overall, these quantitative findings demonstrate the similar nature of the control sample to those who took the Speakeasy course. Given their similarities in socio-demographic profile, and these key areas of knowledge and confidence, the comparisons between the samples can be made with some confidence. They also provide further evidence on the positive effects of Speakeasy by comparing the control group scores to the post-course scores of the Speakeasy participants.

## 3.2 Qualitative Results

The qualitative results are structured around the Speakeasy aims for parents that are as follows:

- Increase parents' confidence and communication skills with their children.
- Help parents to show a more positive and open approach to discussions of sex, sexuality and sexual health.
- Increase parents factual knowledge around sex and sexual health.
- Provide a step towards further learning or professional development for excluded groups of parents.

Throughout the qualitative findings, boxed sections are used to make illustrative comparisons between themes raised by the control sample members and themes arising from previous evaluation of Speakeasy parents. The quotes used in these boxes are primarily from the demographically comparable Bradford sample but also draw in findings from parents from the Birmingham Speakeasy course and the longitudinal sample which enables a further comparison. It is the intention of the authors that these boxes highlight key differences found between some members of the samples and provide quick reference to the findings of previous evaluation. Nonetheless they can serve as ideal slides for a Powerpoint presentation of the main findings from this study.

### 3.2.1 Factual Knowledge

There was considerable variation in how comprehensive parents felt their **knowledge** of sex and sexual health was. All of the parents reported that they felt they had received inadequate sex education at school and had gained their knowledge through a variety of sources such as television, friends, family and doctors.

*'Oh God what's that? I don't know that myself, is it like HIV or something?'*  
[Chlamydia]

*'I've probably learnt along with my eldest son when he's asked his dad questions'.*

*'Now when you go to have anything done they test you for Chlamydia and this and that and as a result I think I've picked up quite a bit of background stuff'.*

*'I've got a pretty good idea of some, but I really couldn't say I'd know all of them and what they would need to do'. [STIs]*

Consistent with the quantitative findings the majority of parents felt most confident in their knowledge of contraception and least confident with their knowledge of STIs. This was often attributed to their use of various contraceptive methods throughout their lives.

It was not the purpose of this research to examine parent's knowledge of individual topics. It is to be expected that within any group varying levels of knowledge exist. However, for the purposes of this investigation it is important to note that these control parents were asked to make a judgement on their knowledge levels without having attended the Speakeasy course. One of the key findings of previous Speakeasy evaluations is that parents frequently reported that after having attended a Speakeasy course they realised that their prior knowledge had been inadequate. This is shown in the quotes below.

*'I've learnt words I've never even heard of!' (Bradford)<sup>1</sup>*

*'You do think you know everything and obviously you don't and it opens your eyes'. (Longitudinal)*

Most of the control parents who felt that their knowledge was low **intended to gain further knowledge** to help them in the future.

*'I'll be pretty stuck I think, I think I would, I think I'd definitely need to buy some books'.*

*'I'll definitely be one of those parents that like gets loads of leaflets and stuff first so I definitely know what I'm talking about'.*

*'I think I probably need to find out things because I can only share my own experiences with them and they could have different experiences to mine'.*

However some control parents felt **unsure as to how they would gain knowledge** or how they would find age appropriate material to share with their children.

*'I know where to get resources but whether to find resources that are adequate for the child's age... but then what if it comes up with specific images that you don't want that child to see, because it is really good to do it hand in hand, this is where you can get information let's do it together but then when things pop up you want to be able to know that that place is not going to come up with something that you don't want them to see'.*

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<sup>1</sup> Bradford course. Below refers to those Speakeasy participants who took part in the longitudinal study.

*'I think a lot of it's on the internet but it's not very child friendly, I wouldn't know where to get the information'.*

Interestingly, a few of the control parents who reported that they believed their knowledge was lacking **did not feel the need to learn more**. These parents suggested that they were confident that there were systems in place that would ensure their children would be provided with information.

*'I would say, go look it up on the internet'. [if children asked about something parent had little knowledge of]*

*'If they were not told in school then I would but like if they were told in school with better ways with like nurses and teachers then no'.*

*I'd tell him to go on the internet and have a look'.*

*'I'd probably go down the clinic and get him some leaflets, 'Go and have a look'.*

One of the most significant findings was in relation to the control parents' **understanding of children's knowledge**. A comparison between the control and course with parents can be found in Box 1.

Control parents frequently mentioned that they thought their children had knowledge about sex and sexual health subjects even though they had not discussed it with their child. Parents who **assumed a level of knowledge in their children** reported that they were often unsure how they this had been gained. Some parents talked about covert ways in which they had established what their children knew.

*'I'm not pretty sure, I've haven't asked her but I've got a feeling that she might know'.*

*'I think children today, they're more likely to have found out themselves aren't they, or from other people'.*

*'They were advertising about using condoms and my youngest asked, 'What's Chlamydia?' and I says, 'Well it's a disease what people get when they start sleeping together' and my eldest said, 'Mum what you telling her that for?!' and I was amazed 'cause that tells you that your kids do understand when you say, 'sleeping around', so she does know, she's got a knowledge you know'.*

### Box 1. How much does your child know?

The quotes below highlight the qualitative difference in the way some parents established the level of their child's knowledge. The first two examples, from the control sample, show assumptions made by parents about the level of their children's knowledge. The second and third examples highlight course parents openly talking with their child about sexual health issues and establishing their level of knowledge. The final quote shows a course parent who explains one of the reasons she previously didn't talk to her children about sex.

*'We never talk about how a baby gets here, it's like I haven't talked to her about it but I know she knows, 'cause she's never ever asked any questions and they know'. Parent, control*

*'Oh yes she is having her periods...I think she knows about it because a nurse came at school and told her all about it, so I know she knows all about it'. Parent, control*

[asked her son] *'Do you know what, have you heard of this dam?' and he says, 'Yeah', and I said, 'Next time you go to youth club will you get me one?' and he says, 'Hold on I've got one!'. If I didn't learn that then I wouldn't have known that he knew that, and then we had a conversation about them'. Parent, Birmingham*

*'The leaflets do pop up a lot anyway, cause my son's thirteen, so he asks for different stuff... he'll just say 'you got one of those leaflets'?... he's even shown them to his mates'. Parent, longitudinal*

*'It's opened my eyes...I don't know, I just found it hard to talk to my kids I think you wrap your kids up in cotton wool... I felt like it was a taboo subject, and I didn't want to talk about it, I didn't want to talk about it because I didn't want them to know about it sort of thing, but now, they do know about it don't they, and I think you just a bit, block it out to tell you the truth'. Parent, Birmingham*

Most of the control parents felt that they had the **primary responsibility to teach their children** about sex and sexual health.

*'It's down to you isn't it, that's what you have them for'?*

*'Children around here are out on the streets at night, 10 11 O'clock at night when they're really young, their parents are down the pub as soon as they're out from school they probably don't teach their children about that... I think it's good that school does it... but it shouldn't be their responsibility'.*

However a few parents felt that the school should assume primary responsibility because they had better access to knowledge and qualified staff, such as the school nurse who would be more equipped to pass on accurate information.

*'They're better in place for it, all of them together, and they have nurses and they would tell them the right information, I don't know that I'd get it right'.*

*'I think they're more shy to ask you any questions what concerns them than what they would be at school, if it was more talked about at school and if they had a bit more of a knowledge then they would be more confident'.*

Whilst the majority of control parents felt that they took primary responsibility for the sex education of their children they also **believed that schools had a duty to provide information**. Parents frequently reported that they could use the knowledge that their children received from schools to establish their child's level of learning and continue their education at home.

However, almost all of the control parents in the sample were **unaware of the sex education their children had or would be receiving at school**.

*'I think school has a responsibility just as much as parents have a responsibility. I think school should put something in place there, they spend a lot of time with our children'.... 'I don't know if they get taught anything in schools'.*

Box 2 shows a comparison of parents' understanding of sex education policies at their children's schools and, again, the differences between the control and course parents is stark.

### **Box 2. What sex education do schools provide?**

Given that some parents felt that schools had the primary responsibility and most of the control felt that schools had an important part to play in sex education it was interesting to find that most of the parents in the control sample were very unsure what their children would be taught in schools. Many of the parents who took part in Speakeasy were shocked when, as part of the course, they discovered how little their children were taught. This often motivated Speakeasy parents to ensure their children received a good level of education from home.

*'I don't know if they get taught anything in schools'.* **Parent, control**

*'I think so because they can all learn at the same time, I think they should all learn together'... 'I don't [know] now, no, I did PSE at school but I think we did like one year of it and it wasn't descriptive or anything, it was pretty rubbish'.* **Parent, control**

*'I think my older one, I think my younger one I think she might know as well because she's 11, I don't know whether they tell them about that in primary school'.* **Parent, control**

*'Well I was surprised how little they teach and when they teach and how they teach it'.* **Parent, Bradford**

*'At least now I have a rough idea like ah how far they go [what daughter had learnt through school] and what they don't do and what they do'.* **Parent, Birmingham**

### 3.2.2 Positive and open approach to discussions of sex sexuality and sexual health

Around half of the control parents reported that they were very **open when discussing sexual health** matters with their children and that this openness had been encouraged in their children from a very young age.

*'If I'm open it's easier for them to be open, like I say, my daughter's talking about bras at the moment and if I keep that relationship going then I think she'll keep open with me with other things'.*

*'I have to marry a lady don't I mummy?'... and I did say to him when you're older that might not be what you want to do because men now can marry other men, he was a bit bewildered by this so I didn't push it too much but I just wanted to give him the option of knowing that he doesn't have to fit in that mould'.*

Some of these parents also reported how they had established sex and sexual health issues as normal everyday topics of conversation.

*'My 12 year old normally closes his eyes, the 9 year old probably watches it and my little girl will probably make a, 'Oh they're kissing' but there's no big deal made about it, it happens'.*

A few of the parents reported that their partners or husbands were not as open as they were and that they sometimes prevented openness with their children.

*'If they're watching Coronation Street and they're kissing and that and my husband's very sharp with me, 'Why don't you turn this off'... I'm like, [name] get on with your homework or go upstairs'.*

Some parents were aware that their **families had not been open when they were growing up** and they felt they were not provided with enough information. The parents who mentioned this during interview felt that they did not want their children to experience a similar upbringing to them.

*'I was 12 when I started my periods and I didn't know anything and I don't want her to be scared and frightened like I was, so probably nine, ten, basics, this is what happens when a girl becomes a woman, make her aware of the situation'.*

*'I'm totally open with things, I'm like you don't need a bra yet you know, whereas me with my mum it was really uncomfortable talking about things like that'.*

Of the control parents who discussed sexual health matters openly with their children the **majority of discussions were of a reactive nature**. That is, parents more frequently responded to their children's questions or comments rather than raised issues with their children.

*'He's made comments and that's when we've said, 'Everybody goes through puberty everybody's different when they go through it but these are the sort of thing that you'll go through'.*

*'I think I would wait until she was getting curious, I wouldn't want her to know it all before she was ready or before she knew anything about it'.*

*'I think the eldest one might have done when he started going through puberty and it was a case of, look, I don't know, go and ask your dad, do you know what I mean, but I've gone with him and we've spoken'.*

*'I don't think she knew a great deal at nine but I think friends were saying to her... and she started asking more questions then'.*

There were **fewer examples to suggest that parents were proactively raising issues** with their children. This was often the case because parents feared telling their children too much information or providing them with age inappropriate material.

*'I mean obviously I'd presume that they would probably come to us and ask a question first'.*

*'It's probably not a subject I would broach but if they broach me with it, then yeah, I'd be confident to talk about it'.*

*'When they're about 14 years old because I need to know that whether she knows about it because I don't want to explain anything she doesn't know about'.*

*'When you were younger you used to ask me a lot of questions about this and now I think you're old enough to hear the proper answers'.*

Most significantly, a notable minority of control parents reported that they had **never discussed sex or sexual health matters with their children**. This may potentially be the most worrying difference between the control and course participants.

Interviewer: *'Have you ever talked to your children about puberty'?*  
*'No'. [Mother of 12 year old girl]*

*'We haven't actually talked about that really [sex] I know she's 13 but we haven't actually talked about any of that subject'.*

*'I can't honestly ever, remember being asked questions and actually sitting down and telling them... I think they were bright enough to have worked it out themselves... Sometimes you just know, some children are a bit, not slow, but they're not advanced for their years whereas I just feel with my children I was obviously open with them if they ever wanted to ask me a question they would have done but they never did, now I start thinking about it I'm thinking, well how did they learn but obviously at school they do sex education'.*

Several of the parents reported that they had talked with their children about sexual health but that it had been **uncomfortable or taboo**. Box 3 contrasts the opinions of some of the members of the control sample with previous Speakeasy evaluation participants.

*'Really embarrassed, I think it's cause he's a boy, I think if he'd have been a girl it would have been easier'.*

*'Oh, I think I'm a little bit shy with it, that kind of thing, I know I have to do it but it's not easy ever'.*

### **Box 3. What are your conversations like?**

There were many more references to feeling uncomfortable when discussing sex with children from the control than from the Speakeasy parents. The quotes below illustrate the differences found in some members of the samples.

*'Oh, no, I've done it, I've done it now... it were such a relief but I felt like a right, oh it were horrible having to say it all. She's my little girl!' Parent, Control*

*'I've had to do it, it feels a bit awkward but [name] is really open so she makes it easier, she doesn't mind talking about things, a little bit odd really cause I'm still quite a young mum... so I feel quite, I don't feel I'm ready for it'. Parent, Control*

*'I'd only discussed sex twice with her prior to the Speakeasy... now she listens whether she wants to or not, I'll tell anybody! Now I tend to, if there's something they've seen, like gay sex, I would never have discussed that before Speakeasy and I would have been quite uncomfortable'. Parent, Bradford*

*'I didn't realise that I was, not hush hush but if he'd of asked me whatever I wouldn't have told him you know so, it did open, yeah, 'it's normal'. Parent, Bradford*

*'If we asked questions before she would have tried to squash it like that [gestures] but now if we ask questions she just like talks about it and tells us what it is and warns about like stuff like STDs and stuff'. Daughter of Speakeasy Parent, Birmingham*

*'I got to the stage where I was a bit of a sex bore, sit in bed and I was like right, 'Going to talk today about puberty' 'Oh no mum not again' 'No but we're going to talk about it cause I've got these leaflets now!' '. Parent, Bradford*

Within this group of control parents talking about sex and puberty was not viewed as an ongoing part of their relationship with their child, it was more likely to be referred to as a one time event and something which could be, *'got out of the way'*.

*'It were quite strange, but I'm glad it's over with and she understands it now'.*

*'I got round it that way, quite lucky really fudged it a bit but it was truth'.*

Some control parents discouraged questions or considered **ways to avoid questions** or minimise further questions from their children.

*'They did see someone kissing on the street, you just carry on walking they go, 'They're kissing' you just carry on walking, 'Yeah sure' just carry on, we don't really talk about that'.*

*'It doesn't affect me at the moment [if child sees adult material on television] but when she probably will ask me [about what she's seen] and then I'll probably watch it at a different time'.*

*'I'd try to avoid the question, but make it quite simple and give a short answer back so they don't ask me another question back'.*

*'He picked two action men off the floor, one laid like that, one laid like that, he said, 'They must be gay though' and this was a seven year old, I didn't know how to deal with it then, he's seven and I just said, 'Right yeah, well when you're done with it go upstairs'.*

Parents who felt uncomfortable discussing sexual health issues with their children often spoke of the desire to **protect their child's innocence** and prevent them from worrying about issues which they felt were too old for them to cope with.

*'Not too young, I don't think cause you still want them to be young and to enjoy being young and not having to worry about things, I'd probably say about 9, 10 so they are aware that things are going to be happening'. [talking about puberty]*

*'The way I think, I suppose, it's probably daft, it's keeping the innocence, is the foremost, is keeping innocence'.*

*'Because she isn't like my daughter or anything, she's like a cousin, I felt fine [talking about sexual health]... I think it's a protective thing, definitely, you just want to protect them and you don't want to think about it, but you can't just avoid it forever, but I think with my little girl it's going to be a lot harder'.*

One of the key findings from the research was the **contradiction between the ideal of having an open relationship with their children**. Parents frequently expressed that they wanted their children to be able to approach them with any topic in the future and frequently mentioned 'openness' as an ideal in their family. However whilst some of the parents were open and encouraging when their children asked questions about sex, many of the parents who wanted openness in their family reported that they felt uncomfortable talking about sex and puberty and would avoid talking with their children about such topics. The first two extracts are from the same control parent and highlight this discrepancy.

*'I don't want her to hide anything from me, I want her to come to me with anything'.*

Interviewer: *'Do you think they have got enough information'?*

Participant: *'I don't know because I never discussed it with them, I don't know how much she knows or how much she'd doesn't know, I don't know... I don't that she'd ask me about that, not sex'.*

*'I would like to but I feel a bit frightened of doing it, I'd like to, I'd like to be open'.*

Some of the children's behaviour reported by control parents indicated that children were aware that **talking about sexual health matters openly was not acceptable** behaviour in their families.

*'My second one was told about periods at school and she told her sister and she didn't tell me herself, she said, 'Don't tell mum, don't tell'.*

*'They do see scenes like that on TV and they'll just turn the TV over, my eldest daughter she'd turn it over she doesn't want the youngest to see'.*

In a few cases a **decrease in open communication** with their parents about sex was evident. This suggests that the children were learning the norms and values of their parents and adjusting their behaviour accordingly.

*'She won't say, 'Get us another baby' now, cause she knows where they come from now'.*

*'The two older ones are a bit shy maybe but the younger ones 'cause they don't know that much, they would just come and say to me'. [ask questions about sex]*

Box 4 Provides a comparison of the behaviour of some of the control sample's children compared with children of parents from previous Speakeasy samples.

#### **Box 4. How open do you think your children are?**

Some of the control parents reported that they did not have a very open relationship with their children when it came to sexual health issues. The quotes below show parents' reports of their children's behaviour which can be compared with findings from members of other samples.

*'I don't know, I think she is open, I just don't think that she's had any questions yet, I reckon when she does she'll come to me, I hope she will at least... I don't want to push her with it'. **Parent, Control***

*'She's quite a shy child, I'm not sure that she would want to talk to me about things like that'. **Parent, Control***

*'She went, 'Brilliant, puberty', and she was so impressed that she'd got a bit of BO and um, she was really pleased, and that could have been really negative and she could have been really down...but because we'd already discussed about these beginnings and what might happen she was really pleased'. **Parent, Bradford***

*'He's really open now, I'm hoping I can continue that not force it just, if he asks me questions just to be comfortable'. **Parent, Bradford***

*'I think the eldest, particularly feels more able to mention it, I hope she does, she seems to mention it more'. **Parent, Bradford***

SON: *'We've spoke more since she's done the course 'cause she tells me about the diseases and always wear protection when you do it.'*

PARENT: *'We sometimes have a laugh and a joke about it don't we?'*

SON: *'Yeah [laughs]'. **Son and Speakeasy parent, Birmingham***

Most control parents had an idea of **specific ages when they felt their children should learn** about topics and ages when they would like topics to be discussed in their family. These ages varied significantly but was usually well defined by parents who had reasons for their decisions, such as; the need to know about puberty before it happens; protecting children's innocence; the need to know before secondary school and; not overloading children with too much knowledge.

*'About 10 11'. [puberty]*

*'I think schools should be doing it [sex education] about 11 12, cause then it helps them know about stuff like diseases'.*

*'I don't know, about 16' [appropriate age to see sex on TV].*

*'[name] came home with a load of leaflets about sexually transmitted diseases, so that kind of opened a conversation one evening sat round the tea table... I thought, that's early 11'.*

However, several of the control parents believed that an open relationship needed to be fostered at a very young age and that children should be told about sexual health topics when parents judged they were ready to know.

*'I think it's something that should be started that sort of relationship should be started... at a young age that carries through so that you've got that kind of relationship'.*

*'I think as the child grows and as the child is ready you need to address it, I think if you impose it on them it can make it uncomfortable as well for them'.*

Some of the control parents reported that they felt that children were learning or being taught about sex and puberty at an age which they felt was inappropriate. Box 5 provides a comparison between some of the views of the control group and parents who had attended a Speakeasy course.

### **Box 5. When do you talk to children about puberty and sex?**

Many of the control group sample had clear ideas of the age at which it was appropriate for children to learn about topics like sex, puberty and STIs. Parents who took part in the Speakeasy course frequently reported that as a consequence of their learning on the Speakeasy course they believed children should begin learning about sex and puberty at a very early age. The following quotes show the contrasting views held by some members of the samples.

*'When they're about 14 years old [discuss sex] because I need to know that whether she knows about it because I don't want to explain anything she doesn't know about'.*

**Parent, control**

*'I've heard on the news that some of them they're thinking about telling them at the age of six or seven about sex, I'm against it, I want them to learn about that when they're about 12 or 13'.* **Parent, control**

*'Maybe 13 14... that's when I'd start going into things a bit deeper, explaining about condoms and STIs and getting pregnant and things like that'.* **Parent, control**

*'Yeah I've changed 'cause I'd thought you'd sit and talk to a 12 year old about puberty and that but no, it's much younger'.* **Parent, Bradford**

*'It would have taken some time to just go there and start talking about it, I would be looking at her and saying, 'She's too young' but the course itself because we did age groups, timeline, it just brought to light that you really start talking about it when they're young'.* **Parent, Birmingham**

### **3.2.3 Confidence and communication skills with children**

Some of the control sample reported that they were **very confident talking to their children** about sexual health and that it was a natural conversation within their family.

*'I don't really have to think about it anymore, it's like I've done it so much now it's normal'.*

However, many of the control parents reported that they were **not always confident** communicating with their children about sexual health. Box 6 provides a comparison of some of the views of members of the different samples.

*'I'd probably just laugh, I don't know, I think I'd be really embarrassed'.* [Asked where babies came from]

*'I think that's the one I'd be most embarrassed about talking about, puberty'.*

### Box 6. How confident are you?

One of the most generalisable differences between the control sample parents and those who had attended a Speakeasy course was the level of confidence parents felt when dealing with questions or raising topics with their children.

*'This would be a first time with me so I wouldn't really know where to start, so it's quite alienating for myself as well, you know, I don't know... I think it's very very important for kids to know'. Parent, Control*

*'There was this book about the body, she was eight at that time and the first page it was a body but the next thing I knew it was about sperm and how, 'Oh god oh god!' I was wondering, would that do at age eight? Oh'. Parent, Control*

*'It's just like, to have the confidence to sit there and answer questions. I were like, you know, 'This can happen, this can happen, this can happen, and do you realise a girl can still get pregnant when she's on her period' and they went, 'No they can't' and I was like, ' Yes they can' '. Parent, Bradford*

*'He's just gone seven and he's been asking questions and sometimes I'd get embarrassed and I would say, 'Talk to your dad' or, 'We'll talk about it when you're older', so the Speakeasy's given me a bit of confidence to sit and explain at a young age to them'. Parent, Bradford*

*'It's given me a bit of courage to actually sit there and explain properly in detail without having to use like little kiddy words'. Parent, Bradford*

*'I would say I'm more open now to [NAME] whereas before she would be like, 'Oh I've got cramp' and this and I'd be like, 'Oh right,, er' but now I've seen all that, it's like, 'Your periods, you're body's changing' I feel I've got more confidence now, to speak to [NAME]'. Parent, Birmingham*

The control parents' lack of confidence was often attributed to the fact that they felt unsure **how they should answer** their children's questions or respond to their behaviour.

*'So I said, 'I'm not fat I'm having a baby', he kept on saying it again and again and again and I was like, 'I'm not fat, I'm having a baby!'. He didn't really get it'.*

*'One thing at the moment, I'll say private parts, I'll say that it's bottom and it's just what to call front bottoms, and I'm thinking, that is not good, 'cause she's going to school now... I want to say it, but I'm frightened of saying it'... I need to address that'.*

*'I think if were you to ask me to do it now I'd probably have a good stab at it and you know, in terms that he'd understand but not whether I would get the right information over to him'.*

Specifically many control parents were concerned about **what level of information** they should provide to children at certain ages.

*'What are these for? And I'll say when you're older you'll have these things called periods and but I'll speak to you when you're a bit closer to that... she kind of knows but I don't want to scare her to death'.*

*'It's really difficult because... I don't know how much information to give and how much he'll understand... I don't want to bombard him with things he won't get'.*

One participant reported that she had felt so unsure answering her children's questions about how a baby was born that she had provided them with false information.

*'They did ask me and I said I go to the hospital and I have an operation where they cut me up and that's what I did – but that's what happened with [previous child] not with this one'.*

A few parents felt that they did not know how to best help their children and as such they had never discussed sexual health issues with them.

*'No, I think they get most of their information from their friends, and they pick it up from TV'.*

Some control parents also mentioned that they tried to **minimise or avoid situations** where children had commented, asked questions or been exposed to situations pertaining to sex or sexual health.

*'No I'd change the channel... The older ones start going, 'Oh look at the road', you know, they know'.*

*'Yes! Going round Tesco's, 'My brother's got a willy, my brother's got a willy and my dad's got a big willy', 'Shut up', through gritted teeth, 'Shut up now!' but the more I told her to shut up the louder it got so in the end we just ignored her'!*

Several control parents reported that they were **unsure of the approach they should take** to discussions of sex and sexual health. Box 7 highlights the difference between some of the members of different samples.

*'Bit uneasy, it's not embarrassing, no, I'm not embarrassed, I suppose finding it on her level, it's a difficult thing to do'.*

*'I don't know, I don't think they'll listen until something happens, like when a lass gets pregnant they'll listen. I'll just have to nag at them wouldn't you, nag nag nag nag, 'til it gets in their heads'.*

### **Box 7. How do you communicate with them?**

Parents in the control sample were often concerned about how they should approach discussions and what to tell their children. Some parents were concerned that they would be asked questions they would not be able to answer. The parents from the Speakeasy samples showed a more relaxed attitude, had confidence in their knowledge and also in their ability to find resources if they needed help.

*'I think I could do it it's just a matter of how do I approach it'* **Parent, control**

*'I know things, well I think I do, but I don't know how to put it to them'*. **Parent, control**

*'I can only go on my experiences and the world is such a different place, I don't know, maybe it's just me but they seem to grow up a lot quicker'*. **Parent, control**

*'I'm not frightened of whatever angle the questions come from, I know I can find an answer or give an answer'*. **Parent, Bradford**

*'I also found through this course that there are resources in case you do get stuck'*. **Parent, Bradford**

*'But it's been good really, because, a few bits that I managed to do like, with my daughter, it just broke that ice, because I found it a bit difficult, I was like, 'How am I going to start talking about this'*. **Parent, Birmingham**

Interviewer: *'Would you want to wait until they brought it up with you'?*

Parent: *'No! No, I'm going to be at them because I don't want them to be getting stuff or [name] to get pregnant or the thought of them getting somebody else pregnant'*.

**Parent, Bradford**

The control parents' **confidence varied with the gender** of their child. All but one of the parents felt better prepared to talk to their daughters about female puberty because they would be able to draw from their own experiences.

*'Well I think for me because I've got a boy and obviously I'm not a boy, that's quite hard in terms, I have no idea what he's going to expect. If I had a girl I'd have a clearer idea because I can remember, you know, when things started how I felt'.*

*'9/10 'cause a lot of them start young with puberty, but I don't know how I'd approach to my boy I find it quite hard'.*

*'I think it's harder with girls, cause they've got to go through puberty and things like that'.*

Some control parents felt specifically that they needed to improve their knowledge to be able to talk to their sons.

*'It'll be easy with her cause I've been through it whereas boys, I'm learning through my husband but I know the basics'.*

Whilst some control parents felt that other men would be better placed to educate their sons.

*'I have next door my brother in law, and he's very confident and I'd just send it to him, yeah'.*

*'My husband does want to give that information, or to give that support to him to tell him what to expect and or what it was like for him or, that sort of thing'.*

*'I think I'd leave it to my husband, leave the boys to the boys'.*

However most of the control parents reported that their **partners or husbands would either not be prepared to discuss sexual health** with their sons or would not have the knowledge or confidence to do so.

*'He didn't know how a baby comes and telling him, it took me ages and for him to go to my boy I think it would be really hard'.*

*'I probably wouldn't tell him, [her husband] he'll deal with it [her brother would talk to her son] and then he'll come back'.*

*'He would be very very uncomfortable answering questions, he'd send them to me'.*

*'I have asked him stuff like this he's like, 'No, I don't want to know, she's my little girl, I don't want to go there'.*

### 3.2.4 Attending a Speakeasy course

Finally, previous evaluations of Speakeasy have only been able to gather the experiences of people who had successfully completed the course. The control group study provided an opportunity for people to provide information as to **why or why not they would attend a Speakeasy course**. Box 8 addresses people's attitudes towards attending the Speakeasy course.

Most of the control parents reported that they would feel comfortable learning about sex and sexual health in a group setting, this supports the finding of the quantitative analysis.

*'I know a girl who I think has done this course, and I remember thinking, 'Oh', I think I'd be a little bit uncomfortable'.*

*'No, that would be fine, I've got no problem with that'.*

Some parents felt that they would benefit by attending a course (parents were told the aim of the course: 'To support and encourage parents to communicate with their children about sex, sexual health and relationships') and had a clear idea of what they would hope to gain if they attended.

*'To teach us how to cope with a situation or how to be able to handle situations... you do want to talk about it but you just don't know how to approach it so if you had a better knowledge and you'd know which way to go about it you know I think that would really help, especially when you've got kids at a different age range'.*

However many of the control parents reported that they thought the course was a good idea but not one which they felt they needed. These parents were not restricted to those who demonstrated open communication with their children and included those whose aim was to have open communication with their children but, by contrast, reported little experience of this.

*'You'd go on the internet, so from that point of view you don't really need it, but I'm sure it would be very helpful for quite a lot of people'.*

*'I think you just know, the ones that look a bit dowdy, you just know that they're going to be the ones that have, curfew at half past eight and sex, 'Oh no we don't talk about that', so I think courses for those type of parents I think yeah'.*

*'It's not something I'd find daunting, I don't think I'd need it, I hope I wouldn't need it... there probably are parents that would'.*

A few of the control parents noted that they were **unsure when they would need to attend** the course, believing that there was a contradiction between needing to foster openness from a very young age and the relevance of the course to a parent of a very young child. These parents reported that the Speakeasy course would be more suited to parents whose children had begun to ask questions about sexual health.

*'Once they start asking awkward questions it might be a bit late cause as I said we'd like to be open from the beginning so I think yes it's a good idea but for me uptake might be an interesting concept'.*

Most of the control group felt that the **OCN accreditation** attached to the Speakeasy course would not prompt them to attend the course but that it would be an added benefit of attendance.

*'I think it would be irrelevant, getting a qualification, I think it would just be a bonus I think going on a course like that would be more in my thoughts if it would help me in the future'.*

*'I suppose it's an accredited course, therefore it's gone through approval that I suppose gives you some confidence in the material'.*

*'I don't think I'd really be interested in the qualification, It's just leaning how to speak about it'.*

*'Bits of paper are never a bad idea but it wouldn't be why I went on the course'.*

However one parent felt that she might be able to **use the qualification** in her career.

*'I might carry it on or do something more with it if it had that attached to it'.*

#### **Box 8. Why attend a Speakeasy course?**

Many of the parents who have attended the Speakeasy course report that they had found the course much more useful and comprehensive than they had imagined. This may be reflected in some of the control group's perceptions that they did not feel the need to attend the course. Learning about the influences on people's decisions to attend the Speakeasy course is important when considering how to target parents who would most benefit from the course.

*'I'd feel comfortable doing it but I'm not sure if I would go on it, if that makes sense I think I might think well that's a bit of a pointless activity, had you been on it you might think actually yes it was really good but I think looking at it you might think, 'Oh that's a bit of a waste of time for me, I know how to do it' '. **Parent, control***

*'A lot of people have said to me, 'Oh I don't need to go on that because I'm very broad minded I talk to my children about these things and It's hard to say to them that no it's not just about what you envisage it's the things that you don't like, like the pregnancies the contraception, like the STDs'. **Parent, Bradford***

*'It'll open your eyes, it was totally different from what I expected, I mean I went along, not because I was cornered in to it but, the school says, 'Do you want to come, we've got a crèche', so I felt as though... I was a bit cynical at first'. **Parent, Birmingham***

*'It was much better than I imagined, it was much more comprehensive and very sort of no holds barred, um, I got a lot more out of it than I would have thought and that I ever thought I could'. **Parent. Bradford***

## Chapter 4. Summary and Conclusions

This report outlines the Trust for the Study of Adolescence's findings of an exploration of the attitudes and behaviours of a control group of parents who had not attended a Speakeasy course. The views of the control group were elicited in relation to the fpa's Speakeasy aims for parents. Comparisons were made between the control group and parents from a similar demographic background who had attended a Speakeasy course and been part of previous Speakeasy evaluation.

The control group sample was purposively selected to be similar in demographic make up to the Bradford sample upon which a recent evaluation was based (Ramm and Coleman 2008b). Quantitative data was recorded from the control which showed that they provided similar self-ratings to people from a data set which is representative of Speakeasy attendees across England. The samples differed only in their attitude towards speaking openly to their children about sex, which is understandable when considering that the representative Speakeasy sample had enrolled and were intending to complete a Speakeasy course, whilst the control group had no such intention.

The purposive selection of the control sample and the quantitative data analysis provide some confidence when considering the validity of comparisons between the control and previous Speakeasy samples. However, it is essential to note that no statistically generalisable data can be suggested from the results of such small scale qualitative analysis.

The collection of quantitative data is useful to establish a baseline of knowledge and confidence levels for parents who attend the Speakeasy course but also has purpose for this research by allowing us to identify similarities between the control and other samples. As a side note, it is important to remember when viewing the control group scores (as it is with the other samples) that parents who attended the Speakeasy course and filled in both pre and post course monitoring often reported that they had over estimated their knowledge when rating themselves prior to the course. These parents often reported that it was only through attending a Speakeasy course that they realised how much there was to learn. As such, the self rated knowledge scores of the control group may be an overestimation. However, this report does not concern itself with establishing objective levels of knowledge between samples, the primary purpose of this research is to understand the attitudes and behaviours of the control group and make illustrative comparisons between the control and previous Speakeasy samples.

By comparing the control groups scores from the quantitative data to those reported by course parents at post-test provides further evidence on the benefits of undertaking the speakeasy course. Not only had course participants increased their scores regarding knowledge and communication (from pre- to post-test), but these increases are supported when comparing them to the control group scores (among those who had not attended the course).

### **Factual Knowledge**

The qualitative data from the in-depth interviews provided most of the findings from this study. Whilst some control parents felt that their level of knowledge was good others revealed that they felt they had inadequate levels of knowledge to be able to

talk confidently to their children about sexual health. Some of these control parents who wanted to improve their knowledge were unsure how they would access further knowledge. Some of the control parents did not feel they needed to improve their knowledge and this was often due to a belief that their children could access knowledge from other sources such as school, friends, the internet or a health centre.

Nearly all of the control parents believed that it was primarily their responsibility to provide their children with a sex education. However, a few parents felt that schools should have primary responsibility because they had better access to resources and were in a better position to teach children. All of the parents thought that schools should have a role in the sex education of children, however nearly all of the control parents (including some who felt that schools should assume primary responsibility for sex education) were unaware what, if anything, their children were being taught at school.

Several of the control parents reported that though they had not addressed certain sexual health topics with their children they assumed that they had knowledge in these areas. This assumption of knowledge supports the suggestion of change due to the Speakeasy course as previous Speakeasy samples reported a growing awareness of their child's knowledge as a consequence of more open discussions within their family after the course.

### **Openness**

Some control parents reported that they were open with their children when discussing sex and sexual health. Of those who reported that they were open with their children, the majority of their reported discussions were reactive in nature. There were few examples to suggest that parents were proactively raising topics with their children. Control parents reported that they worried about providing too much information to their children and were concerned about maintaining their child's innocence. This may be a reason why there were fewer examples of proactive behaviour within the control sample than within previous Speakeasy parent samples whose fears may have been allayed by their attendance.

A clear difference between the control and Speakeasy course samples was that within the control a few parents reported that they had never discussed sex and sexual health with their children and many reported that, where discussions had occurred, they had often felt uncomfortable during them. Parents from Speakeasy samples rarely reported feeling uncomfortable when discussing sex and sexual health with their children. Some control parents also suggested that they tried to avoid conversations with their children. A few control parents reported that they viewed sexual education as a once off event, or a single conversation which would not form part of their ongoing relationship with their children.

Nearly all of the control parents reported that they would like their children to be open with them about everything. Nevertheless, some of these parents' behaviour did not encourage children to be open. For example, one parent reported that she would like her teenage daughter to be able to approach her with anything but also reflected that she had never discussed sex or puberty with her. Some of the reported behaviour of children suggested that they had learnt that discussing sexual health matters openly in their family was not acceptable. This contrasts with consistent findings from previous Speakeasy course evaluations which suggest that children were becoming more open with their parents.

### **Confidence and communication**

Several control parents reported that they were very confident when talking to their children. However, the majority of the control group reported that they were not confident. This was often because parents felt unsure how they should answer their children, what kind of approach they should take and what level of information they should provide to them. Some control parents minimised or avoided certain questions and situations because they felt unsure how to communicate with their children effectively. Parents' confidence varied with the gender of their children, nearly all of the control parents felt more confident talking to their female children. Most of the control parents reported that their partners or husbands would not be prepared to take responsibility for their children's sex education. This was also a common finding among previous samples of Speakeasy parents.

### **Attending a Speakeasy course**

Finally, the qualitative investigation looked at some of the reasons why control parents would or would not attend the Speakeasy course. Some of the parents who held an ideal of being open with their children, but whose behaviour did not encourage openness, did not consider that the course could be beneficial to them. Of those who felt the course would benefit them there was some confusion about when they should attend the course. Nearly all of the control parents felt that the OCN accreditation would not encourage them to attend the course but would be an added benefit of attendance.

### **Comparing the findings**

The comparisons made throughout the results section show clear examples where the attitudes and behaviours of the control group and Speakeasy course groups differed. It must be noted again that not all members of the control and Speakeasy groups are represented by the boxes but some key differences were illustrated through their use.

- **How much does your child know?** The differing ways in which parents establish their child's knowledge. Broadly, within the control some parents assumed their child's knowledge or had little idea of what they knew, whilst there was evidence to suggest that Speakeasy parents were openly establishing their child's knowledge.
- **What sexual education do schools provide?** Parental knowledge of school sex education policy. Parents in the control were often unaware of the level of education their children would receive at school whilst maintaining that schools played an important part in their child's sex education. Speakeasy parents often reported their shock at how little their children were taught at school (having learnt this from the Speakeasy course) and reported that this knowledge motivated them to ensure that they provided their child with an adequate sex education.
- **What are your conversations like?** How open and relaxed conversations about sex and sexual health are within families. Parents from the Speakeasy samples reported relaxed and comfortable conversations with their children whilst many of the control sample found conversations more uncomfortable.
- **How open do you think your children are?** Speakeasy course parents reported many examples of their children's positive attitudes towards puberty and sex and their growing openness within the family. Control parents

reported fewer examples and occasionally stated that they felt their children were open, but that conversations about puberty and sex had not occurred.

- **When do you talk to children about puberty and sex?** Parents in the control had clearer defined ages at which they believed their children should be learning about sexual health material whilst Speakeasy parents emphasised openness from a very young age.
- **How confident are you?** Parents' confidence in discussing sexual health matters differed substantially between the control (low confidence) and Speakeasy (high confidence) samples.
- **How do you communicate with them?** Approaching discussions of sexual health. Speakeasy course parents reported their relaxed attitude towards conversations and their confidence regardless of situations they encountered or what questions they were asked. Control parents sometimes reported that they were concerned about how to approach conversations and communicate with their children effectively.
- **Why attend a Speakeasy course?** Parents who had attended a Speakeasy course frequently talked about their initial reluctance to engage with the course, and then their experience of the course exceeding expectations. In line with this, control parents often felt that the course would be useful to other parents but not something that they would need.

One of the key findings in this research, which transcends the individual comparisons was the theme of conflict and contradiction between ideals and behaviours. For example, control parents felt that it was their responsibility to provide their children with sexual health education but were often unaware of their child's level of knowledge. Control parents reported that they wanted to have an open relationship with their children but were often confronted with barriers which prevented this.

These barriers included factors such as; embarrassment, lack of knowledge, fear of overloading a child with too much knowledge, concerns about age appropriateness, and how to communicate successfully with their child. Given that the Speakeasy course focuses on some of these areas it seems that the control group are reporting themselves as a group who would benefit from attendance. However, many of the control parents did not identify the Speakeasy course as being something which would benefit them.

Identifying these barriers and using them to promote the Speakeasy course may be beneficial when targeting parents who have the potential to gain the most from attendance on the course. For example, advertising based on some of these barriers e.g. 'What age should I tell my child about sex?' 'How much information is too much information'? These may allow some parents to identify their needs and encourage them to attend.

Finally, the comparisons between the control group and the previous Speakeasy samples highlight different attitudes and behaviours which could, as a result of this study, be more confidently attributed to parents attendance on the Speakeasy course. Working from the assumption that the sample formed a valid control group and that useful comparisons can be drawn between the control and the samples from previous Speakeasy evaluation, there is a evidence to suggest that parents' attitudes and behaviours may be significantly influenced by the Speakeasy course and that these could directly impact on the behaviour of children.

## **Limitations and future directions**

It is important to address how this research is limited and how future research could address these limitations. The primary consideration is the limitation of the pseudo, non-randomly selected or allocated control group design which will be addressed below. For example, social desirability factors may have influenced the results – the participants may have felt pressured to answer in a way which they felt was social acceptable, this is especially true given that parents were aware that the research was being conducted for the purpose of fpa's ongoing Speakeasy evaluation. It is also important to note that besides the interviewer bringing their own values and theoretical positions into the research the process of interview may have cause the participants to think about topics in a way in which they had not previously, and through this form new attitudes and opinions.

This research used a pseudo control group which was socio-demographically matched to parents who took part in previous Speakeasy evaluation conducted in Bradford. The Bradford evaluation was not designed with planned control group work in mind and whilst care was taken to ensure the control group was formed by parents from a socio-demographically similar background the sample may be less than ideal. For example, one of the limitations of the work is that the control group research took place three months after the Bradford work and it is possible that there are extraneous variables which have influenced people's attitudes and behaviours which are unaccounted for, e.g. a local sexual health awareness campaign may have taken place.

The conclusions from this report would be more robust if a more stringent experimental design was employed. For example, a more robust control group design could be achieved by identifying a group of parents who had enrolled for the Speakeasy course and then randomly selecting half of them to form a control group who did not receive the intervention whilst the other half did. Interviewing these groups before and after the intervention would allow us to be more confident in our causal attributions or the extent to which attending the course had contributed to any reported difference.

An interesting follow up to more stringent control group work would be to locate a socio-demographically similar group of parents who did not intend to attend the Speakeasy course and then repeat the control group design with half attending a course and half not. This research would be interesting because it would be able to detect any attitude change towards openness with children which could be attributed to the Speakeasy course.

As a final note, the use of the control group, although among a small sample, presents an innovative strand of evaluation that, for the first time, has included the views of those who have not attended the course. This may be a significant step for the evaluation, and opens up the possibility to explore more substantial comparisons and a potential move towards the 'Gold Standard' Randomised Control Trial (RCT) which would provide the strongest evidence of all.

## References

- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*. 3, 77-101.
- Coleman, L. Cater, S. Ramm, J. & Sherriff, N. (2007). *Evaluation of the fpa Speakeasy course for parents: 2002 to 2007*. Report prepared for the **fpa**: London.
- Coleman, L. Ramm, J (2008) Impact and Outcome Evaluation: Analytical themes from repeat interviews at four time points between 2005-2008 with parents who attended Speakeasy during 2005. Report prepared for the **fpa**: London.
- Kvale, S. (1996). *Interviews: An Introduction to qualitative research interviewing*. Sage: UK
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2<sup>nd</sup> ed.). Sage: Newbury Park, CA.
- Ramm, J. and Coleman, L. (2008a) *Evaluation of the effects of the Birmingham Speakeasy course*. Report prepared for the Birmingham family learning service: Birmingham.
- Ramm, J. and Coleman, L. (2008b) *Evaluation of the effects of the Bradford Speakeasy course*. Report prepared for the **fpa**: London.
- Sherriff, N. & Coleman, L. (2006) *Speakeasy Parenting Fund Evaluation: Supporting professionals working with young people around sex and relationships*. Report prepared for the **fpa**: London.
- Silverman, D. (2001). *Interpreting Qualitative Data: Methods for analysing talk, text, and interaction*. London: Sage.
- Stanley, L. & Wise, S. (1993). *Breaking Out Again: Feminist ontology and epistemology* London: Routledge.

## Appendices

Appendix A	Pre and post course monitoring forms
Appendix B	Participant Information Sheet
Appendix B	Interview Schedule
Appendix C	TSA research ethics guidelines

## Appendix A - Pre and post course monitoring forms

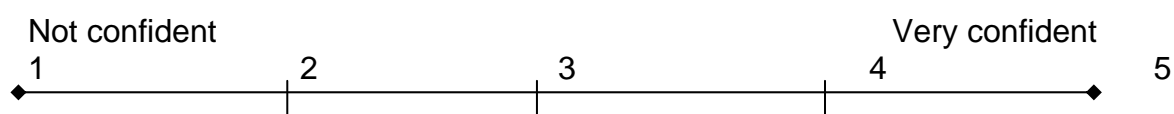
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### Speakeasy evaluation

Names are not required on evaluation forms.

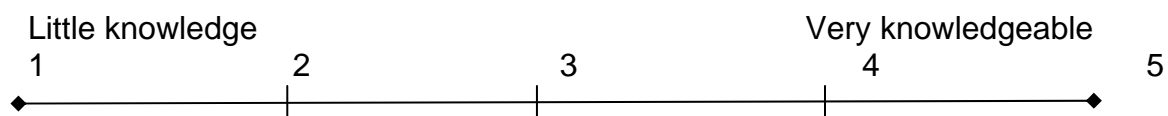
(Please circle a number in response to each question.)

1. At the moment how confident do you feel talking to your children about sex and relationships?

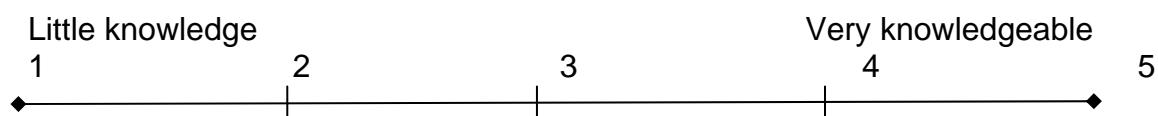


2. At the moment how much knowledge do you feel you have to talk to your children about the following aspects of sex and relationships?

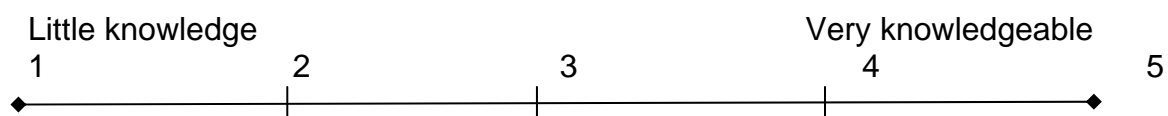
Changes during puberty



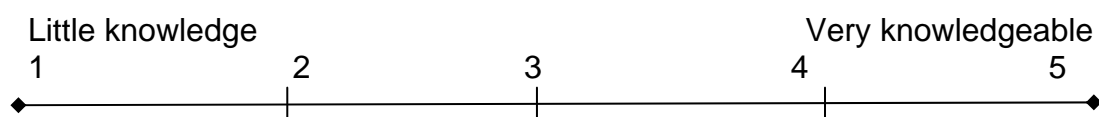
Sexually transmitted infections



Contraception



Keeping safe



3. Please tick to say to what extent you agree or disagree with the following statements parents have made about talking with their children about sex and relationships:

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I want to talk with my children openly about sex.					
I feel able to talk to my children openly about sex.					
I am aware of opportunities to raise issues with my children.					
I feel confident about learning as a member of a Speakeasy course.					
I have been considering going back to learning/further education.					

4. Is this the first course you have done since leaving school? Yes/No

5. At the moment who do you think has the main responsibility for telling your children about sex, sexuality, sexual health and relationships?

- Parents
- Teachers
- School friends
- Other family members
- Others (please state who):

6. Are you intending to do any courses at college or at an adult education centre this year or next year? If yes, what course?

7. Would you like to gain an OCN credit from the course?

- Yes
- No

If you answered 'no' please write your main reasons for not wanting to work towards a credit:

Note

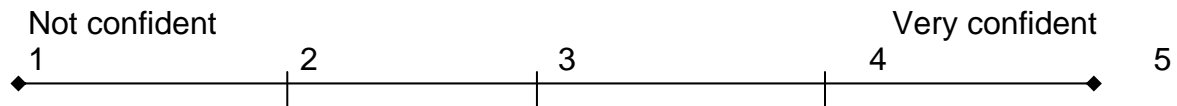
If there is anything your course facilitators should know that might mean you will need extra help during the course, or anything else you would like to say, please speak to one of the facilitators at the end of this session.

## Speakeasy evaluation

Names are not required on evaluation forms.

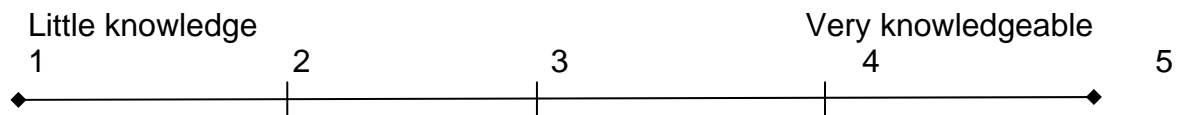
(Please circle a number in response to each question.)

1. At the moment how confident do you feel talking to your children about sex and relationships?

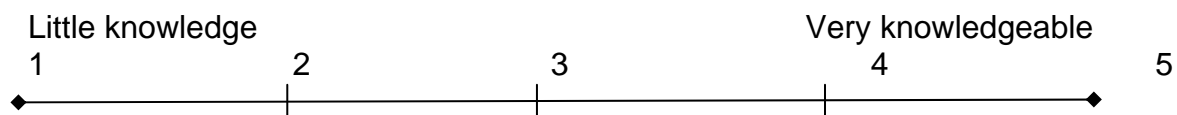


2. At the moment how much knowledge do you feel you have to talk to your children about the following aspects of sex and relationships?

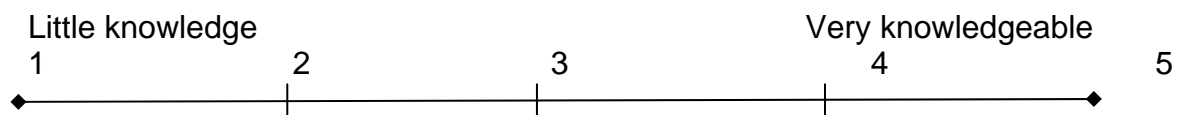
Changes during puberty



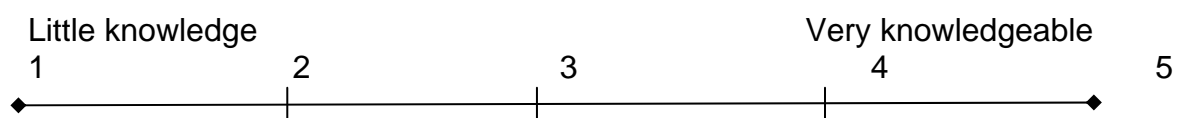
Sexually transmitted infections



Contraception



Keeping safe



3. Please tick to say to what extent you agree or disagree with the following statements parents have made about talking with their children about sex and relationships:

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I want to talk with my children openly about sex.					
I feel able to talk to my children openly about sex.					
I am aware of opportunities to raise issues with my children.					
I feel confident about learning as a member of a Speakeasy course.					
I have been considering going back to learning/further education.					

4. Is this the first course you have done since leaving school? Yes/No

5. At the moment who do you think has the main responsibility for telling your children about sex, sexuality, sexual health and relationships?

- Parents
- Teachers
- School friends
- Other family members
- Others (please state who):

6. Are you intending to do any courses at college or at an adult education centre this year or next year? If yes, what course?

7. Would you like to gain an OCN credit from the course?

- Yes
- No

If you answered 'no' please write your main reasons for not wanting to work towards a credit:

4. What two things about the course did you really enjoy?

5. Was there anything about the course you didn't enjoy?

6. Now that you have completed a Speakeasy course, how are you intending to use the credit you have gained?

## Appendix B – Participant Information Sheet



**My name is Jo and I'm a researcher from a charity called TSA. We're doing this research for the fpa (who designed the Speakeasy course) because we've spoken to lots of people who have been on the course and we know what they think but we haven't spoken to anyone who hasn't attended it.**

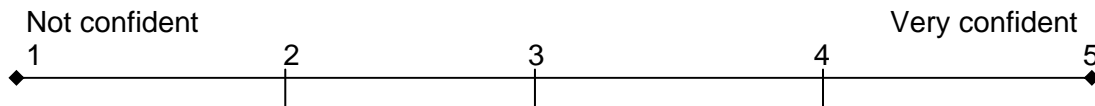
- **There are no right or wrong answers** – It's not a test! I'm just interested in your experiences and what you think, I'm not testing your knowledge in any way.
- The **interview should take about twenty to twenty five minutes**. If you need to leave for any reason at any point during the interview just let me know and we'll stop
- **Don't worry if you can't answer any of the questions I ask** we'll just move on
- You **don't have to answer any questions** which you don't want to and we can stop the interview any time you like.
- I'm nothing to do with the people who ran the course. **Everything is confidential**. Anything that you tell me and that I use in my report won't have your name or any identifying material (like ages or jobs) attached to it. If you decide you don't want anything you've said used, just tell me and I won't!



## Appendix C - Interview Schedule

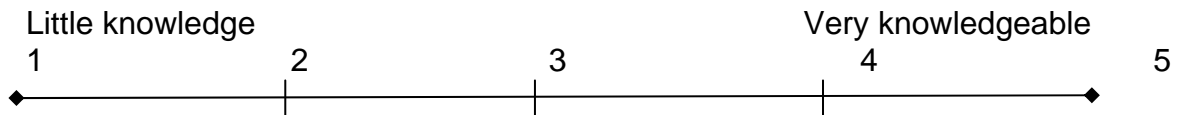
### Section One – Quantitative questions

**1. At the moment how confident do you feel talking to your children about sex and relationships?**

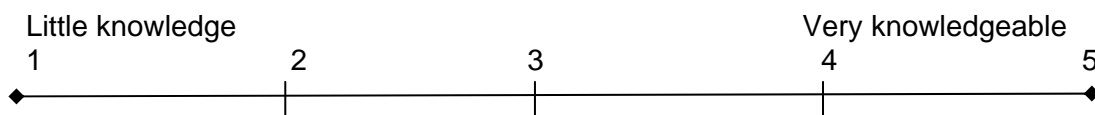


**2. At the moment how much knowledge do you feel you have to talk to your children about the following aspects of sex and relationships?**

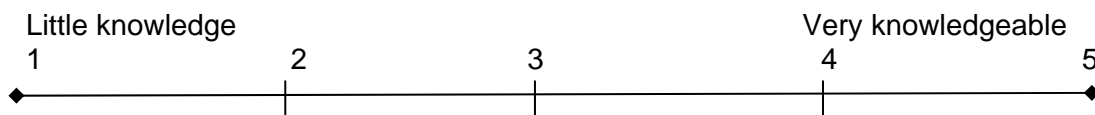
**Changes during puberty:**



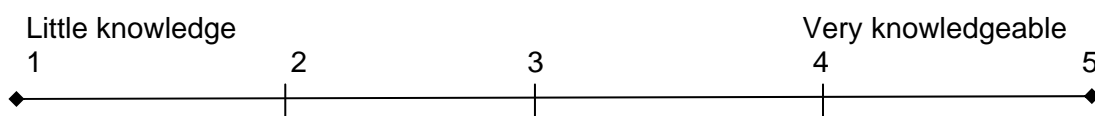
**Sexually transmitted infections:**



**Contraception:**



**Keeping safe:**





### 3. How much do you agree with the following statements?

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I want to talk with my children openly about sex.					
I feel able to talk to my children openly about sex.					
I am aware of opportunities to raise issues with my children.					
I would feel confident attending a Speakeasy course					

### Section Two – Qualitative questions

1. How old are your children?
2. Have you ever talked to them about sex/puberty/STIs? (proactive)
3. Have they ever asked you questions? (reactive)
4. How did you respond/would you ever bring it up? (reactive)
5. If you were out with your child and you saw for example a pregnant woman or two people kissing would you be aware that you could use it as a prompt to bring up a discussion/would you want to tell them about what they'd seen? (proactive)
6. Have your children ever embarrassed you by talking about sex or asking you questions? How have you dealt with those situations?
7. Do you think that your children would ask you questions about sex if they had any?
8. Do you feel that you have the knowledge to be able to tell your children about puberty?
9. Do you feel that you would be confident enough to answer their questions? Is there anything that you worry about them asking you?
10. What age do you think is suitable for them to know about puberty/sex/STIs?
11. Do you have any materials like books or leaflets that could you use/ if you wanted some do you know where you could get them?
12. Do you know what sex education they are taught in schools?
13. Do you think that schools should be responsible for sex education or someone else?
14. Do you think that you got enough sex education at school?

15. What do you do if you're sitting together at home and something you think is inappropriate for your children comes on television?

16. Have you been on any courses? Do you think they would be scary?

17. OCN (explained). Would this be a motivating factor?



## Appendix D - TSA ethical guidelines

TSA aims to maintain the highest ethical standards in its research work, and regularly reviews its policies and procedures in this respect. These guidelines were developed by the research team following a review of the ethical statements of a variety of bodies involved in social research. The aim of these guidelines is to inform TSA's ethical judgements and decisions. The guidelines are presented in the following sections:

- Protecting participants in TSA's research
- Informed consent
- Confidentiality and the use of information
- Feedback
- Disclosure
- Expenses and payment
- Organisational matters.

Each of these issues should be reviewed when research work is being planned.

### PROTECTING PARTICIPANTS IN TSA'S RESEARCH

A range of people are involved in TSA's research work, including practitioners, young people, and parents. Whoever is to be involved in a TSA research project, it is the responsibility of those involved in that project to think through the ethical issues involved. All researchers have a responsibility to ensure that the physical, social and psychological well-being of participants is not adversely effected by participating in research.

All researchers should ask themselves a number of key questions when embarking on a new research project at TSA. These include:

- What are the possible risks and costs to participants, in terms of time, inconvenience, distress, or intrusions on privacy?
- How will the project deal with participants who become distressed, who wish to withdraw from the project, or who disclose certain facts?
- How will issues of power and status be addressed in the research? How can a relationship of trust and relative equality be established?
- What issues are raised by the items below, such as informed consent and payment? What additional information or advice is needed?

The main issues to be considered are discussed in the following sections.

### INFORMED CONSENT

Participants must be informed of the purpose and nature of research in as much detail as possible, in order for them to make an informed decision as to whether they wish to participate or not. Researchers need to recognise and uphold the rights of those who may not fully comprehend the aims or methods of a piece of research, and who might feel over-awed by a professional adult. Researchers must make clear to all participants that it is their choice as to whether or not to participate in research, and work to ensure that individuals do not feel pressured to participate. Ensuring informed consent must also include ensuring that participants realise that they can withdraw from the research at any stage, without needing to give a reason.

Where the participant is aged under 16, a decision must be made about whether the parent/carer of the young person should be informed about the research, and if so whether their consent for a young person to participate is needed. TSA has no fixed view about

gaining parental consent, and believes the decision should be based on the competence of the young person to make an informed choice about participation. In some cases, for example in schools, the school itself will make a decision about whether their pupils can participate in research, and will act in loco parentis in this respect. However, this does not replace the need to secure the individual consent of each young person involved.

## CONFIDENTIALITY AND THE USE OF INFORMATION

Those who agree to participate in TSA research projects should be told that all the information they provide will be treated in confidence, and that their anonymity will be protected. A full explanation of what this means in practice should be given. This could include, for example, saying that in school-based research teachers will not be told what pupils have said; also in family research young people will not be told what their parents have said, and vice versa.

Participants must be told as early on as possible that there is one exception to this rule. This is where a participant discloses that they or someone else is at risk of 'significant harm'. Where this happens the researcher has a duty to inform another professional (see also the section on Disclosure below). TSA also has specific Child Protection guidelines which further address this issue.

Participants must also be told at the beginning of the research how the information will be used, for example as statistical information, individual quotes, or case studies. They should also be told in what format the information will be reported, for example as books, articles, and in conference presentations. In all such work, it is important to stress that this will be done in a way that ensures that the individuals concerned are not identifiable. Participants should also know that, in accordance with the Data Protection Act, they have a right to see any information that TSA holds in relation to them.

## FEEDBACK

People who participate in TSA research should, wherever possible, be given feedback about the results of the research. The participants should be told about the nature of the feedback they will receive at the beginning of the project. At times it may be more appropriate to feedback to organisations rather than individuals, but it is the researcher's responsibility to ensure that all those who participated receive feedback if they want it.

## DISCLOSURE

During the course of a research project, if someone discloses that they (or someone else) is at risk of 'serious harm', then the researcher has an obligation to inform another professional who can act to protect the individual. Where this happens the researcher must inform their line manager immediately, in order to agree the most appropriate person/ organisation to contact. The researcher should inform the young person what they are going to do, and what the next steps may be. As stated earlier, all participants must be told from the start that this will happen if they make a disclosure of this kind, so that they are aware of the consequences of disclosing during the research.

There may be times when a research participant is not considered at risk of immediate harm, but the researcher is concerned about their well-being. In this circumstance, the researcher should ensure that the participant receives information on helping organisations and sources of support. Note: TSA's *Child Protection guidelines* address these issues in greater detail, and all researchers are required to follow these procedures.

## EXPENSES AND PAYMENT

All participants should receive reimbursement for any expenses incurred during the course of a research project, such as travel expenses. TSA has no fixed views on whether participants should be given a 'thank you' when participating in research. Where this is offered, it should ideally be in the form of a voucher. However, it is acknowledged that this

decision cannot be made in isolation to the funding available for a particular project. There may also be practicalities involved, such as the large numbers of young people involved in school-based research – in these circumstances it may be appropriate to provide an organisational thank-you, such as by providing materials for the library. Ideally, payment should only be offered to participants after they have agreed to take part.

#### ORGANISATIONAL MATTERS

As a research organisation, TSA as a whole is responsible for maintaining the highest ethical standards in research. A number of organisational structures and policies aim to ensure that this is achieved. These include:

- All TSA's research applications/projects are considered by the Trustees' Sub-Committee on Ethical Standards.
- TSA is committed to employing qualified and competent researchers. All its researchers receive regular line management, to ensure that all ethical issues raised are discussed and addressed.
- All TSA's researchers are subject to checks by the Criminal Records Bureau.
- TSA is committed to ensuring the personal safety of researchers. It will ensure that researchers are protected in terms of personal safety, by such things as the use of mobile phones and identity cards, and the use of a monitoring system for checking researcher whereabouts and activities. (*See separate document 'Safety of Researchers During Fieldwork' for further details*).
- TSA is committed to following the ethical procedures of other bodies where appropriate, for example NHS Research Ethics Committee where appropriate.
- TSA is committed to protecting the security of all data collected, following the guidelines provided within the Data Protection Act (*see separate document*).
- Finally, TSA is committed to the regular review and updating of these guidelines, which will take place at least once a year.

**TSA Research Team**

**Last updated November 4<sup>th</sup> 2005**