

Have you been

KIST?



Kent Intervention Screening Tool



Relationships & **Sex**

Attitudes
Skills
Knowledge

Understanding
Support



'promoting the health of young people'

Have you been

KIST?

Kent Intervention Screening Tool

by Carol Robinson
and Laura Jones



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AIMS OF THE SESSION

- The aim of the training is to ensure that practitioners are confident to use the Kent Intervention Screening Tool (KIST)
- By the end of the training delegates will be competent to screen and make a decision about the most appropriate intervention(s) a young person may need to reduce their risk taking behaviour

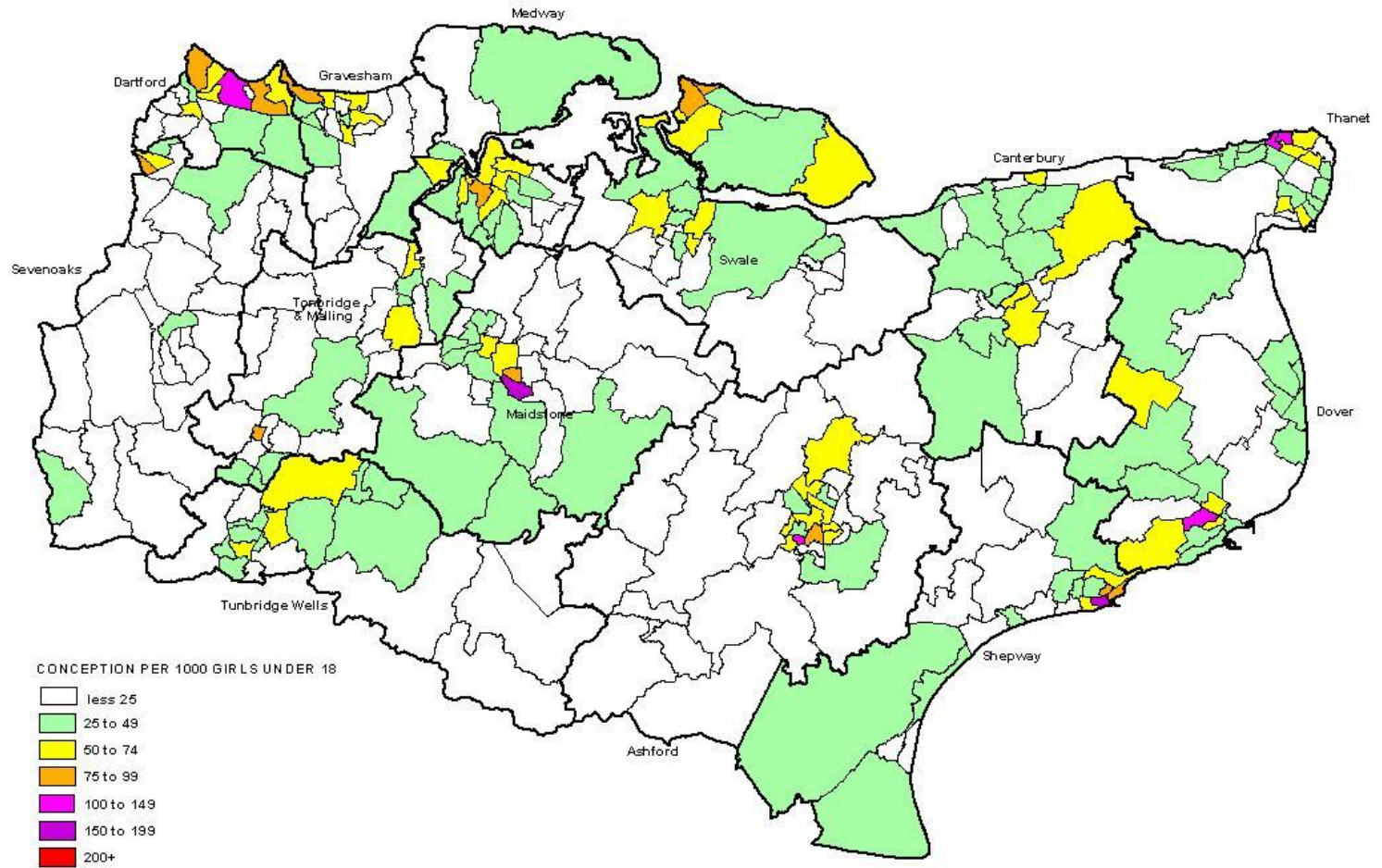
THE TARGET GROUP

- KIST constitutes a simple screening tool and interventions for use in one to one work targeted at young people in the 13 to 17 and 17+ age groups displaying risk taking behaviour.
- Flexible and adaptable for group work.
- KIST essentially provides activities that will assist young people to process their emotions and help them to think through and develop discernment in their behavioural responses to issues that affect them.
- Adolescents of this age have difficulty with impulse control and their behaviour is often ill considered and risky. This is linked to biological processes of adolescent brain development because myelination is completed last in the frontal region of the brain the area responsible for maturation of cognitive function.

BACKGROUND

- High teenage conception rates in areas with high deprivation and other social factors mainly located on the coastal strip in the east.
- In 2008 of the Kent population of females between the age of 15 and 17yrs 1035 became pregnant. Of these, 46% had terminations
- With regard to the younger age group of 13-15year olds, in the years 2005-2007 (aggregated) 574 young females become pregnant and of these 61% had a termination

Ward level rates



ADOLESCENT SEXUAL HEALTH

- Approximately 40,000 girls under 18 become pregnant in England each year
- 75% of teenage pregnancies are unplanned
- 46% under 18 conceptions end in abortion nationally
- 20% of births to under 18's are second or subsequent pregnancies
- Inconsistent contraceptive use amongst young people is high
- Sexually transmitted infection rates are highest in 16-19 year old women and 19-24 men

* Department of Health (2006), Office of National Statistics (2009)

TEENAGE PREGNANCY RISK FACTORS

- Early onset of sexual activity
- Poor contraceptive use and repeated abortions
- Deprived backgrounds
- Looked after children
- Poor educational attainment including low achievement, truancy and exclusion
- Involved in crime
- Mental health problems
- Sexual abuse
- Alcohol and substance misuse
- Born to a mother who was a teenage parent
- Parental aspirations

RISK FACTORS

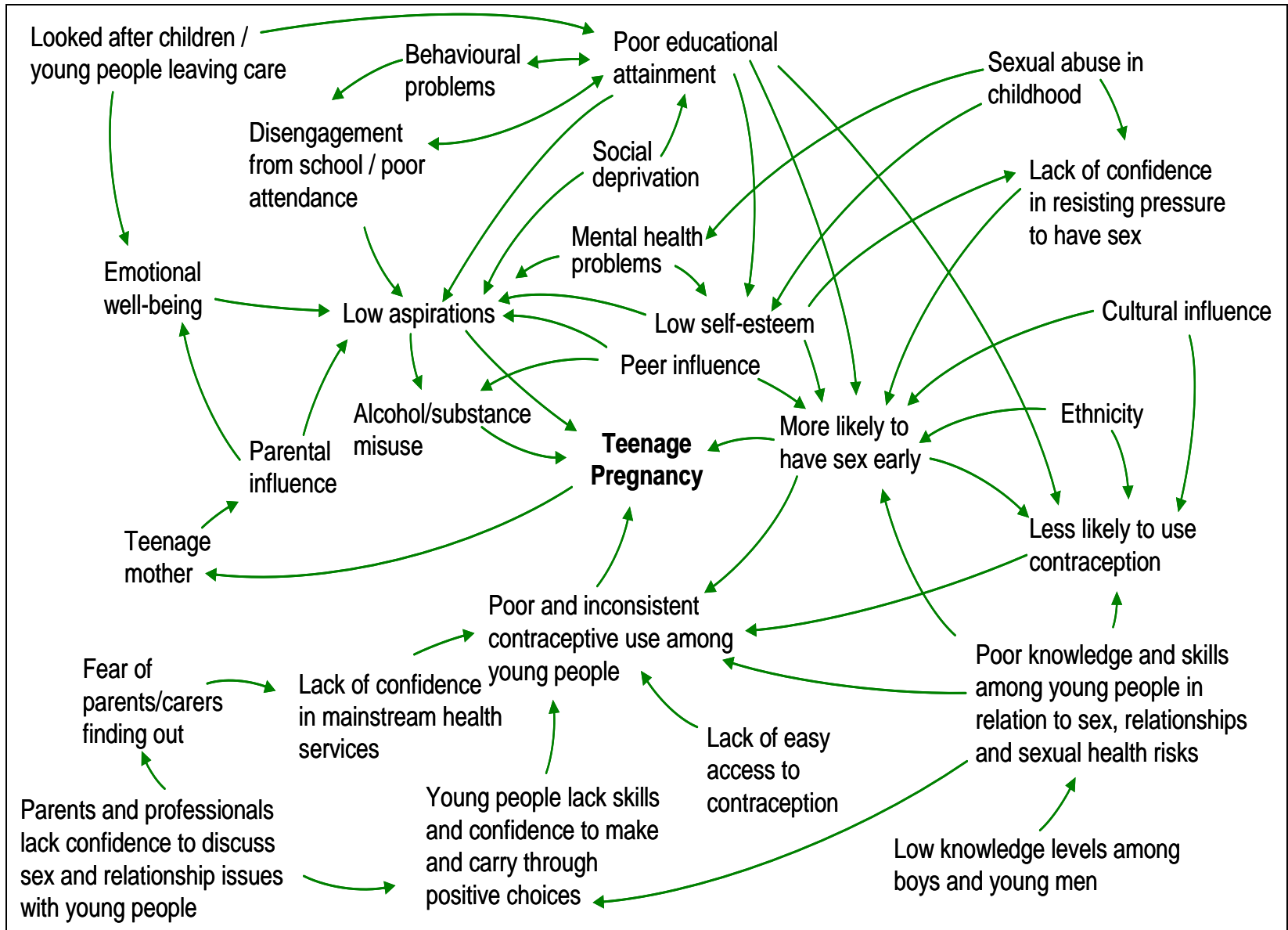
The higher the number of risk factors the greater the risk of teenage pregnancy:

- 31% probability of becoming a parent under 20 with five risk factors or more
- 1% probability of becoming a parent under 20 with no risk factors

PROTECTIVE FACTORS

- Positive attitude
- Supportive family environment
- Good social support group
- In education/training/employment
- Good communication skills
- Aspirations and ambition
- Positive self esteem
- Recreational activities/interests

TEENAGE PREGNANCY: A COMPLEX ISSUE



WHY DOES REDUCING TEENAGE PREGNANCY MATTER?

- Being a parent is a demanding job:
 - Emotional balance and maturity, patience and understanding
 - Financial stability
 - Extended support
- Becoming a parent at a young age is associated with a range of negative health outcomes:
 - 22% more likely to be living in poverty
 - 20% more likely to have no qualifications at age 30
 - 3 times more likely to experience postnatal depression
 - 60% higher infant mortality rate
 - 3 times more likely to smoke
 - 50% less likely to breast feed

RELATIONSHIPS AND SEX EDUCATION

“learning about sex, sexuality, emotions, relationships, sexual health and ourselves” (Sex Education Forum 2003)

From the literature it is apparent that three main elements determine young people’s sexual behaviour:

Knowledge

Skills

Values and attitudes

Understanding

Support

** USEFUL MNEMONIC ‘ASK US’*

CONFIDENTIALITY AND YOUNG PEOPLE

Rights are equal to those over 16. Only reasons to breach confidentiality are:

- Risk of harm to self
- Risk of harm to others

“parties shall assure to the child who is capable of forming his/her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child”

United Nations Convention on the Rights of the Child (1989)

References and further information:

Fraser Guidelines (1985)
Children Act (1989)
Protection of Children Act 1999
Children Act 2004

THE FRASER GUIDELINES

Health and other professionals should be satisfied that:

The young person understands the potential risks and benefits of the treatment and the advice given

The young person cannot be persuaded to tell their parents/carers or another appropriate person of the consultation. They have explored the reasons if the young person is unwilling to inform parents/carers

They have assured the young person that their confidentiality will be respected whether they inform parents/carers or not

The young person is likely to have or continue to have sexual intercourse without contraception advice or treatment

The young person's physical or mental health is likely to suffer if they do not receive contraceptive advice or treatment

It is in the young person's best interests to provide contraceptive advice and treatment without parental consent

YOUNG PEOPLE UNDER THE AGE OF 13

Under the Sexual Offences Act 2003, children under the age of 13 are considered of insufficient age to give consent to sexual activity

In all cases where the sexually active young person is under the age of 13, a full assessment must be undertaken. Each case must be assessed individually and consideration to make a Child protection referral to the Children's Social Care Initial Assessment Team must be made. In order for this to be meaningful, the young person will need to be identified, as will their sexual partner if details are known

Further information available: www.kscb.org.uk

Including Principles and Practice Guidance for Safeguarding Sexually Active Young People (2008)

WORKING WITH THE SEXUAL OFFENCES ACT (2003)

Although the age of consent remains at 16, the law is not intended to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation. Young people, including those under 13, will continue to have the right to confidential advice on contraception, condoms, pregnancy and abortion

COMMON ASSESSMENT FRAMEWORK PRINCIPLES

- Is undertaken with informed and explicit consent by the parent and/or young person who are fully involved and consulted throughout
- Looks at the whole child / young person
- Takes account of strengths as well as needs and understands the role of parents/carers and a wide range of family and environmental factors on child development
- Is simple to use and geared towards the practical delivery of support to children,
 - young people and their family members
- Is building a working partnership with the child and family and seeks to work with them to identify and understand the issues and develop solutions
- Provides a common structure for recording and sharing information between
 - practitioners
- Enables and encourages information held by agencies to follow the child
- Is a tool to support practice, is not used mechanistically and enhances communication within and between agencies
- Prevents children and young people being subjected to a multitude of assessments or multiple referrals to a range of services.
- Is not a referral form

SUMMARY

- Any competent young person, regardless of age, can independently seek medical advice and give valid consent to treatment.
- The duty of confidentiality owed to a person under 16 is as great as the duty owed to any other person.
- Parental consent is not always necessary.

AIMS AND OBJECTIVES OF THE TOOLKIT

- To moderate or reduce risk taking behaviour in young people that may lead to teenage pregnancy or parenthood
- For front line workers to have the tools to screen and make an informed decision about the most appropriate intervention a young person may need to reduce their risk taking behaviour which may include a referral to a sexual health professional

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RISK ASSESSMENT SCREENING TOOL



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PORTFOLIO OF INTERVENTIONS



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INTERVENTIONS

- Attitudes and Values
- Communication
- Choices
- Self Esteem
- Managing Emotions
- Friendships
- Love and Relationships
- Peer Influence
- Risk Taking
- Safer Sex
- Contraception
- Sexually Transmitted Infections
- Drugs and Alcohol
- Reality Parenting
- Parental aspirations
- Support and Signposting

AGGRESSIVE, PASSIVE, ASSERTIVE

ACKNOWLEDGEMENTS

Amanda Lukehurst, Stephanie Washer, Anna Stephens and Cherryl Hixon

RATIONALE RESEARCH AND AUDIT

- The resource was produced in response to numerous requests from partner agencies as a result of problems associated with impulse control, in regard to sexual and emotional health.
- A consultation exercise was done with young people themselves and this also supports the work, for example they report that they are dissatisfied with anger management sessions they have been given by professionals.
- Current resources are widely available and have been used before by most young people therefore we have nothing new and appealing to offer them.

UNDERPINNING CHILD DEVELOPMENT THEORIES

- Christie and Viner's (2005) Primary Challenges of Adolescence sexual maturation - developing intimate relationships.
- Piaget's Formal Operational Stage Hypothetico–deductive reasoning – propositional thought.
- Rapoport's Adolescent Brain Development Frontal lobe development affecting decision making processing of information , abstract thought, communication, problem solving and impulse control

HEALTH PROMOTION THEORIES

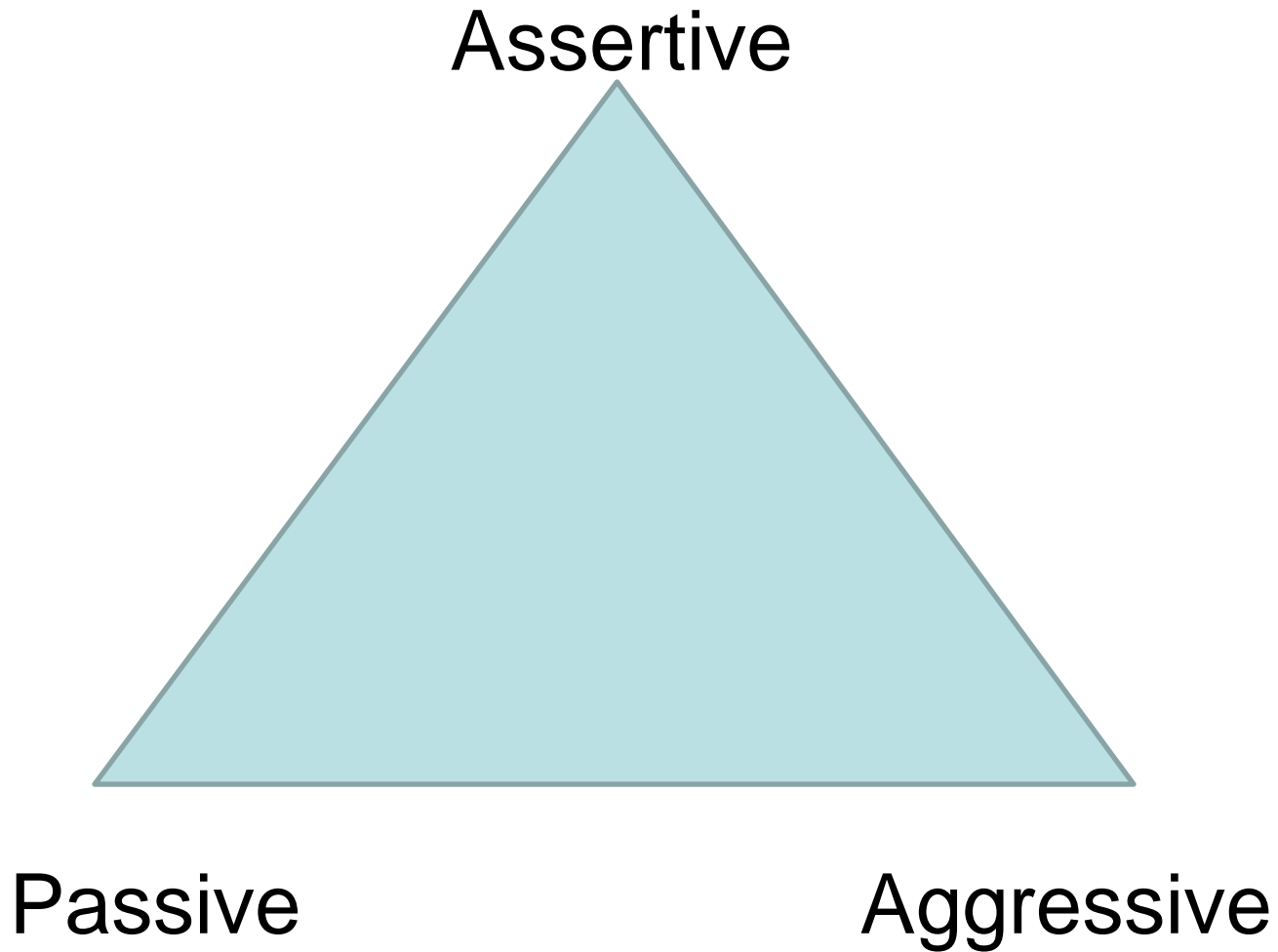
- Naidoo and Wills' (2000) 5 different approaches to health promotion
Medical or preventive, behaviour change, educational, empowerment, and social change.
- Seedhouse's (1986) 3 Models of Health Promotion
Medical, humanistic and sociological.
- Tones and Tilford's (1994) 3 Models of Health Promotion
The preventive, self empowerment and radical political.

BRUCE'S THEORY (1991)

THE BENEFITS OF PLAY

- In play, first hand experiences from life are used
- Rules are made during play, to keep control
- Play is a choice. You cannot be made to play
- Rehearsal for the future can be seen in play
- Imagination is used in play
- Play can be solitary
- Children and/or adults play together in parallel, associatively, or co-operatively in groups/pairs
- Each player has a personal play agenda (may be unconscious)
- In play, participants can become totally engaged
- Most recent experiences, skills and competencies as well as worries/concerns may be explored and practised during play
- During play it is possible to co-ordinate ideas, feelings and make sense of experiences with family, friends, culture

The Behaviour Triangle



KENT C CARD CONDOM DISTRIBUTION SCHEME

- Free and confidential co-ordinated condom distribution network.
- For young people aged 13 – 19 years in Kent.
- Provides:
 - quick, easy and confidential access to condoms.
 - evidence based, accurate contraceptive and sexual health information,
 - Sign posting to comprehensive contraceptive and sexual health services.



Kent FYP Services

foryoungpeople

Freephone 0800 0728748

www.foryoungpeople.co.uk



Free condoms
Sexual health
Contraception

Safe sex advice
Relationships
Emergency contraception

FREE CONFIDENTIAL ADVICE AND INFORMATION
FROM FRIENDLY HEALTH WORKERS FOR ALL YOUNG PEOPLE

Boys, girls, couples – you don't need to be in a relationship
or having sex to come and see us

Kent Safeguarding Children Board

Safeguarding Children Procedures



www.kscb.org.uk

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- Bruce, T (1991) *Developing Learning in Early Childhood 0-8 series*, London, SAGE 1991
- ECM 2003 ('Every Child Matters', Government Green Paper)
- Christie D and Viner R (2005) *Adolescent Development Ch1* in Viner R Ed *ABC of Adolescence*. Blackwell Oxford.
- Piaget in Berk L E (2001) '*Development Through the Lifespan*' pgs 370 – 372. Allyn and Bacon Boston
- Giedd JN, Blumenthal J, Jeffries NO, Castellanos FX, Liu H, Zijdenbos A, Paus T, Evans AC, and Rapoport JL (1999). Brain development during childhood and adolescence: a longitudinal MRI study. *Nat Neurosci*. 1999 Oct;2(10):861-3.
- Nadoo and Wills (2000) (2nd Ed), *Health Promotion: Foundations for Practice*, Bailliere Tindall

**THANK YOU FOR ATTENDING
TODAYS TRAINING**

WWW.HYPHOP.CO.UK



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