

# Sex and relationships education and peer support

SEX  
EDUCATION  
FORUM



## Introduction

This briefing paper describes the outcomes of a consultation with practitioners on peer working in sex and relationship education (SRE). It aims to contribute to the process of consolidating and developing the work of the Peer Support Forum. Government guidance has recommended that schools consider incorporating peer-led sexual health interventions into SRE programmes. It notes that peer-led work is popular with students and teachers and is a successful means of providing information which enhances young people's understanding of sex and relationships. (DfEE, 2000).

The appeal of peer-led approaches is based on the assumption that interventions may be more appropriate, accessible and exciting when delivered by credible young people as opposed to adults (Svenson, 1998). This assumption is rooted in psycho-social theories which suggest that new knowledge and skills are enhanced when a person has the opportunity to model their actions on someone else with whom they can identify (Bandura, 1990). It is also based on perceptions of social norms about behaviour, which are influenced by what a person thinks that their peers believe and do (Fishbein, 1990), and on the belief that when influential people have new ideas, these spread through their peer group (Rogers, 1983). Hence, the similarity between peer workers and the people with whom they work is thought to enhance the impact of intervention and increase the likelihood of bringing about behavioural change.

Research also explores how the perceived similarity with peer educators makes peer-led interventions feel more informative and satisfying than other provision. In a review of research, Harden et al (1999) identified a range of factors associated with young people's satisfaction including: being able to relate well to peer leaders; perceiving them as credible sources of information; feeling relaxed during lessons; describing them as fun; appreciating not being lectured at; and understanding young people's problems better than teachers. (Fox et al, 1993; Frankham, 1993; Guy and Banim, 1991; Orme and Starkey, 1999). Backett-Milburn and Wilson (2000) found that students preferred receiving sex education from peer educators because they felt teachers looked down on them and that their confidentiality may be compromised.

Yet while young people's satisfaction with peer-led health interventions is high, this might reflect their views about the differences between peer-led and other forms of provision in terms of contextual norms about teaching and learning. Also some research sug-

gests that a substantial minority of students perceive that it provides them with no new information about sex or relationships and has no relevance to their behaviour or behavioural intentions (Forrest et al, 2002).

Despite this reservation, high quality evaluative research on the outcomes of peer-led SRE shows positive gains in knowledge, changes in attitudes and increased practice of safer sex among young people (Best et al, 1996; Basen-Enquist, 1994; Kegeles et al, 1996; DiClemente & Wingood 1995; Mellanby et al, 1995).

Research also focuses on the impact on young people working as peer educators. Involvement in programmes is largely a positive experience, resulting in increased sexual knowledge and positive changes in attitudes. Peer educators also tend to report greater confidence, maturity and independence and have developed interpersonal and presentational skills (for example, Strange et al., 2002b; Phelps et al., 1994).

The process of implementing and supporting peer-led SRE has also been examined in research. One issue highlighted is the tension between peer education as a non-traditional approach and traditional school ethos and practices. Other concerns include peer educators being seen as teachers, and teachers undermining their control over the content, organisation and management of peer-led sessions (Strange et al., 2002b; Frankham, 1998). Tension has also been identified between project co-ordinators and peer educators over project development (Backett-Milburn, 2000). Some research reports difficulties, particularly in the initial stages, with the recruitment of young men (Strange et al, 2002a) and others have questioned the scope for the spread of new learning about sex and relationships through the normal conversational interaction of young people (Frankham, 1998). The importance of ongoing training and support to peer educators has also been highlighted (Orme and Starkey, 1996; Guy and Banim, 1991) particularly with regard to classroom management in interventions in school settings (Ozer et al., 1997; Schonbach, 1995) where lack of real commitment to the project and inadequate planning compounded problems with disruption. Despite these reservations, the research is positive overall, supporting the belief that peer-led SRE is both acceptable and effective. Given that the pool of high quality evaluations is small, and the diversity of projects is great, it is difficult to identify pertinent issues which relate to developing and evaluating SRE interventions and how these might differ from interventions on other health and welfare issues.

## Consultation

The consultation to which this briefing relates was intended to address these issues by asking peer support workers the following questions:

- ◆ What are the key issues for your project?
- ◆ What are the main advantages and disadvantages of peer support work in SRE?
- ◆ What are the main concerns regarding peer support and sex education work?
- ◆ How can peer support best address and contribute to SRE?
- ◆ Who are your partners?
- ◆ How can we encourage participation?
- ◆ What are the rewards for young people?
- ◆ What models do you use and why? Give examples of best practice.
- ◆ How can the Peer Support Forum help further this work?
- ◆ Would regional peer support forums be an advantage?

## Summary of outcomes

- ◆ While there is agreement about what constitutes the basic structure and core elements of SRE peer support projects, participants acknowledge that projects differ according to the needs of the peer educators and those receiving the interventions, as well as the setting, quality of support and contextual infrastructure.
- ◆ Peer educator training needs to focus on young people's personal development and inter-personal skills. Contributors were clearer about what skills might be involved than about the sexual health information needed by peer educators.
- ◆ Peer-led SRE faces the same issues and challenges as other peer-led activities in terms of tensions over control of projects, both between young people, and between young people and adults.
- ◆ A wide range of organisations can be involved in initiating and supporting peer-based work in SRE.
- ◆ There are difficulties with structural problems in some settings, especially schools, exacerbated by financial constraints.
- ◆ Providing ongoing support to peer educators is important but potentially difficult. Work with senior management in host organisations is essential to secure the status of projects and peer educators (for example, Cowie and Naylor, 2000).
- ◆ Where peer-supported SRE intervenes with marginalised and vulnerable young people, the emphasis is wider than SRE and involves supporting the personal development of peer educators and preparing them to work with peers for whom sexual health may not be their primary concern (for example, Forrest et al, 2001).
- ◆ Projects need more support in order to report, evaluate and disseminate their practice. The shortage of material compounds difficulties with identifying and sharing good practice.

In addition, the consultation raised the following issues which warrant further consideration:

- ◆ This consultation suggests that peer-supported SRE might be particularly good at promoting local sexual health services. Are there any other specific issues that peer-led SRE addresses well? And does peer-led SRE address any issues that other provision does not?
- ◆ The focus of the consultation fell on organisational aspects of peer supported SRE projects and outcomes for peer educators. What are the outcomes for young people receiving peer-led SRE? Is there anyone who it does not reach or benefit?
- ◆ The consultation identified how the needs and circumstances of the peer educators influenced development of projects. However specific details as to how the content and approach of the programme is affected by gender, ethnic and cultural differences, and the social and sexual experiences of the young people involved, warrants further investigation.
- ◆ This consultation suggests that peer supported SRE has benefits for young peer educators in terms of a wide range of personal development issues. What is peer-led SRE trying to achieve with regard to young people's sexual health?
- ◆ Most of the peer support projects represented at this consultation were involved in providing formal or semi-formal provision in school settings. Is peer supported SRE predominantly a school-based activity complementing other forms of provision?

## Key issues for peer support projects in SRE

- ◆ Identifying existing structures into which school-based programmes can be slotted can help ensure continuity of access and the allocation of adequate time for peer educator training and support. Currently, it is difficult to provide young peer educators with sufficient ongoing support because of contextual constraints in schools. There may be potential to integrate peer education programmes into the Keys Skills programme and PSHE and Citizenship.
- ◆ Meeting the challenges presented by lack of support for peer-led SRE projects within some schools, exacerbated by lack of continuity in school staff responsibility coupled with excessively high expectations.
- ◆ Establishing links between SRE peer support programmes and local sexual health services enhances effectiveness but may have implications for the development of these services through, for example, staff training.
- ◆ SRE peer support programmes need to be led by an identified worker who has responsibility for the project and provides a link between the project and other agencies and organisations.
- ◆ Developing more peer support projects in SRE in out-of-school settings.
- ◆ Securing long-term funding in an environment

- ◆ where Government strategy is relatively short-term.
- ◆ Identifying greater opportunities for the dissemination of practice.
- ◆ Contributing to the developing evidence-base for peer-led SRE.
- ◆ Enabling peer support projects in SRE to address more closely the needs of young people, particularly the need for factual information as well as interventions focusing on attitudinal change and skills development.

## Advantages and disadvantages of peer support work in SRE

### Advantages

- ◆ People listen to peers because they can educate in ways that adults cannot.
- ◆ Involvement in peer support projects in SRE can have a positive impact on peer educators.
- ◆ Peer support projects in SRE can contribute to the re-engagement of disaffected, marginalised or socially excluded young people with their schools and communities.
- ◆ Peer support projects in SRE which promote local sexual health services can increase client uptake.
- ◆ Peer educators tend to have clear and realistic expectations about what SRE can achieve.

### Disadvantages

- ◆ Peer support projects in SRE involve a lot of organisation and management.
- ◆ The peer educators' abilities to commit to projects may change as circumstances alter. The pressure of examinations, work and family life can impact on the time and energy available to them. Projects may have dormant periods if a large number of peer educators are simultaneously affected.
- ◆ There can be tensions between peer educators, and between peer educators and adults supporting projects about control over projects. Peer educators tend not to be regarded as of equal status where adult and peer educator agendas conflict.
- ◆ It is hard to attract sustained funding for peer support projects.
- ◆ Training peer educators requires ongoing commitment to a developmental process which involves more than training in sexual health issues. Peer educators need support with inter-personal skills development and presentation skills which may require servicing by other agencies with all that this entails for the organisation and project costs.
- ◆ Peer support work can become overly focused on outcomes rather than the process which can undervalue the benefits to individuals and organisations of this type of project.

## Main concerns about peer support and SRE

Those contributing to this consultation were concerned about whether quality of training was sufficient to

equip peer educators to confidently and competently deliver SRE. It was also felt that the trainers' agenda on sexual health should not be imposed on peer educators, and that peer support in SRE outside school settings should be better supported. Other concerns were the lack of accreditation for peer educators, and that peer support in SRE may exploit young people.

## How can peer support contribute to SRE?

Peer support in SRE provides better opportunities for discussion between young people than other forms of provision. Peer educators are also very good at assessing the needs of other young people and pitching SRE at an appropriate level.

An added contribution is that peer educators can model behaviour for young people especially in terms of accessing sexual health services, as well as providing a good means of assessing local sexual health service provision from a young person's perspective. School-based peer support programmes in SRE can also be embedded and linked to existing curriculum provision.

## Partner organisations

Networking with other agencies is essential in managing SRE peer support programmes. Partnerships enable programmes to link up with existing educational and service provision and offer access to training and support for peer educators. They also provide opportunities to recruit peer educators and to reach young people with peer-led SRE. Some of the agencies that contributors to this consultation linked up with included: local Health Action Zones, Social Action Research Projects, statutory and voluntary Youth Services, National Health Schools Standards teams, Teenage Pregnancy Co-ordinators, Health Promotion Units, the Local Education Authority, School Nursing Services and Sexual Health Services, especially clinics for young people.

## The rewards of peer support in SRE

Contributors to the consultation emphasised that there were rewards and benefits for all the young people participating in peer support programmes, and for the agencies and organisations involved.

The confidence, skills and knowledge of young people were thought to increase as result of being peer educators. The training offered the opportunity to extend social networks and sometimes involved a residential course. Peer educators could also enhance their employment prospects and gain valuable accreditation, even remuneration in some cases. Young people were thought to enjoy the opportunity to act altruistically in supporting and educating their peers.

Agencies and organisations involved in SRE peer

support can gain in terms of enhancing an inclusive ethos and developing a competent and confident pool of young people able to work in other areas of peer support. Working closely with young people also provides an opportunity for organisational development based on the valuable insight they provide into structures and processes.

## Identifying best practice

Peer support projects in SRE are diverse in terms of the focus, characteristics and interests of the peer educators, and the needs of the groups with whom they intervene. All these considerations, as well as limitations provided by the setting, organisation and scope of the project, will impact on the project design and practice.

Below, examples of projects are included which contributors felt had been particularly successful:

### Recruiting peer educators and accessing young people

Involving representatives of other relevant agencies, with their networks, credibility and access to participants, can aid project development.

In their peer support SRE project the NSPCC worked closely with the school nurse. The nurse was able to exploit links with local schools to access young people, was a respected figure within local sexual health services and was able to credibly promote them.

In addition, the choice of organisation to go through in developing a peer support project in SRE will define what is feasible and appropriate in terms of peer support activity.

Education for Choice think hard about the kind of young person's organisation they want to work with: What access will it provide to young people as potential peer educators and people to receive a peer support intervention? Working through organisations can be less successful at reaching disadvantaged and vulnerable young people than outreach activity.

### Ongoing support

Providing ongoing support and training to peer educators is essential for projects to flourish and is associated with effectiveness. Building the commitment of senior management in organisations hosting peer support programmes helps to establish the basis for this support.

Learning Through Action have found that it is important either to build capacity within organisations where peer education takes place, or to provide an on-site link worker to ensure sufficient support and ongoing training are available to peer educators. This usually requires senior management support and commitment.

### Training

The context and characteristics of young people as peer educators should influence the form and content of training.

Learning Through Action deliver a training programme about peer listening. Using drama and counselling techniques they give guidance on setting up a listening service in school. In secondary schools they work with groups of volunteer peer educators but in primary schools they train whole classes.

Peer support in SRE can raise particularly difficult and sensitive issues for peer educators, and training and support need to be rigorous and ongoing to deal with needs as they arise.

The NSPCC provides training and support to young people on using clinics. Trainees are interviewed at the end of the training programme and provided with ongoing support including a debriefing after every session to deal with any issues arising for peer educators, particularly child protection issues.

The needs of young people training as peer educators should influence the level and duration of training. Young people with issues of their own may particularly benefit from being peer educators in terms of knowledge, skills and confidence, but may need a lot of support before feeling confident about making interventions with peers. Initially, training may need to be intensive and to focus on their personal development. Training should also reflect the needs of their peers which may be complex.

CFC provides outreach for up to eight weeks to young people leaving care. Peer supporters receive informal training followed by an open-access session based at a local university. The training focuses on letting people talk, the development of listening skills, practising debating and appraising different points of view. The long term aim is to deliver SRE in learning support units.

### The role of the Peer Support Forum

Contributors to the consultation thought that the Peer Support Forum could best support their work by functioning as a national organisation providing forums for both adults and young people involved in peer support. Meetings could move around the country to ensure access by groups outside London and the South East.

The role of the Peer Support Forum would be to support practitioners in undertaking action research and evaluation, disseminate good practice, bring young people in peer education together for training, for example, on child protection issues, provide information, develop a library of training materials and provide activity updates across the country.

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